Case Western Reserve University- University Program Medical School

Block 8: Action Plan 2018-2019

Year 1 and Year 2 Blocks

Year 1 (July – May) 2018-2019

Becoming A Doctor	2 Weeks Steps2Succes	The Human Blueprint	Food to Fuel	Homeostasis
Block 1 (5 Weeks)		Block 2 (11 Weeks)	Block 3 (9 Weeks)	Block 4 (14 Weeks)
Population Health, Epidemiology, Biostatistics, Health Disparities		Endocrinology, Reproduction, Development, Genetics, Molecular Biology, Cancer Biology	Gastroenterology, Nutrition, Biochemistry	Cardiovascular, Pulmonary, Renal, Cell Physiology and Pharmacology
Field Experiences Assessment Week		Integrative Week Assessment Week	Assessment Week	Clinical Immersion Week Assessment Week
Structure (Anatomy, Radiology and Histopathology) Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)				

Year 2 (August- March) 2018-2020

Summer Break (10 weeks)	Host Defense & Host Response	Cognition, Sensation & Movement	Step 1 Study (6-8 weeks)
	Block 5 (13 Weeks)	Block 6 (14 Weeks)	
	Immunology, Microbiology, Hematology, Oncology, Infectious Diseases, Rheumatology, Dermatology	Neurology, Mind, Musculoskeletal	
	Assessment Week	Integrative Week Assessment Week	
	Structure (GARLA and "Systems and Scholarship") Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)		

1. Course Description:

Block 8 – Foundations of Clinical Medicine (FCM) runs longitudinally through the Foundations of Medicine and Health and seeks to develop a broad range of clinical and professional capabilities. The goal of Block 8 is to facilitate the lifelong transformation from student to doctor, focusing on the doctor/patient relationship, the roles of the physician in systems and in society, professionalism and leadership, and clinical skills.

Block 8 comprises multiple programs that are woven together and integrated within the Year 1 and 2 curriculum.

- Communication in Medicine (CM)
- Community Patient Care Preceptorship (CPCP)
- Interprofessional Education (IPE)
- Physical Diagnosis (PD)
- Procedures Curriculum (PC)
- Tuesday Seminars (TS)

Communication in Medicine (CM)

The Communication in Medicine workshops run through Year 1 and Year 2, and focus on the range of skills needed for effectively talking with patients including the basic medical interview, educating patients about a disease, counseling patients for health behavior change, and presenting difficult news and diagnosis.

Community Patient Care Preceptorship (CPCP)

The Community Patient Care Preceptorship is a program in which students typically spend one half day a week in a community physician's practice. The program is designed to give students the opportunity to develop and reinforce their medical interviewing, physical exam and presentation (written and oral) skills with ongoing mentorship from a preceptor and with the use of a supplemental curriculum online through the Institute of Healthcare Improvement and the core Health Systems Science text (AMA Education Consortium).

Interprofessional Education (IPE)

This program, Introduction to Interprofessional Team Skills for Collaborative Care, provides students from the health professions (Medical, Dental, Nursing, Social Work, Public Health, Nutrition and Physician Assistants) the opportunity to engage in a dynamic and interactive team learning environment to better understand the goals and benefits of inter-professional collaboration, and learn the team skills necessary for collaborative care. Guided by the Interprofessional Education Collaborative (IPEC) competencies, the classroom based training and simulation introduces students to: interprofessional team skills, practice of those skills and introductory understanding of professional role identity with respect to and appreciation of, other team members.

Physical Diagnosis (PD)

This program runs throughout Year 1 and Year 2 and includes:
Physical Diagnosis 1: Introducing the basic adult exam to Year 1 students
Physical Diagnosis 2: In depth regional exams in various formats during Year 1 and Year 2

Physical Diagnosis 3: Students spend five sessions doing complete histories, physicals and write-ups on patients they see in an inpatient setting.

Procedures Curriculum (PC)
These workshops provide students with an introduction to rapid assessment and basic management of crisis situations. 'First Five' training provides practical training for first-year medical students to address medical emergencies, including primary survey and scene safety, airway management, access and intervention including Naloxone and EpiPen administration, hemorrhage control in an exsanguinating patient, and training in resuscitation team function and structure. Additionally, students get an introduction to basic medical procedures including sterile glove technique and sizing, foley placement, donning and doffing technique, airway management, injections and IV placement. Students are also exposed to advanced techniques such as surgical scrub, surgical site preparation in anticipation for incision, suturing and knot tying.

