

# Case Western Reserve University – University Program Medical School

## Block 8: Action Plan 2020-2021

Year 1 (July – May) 2020-2021

<b>Becoming A Doctor</b> Block 1 (5 Weeks)  Population Health, Epidemiology, Biostatistics, Health Disparities  Field Experiences Assessment Week	2 Weeks Anatomy Bootcamp	<b>The Human Blueprint</b> Block 2 (11 Weeks)  Endocrinology, Reproduction, Development, Genetics, Molecular Biology, Cancer Biology  <u>Integrative Week</u> Assessment Week	<b>Food to Fuel</b> Block 3 (9 Weeks)  Gastroenterology, Nutrition, Biochemistry  Assessment Week	<b>Homeostasis</b> Block 4 (14 Weeks)  Cardiovascular, Pulmonary, Renal, Cell Physiology and Pharmacology  <u>Clinical Immersion Week</u> Assessment Week
<b>Structure</b> (GARLA and “Systems and Scholarship”)  <a href="#">Foundations of Clinical Medicine</a> (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)				

Year 2 (August- March) 2020-21

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

### 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.

### **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.

Block 8 is comprised of multiple threads that are woven together and integrated within the Years 1 and 2 curricula.

- Communication in Medicine (CM)
- Interprofessional Education (IPE)
- Longitudinal Clinical Skills Program (LCSP)
- 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 disease, counseling patients for health behavior change, and presenting difficult news and diagnoses.

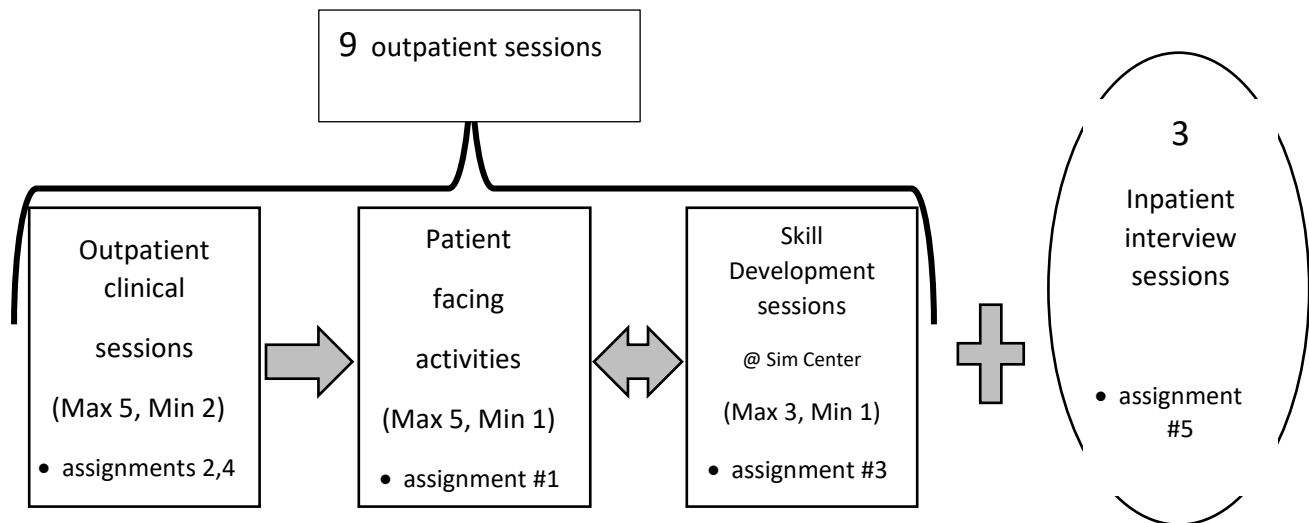
#### **Interprofessional Education (IPE)**

For the academic year 2020-2021, Block 8 continued to act as the placeholder for IPE in the School of Medicine curriculum. The formal IPE curriculum was exclusively housed under Collaborative Practice 1 lead by the Associate Vice Provost for IPE. Informal IPE opportunities were provided (such as during the Patient Facing Activities of LCSP), however these events did not have a primary focus on IPE skills training.

