Case Western Reserve University – University Program Medical School

Foundations of Clinical Medicine Block 8

Action Plan 2022-2023

Year 1 (July – May)

Becoming A Doctor	2 Weeks Anatomy Bootcamp	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 (GARLA and "Systems and Scholarship")				
Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)				

Year 2 (August- March)

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)		

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)
- **Clinical Reasoning (CR)- new addition**
- 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.

Clinical Reasoning (CR)

Clinical Reasoning has been a curriculum that has been many years in development. It is a collaboration between the foundational thought exercises that students do as part of IQ where they begin to formulate differential diagnoses; the PD2 Clinical Reasoning sessions that are focused on syndromes associated with Block 3, 4 or 5- where students expand their clinical reasoning with hypothesis testing, differential diagnosis formation and early clinical management; and the Simulation Skills Development sessions where they further their synthesis skills with expanded oral presentations. Clinical Reasoning is assessed during their summative Clinical Skills exams - CSE1B and CSE2B.

Longitudinal Clinical Skills Program (LCSP)

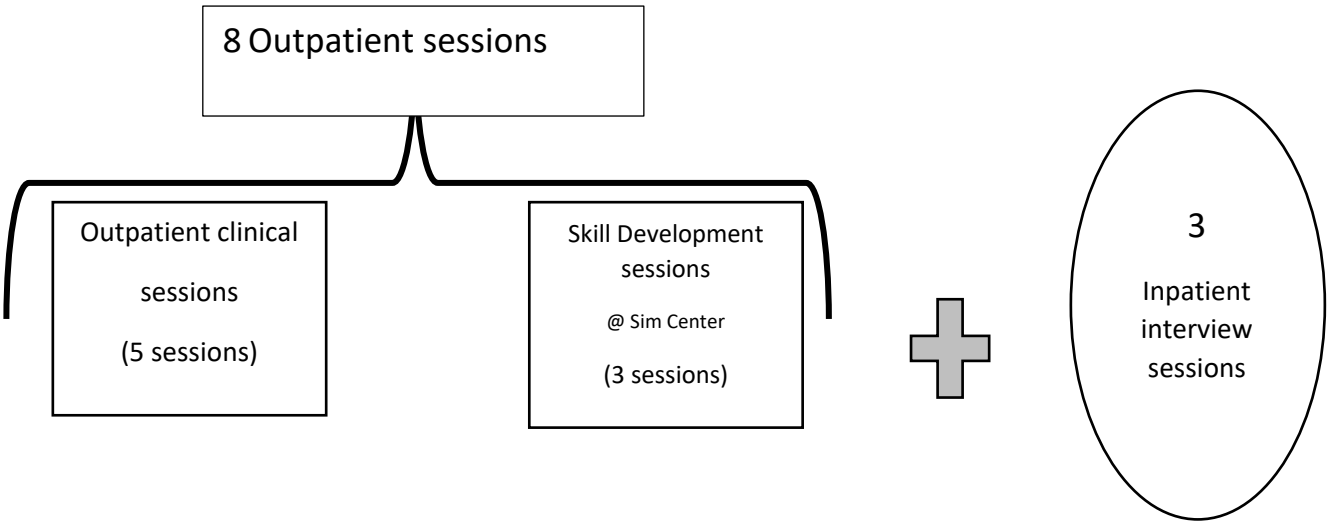
With the advent of the COVID pandemic in the spring of 2020, clinical sites became tremendously scarce and appropriately, our clerkship students were prioritized over the pre-clerkship students. The pandemic

required us to take a creative and flexible approach to early Patient Based Programs. LCSP became an abbreviated but clinically relevant distillation of the guiding principles of CPCP (Community Patient Care Preceptorship- which had been 10 outpatient sessions) and PD3 (Physical Diagnosis 3- which had been 5 inpatient sessions). LCSP became a combination of Outpatient clinical sessions in a community preceptor's clinical practice, Simulation Center skills training sessions, and Inpatient clinical sessions. While the total number of sessions was decreased, this reformatting continued to allow students to synthesize all of their skills (history taking, physical exam, clinical reasoning, differential diagnosis, oral presentation and clinical decision making).