Tuesday Seminars (TS)
This longitudinal program continues the theme of "doctoring" begun in Block 1 and spans the Year 1 and Year 2 curriculum. Topics examined include: the relationship between the physician and the patient, the family and the community; professionalism; healthcare disparities; cultural humility; quality improvement; law and medicine; medical error/patient safety; development of mindful practitioners and end of life issues.

Block 8 Mission, Vision and Goals

Mission

- To support each student's professional identity formation as an individual and as part of a team.
- To support the development of each student's foundational clinical skills and emotional intelligence to be effective in their professional role.
- To support the development of skills for collaboration with patients, colleagues and communities.
- To use an integrated longitudinal approach within the medical school curriculum to meet the program goals.

Goals
Facilitate the lifelong transformation from student to doctor, focusing on the doctor/patient relationship, on the roles of the physician in systems and in society, on professionalism and leadership, and on clinical skills.

Vision
Upon graduating CWRU medical students will be reflective and mindful in practice grounded in relationship centered care, demonstrating humanism and sensitivity to the needs of all patients, in particular the medically vulnerable, and informed by systems thinking. As change agents these future physicians will commit to life-long learning while maintaining clinical excellence.

2. Block Leader:
Anastasia Rowland-Seymour, MD

Program Leaders:

Administrative Director: Jennifer Lennon
Communication in Medicine (CM): Kathy Cole-Kelly, MSW, MS
Community Patient Care Preceptorship (CPCP): Lisa Navracruz, MD
Interprofessional Education (IPE): Ellen Luebbers, MD
Physical Diagnosis (PD): Lisa Navracruz, MD
Procedures Curriculum (PC): Anastasia Rowland-Seymour, MD
Tuesday Seminars (TS): Kathy Cole-Kelly, MSW, MS and Ted Parran, Jr., MD

3. Design Team:

Dyna Bolar- Coordinator PD
Kathy Cole-Kelly, MSW, MS- CM Director and TS Co-Director
Andrea Bryner – Administrative Director, SIM Center
Howard Gregory, MS – Standardized Patient Program Manager, SIM Center
Celena Howard- Course Manager CM, PC and TS
Kurtis Hoffman, MA- Program Manager CPCP
Jennifer Lennon- Administrative Director
Ellen Luebbers, MD- IPE Director
Lauren Miklos, MEd – Standardized Patient Trainer/Coordinator, SIM Center
Lisa Navracruz, MD- CPCP and PD Director
Susan Padrino, MD- until Dec 31, 2018
Ted Parran, Jr., MD- TS Co-Director
Julie Schneider, MA – Administrative Director for HSS
Mimi Singh, MD- HSS Assistant Dean
Oliver Schirokauer, MD- TS Co-Director in training
Amy Wilson-Delfosse, PhD- Associate Dean
Student Representatives

4. Block Objectives:

Competency and Definition	Educational Program Objective (EPO)	Block Goals Block 8	Recommended Changes
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.	Demonstrates ability to apply knowledge base to clinical and research questions.	**Be provided with early clinical exposure and progressive opportunities to develop, integrate, and reinforce clinical skills and professionalism.**	**None**
Interpersonal and Communication Skills Demonstrates effective listening, written and oral communication skills with patients, peers, faculty and other health care professionals in the classroom, research and patient care settings.	Uses effective written and oral communication in clinical, research, and classroom settings. Demonstrates effective communication with patients	**Explain and demonstrate effective communication skills for learning and clinical practice environments.**	**Additional focus on oral presentation skills.**

