

Case Western Reserve University – University Program Medical School

Block 6 Action Plan 2017-2018

Draft June 4, 2018

Year 2 (August - March)

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| Summer Break (10 Weeks) | Host Defense & Host Response Block 5 (14 Weeks) Immunology, Microbiology, Hematology, Oncology, Infectious Diseases, Rheumatology, Dermatology <u>Clinical Immersion Week</u> <u>Assessment Week</u> | Cognition, Sensation & Movement Block 6 (14 Weeks) Neurology, Mind, Musculoskeletal <u>Clinical Immersion Week</u> <u>Assessment Week</u> | For Information Regarding Clinical Rotations Please visit our Website: |
| | Structure (Anatomy, Radiology, & Histopathology) Foundations of Clinical Medicine (Tuesday Seminars, Communications, Physical Diagnosis, Patient Based Experiences) | | |

1. Course Description:

Block VI is the final course that M2 students take before starting their clerkships. Block VI covers Musculoskeletal, Neurology, Neuroscience, Mind, Addiction Medicine, and Bioethics.

2. Block Co-Leaders:

- Maureen W. McEnery, PhD, MAT (Block leader)
- J. Michael Vento, MD - Orthopedics
- Wei Xiong, MD - Neurology
- David Friel, PhD - Neuroscience
- Susan Stagno, MD - Mind
- Ashley Braun-Gabelman, PhD - Addiction Medicine
- Stuart Youngner, MD - Bioethics

3. Design Team:

David Agle, MD

Department of Psychiatry

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Donald Mann, MD

Department of Neurology

Charles Malemud, PhD

Department of Rheumatology

Molly McVoy, MD

Department of Psychiatry

Jonathan Miller, MD

Department of Neurology

Matt Newton, MD

Department of Psychiatry

Rajeet Shrestha, MD

Department of Psychiatry

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

| What changes were made 2017-2018? | How did the changes work? | What would you like to change next year 2018-2019? |
|--|--|--|
| Replaced MSG on joint destruction with 110 min lecture | Positive effect, student feedback had noted inconsistent learning experience between various facilitators in past. | Will continue with this format. |
| Extended the Neurotransmitters (NT) MSG from 1 hr to 2 hrs | Yes, this activity needed the extra hour for the students to address the content. | The NT MSG works well, and we intend to keep it in the curriculum. |

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| The physical diagnosis section was rescheduled following consultation with the Block 8 PD leader. This activity was split into 2 sections, thus decreasing the student to teacher ratio. It was moved to the afternoon time frame. | Yes, there were positive comments from students. | We will retain this format next year. |
| Expanded the molecular diagnosis of the patient in the IQ case on medulloblastoma (TP53). | This integrated the basic science of medulloblastoma with the prognosis and clinical management of the patient. | We will retain this IQ case next year and continue to look for opportunities to effect similar changes in other IQ cases. |
| In the case IQ case on medulloblastoma, revisions were made to introduce the concept of changing patient care from "cure to comfort" to address issues of palliative care and hospice. | A snow-day coincided with this case being rolled-out. Therefore, unfortunately, the students never discussed this case in IQ. | We will leave these modifications in place next year. |
| Senior MIND faculty stepped back to be replaced by younger faculty. | Some faculty received positive feedback for their lectures. | Opportunity to get new faculty involved in medical education; mentoring of future educators. For some, this will be continued. |
| Added additional hr on addiction (Strem) | This added hour was appreciated by the students. | We intend to keep it and incorporate it and other content into the new block on addiction medicine (see below). |
| Included a new IQ case based on a patient who had multiple substance abuse disorder and expired due to an accident overdose. | Yes, feedback from the students was very positive. | We intend to keep it and incorporate it and other content into the new block on addiction medicine (see below). |
| Included a scripted interview with the mother of the patient featured in the IQ case followed by Q and A with the students. | Yes, feedback from the students was very positive. | We intend to keep it and incorporate it and other content into the new block on addiction medicine (see below) |
| Collaborated with Block 8 small groups with student debriefing on the aforementioned SUD IQ case. | Yes, feedback from the students was very positive. | We intend to repeat this next year. |
| Collaborated with Block 8 on their activity re: managing medications. | Yes, student feedback was very positive. | This will be repeated next year. |

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

The anatomy content of Block 6 is assessed separately from the total comprehensive summative assessment of the block. The students appreciate this separation as it permits them to get the anatomy exam out of the way so they may focus on the rest of the material.

Block 6 IQ team meets weekly throughout the year to review IQ cases based upon student and faculty feedback.