For the last two years ('20-'21 and '21-'22) we had also included Patient Facing Sessions (PF sessions) in LCSP, which were opportunities for students to identify gaps in care, and determine how they as students could become change agents to address those gaps (Health Systems Science). This was particularly important when we were facing dire provider shortages during the pandemic. These opportunities however became harder and harder to find/provide/create for students as the pandemic gradually came under control. In AY '22-'23 we needed to remove these PF sessions, decreasing the outpatient sessions from 9 to 8 sessions, and the overall LCSP structure becoming a total of 11 sessions from 12 session.

We plan to expand this program next AY '24-'25 to 7 outpatient sessions for a total of 13 sessions.

Components:



LCSP Outpatient

5 Clinical sessions + 3 Simulation Skills Development Session — 8 Outpatient Sessions

- EHR Assignment
- IHI Module
- 1 Practice SOAP Note
- 2 SOAP Notes

LCSP Inpatient

3 Inpatient Interview Sessions — 3 Inpatient Sessions

- 2 Complete History and Physical Exam Write-ups

Total of 11 Clinical Sessions

Physical Diagnosis (PD)
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 again began 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
Longitudinal Clinical Skills Program (LCSP): Lisa Navracruz, MD
Physical Diagnosis (PD): Lisa Navracruz, MD
Clinical Reasoning (CR): Anastasia Rowland-Seymour, MD
Procedures Curriculum (PC): Anastasia Rowland-Seymour, MD
Tuesday Seminars (TS): Oliver Schirokauer, MD and Ted Parran, Jr., MD

3. **Design Team:**
Elvera Baron, MD- Block 8 Faculty Development Director
Andrea Bryner – Administrative Director, SIM Center
Kathy Cole-Kelly, MSW, MS- Emeritus CM Director and Emeritus TS Co-Director
Elaine Cruz, MD- Block 8 Design Team Member
Howard Gregory, MS – Standardized Patient Program Manager, SIM Center
Kurtis Hoffman, MA- Program Manager CPCP
Kristie Lang –Standardized Patient Trainer/Coordinator, SIM Center
Jennifer Lennon- Administrative Director
Amanda Monyak- Course Manager, TS and CM
Lisa Navracruz, MD- LCSP and PD Director

Ted Parran, Jr., MD- TS Co-Director, CM Director
Elizabeth Painter, PsyD- Block 8 Design Team Member
Daniel Salcedo, MD**-** Director of Simulation & Educational Technology, SIM Center
Natalie Scala- Physical Diagnosis Program Manager
Oliver Schirokauer, MD- TS Co-Director
Amy Wilson-Delfosse, PhD- Associate Dean for Curriculum
Student Representatives
Bold- New to Design Team

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
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.	**Provide early clinical exposure and progressive opportunities to develop, integrate, and reinforce clinical skills and professionalism.**	**Remove and substitute:** ***Develop, integrate, and reinforce clinical skills and professionalism across the pre-clerkship phase.***
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 using a patient-centered approach. Effectively communicates knowledge as well as uncertainties.	**Explain and demonstrate effective communication skills for learning and clinical practice environments.**	**None**
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.**	**Add as above:** ***Develop, integrate, and reinforce clinical skills and professionalism across the pre-clerkship phase.***

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, nonmaleficence 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. 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.	**Understand and demonstrate effective communication skills for learning and clinical practice environments.** **Discuss and apply physical exam skills necessary for practice.**	**None**
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 teamwork across a variety of settings.**	**None**
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.**	**None**
Reflective Practice Demonstrates habits of ongoing reflection and analysis to both identify	Demonstrates habits of ongoing reflection using feedback from others as well as self-assessments	**Understand and practice the behaviors of an ethical, respectful,**	**None**

learning needs and continuously improve performance and personal growth.	to both identify learning needs and practice continuous quality improvement.	**compassionate, reliable, and responsible physician.**	

Upon doing the LCME review, we did realize that we need more detailed Course Objectives that are more specific to the LCME Standards 7.4 (Critical Judgement/Problem Solving Skills), 7.5 (Societal Problems), 7.6 (Structural Competence, Cultural Competence, and Health Inequities), 7.7 – shared with the Ethics Longitudinal Thread (Medical Ethics), 7.8 (Communication Skills), and 7.9 (Interprofessional Collaborative Skills). We are in the process of developing these.

