

Case Western Reserve University – University Program Medical School Block 1

Action Plan 2023-2024

Year 1 – July through May

<p>Becoming A Doctor</p> <p>Block 1 (5 Weeks)</p> <p>Population Health, Epidemiology, Biostatistics, Health Disparities</p> <p>Field Experiences Assessment Week</p>	<p>2 Weeks Steps2Success</p>	<p>The Human Blueprint</p> <p>Block 2 (11 Weeks)</p> <p>Endocrinology, Reproduction, Development, Genetics, Molecular Biology, Cancer Biology</p> <p><u>Integrative Week</u> Assessment Week</p>	<p>Food to Fuel</p> <p>Block 3 (9 Weeks)</p> <p>Gastroenterology, Nutrition, Biochemistry</p> <p>Assessment Week</p>	<p>Homeostasis</p> <p>Block 4 (14 Weeks)</p> <p>Cardiovascular, Pulmonary, Renal, Cell Physiology and Pharmacology</p> <p><u>Clinical Immersion Week</u> Assessment Week</p>
<p>Structure (Anatomy, Radiology and Histopathology)</p> <p><u>Foundations of Clinical Medicine</u> (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences)</p>				

1. Course Description:

Block 1, Becoming a Doctor, provides an understanding of population health and the role of the physician in society. At CWRU SOM, the first five weeks of the curriculum focus on how physicians act as advocates for patients in health care systems; how social and environmental factors impact health and the value and importance of population health. Students are introduced to the city of Cleveland as their first patient and provided with historical and social context for the epidemiological distribution of disease as well as examples of how community organizations contribute significantly to community health. Through a variety of experiential and longitudinal learning experiences, students are introduced to six core disciplines:

Health Systems Science (HSS), Population Health, Health Determinants, Epidemiology and Biostatistics, Bioethics, and Professional Identity Formation (PIF).

The block initiates students' life-long learning in medicine, developing competency in Research & Scholarship, Reflective Practice, Teamwork and Interprofessional Collaboration, Patient Care, Knowledge for Practice, Professionalism, Interpersonal & Communication Skills, Personal and Professional Development and Systems-Based Practice. During Block 1 students are also introduced to content from longitudinal Blocks 7 (Structure) and 8 (Foundations of Clinical Medicine). These sessions are addressed in separate block action reports.

2. Block Co-Leaders:

Block Co-Leader: Karen B. Mulloy, DO, MSCH

Block Co-Leader: Kimberly Gifford, MD

3. Design Team:

Section Leaders

Douglas Einstadter, MD, MPH – Epidemiology/Biostatistics
 Johnie Rose, MD, PhD– Health Systems Science
 Nicole M. Deming, JD, MA – Bioethics
 Heidi Guillet, MD, MPH – Population Health

Design Team Members

Farren Briggs, PhD
 Jacqueline Curtis, PhD
 Scott Frank, MS, MD
 Prakash Ganesh, MD, MPH
 Melissa Klein, MD
 Suet Kam Lam, MD, MPH
 Anastasia Rowland-Seymour, MD
 Phillip Rowland-Seymour, MA
 Zenobia Tayeb, MD

Course Manager: Deidre Gruning
 Field Experience Manager: Kurtis Hoffman

4. Course Objective: Please fill in the table below for your Course Objectives.

Competency and Definition	Educational Program Objective (EPO)	Course Objectives Block _1_	Recommended Changes to Course Objective
<p>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.</p>	<p>Applies knowledge of health care systems to patient care discussions</p> <p>Demonstrates awareness of context of care, patients’ values, and health care system resources in clinical decision-making.</p> <p>Applies principles of quality improvement and safety to patient care.</p>	<p>Health Systems Science: Link domains of Health Systems Science in health care structure, policy, value and economics, health systems improvement, and health informatics</p>	<p>No recommended changes</p>

<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Population Health: Illustrate effective means to measure, understand, and affect the health of populations</p>	<p>No recommended changes</p>
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Health Determinants: Apply a framework for social, behavioral, structural, and environmental determinants of health to patient care and population health</p>	<p>No recommended changes</p>
<p>Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in behavior</p>	<p>Commonly demonstrates compassion, respect, honesty and ethical practices</p> <p>Meets obligations in a reliable and timely manner</p> <p>Recognizes and addresses lapses in behavior</p>	<p>Bioethics: Utilize a framework for implementation of bioethical principles in the practice of public health, population health, health systems science and clinical medicine</p>	<p>No recommended changes</p>
<p>Research & Scholarship Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research</p>	<p>Analyses and effectively critiques a broad range of research papers</p>	<p>Epidemiology and Biostatistics: Utilize principles of epidemiology and biostatistics to interpret scientific literature and clinical cases.</p>	<p>No recommended changes</p>