#### **Longitudinal Clinical Skills Program (LCSP)**

With the advent of the COVID pandemic, clinical sites became tremendously scarce and appropriately, our clerkship students were prioritized over the pre-clerkship students. The pandemic required us to take a creative and flexible approach to early Patient Based Programs. LCSP is a distillation and combination of the guiding principles of CPCP (Community Patient Care Preceptorship- 10 outpatient sessions) and PD3 (Physical Diagnosis 3- 5 inpatient sessions). LCSP became a combination of outpatient sessions in a community preceptor's clinical practice,

inpatient sessions, Simulation Center skills training sessions, Patient Facing Sessions. This reformatting allowed students to synthesize all their skills (history taking, physical exam, clinical reasoning, differential diagnosis, oral presentation and clinical decision making), as well as identify gaps in care, and determine how they as students could become change agents to address those gaps (Health Systems Science).



### **Physical Diagnosis (PD)**

This year Physical Diagnosis focused on PD1 and PD2.

Physical Diagnosis 1: An introduction to basic history taking and the basic adult physical exam, as well as introductory oral presentation skills to Year 1 students.

Physical Diagnosis 2: In depth regional exams in various formats during Year 1 and Year 2.

What had been Physical Diagnosis 3 was subsumed into LCSP as the inpatient portion.

### **Procedures Curriculum (PC)**

These workshops provide students with skills and improved confidence in communication and hands-on procedures that they will need for patient care. This year, we began the Procedures Curriculum during orientation for the first year students with Donning and Doffing (with specific focus on droplet precautions), in an effort to acculturate them to clinical exposure and provide them tools to protect themselves from contagion. ‘Stop the Bleed’ provides specific instruction on hemorrhage control and teaches tourniquet usage. ‘First Five’ training provides practical training for first-year medical students to address medical emergencies, including primary survey and scene safety, airway management, emergency interventions including Naloxone and EpiPen administration, revisiting hemorrhage control in an exsanguinating patient, and training in resuscitation team function and structure. In Medical Procedures 1 & 2, students get an introduction to standard precautions, Time-Out, Informed Consent, as well as basic medical procedures including: sterile glove technique and sizing, male and female foley placement, airway management, injections and IV placement. In Surgical Procedures, students are exposed to advanced techniques such as surgical scrub, surgical site preparation, maintenance of a sterile field, 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 & high value care; ethics and medicine; end of life issues, professional identity formation and development of mindful practitioners.

**2. Block Leader:**

Anastasia Rowland-Seymour, MD

**Program Leaders:**

Administrative Director: Jennifer Lennon

Communication in Medicine (CM): Ted Parran, Jr. MD

Interprofessional Education (IPE): Ellen Luebbers, MD

Longitudinal Clinical Skills Program (LCSP): Lisa Navracruz, MD

Physical Diagnosis (PD): Lisa Navracruz, MD

Procedures Curriculum (PC): Anastasia Rowland-Seymour, MD

Tuesday Seminars (TS): Oliver Schirokauer, MD and Ted Parran, Jr., MD

**3. Design Team:**

Dyna Bolar- Coordinator PD

Kathy Cole-Kelly, MSW, MS- Emeritus CM Director and Emeritus 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

Kristie Lang – Standardized Patient Trainer/Coordinator, SIM Center

Jennifer Lennon- Administrative Director

Ellen Luebbers, MD- SOM IPE Director and Interim SIM Center Medical Director

Lisa Navracruz, MD- LCSP and PD Director

Ted Parran, Jr., MD- TS Co-Director, CM Director

Mimi Singh, MD- HSS Assistant Dean

Oliver Schirokauer, MD- TS Co-Director

Amy Wilson-Delfosse, PhD- Associate Dean

Student Representatives

**4. Block Objectives: Please fill in the table below for your Block Objectives.**

Competency and Definition	Educational Program Objective (EPO)	Block Goals Block 8	Recommended Changes
<p><b><u>Knowledge for Practice</u></b> Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions.</p>	<p><b>Provide early clinical exposure and progressive opportunities to develop, integrate, and reinforce clinical skills and professionalism.</b></p>	<p><b>Increase opportunities for students to practice clinical reasoning skills</b></p>