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?

What changes were made AY 2022-2023?	How did the changes work?	What would you like to change next year AY 2023-2024?
Collaborated with student leaders to rework Block 3 Communications Workshop 5 on Health Behavior Change (HBC) to incorporate increased sensitivity training for patients with Obesity.	Students were able to more concretely use the 5 A's for HBC-sample verbiage was included in checklists. There continued to be high level of concurrence (**97%**) with the statement "Communication workshops prepared me to gather a history and demonstrate advanced patient-doctor communication skills".	***There are additional changes to further improve the cases and continue to remove the possibility of bias from being conveyed in the SP interaction.***
LCSP Outpatient SOAP Note tutorial was updated and clarified by incorporating student feedback. LCSP Inpatient H&P preceptor feedback evaluation rubric was updated making it more specific and allowing for more detailed feedback to be provided to students.	In the End of Year 2 survey **88.4%** of students expressed satisfaction with the clinical skills instruction in the pre-clerkship phase. While this is not a direct assessment of LCSP, LCSP is in large part a culmination of all of their clinical skills training in the first and second year. By end of Block 6, **93%** of students agreed that they were prepared for both LCSP Inpatient and Outpatient sessions.	***We would like to expand LCSP to include more sessions of outpatient clinic to encourage greater information synthesis and opportunities for practice of their clinical skills.***
We focused on CQI of all of the checklists across all programs to ensure consistency of language between programs and ensure the developmentally appropriate iterative expansion of clinical skills as students progressed through the pre-clerkship phase.	See above	***We will continue to adjust the checklists as appropriate with curricular additions and adjustments made in each block.***

Clinical Reasoning (CR) became more of a focus, with required clinical reasoning sessions in blocks 3, 4 and 5, as well as clinical reasoning enhanced in the LCSP Sim Skills Development sessions.	In Block 3, 4, and 5, students rated that the CR sessions helped them distinguish the relevant components of the history and physical exam to be performed during a patient encounter as **95%, 94%, and 97%** respectively. In Block 3, 4, and 5, students rated that the CR sessions helped them synthesize the relevant components of the history and physical exam to be presented during an oral presentation as **94%, 94%, and 96%** respectively.	***We will continue to consider the addition of a final Clinical Reasoning session incorporating Block 6 curricular content.***
Psychiatry interviews were incorporated into Block 8 content as a clinical skill.	These sessions were not able to be provided to students during Block 6 due to Pandemic constraints. This was reflected in a rating of **63%** of students agreeing that Psychiatry interviews offered the opportunity to practice which history and exam maneuvers are appropriate.	***We will re-double our efforts this year to collaborate with Block 6 psychiatry faculty to ensure that this opportunity is once again available to M2 students in preparation for their clerkships.***
We once again, collaborated with Block 6 to have a mandatory debriefing with TS and substance use clinicians following the family interview for IQ case Noah Scott.	As was eloquent stated in the Block 6 Report, this session allowed students to "reflect upon the enormity of what they vicariously experienced with the loss of Noah Scott to the long-term effects of a non-fatal drug overdose". We do not have any quantitative data but do have some anecdotal appreciation from students about the opportunity to process the case.	***We will do this again in '23-'24.***
Required a Preventative Medicine LCSP Sim Skills Development session that focused on primary, secondary and tertiary screening of disease.	We did not capture students' assessment of the utility of this session, however it was incorporated as it was identified as a gap in student education by some of the primary care third year clerkship leaders.	***We will keep this session going forward.***
Because of scheduling confusion, the Tuesday Seminars (TS) session on Self-Care in Block 3 was done as an independent project.	Students were asked to consider their own approach to self-care, engage in a self-care activity and reflect on the experience. Feedback about the session was overall positive. TS continued to receive high ratings **(85% in**	***Aspects of this version of the session will be incorporated into the session going forward.***