Competency and Definition	Educational Program Objective (EPO)	Course Objectives Block 1	Recommended Changes to Course Objective
<p>Personal and Professional Development Demonstrates the qualities required to sustain lifelong personal and professional growth</p>	<p>Critically reflects on personal values, priorities, and limitations to develop strategies that promote personal and professional growth</p> <p>Identifies challenges between personal and professional responsibilities and develops strategies to address them</p> <p>Recognizes when personal views and values differ from those of patients, colleagues, and other care givers and reflects on how these can affect patient care and research</p>	<p>Professional Identity Formation: Explore professional values and career paths to create a foundation for professional identity development.</p>	<p>No recommended changes</p>
Common to all Blocks:			
Competency and Definition	Educational Program Objective (EPO)	Course Objectives Block	Recommended Changes to Course Objective
<p>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</p>	<p>Demonstrates ability to apply knowledge base to clinical and research questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Recognize and analyze ethical problems in clinical medicine and biomedical research using the principles of autonomy, beneficence, nonmaleficence and justice.</p>	<p>None</p>

Competency and Definition	Educational Program Objective (EPO)	Course Objectives Block	Recommended Changes to Course Objectives
<p>Teamwork & Interprofessional Collaboration Demonstrates knowledge and skills to promote effective teamwork and collaboration with health care professionals across a variety of settings</p>	<p>Performs effectively as a member of a team</p>	<p>Develop and practice the knowledge and skills that promote effective teamwork across a variety of settings.</p>	<p>None</p>
<p>Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in behavior</p>	<p>Commonly demonstrates compassion, respect, honesty and ethical practices Meets obligations in a reliable and timely manner Recognizes and addresses lapses in behavior</p>	<p>Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.</p>	<p>None</p>
<p>Interpersonal & 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</p>	<p>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</p>	<p>Understand and demonstrate effective communication skills for learning and clinical practice environments.</p>	<p>None</p>

Competency and Definition	Educational Program Objective (EPO)	Course Objectives Block	Recommended Changes to Course Objectives
Research & Scholarship Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research	Analyses and effectively critiques a broad range of research papers Demonstrates ability to generate a research hypothesis and formulate questions to test the hypothesis Demonstrates ability to initiate, complete and explain his/her research	Analyze, critique and present research studies from the primary literature.	None

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

What changes were made 2023-2024?	How did the changes work?	What would you like to change next year 2024-2025?
All class during the first week of Block 1 and lectures in week 2 that introduced major goals and concepts were made mandatory attendance.	Improved participation by the students during Q & A sessions and with discussion with the lecturers.	Continue with 1 st week and part of second week as mandatory attendance. Discussion with design team to determine what other sessions may be made mandatory.
Reviewed the major concepts i.e. population health, Social Determinants of Health (SDH), HSS and PIF and worked with design team to choose graphics to be used by lecturers to provide a consistency in the concepts.	Consistency across the lectures helped students to better comprehend complex concepts.	Continue to refine the graphics to better link the concepts.
A major review of all the lectures to determine if some lectures could be replaced by more active learning sessions.	One lecture was dropped to add small group sessions to the community solutions panel. One lecture was converted into a mini lecture with small group and interactive learning.	Continue to evaluate lectures for more interactive components or sessions.

Expanded teaching on PIF with a lecture and interactive session in orientation week and in Block 1. Students are given guidance and instruction on reflections and journaling to help in PIF.	94% of the students stated they agreed and strongly agreed with the question in the end of the Block survey" I thought about how my own career path relates to the content of the course."	Continue to expand on PIF within the Block and improve linking the goals of PIF with student involvement.
Preparation readings for Team-Based Learning (TBL) and Active Learning in Teams (ALT) sessions and some lectures were annotated to help guide students on how to prepare for the sessions	Improved student preparation for TBL and ALT sessions.	Continue to expand the annotations for all pre-reading.
Reviewed all reading materials to consider other multi-media resources for preparation for all sessions.	Readings were replaced with pod-casts and videos. Feedback from students was positive. Better preparation for some sessions than in previous years.	Continue to evaluate readings and to consider other multi-media resources.
Expanding use of IPADs	Incorporated the IPAD for students to set up a journal to document reflections on PIF.	Continue to work with leadership in evaluation of the IPAD use and other initiatives that help to make the med school Greener.
Worked with orientation group to improve IQ training	The orientation IQ case had expanded concepts that not previously a part of orientation and that allowed students to start to develop broader concepts and be better prepared for IQ.	Continue to work with the orientation group on IQ training.
Highlighted importance for students to prepare for field site visits at several times during Block orientation and frequent reminders.	Field site feedback indicated students were engaged and prepared.	Continue to work with students a needed preparation to get the most out of the experiences.
Each lecturer introduces themselves and spends a few minutes describing the journey of how they chose medicine and their specialty as a part of helping students in their own professionalism identity formation. Expanded that to the IQ facilitators.	Positive feedback from students in the end of Block survey.	Continue to incorporate IF into introductions and link with course content.
Work with the Diversity in the Curriculum Design Team on the integration of SES issues in the curriculum.	Increased discussion of Socioeconomic Status (SES) factors with prompting questions	Continue to work with the Diversity in the Curriculum Design Team on the integration of diversity issues in the curriculum.

