

Block 4 AY2016-2017

Block Report and Action Plan

1. Please address last year's Action Plan. Did you accomplish the goals that you listed? Why or why not?

Areas for improvement that were recommended in the 2015-2016 Block 4 Action Plan included:

- *Decrease the number of different people that are teaching cardiovascular physiology/pathophysiology.*
 - *Clinical demands on our faculty's time precluded this approach. We worked to improve the cohesiveness of the cardiovascular components of the block, however, due to increased clinical demand on cardiovascular design team members, this approach met with only limited success. We are still struggling to unite all lecturers (engaging all cardiovascular faculty to know what everyone else is teaching). As a result of the slowly declining ratings of CV in Block 4, we have engaged the help of Dr. Klara Papp, Director of Student Assessment and Program Evaluation who has been working with an external consultant (Dr. David Harris, University of Central Florida, School of Medicine) to review the CV component of Block 4. Recommendations for improvement are expected to be made by Dr. Harris in early October.*
- *To have faculty that developed the IQ cases (based at sites distant from the medical school) receive feedback and preparing IQ facilitators, we hope to optimize phone conferencing. This will also help our faculty to decrease loss of their clinical time due to travel to the SOM.*
 - *A conference line was set up to allow Metro faculty to call in to the IQ facilitator meeting. In-person attendance allows for better interaction between the faculty member responsible for the case and the IQ facilitators, but the conference line works better than nothing when a faculty member is not able to make it to the medical school. Use of Zoom might improve this approach.*
- *The congenital hearts MSG will be converted to a TBL.*
 - *Thanks to Dr. Strainic, this was accomplished. The majority of constructive feedback about this TBL was likely the result of inadequate training of the TBL facilitators, thereby leading to inconsistency of implementation. Improvements are planned to the TBL materials and facilitator training for 2017-2018.*
- *Cell Physiology TBLs will be scheduled one week later to allow students more time with the content area prior to asking them to apply it in the TBL format.*
 - *This was accomplished.*
- *The lung cancer lecture will be discontinued and a new sleep physiology lecture will be introduced. Co-block leader, Jim Finley, has communicated this change to Block 2 where cancer is primarily covered.*
 - *This new lecture was accomplished. Although we believe the message to discontinue the lung cancer lecture in Block 4 was communicated to Block 2, it is unclear if the intention to discontinue the lung cancer lecture in Block 4 was fully appreciated by the Block 2 leadership. By way of this action plan, we further communicate our intention to continue replacing the lung cancer lecture with sleep physiology.*

- *Some students felt that bioethics might be better taught in a small group format.*
 - The Bioethics curriculum across the Foundations of Medicine and Health is transitioning in the 2017-2018 academic year and should be fully in place by the 2018-2019 academic year. Although there are no small group learning experiences in Bioethics planned for Block for in this year, we anticipate that this is a format (e.g., ethics consults for the IQ cases) that may work moving forward. The Block 4 design team welcomes our new Bioethics lead, Dr. Mark Aulizio, and thanks our previous member, Dr. Insoo Hyun for his collaborative participation in Block 4.

2. Please comment on 2-4 aspects of the Block that went particularly well. Do you have plans to expand/increase/improve these aspects of the Block?

- *The renal component of the block continues to be very highly rated. There are no plans to alter these aspects of the block.*
- *We continue to be pleased with the increased ratings for the pharmacology portion of the block. These increased ratings are likely attributable to expanded efforts to further improve introductory pharmacology sessions in the beginning of Blocks 2 and 3. Additionally, we are continuing our efforts to bring more consistency to the learning of pharmacology with our increasing engagement of Philip Kiser, PharmD, PhD on the Block 4 design team and in the pharmacology teaching effort.*
- *Summary and Integration sessions that are offered in the last hour of the week continue to be well-attended. While we do not have plans to expand this aspect in Block 4, we are interested to share this successful, end-of-week, summary and formative assessment approach with other blocks.*
- *We continue to offer one week of clinical experience during the “Clinical Immersion Week”, which continues to be well-received and very well executed from an administrative perspective. The Friday morning case during Clinical Immersion week continues to receive mixed but reviews that are good enough that we continue to require this session.*
- *Block 4 continues to work collaboratively with the CaseMed Minute students creating educational. This project provides video resources designed to facilitate understanding of specific identified topics covered in the Block 4 curriculum. To date, there have been 59 videos produced by these students (over the last few years) and executed by our faculty to help students better understand some of the more difficult concepts in our curriculum. 85% of the students rated Case MED Minute positively. Interestingly, these videos are being viewed by numerous people on U-Tube in the U.S. (>8000 views) and 24 countries. The faculty of Block 4 plan to continue to work with these students to create additional videos in all seven content areas in our block that the students/faculty feel would be helpful.*

3. Please comment on aspects of the Block that received decreased ratings when compared to previous years. What are possible explanations? How will you address these?