	Block 3) with respect to helping students define what it means to be a professional.	
The Violence series in TS in Block 3, is historically a difficult set of sessions, the order of the sessions was changed and material on Trauma-Informed Care was included. These sessions were also followed by the Self Care session.	TS continued to receive high ratings **(90% in Block 3**) with respect to preparing students for clinical scenarios that they expect to see in patient care.	***We plan to continue to incorporate the Trauma-Informed Care material as part of the Violence series.***
TS incorporated Medical Improv in the Partnering and Shared Decision-Making session in Block 6.	Student continued to rate Block 6 TS very highly in terms of preparing them for clinical scenarios that they expect to see in clinical practice, and helping them define what it means to be a professional**, 91% and 89%** respectively.	***We plan to continue to incorporate Medical Improv into the TS skills development sessions, in an effort to continue to build student comfort with uncertainly and managing unscripted clinical experiences.***
For the first time the Observation TS session was all small group and took place completely at the Cleveland Museum of Art- this has long been a goal.	Groups were assigned pieces of art to visit (each group had a different itinerary) and asked to engage in particular exercises at each station.	***We would be delighted to provide students this expanded exposure to Humanities in Medicine in future years.***

6. What changes do you anticipate making to the Block next year (AY 2023-2024)?

Deletions	**Additions**
Doc.com is no longer a resource that we are using in TS or in preparation for Comm Workshops.	Dr. Ted Parran created internally generated pre-workshop videos that will be used in AY ’23-’24.
	Identified a need to establish the culture and expectations of TS more fully and therefore, this year started the M1 program with a two-session introduction. Student leaders in TS will be required to discuss with their TS facilitators their vision and plan for the session they are about to lead. This additional support is intended to deepen the student leaders' engagement in the leadership role.
In ’23-’24 PD1 Practice (peer to peer) sessions will move out of the Sim Center. PD1 Assess (student with SP) sessions will remain in the Sim Center to allow for better stewardship of Sim Center resources.	Reinvoke the Master Clinician faculty member in each of the PD1 practice sessions for better teaching of the M1s and oversight of the M4 teaching. Students also were required to purchase their own PD equipment (as it wasn’t readily available to them in the Sim center) this has allowed them the opportunity to actually practice with their equipment (since they actually purchased it).

	In ’23-’24 students will be cohorted to simplify their schedules, so that almost all of their Block 8 activities will occur on the same day of the week- increasing the predictability of their schedule.
Diminished faculty preceptor availability has necessitated some changes to the structure of Sim Center sessions, most notably LCSP Skills Development session- Continued Care in Block 5.	
IHI Modules now cost money, as such will be removed from the LCSP assignments in ’23-’24 and a new assignment will need to be created.	
	Lyceum (Epic Electronic Health Record (EHR) learning environment) will be incorporated into Block 8 clinical skills training for M1 students in ’23-’24.

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

We had no new innovations this year, as again, our focus was more on keeping all of the programs running and continuing to perform CQI on each program. We also do not anticipate major innovations in ’23-’24 due to the need to focus on integrating the curriculum into our new leaning management system Elentra.

We will be incorporating Lyceum into Block 8 activities and expect that it may offer opportunities for further clinical integration with IQ cases in blocks 1-6.

8. What specific curricular changes do you plan to make to the course next year?

Changes anticipated for next year	Reason for changes (evidence)
Increase the attention to hypothesis testing and the justification of including diagnoses on a differential. ** Carried over from last year- continues to be a focus.	When reading M2 SOAP notes we have been struck by the lack of complete characterization of the presenting complaint in the HPI. When reading M3 clerkship H&P’s we have been struck by the lack of “storytelling’ that occurs throughout the entire note. When reading CSE3 notes we have noted there is often a lack of justification for inclusion of the diagnoses on the differential and often no justification for the ordering of the differential. While these are skills that students should be better in clerkships, we think we can do a better job of setting the stage for their clinical reasoning development.
For ’23-’24, we will combine Comm Wkshp Non-Adherence and Comm Wksp Telehealth into a single Comm Wkshp (Assessing Adherence during Telehealth visit).	Need to streamline Block 8 activities to better use Sim center resources.
Due to staffing issues, several curricular changes will be required for the year ’23-’24: - First Cut reflection: no formal feedback - Patient-Physician Relationship reflection:	Adjustment made due to staffing issues limiting the amount of support available for high touch aspects of the curriculum, without sacrificing the integrity of program content.