Update the pandemic exercise including the pre-reading and the role descriptions and added more interaction in the scenario – Avian influenza was the pathogen this year.	Student feedback was positive with suggestions for more interaction to role models.	Continue to update pandemic exercise.
TBL and ALT updated.	Overall positive feedback.	The conclusion on the climate change was improved from previous year but will continue to make the issues on adaptation and mitigation more interactive.

6. What additional changes do you anticipate making to the Block in the next academic year (lectures, TBL, IQ cases, other)?

Changes anticipated for next academic year	Reason for changes (evidence/feedback)
Create an interactive ethics session or mini lecture interactive problems.	Students have a basic understanding of how to define ethical principles but have difficulty in to applying concepts in cases especially when principles are in conflict with each other. An interactive session will give students the practice that they need.
Evaluate how to better integrate the major themes of the Block.	Student feedback has indicated that there is a disconnect between the concepts and how they are related.
Evaluate all large group session Learning Objectives (LOs) to ensure the alignment with course objectives and desired outcome of the content covered.	Student feedback and transition to the new LMS that for some sessions that there was not alignment.
Better integrate PIF activities and encourage students to continue outside of class, offer alternative modalities and ways to interact with others about it.	Student feedback about integration, discussion, and alternative modalities.
Intensive training to prepare the students for how to get the most out of TBLs is needed. Will work with the orientation team to develop a robust TBL training.	Student feedback noted that the discussions amongst the groups was very varied with not all students understanding how to use the time for the group learning process.

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

We continued to have presenters introduce themselves and spend a few minutes describing their journey as they developed their professional identity and practice .This provided students a wide variety of perspectives and was introduced to them as a way for them to start their professional identity journey. Some student’s couldn’t relate to the profession journey of those in Becoming a Doctor, other Blocks may consider including this strategy or others to encourage students to continue to explore and develop their professional identity in ways that link with their block.

We also are working on strategies for students to keep a “My Story” professional identity journal. We do not yet have best practices fully defined, but are happy to share some approaches and would welcome others ideas about how to continue to help students develop their professional identity in each course.

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

Co-leaders attended all lectures to help in the evaluation of content. Content-specific Block 1 evaluations are reviewed by the Block 1 Design Team annually. Added review of large group LOs will be conducted this year. Individual faculty evaluations are reviewed by the Block 1 Leaders who directly address specific concerns with individual faculty when necessary. We provide annual Team Based Learning training to Block 1 faculty and facilitators. Individual IQ facilitator training and feedback is handled separately by the IQ evaluation team. All Block 1 faculty are encouraged to participate in the Center for Advancement of Medical Learning professional development workshops.

Block 1 Becoming a Doctor Highlighted Faculty Responses to Student Feedback

Student Feedback	Action Items
Learning Objectives matching lecture content	This was partially related to the early deadlines for Elentra. We will have more time this year to review LOs, ensure they are matched to course objectives and keywords and ask speakers to signpost them throughout their talk.
There was a lot of variability of experiences in TBL/ALT – some students loved it and others thought their groups were dominated by 1-2 people or only focused on coming up with a right answer rather than looking at pros/cons of each choice (as was the expectation). Students asked for more oversight over the groups.	We would like to discuss how students are oriented to TBL. Will work with the orientation team to improve TBL orientation and training. We will try to reiterate the process. We will also circulate to check in on groups more.
PIF journal integration. Many students wanted to work on this more outside of class and to discuss with others. They also asked for more prompts.	We will explicitly encourage students to use class time to capture notes and continue to write outside of class. We will also encourage different modalities to explore PIF and discuss with others. We are piloting some of this now.
Students commented on lack of integration of topics, but quantitatively integration was good overall.	Last year we worked on keywords and central organizing images to be the central themes. We will now work to better show integration between these themes and highlight them throughout.
4 hours of lecture is too much	We tried to include both large and small group activities, but do not have full control over the schedule. Before IQ starts and as concepts are introduced, we probably need to have more large group sessions. We will look at the schedule and try to adjust if possible.
Resource annotation was helpful	We will expand these annotations to more sessions.
Elentra had a learning curve	It will not be new next year – the specific feedback will be addressed by the Elentra team rather than our block.