- *We would like to improve the cohesiveness of didactic content of the lectures related to the basic science and physiology/pathophysiology of the cardiovascular curriculum. We have asked for a review of the curriculum of the expert in the education of cardiovascular disease. This review is currently taking place. It is anticipated that a decrease in the number of teachers (and better coordination of the content of the lectures by these teachers) will help to meet these goals. Additionally, it is anticipated that this review may reveal a need to start the CV teaching with more normal physiology. Specific changes to the early CV weeks of the block are pending the results of this external evaluation.*
- *The Block 4 design team continues to be distressed that the anatomy that is taught during the block does not align with the physiology content of Block 4..*
 - *The Anatomists are working hard to create the new GAR curriculum! We are excited that their target for launch is AY2018-2019.*

4. Please comment on any new curricular innovation(s) that you introduced into the Block this year. Did they work well? Will you continue them? (Note: this may overlap with #2 above).

- *The most major innovation in the 2016-2017 offering of Block 4 was the re-timed and repeated Cell Physiology TBLs and the launch of the new congenital hearts TBL. Although the Cell Physiology sessions were reasonably well-received by the students, their immediate feedback last year suggested that scheduling these activities a week later would improve students' ability to better address the material. When this was done this year, this seemed to improve the students' perception of these sessions. These and the congenital hearts TBL would likely benefit from enhanced faculty development around TBL facilitation skills.*
- *The lung cancer lecture was discontinued and a new sleep physiology lecture was introduced. We intend to continue this lecture and may also offer a noon option around sleep as we did in AY2015-2016.*
- *While the concept of a clinical experience during each block in the medical curriculum is an old one, we are now the only Block to devote a week of our curriculum to this, we feel it is important to continue to provide this experience to the students.*
- *Dr. Hermann ran an interactive radiology event (Thursday morning) to correlate gross anatomy with Chest Xrays and CT scans of the chest and abdomen/pelvis. Many of the students felt that this was very helpful, but were frustrated by the imaging interface and organization of the session. The students suggested these sessions should be in small group format.*

5. Are you planning any changes to your required resources?

No major changes are planned although the introduction of new Bioethics content will surely require some resources that are new to the block. Each section leader is responsible for required/recommended reading (both textbooks and internet content).

6. Please comment on observations of student attendance and student participation. Was it similar to the preceding year?

We are pleased with attendance at all of our sessions. It appeared similar to previous years.

7. Please comment on the alignment between the weekly Block content and the MCQs/SEQs.

Weekly content continues to be well-aligned with both MCQs and SEQs.

8. What additional information or comments do you want to share about the Block?

Block 4 continues to be extremely well managed by our course managers, Nivo Hanson and Nicole Pilasky. We are appreciative to Katie Battistone for her support of our formative and summative assessments, Bart Jarmusch for outstanding IQ program support, and Carol Chalkley for Clinical Immersion scheduling support. These staff members are to be commended for assuring that Block 4 always runs smoothly. They are invaluable.

11. Longitudinal Evaluation Data

Class of 2020 was asked questions of Block 4 components. Results are reported below as compared to results of previous three years. Responses/Expected: 46/47 (98%)

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

Block 4: Homeostasis				
General Block Aspects				
<i>Block Components</i>	<i>2013-14</i>	<i>2014-15</i>	<i>2015-16</i>	2016-17
	<i>%</i>	<i>%</i>		
<i>Overall quality of this Block</i>	82	93	92	100
Block Concepts/Integration of Block Concepts and Longitudinal Themes				
<i>Pharmacology</i>	65	75	84	85
<i>Cell Physiology</i>	71	66	82	72
<i>Cardiovascular</i>	82	85	83	80
<i>Renal</i>	94	94	97	100
<i>Pulmonary</i>	89	90	88	91
<i>Gross Anatomy</i>	33	48	64	44
<i>Histopathology</i>	83	74	87	70
<i>Bioethics</i>	62	71	69	67
<i>Radiology</i>	--	42	76	20