<p><b><u>Interpersonal and Communication Skills</u></b>          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.</p>	<p>Uses effective written and oral communication in clinical, research, and classroom settings.</p> <p>Demonstrates effective communication with patients using a patient-centered approach.</p> <p>Effectively communicates knowledge as well as uncertainties.</p>	<p><b>Explain and demonstrate effective communication skills for learning and clinical practice environments.</b></p>	<p><b>None</b></p>
<p><b><u>Professionalism</u></b>          Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in professional behavior.</p>	<p>Consistently demonstrates compassion, respect, honesty and ethical practices.</p>	<p><b>Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.</b></p>	<p><b>None</b></p>
<p><b><u>Personal &amp; Professional Development</u></b>          Demonstrates the qualities required to sustain lifelong personal and professional growth.</p>	<p>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.</p>	<p><b>Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, non-maleficence and justice.</b></p>	<p><b>None</b></p>
<p><b><u>Patient Care</u></b>          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.</p>	<p>Obtains thorough and accurate information through an H&amp;P adapting to the clinical setting.</p> <p>Uses evidence from the patient's history, physical exam, and other data sources to formulate and prioritize clinical decisions.</p> <p>Incorporates diagnostic, therapeutic, and prognostic uncertainty in clinical decision-making and patient care discussions.</p>	<p><b>Understand and demonstrate effective communication skills for learning and clinical practice environments.</b></p> <p><b>Discuss and apply physical exam skills necessary for practice.</b></p>	<p><b>Additional attention to Clinical Reasoning skills</b></p>
<p><b><u>Interprofessional Collaboration</u></b>          Demonstrates the attitudes, knowledge and skills to</p>	<p>Respects and supports the contributions of individuals on an interprofessional health</p>	<p><b>Develop and practice the knowledge and skills that promote effective intra- and</b></p>	<p><b>Utilize Patient Facing Activities of LCSP to increase</b></p>

promote effective teamwork and collaboration with health care professionals across a variety of settings.	care team to deliver quality care.	<b>inter-professional teamwork across a variety of settings.</b>	<b>collaboration between disciplines in addressing gaps in care</b>
<b><u>Systems-based Practice</u></b> 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.	<b>Explain health policy and health systems information needed for practice.</b>	<b>Utilize Patient Facing Activities of LCSP to teach students the importance of addressing gaps in care</b>
<b><u>Reflective Practice</u></b> 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.	<b>Explain and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.</b>	<b>None</b>

5. In the grid below, please list the specific course changes you made this year based on last year's report or required by the Pandemic?

<b>What changes were made 2020-2021?</b>	<b>How did the changes work?</b>	<b>What would you like to change next year 2021-2022?</b>
Addition of a Telemedicine Communications Workshop	This workshop worked very well in '19-'20 as it was included just as the pandemic began. We continued it in '20-'21 in Block 4 and it was less well received (though still acceptable at 69%) as students had been conducting Comm Workshops via Zoom all year, and felt these skills were not novel.	We will keep the workshop and anticipate that it will be once again seen as novel material now that we are back in person (and not on Zoom) for our Comm Workshops, and students do not have the opportunity to routine practice these skills.
TS Yr 1 added the following session: <i>Microaggressions and Bias</i>	The <i>Microaggression and Bias</i> session stimulated conversation amongst students about race based medicine and institutionalized racism and the impacts on health inequities. It was also the introduction of the concept of <u>Structural Competence</u> which is further addressed in Collaborative Practice 1.	This year, the mindfulness content (which will be incorporated into the new Y1 session on <i>Bias and Mindfulness</i> ) and the microaggression content (which will be incorporated into a new Y2 session on <i>Moral Stress and Distress</i> ) are being replaced by material on Leadership.
TS Yr 2 removed the <i>Suicide</i> Session	This topic is covered in psychiatry in Block 6.	We will however include physician suicide in the <i>Moral Stress and Distress</i> session