9. What changes have you have made, or you anticipate in making to better prepare students to care for diverse population.

This year	Next Year
Mandating attendance for all community panels.	Continue to expand representation of wide diverse populations in NE Ohio.
Field site visits to expand student's experiences with a wide group of diverse population.	Expand on examples of diverse populations' experiences.

Students delivered the Bias in Med Ed lecture and led the panel discussion.	We will discuss with our design team about how to create more space for students to share their expertise related to aspects of their identity without forcing/requiring that they share things they may not yet be ready to share.
Discussion during IQ cases on the zip code that is part of the patient identity card completed by probing questions.	Add Official Learning Objective (OLO) on the zip code and how that related to patient diversity to several of the IQ cases.

10. Acknowledgement

Block 1 core disciplines of Bioethics, Population Health, Health Determinants, Health Systems Science and Professional Identity Formation encompass continually evolving and developing fields of study, and we are tremendously grateful to the tireless commitment of our Block 1 design team and core faculty for continually updating and adjusting both content and delivery.

We would also like to thank the M1 and M2 students for their work on the Block 1 curriculum and suggestions for inclusions and improvement.

We cannot thank Deidre Gruning enough for her most important contributions as our course manager. Her knowledge and understanding of the complexities of the curriculum and her strong organizational and executive skills were essential in the delivery of Block 1. She is a rock star! In addition, a special appreciation to the staff that came in early for the pandemic exercise, Elizabeth Day and Nivo Hanson, and the TBLs, Dawn Reid, Natalie Scala and Kathy Dilliplane, to make sure the rooms were set up appropriately and the make sure the faculty and community members knew what room they were going to. We cannot thank you enough.

Huge thanks to Kurtis Hoffman. Without his high level of organization and timely response to all our community partners with the utmost of professionalism and sensitivity, the field experiences, a critical component of Block 1, simply would not have been possible.

We also thank Celinda Miller for her tremendous work in coordinating the IQ experiences and helping to get a reduction in the amount of paper used. We are grateful for the help of all members of UTech. But a special appreciation for Victor Guinto, Darin Johnson, Diana Nguyen and Paul Salzgeber for all their help in making sure the lecturers got the right PowerPoint and helping to make everything run so smoothly.

We would also like to thank Kelli Qua, Yifei Zhu, Kathy Dilliplane and Xiaomei Song and the entire assessments team for added assistance in updating the SEQs and SSEQs. We remain so grateful for the tremendous teamwork that is necessary for the students to have an optimized learning experience in Block 1.

11. Response to Program Evaluation Committee (PEC) Report

We reviewed the PEAC report and it was noted that that the overall block rating has steadily increased and is at 82%. The recommendations for improvement are in alignment with the plans for changes and improvements that are noted in this report. Specifically plans for improvement on TBL, ALT, lecture LO alignment and integration of the course objectives are being addressed.

Longitudinal Data

Block 1, Becoming a Doctor
AY 2023-24

Class of 2027 was asked questions of Block 1 components. Results are reported below as compared to results of previous three years. Responses/Expected: 184/184 (100%)

Percentage of Students who rated "Good" or "Excellent"

Block 1: Becoming a Doctor				
General Block Aspects				
Block Components	2020-21	2021-22	2022-23	2023-24
Case-based small group discussions (IQ)	89	94	91	93
Lectures	50	49	66	68
Team-based learning (TBL)	45	54	57	65
Active Learning in Teams (ALT)	--	--	72	67
Panel Discussion	45	43	61	75
Field Experiences	49	66	79	85
Tabletop Exercise (Pandemic)	18	53	64	65
Your "My Story" journal to develop your professional identity	--	--	--	32
Overall quality of this Block	57	71	81	82
Block Concepts/Integration of Block Concepts and Longitudinal Themes				
Epidemiology and Biostatistics	87	75	92	85
Population Health	65	78	71	85
Health Determinants	85	90	92	94
Health Systems Sciences	68	73	80	82
Professional Identity Formation	--	--	--	67
Bioethics	71	71	87	80
Pharmacology	--	--	30	30

Starting from 2022-23, scale changed from 5-point scale "Poor-Fair-Average-Very good-Excellent" to 4-point scale "Poor-Fair-Good-Excellent"