not formally assigned and no formal feedback - Intellectual and Developmental Disabilities session: reduced number of patient-educators - Faculty Devel for Teaching Reflective Practice: postponed for '23-'24	
Worked with GARLA team to adjust MSK PD2 sessions, removed the three specialty sessions (Ortho, Rheum and PM&R) that were duplicative of material covered in GARLA. Incorporated an enhanced PD2 MSK USG session to expand knowledge of shoulder and knee joint function.	Removed duplicative sessions, allowed basic PD2 MSK exam material to remain in GARLA, and added specialty MSK ultrasound session to complement the basic knowledge they already received.

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

We continue to seek to expand our Block to include an additional thread, Clinical Reasoning. We have created additional sessions that expand the student's understanding of Clinical Reasoning. Of course, they are exposed to the Clinical Reasoning framework during the first 5 minutes of each IQ case beginning in Block 2. They additionally practice their clinical reasoning with the Oral Case Presentations that they do in IQ beginning in Block 3. Their thought process about the potential differential diagnoses gets iteratively more complex as their foundational knowledge grows over the course of the blocks- see IQ Clinical Reasoning Template- all blocks.

Additionally, the Clinical Reasoning curriculum contains the following educational sessions where students demonstrate history taking, hypothesis testing and creating an oral case presentation:

- Abd CR session
- LCSP Skills Development Primary Care session
- CSE1B
- Cardiac CR session
- Fever CR session
- LCSP Skills Development Continuity Care session
- LCSP Outpatient sessions- SOAP notes
- LCSP Inpatient session- Complete H&Ps
- CSE2B

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.

As mentioned above, when reading M3 clerkship H&P's we have been struck by the lack of "storytelling' that occurs throughout the entire note. When reading CSE3 notes we have noted there is often a lack of justification for inclusion of the diagnoses on the differential and often no justification for the ordering of the differential.

Next year we will be revamping the IQ Clinical Reasoning exercises in Block 6 to challenge students to consider 3 potential diagnoses that explain the most items on the problem list and justify the order of the diagnoses based on most likely to causes morbidity and mortality, most likely due to epidemiology, and most likely due to consistency with the illness script. This will help students expand their system 2

thinking and push them toward more intentional integration between their basic science skills and their clinical skills, see Clinical Reasoning Template.v7.

Thus, Clinical Reasoning exercises in IQ, LCSP Clinical Skills Development sessions, Block specific Clinical Reasoning sessions and LCSP will all come under this same header- Clinical Reasoning. This however would require additional faculty and staff support which we do not have at this time.

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 has historically been less effective than desirable in helping students identify clinical skills (PD and Comm/oral presentation) - 56% A/SA in ’21-‘22. There continues to be an increased appreciation for the usefulness of CSE2A as an opportunity to practice information synthesis - 76% in ’21-22.

We did not assess the effectiveness of either summative exam CSE1B or CSE2B this year or last. This will be an area of renewed attention in AY ’24-’25.

Changes anticipated for next year	Reason for changes (evidence)
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 4th 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 – particularly in PD1, that is being provided. We will once again make this one of our main focus points for the year.

We have three instances of preceptors interacting with their groups or individual students in a way that was contrary to the collegial and professional relationship that is characteristic of CWRU. These preceptors’ comments were reviewed by the program directors and the block leader, if student consent was obtained- conversations were had with each preceptor separately, reviewing the distinction between intent and impact, delineating how their actions were received and/or viewed by the student, and a plan for improvement was put into place. In one instance one of the preceptors was relieved of the opportunity to engage in ongoing similar types of learning environments which lead to the concerning feedback.

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 there were four entries that call for additional training TS preceptors. The additional training planned for TS preceptors has been noted below.