Our IQ cases (using Case #21 as an example) are written with the input from many experts in basic science and clinical fields to create well-integrated, multidisciplinary learning tools.

The Ortho IQ cases are well integrated with the lectures and receive positive feedback from students on this point.

The PGY3 Neurology residents, as facilitators (including IQ co-facilitation and small groups) contribute content expertise particularly in the clinical realm. This model, i.e. incorporating residents into IQ and small group learning activities, could be applied to other Blocks.

Sharing content from Block 6 with Block 8 design team for the purpose of content continuity and application of knowledge and principles.

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

| Changes anticipated for next year | Reason for changes (evidence) |
|--|--|
| Ortho: Introductory bridging lecture to cover the transition from MSK week to Ortho content and outline expectation that Ortho will be building upon content from Block 5. | Students offered this as a suggestion. |
| Ortho: The lecture on "Articular Cartilage Physiology"- There was not enough room for an hour to be devoted to this content. | |
| Ortho: Switching two lectures to follow a more logical order | Faculty who attend all Block 6 lectures made this suggestion. |
| Neuro: Eliminate the neuroradiology lecture | Information is covered later during 3 rd year when it is more immediately applicable. |
| Neuro: Eliminate the introductory lecture on cellular neuroscience | Not enough time in the curriculum to cover this material, may move it to another spot in the review section. |
| Neuro: Developing and adding a new IQ case on Multiple Sclerosis | We felt that there could be more content on this particular disease given its prevalence. |
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| MIND: Add new TBL on risk assessment (suicide/homicide) – a team is working on | TBL format works very well for delivering other content. |

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| it as we speak. | |
| The MIND TBL has been successful (this is Year #2 on it). | Based on feedback from THIS year, we are cutting it back from 3 hours to 2 hours for next year. |
| | |
| The Bioethics content expert continues to review IQ case to meet the goals of the bioethics curriculum; reducing redundancy and eliminating the passages that are distracting from the narrative and gratuitous. | Students consistently complained about the manner in which bioethics was presented in the IQ cases and how the LOs were “soft” if not entirely dismissible. |
| Four additional lecture hours allotted for addiction medicine content as well as six total hours for IQ Case #21, making a full week focused on addiction medicine. | There was not enough time in prior years to teach all of the key basic science and clinical concepts on addiction medicine. The added time will allow for these to be more thoroughly covered this year. |

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

| Deletions | Additions |
|--------------------------------|--|
| Introduction to neuroradiology | Addiction medicine (multiple new lectures) |
| Cellular neuroscience | |
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8. Formative Assessments (MCQs and SEQs). What specific changes do you plan to make to the course next year?

| Changes anticipated for next year | Reason for changes (evidence) |
|--|--|
| Review MCQs | No evidence, other than there is a need to do this because the order of lectures and cases is different in 2018-2019 compared to 2017-2018 |
| Schedule MCQs at appropriate times in the curriculum | No evidence, other than there is a need to do this because the order of lectures and cases is different in 2018-2019 compared to 2017-2018 |
| Write new questions for the SEQ | . |

9. Acknowledgements:

The faculty involved with Block VI wants to acknowledge the essential contributions and initiative of Nivo Hanson.

Class of 2020 was asked questions of Block 6 components. Results are reported below as compared to results of previous three years. Responses/Expected: 172/172 (100%)

Percentage of Students who rated “Good” or “Excellent”

| Block 6: Cognition, Sensation and Movement | | | | |
|---|--------------|--------------|--------------|----------------------|
| General Block Aspects | | | | |
| Block Components | 2014-15 % | 2015-16 % | 2016-17 % | 2017-18 % |
| Effectiveness of IQ cases | 72 | 78* | 81* | 81* |
| Effectiveness of large group lectures | 62 | 71* | 76* | 75* |
| Effectiveness of medium-sized group activities | 49 | 55* | 64* | 58* |
| Effectiveness of the TBL (PTSD, post-traumatic stress disorder) | -- | -- | -- | 63 |
| Overall quality of this Block | 72 | 78* | 80 | 84 |
| Block Concepts/Integration of Block Concepts and Longitudinal Themes | | | | |
| Psychiatry | 71 | 83 | 85 | 84 |
| Musculoskeletal | 67 | 75 | 67 | 74 |
| Neurology/Neuroscience | 78 | 75 | 78 | 83 |
| Gross Anatomy | 78 | 81 | 83 | 86 |
| Histopathology | 64 | 61 | 57 | 67 |
| Bioethics | 38 | 32 | 54 | 68 |

*The overall quality of the Block is based on the average ratings of Neurology, Psychiatry and Musculoskeletal in this Block.