PD1 was condensed to incorporate repetition of organ systems from week to week. This was designed to reinforce the PD clinicals learned from one week to the next.	Students were able to successfully learn the basic physical exam in a condensed period of time, however it made it difficult for them to incorporate the ROS for each organ system, as evidenced by a 47% agreement with the statement that PD1 prepared them to obtain a ROS.	We will maintain the forced repetition and layering on of additional organ systems from week to week. We will add in an additional “Assess” session to help students consolidate develop facility performing larger portions of the physical exam. We will require students to practice the associated ROS as they are practicing the physical exam.
Switch of CPCP to LCSP Outpatient (10 to 5 session)	LCSP Outpatient was received slightly less well than CPCP has been historically received at 64% vs 76% and 77% for '18-'19 and '19-'20 respectively	Given the continued shortage of clinical preceptors we will keep LCSP the same this year for the current first year class. We anticipate that with the class of 2026 we will have a larger cohort of preceptors and can increase the number of sessions.
Switch of PD3 to LCSP Inpatient (5 to 3 sessions)	LCSP Inpatient was received comparably to how PD3 has been received in the past at 83% compared to 93% and 79% in '18-'19 and '19-'20 respectively	Given the continued shortage of clinical preceptors we will keep LCSP the same this year for the current first year class. We anticipate that with the class of 2026 we will have a larger cohort of preceptors and can increase the number of sessions.
Addition of SIM Center Skills Development Sessions to LCSP	These sessions were moderately well received at 58% rating effective/very effective. These sessions moderately well served the purpose of requiring students to decide relevant parts of the history and physical that needed to be performed for a presenting complaint (60%) and allowed them to practice performing an oral presentation (64%).	Given the continued shortage of clinical preceptors we will keep these sessions for this year, as an adjunct to the outpatient and inpatient clinical time, allowing students to continue to build progressive clinical reasoning skills in the Simulation Center.
Addition of Patient Facing Activities as part of LCSP	These sessions were somewhat challenging for some students – some had difficulty understanding the purpose of this requirement, and some had difficulty identifying these opportunities.	Because this is a concrete manifestation of health systems science- finding and addressing gaps in care, we will be keeping this portion of the LCSP curriculum- we will however strive to make its purpose much clearer for students.
Addition of M1 COVID Curriculum	This session served to orient students to COVID upon their arrival to campus during the beginning of the pandemic.	This COVID curriculum was truncated but will still be required of first year students upon arrival to campus for the '21-'22 year.
Addition of M2 COVID Curriculum	This session served to re-orient students to being in person for clinical skills training, it helped to provide a road-map for their in person clinical skills sessions.	This will not be required for second year students for the '21-'22 year.