	using a patient-centered approach. Effectively communicates knowledge as well as uncertainties.		**Additional practice with communicating uncertainty using Shared Decision Making skills.**
Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in professional behavior.	Consistently demonstrates compassion, respect, honesty and ethical practices.	**Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.**	**None**
Personal & Professional Development Demonstrates the qualities required to sustain lifelong personal and professional growth.	Recognizes when personal views and values differ from those of patients, colleagues, and other caregivers and reflects on how these can affect patient care and research.	**Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, non-maleficence and justice.**	**None**
Patient Care Demonstrates proficiency in clinical skills and clinical reasoning; engages in patient-centered care that is appropriate, compassionate and collaborative in promoting health and treating disease.	Obtains thorough and accurate information through an H&P adapting to the clinical setting.	**Understand and demonstrate effective communication skills for learning and clinical practice environments.**	**Additional attention to Clinical Reasoning skills**
Patient Care Demonstrates proficiency in clinical skills and clinical reasoning; engages in patient-centered care that is appropriate, compassionate and collaborative in promoting health and treating disease.	Uses evidence from the patient's history, physical exam, and other data sources to formulate and prioritize clinical decisions. Incorporates diagnostic, therapeutic, and prognostic uncertainty in clinical decision-making and patient care discussions.	**Discuss and apply physical exam skills necessary for practice.**	**Additional attention to justification for physical exam maneuvers**
Interprofessional Collaboration Demonstrates the attitudes, knowledge and skills to promote effective teamwork and collaboration with health care professionals across a variety of settings.	Respects and supports the contributions of individuals on an interprofessional health care team to deliver quality care.	**Develop and practice the knowledge and skills that promote effective intra- and inter-professional teamwork**	**Collaborate with University wide IPE effort to incorporate clinical**

		across a variety of settings.	**opportunities for IPE into CPCP requirement**
Systems-based Practice Demonstrates an understanding of and responsiveness to health care systems, as well as the ability to call effectively on resources to provide high value care.	Applies knowledge of health care systems to patient care discussions. Demonstrates awareness of context of care, patients' values and health care system resources in clinical decision-making.	**Explain health policy and health systems information needed for practice.**	**Collaborate with Health Systems Science**
Reflective Practice Demonstrates habits of ongoing reflection and analysis to both identify learning needs and continuously improve performance and personal growth.	Demonstrates habits of ongoing reflection using feedback from others as well as self-assessments to both identify learning needs and practice continuous quality improvement.	**Explain and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.**	**None**

5. In the grid below, please list the specific program changes you made this year based on last year's report.

What Changes were made 2018-2019?	**How did the changes work?**	**What would you like change next year 2019-2020?**
Communications Seminars- Added another communications seminar on Shared Decision Making in Block 6 using Parkinson	This served to reinforce disclosing a difficult diagnosis, one where we don't have all the answers, and helped teach the skill of shared decision making- *76% of respondents found the session effective or very effective*	Focus on increasing preceptor training (faculty development) – this is especially important as we rely heavily on 4th year preceptors
CPCP- Continuous Quality Improvement on training for SOAP note graders to increase inter-rater reliability using a rubric	This seemed to be reasonably well received (ie no complaints)- *76% of respondents found CPCP to be effective or very effective* (though not sure this has anything to do with the SOAP notes)	Nothing
IPE- Incorporated partial CPCP credit for Community Programs (PN, AIP and ILEAP) students	Served to ensure that all students had some practice doing H&Ps while giving credit to students for their HSS and IPE exposure- this seemed to be reasonably well received	We would be open to expanding this cooperative arrangement as more clinical IPE/HSS experiences become available

	(ie fewer complaints than last year)	
Physical Diagnosis- Created new practice CSE2B sessions that better mimicked the clinical reasoning process assessed on the CSE2B	This focused students on synthesizing history, physical exam and oral presentation into a cohesive story- *69.5% of respondents thought this was VG or E*	Focus on increasing preceptor training (faculty development) – this is especially important as we rely heavily on 4th year preceptors From student feedback it appears we could be more explicit in teaching which exam maneuvers are appropriate to do in specialty areas (only *43.2% thought this was VG or E*)
Procedures- First Five was required this year	*53% respondents said they were Somewhat Likely or Very Likely identity themselves as a med student in a medical emergency,* *51.2% thought their preparation to do a primary survey in a crisis situation was VG or E*	Will add 'Stop the Bleed' and revise the LOs for First Five as hemorrhage control will be duplicative
Tuesday Seminars- Multiple revisions were made to how the Violence Series was handled- to provide increased sensitivity to students who may have had personal experience with these topics	These sessions were better received than the previous year- *77.8% rated the series VG or E*	We continue to make changes (ie using SPs) to deliver this necessary content in a way that is less triggering to students
GARLA- Piloted additional PD/USG sessions on Breast, Thyroid, Lung, Kidney, Ureters, Bladder, and Pelvis and Perineum in addition to Abdomen and Cardiac cycle/Peripheral Pulses which were already developed	Continued improved of reception of the GARLA pilots given more student access to USG machines (8 USG machines acquired) and consistent preceptor availability	We are continuing to collaborate on the longitudinal GARLA curriculum (housed in Block 7)
CSEs- We reconfigured the way that we assess the CSE2B, instead of looking at each station, we assessed 4 skills (history, physical, clinical reasoning and oral presentation) across the stations	This increased validity of assessment in each of these 4 domains, also provides data for the assessment dashboard spider plot	We are working with Klara Papp to determine ways to further ensure validity and reliability in grading of CSEs