13. Response to Student Feedback

You (student) asked for:	We did: (rationale if didn't adjust)
Students for many years have disliked having the TS Violence sessions take place near the end of Block 3.	*We rearranged the schedule for 2023-24 so that they will take place at the beginning of Block 4 instead.*
Student feedback indicated the need for increased TS facilitator training.	*For 2023-24, we have planned a series of three faculty development sessions:* *- Small group facilitation, to be offered twice* *- Diversity, Equity, and Inclusion in the context of TS, to be offered twice* *- Teaching Reflective Practice (on hold for '23-'24, will address in '24-'25 due to staffing issues)*
Student feedback strongly suggested that the TS Trauma and Disability should be separated as topics.	*For '23-'24 TS will have a full session on each topic (Trauma and Disability).*
Student feedback regarding the Correctional Healthcare was negative with respect to the attitudes and biases of the speaker.	*The session was changed and in '23-'24, for the first time will include a panelist who works with formerly-incarcerated persons and who herself had been incarcerated.*

14. Changes in resources for next year?

We had planned to make new physical diagnosis videos that are more in line with updated clinical skills checklists, and provide a developmentally appropriate rationale for the physical exam maneuvers the students will be learning. These were however not ready for the start of the course this year, they will be available for next year.

We are currently using the following resources:

> Bates' Guide to Physical Examination and History Taking, 13th edition; Lynn Bickley, Peter Szilagyi, Richard Hoffman, Rainier Soriano, LWW Wolters Kluwer; Pub August 18 2020. ISBN: 978975170615
>
> Health Systems Science, 2nd edition; Susan Skochelak; Elsevier; Pub May 6 2020. eBook: ISBN 9780323694674; Paperback ISBN: 9780323694629

We expect these texts to remain the same.

15. Response to PEAC Report

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

16. Acknowledgements

I feel like a broken record as I say it every year, however I still feel it is imperative that I call out Jennifer Lennon at the very start of our acknowledgements. Jennifer has been the glue that has kept Block 8 together for the last 7 years, she is indispensable, creative in her thinking, meticulous in her delivery, dedicated in her efforts to deliver the very best for our students. Block 8 is eternally grateful to her for

her ingenuity, willingness to think outside of the box and her tenacity to stick with something until the "mischief is managed." It is clear that as a Block, we would not function without her hard work and persistence. She works tirelessly to bring shape and form to our curricular efforts and 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 7 years.

We are grateful to the rest of our small but mighty support team- Kurtis Hoffman, Natalie Scala and Amanda Monyak (who has moved onto Student Affairs but remains near and dear to us). This small crew delivers an enormously high touch curriculum with fidelity and a smile.

We are grateful to the HEC Sim Center team, who have been enormously supportive of our efforts to teach clinical skills. They continually go above and beyond, always doing their best to accommodate all of our requests. We are enormously grateful to continue to have the honor of collaborating with Jackie Csank, Tom Noeller and the MetroHealth Simulation Center staff. They continue to be invaluable in collaborating with the HEC center to deliver pre-clerkship training for M1 and M2 students. We remain indebted to Drs. Jeffrey Marks and Steve Schomisch in the UH Department of Surgery who every sponsor our surgical skills procedural training.

With staff turnover, we find ourselves once again beyond grateful for the support of the entire OCA team headed by Minoo Darvish (and especially grateful to Nivo Hansen) for stepping up and helping during this time of need!

As this will be my last Block 8 Action Plan, I must specifically call out my partners in crime- Ted Parran, Oliver Schirokauer, and Lisa Navracruz for their willingness to continually do one more thing to try to make the curriculum better- I have pushed them beyond their comfort zone time and time again, and they have not revolted, yet! To our M4s who bear the bulk of the burden of teaching and precepting our students- thank you for your generosity and enthusiasm for all things Clinical Skills! To Block 8 Design team members Elvera Baron, Elaine Cruz, Elizabeth Painter, Kathy Cole-Kelly and our student reps we are eternally grateful for your wisdom, perspectives and willingness to go along with us for the ride. Thank you all for your efforts to continually improve the curriculum for our M1s and M2s.

Attachment:

Block 8, FCM AY 21-22 Longitudinal Data

Current IQ Clinical Reasoning Template. All blocks

Future Clinical Reasoning Template v7. 9.29.23