ENT, Ophtho, and GYN/GU PD2 session were not required sessions this year	Students we convinced that they were able to determine which exam maneuvers are appropriate to do in specialty areas this year (59%) compared to last year (70%).	AY '21-'22 will see the return of ENT and Ophtho PD2 sessions. GYN/GU PD2 sessions are more complicated as we will need to recreate the GUTA training program that was at Circle Health, which has since dissolved- we are in the process of recreating this program.
Derm/Rheum PD2 were not offered	Students were less convinced that they were able to determine which exam maneuvers were appropriate to do in specialty areas this year (59%) compared to last year (70%).	We are in the process of considering novel ways to incorporate Derm and Rheum in PD2, as Derm day is said to be unsustainable.
MSK (Ortho and Rheum) PD2 were offered as part of Block 8 PD and MSK week in Block 5 was removed.	Students were less convinced that they were able to determine which exam maneuvers were appropriate to do in specialty areas this year (59%) compared to last year (70%).	In AY '20-'21 students were not exposed to the complete MSK exam- due to rising cases PM&R was unable meet with students to teach the cervical and lumbar spinal exams. In AY '21-'22 we will offer the full complement of Ortho, Rheum and PMR MSK PD2 sessions.
Added <u>Cardiac Clinical Reasoning</u> Session during Block 4 Clinical Immersion week	This session was well received in that 83% of students agreed/strongly agreed that this session prepared them to develop of differential for patients with cardiac complaints and 79% A/SA that this session prepared them to present a patient with cardiac complaints.	This session will be refined and offered again as a required activity in AY '21-'22.
Offered <u>Clinical Skills Refresher Week</u> which included: ENT, Block 5 Clinical reasoning Pilot, Psychiatric Interviews, Pelvic Exam and Birthing Training, PD2 MSK PM&R Training, IDD Interviews	These sessions were elective and slightly less than a 1/3 of the class chose to attend these sessions. Students reported appreciating these sessions, however the ultimate assessment of whether this refresher week was effective will be whether there was an improvement in the confidence and performance of these students in their clerkships.	We do not anticipate needing to offer this session for AY '21-'22.

**6. What changes do you anticipate making to the Block next year (AY 2021-2022)?**

<b>Deletions</b>	<b>Additions</b>
	Writing a Clinical Reasoning session for Block 6 to pilot in AY '21-'22.



	Systematically increasing the diversity of the clinical cases in Block 8 (TS, Comm Wksps, LCSP Skills Development sessions, Clinical Reasoning sessions, and CSEs).
Collaborative Practice 1 has established itself as the repository for IPE in the SOM, as such it is unlikely that IPE will remain a thread in Block 8.	
	Separating the how and the what of clinical history taking. Allowing Communications Wksps to more clearly focus on the skills required to conduct a compassionate encounter. Under the heading of Clinical Reasoning, creating additional sessions that focus on the details of what clinical history is collected- with more focus on teaching hypothesis testing to illustrate more clearly eliciting pertinent positives and negatives.

**7. What successful, innovative components of your block that are best practices that you would like to share with the other Blocks?**

The ability to collaborate with Block 4 leaders to introduce Clinical Reasoning sessions during the Clinical Immersion week was a tremendous opportunity for the Block 8 team and the Block 4 faculty to collaborate. This collaboration even resulted in recruiting cardiology and pulmonary residents and faculty to preceptor the students during this session. Additionally, this session offered an exciting opportunity for the students to pull together the concepts of the Block and put these concepts into practice in a controlled simulated clinical environment. We would very much like to consider whether we can more closely link the Clinical Reasoning sessions in Block 3 and 5 with the Block curricula.

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

<b>Changes anticipated for next year</b>	<b>Reason for changes (evidence)</b>
The clinical case for LCSP Practice SOAP Note 1 needs to align with the Block 4 material more closely.	The LCSP Practice SOAP note was initially developed for use in Block 5. We then deployed it with the M1s during Block 4, however the students felt ill prepared for the case content.
Develop additional LCSP Skills Development sessions.	We are still troubled by limited pre-clerkship clinical exposure and continue to need to augment students' opportunities to practice synthesizing their skills.
Increase the diversity of patients in the clinical cases in Block 8 (TS skills training, Comm Wksps, LCSP Skills Development sessions, and CSEs)	As part of the Diversity Student Action Plan and as a complement to the work already done with the patient ID cards in IQ, we are committed to exposing our students to a more diverse patient population in the pre-clerkship phase, in order to prepare students to provide optimal care to diverse patient populations in the clinical arena.