6. What were the successful, innovative components of your block that you would like to share with other Blocks?

Block 8's theme for the 2018-2019 academic year was Continuous Quality Improvement. While every year, each program revises their individual materials, Block 8 as a whole this year revised all of the assessment tools in each program so that they are all in line with one another. This paired well with the new reconfiguration of the CSE2B assessment, so that we are now better able to provide longitudinal data for each student on their history, physical, clinical reasoning and oral presentation skills across the first two years. As we move to the new eAssessment system, with a spider plot of student skills, the Blocks as a whole may need to decide what data points we will be contributing to the overall student spider plot assessment, so that not only do we contribute our own unique assessments (to give breadth) but also so there is planned redundancy (to give depth to the overall assessment).

7. What specific changes in the curriculum do you plan to make next year (AY 2019-2020)?

The theme for Block 8 this academic year is Renewed Attention to our Mission/Vision/Goals.

Mission

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To this end, we will be focusing our attention on standardizing the teaching provided by the 4th year Clinical Elective preceptors. We are clear that our educational efforts are only as good as the delivery of the lessons, and our reliance on near peer teaching requires us to up the ante on the faculty development we provide for the preceptors, especially the fourth year students. As such the 4th year Clinical Elective preceptors for Communications, Physical Diagnosis (1 and 2), Tuesday Seminars, and CSEs will go through more rigorous orientation training with additional Just in Time trainings tailored to each program.

8. What specific changes (lectures, TBL, IQ cases, other) do you plan to make to the course next year?

Changes anticipated for next year	Reason for changes (evidence)
Focus on increasing preceptor training (faculty development) – this is especially important as we rely heavily on 4th year preceptors for each program	Increase reliability of Block 8 assessments
Additional PD2 Clinical Decision Making sessions PD2 - we need to be more explicit in teaching which exam maneuvers are appropriate to do in specialty areas	Student feedback
Procedures- Will add 'Stop the Bleed' and revise the LOs for First Five as hemorrhage control will be duplicative	Student initiative
Move up completion time for PD3 to allow for all students to have completed PD3 before doing the CSE2B exam	Allow time for students who need extra help to get that before the end of their second year and not delay the start of third year.

9. Please review your Block objectives. Have you added or deleted major concept areas to your Block?

Deletions	Additions
None	None

10. With respect to Formative Assessments, what specific changes do you plan to make to the Block next year?

In the spirit of CQI, we will also be focusing on our formative assessments in Communications and Physical Diagnosis to see how we can create more valid assessments that seek to identify students who are at risk of CSE and Step 2 CS failures, in an effort to provide pro-mediation (feed forward support to avoid failures and remediation). Additionally, we will be focusing on reliability with our assessment measures and are taking on an aggressive 4th year student preceptor development campaign, in an effort to standardize the provision of more specific and concrete feedback to improve first and second year student clinical skills.

11. Describe how faculty teaching quality was reviewed for your block. What faculty development opportunity was offered in response to student feedback?

Each program director reviews their faculty feedback and makes adjustments as to whether to continue to use certain preceptors in future years. In addition to faculty, we rely heavily of 4th year medical students. After multiple conversations with students (individual feedback, ad hoc focus groups, student representatives) and in reviewing written student feedback, it is clear that we need to increase uniformity in the clinical teaching that is being provided. This will one of our main focus points for the year.

12. Response to PEAC Report:

Block 8 met with PEAC on March 25, 2019 and our response to the 2016 PEAC recommendations are attached.

Longitudinal Data:

See attached

Acknowledgments:

All of the Block 8 family & design team make work a joy, and it is clear that Block 8 would not function without the hard work and dedication of Jennifer Lennon.
Yifei Zhu and Klara Papp have been indispensable in helping make sense of how to better assess our programs. Wei Wang has been amazing with programing ways for us to collect data for our innovative changes.

We are sad to lose two fantastic and talented members of Block 8- in January Susan Padrino stepped into a new role with Integrated Behavioral Health Care at UH and in June KCK retired. We would be remiss if we did not acknowledge and thank them for all the hard work they put in to creating a successful cohesive Block.