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

We will be re-organizing our Block to include an additional thread, Clinical Reasoning. We have created what used to be called PD2 Clinical Reasoning sessions for Blocks 3, 4 and now 5. Additionally, we anticipate creating a Block 6 Clinical Reasoning session as well. These sessions allow students to consider what are the appropriate parts of the history and physical are that need to be performed, as well as require an oral presentation including an assessment, a differential, and a plan. This exercise is much more entailed than physical diagnosis and therefore needs to fall under its own category. This will also additionally allow the grouping of the Clinical Reasoning exercises in IQ, and the LCSP Clinical Skills Development sessions under this same header.

**10. Did formative and summative assessments in the Block support achievement of block objectives? What specific changes do you plan to make to the course next year?**

Formative assessments in Block 8 are used heavily as an opportunity for student self-reflection in order to direct their learning. CSE1A was effective in helping students identify clinical skills (PD and Comm/oral presentation) that could be improved upon (78% A/SA). There appeared to be an increased appreciation for the usefulness of CSE2A as an opportunity to practice information synthesis (67% in '20-'21 compared to 57% for '19-'20 and 47% for '18-'19).

This year as compared to last year, an increased percentage of students agreed that the summative assessment CSE1B provided opportunity to demonstrate skills in presenting a patient (60% vs 37%). Overall sentiment about the effectiveness of CSE2B has declined over the last 2 years (65% '20-'21 compared to 67% '19-'20 and 81% '18-'19). We do not have a clear understanding of why the CSE2B has been seen as less effective. This will certainly be the subject of further investigation. Before we decide on anticipated changes we need more data.

<b>Changes anticipated for next year</b>	<b>Reason for changes (evidence)</b>
N/A	N/A

**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 4<sup>th</sup> year medical students. Conversations with students (individual feedback, ad hoc focus groups, student representatives) and in reviewing written student feedback over the last three years has made it clear that we need to increase uniformity in the clinical teaching that is being provided. We will once again make this one of our main focus points for the year.

**12. Response to questions on bias in the Block 8 curriculum. What changes are you planning to make to address identified bias in the curriculum?**

In reviewing the feedback from all end of block surveys a few themes emerged. It will be important that we include trigger warning when there is subject matter that may be triggering for individual students. Additionally, we need to be more diligent in the alignment of nomenclature and verbiage used across all the checklists that are supportive of diversity. A few Tuesday Seminars sessions will be reworked: Food Ethics and Correctional Healthcare, with specific attention to how the presenters address these issues sensitively. Finally, as a Block we will need to think carefully about how we can foster opportunities to increase diversity of thought in all of our sessions.

### **13. Changes in resources for next year?**

Health Systems Science, 2<sup>nd</sup> edition, Susan Skochelak, Elsevier, Pub May 6 2020.  
eBook: ISBN 9780323694674; Paperback ISBN: 9780323694629

### **14. Response to PEAC Report**

No new recommendations from PEAC were received since the report referenced in the 2019 Block 8 Action Plan.

### **15. Acknowledgements**

Block 8 is eternally grateful to the dedication, tenacity, and ingenuity of Jennifer Lennon. It is clear that we would not function without her hard work and persistency. She works tirelessly to bring shape and form to our curricular efforts. We are thankful that she approaches every problem as if there is a solution just waiting to be found. Jennifer's creative thinking and meticulous planning is the only reason why Block 8 has had whatever success we have garnered in the last 5 years.

Andrea Bryner, Ellen Luebbers and the HEC Simulation Center staff have been enormously supportive of our efforts to teach clinical skills. They have gone above and beyond accommodating our increasingly difficult to fulfill requests. We are enormously grateful to also be collaborating with Jackie Csank, Tom Noeller and the MetroHealth Simulation Center staff. They have been invaluable in collaborating with the HEC center to deliver pre-clerkship training for M1 and M2 students.

We are very sad to lose Celena Howard who has been relentless in her support of Tuesday Seminars, Communications Workshops and Procedures. We are very grateful for the support of the entire OCA team who are stepping in and helping in her absence.