

Case Western Reserve University – University Program Medical School

Block VI: Action Plan 2020-2021

1. Course Description:

Block VI (2020-2021) covered Ophthalmology, ENT, Neurology, Neuroscience, Mind, Addiction Medicine, and Bioethics. Block VI is the final course that M2 students take before starting their clerkships.

2. Block Co-Leaders (2020-2021):

Maureen W. McEnery, PhD, MAT (Block leader)
Wei Xiong, MD Neurology
David Friel, PhD Neuroscience
Andrew Hunt, MD, MHA Mind
Ted Parran, MD Addiction Medicine
Stuart Youngner, MD Bioethics (retiring June 2021)
Andrew Crofton, PhD Neuroanatomy
Darin Croft, PhD Head and Neck anatomy
Yasemin Sozeri, MD Ophtho
Todd Otteson, MD ENT

3. Design Team:

Krishan Chandar, MD Department of Neurology
Matt Newton, MD Department of Psychiatry
Jennifer Brandstetter, MD Department of Psychiatry
Rajeet Shrestha, MD Department of Psychiatry*
Erum Ahmad, MD Department of Psychiatry
Susan Stagno, MD Department of Psychiatry
Matthew Anderson, MD Department of Psychiatry
Neil Bruce, MD Department of Psychiatry

* will be co-leader for Mind in 2021

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

Competency and Definition	Educational Program Objective (EPO)	Block Goals Block VI	Recommended Changes
<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>Achieve an understanding of the normal structure and physiology of eyes, ears, nose, and throat and conclude with an understanding of the pathological, congenital and acquired processes which negatively impact ophthalmologic and ENT function.</p>	<p>None</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>Review the common clinical disorders of the human nervous system and their pathophysiology while using normal anatomic-functional relationships to pinpoint the site of disease involvement in the nervous system</p>	<p>None</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>Learn the basic cellular, molecular, biochemical and pharmacological processes that contribute to normal and abnormal neuronal function throughout the life-span of the individual.</p>	<p>None</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>Learn the clinical presentation, diagnosis, and multimodal treatment of psychiatric disorders, as well as underlying pathophysiology and theories regarding complex etiology.</p>	<p>None</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>Learn the integrated biopsychosocial elements of human mental function and their application in clinical psychiatric practice, and the general practice of medicine.</p>	<p>None</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>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>Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, culturally competent, and responsible physician.</p>	<p>None</p>
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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

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Research & Scholarship
Demonstrates knowledge and

<p>We added a new IQ case on brachial plexopathy to emphasize the importance of this content and also increase student engagement.</p>	<p>Students commented on how this content expanded upon information from Orthopedics in Block 5.</p>	<p>Continue the same.</p>
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the alignment of the narrative with the probing questions.		content, pharmacology content, and social context factors. We would like to add an additional IQ Case on Borderline Personality Disorder, with particular focus on DBT, Comorbid Conditions, Self Injury, and Stigma.
We revised the PTSD TBL to make questions more provocative of discussion and true-to-form of psychiatric clinical reasoning.	These changes were generally well-received, based on improved scores for the PTSD TBL: 3.5 to 3.7	We will continue to revise content with respect to being more clearly aligned with overall block objectives to demonstrate psychiatric clinical reasoning in context.

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

The alignment of ENT and Ophtho with Head and Neck Anatomy GARLA sessions was a major goal for 2020-21. However, we are revisiting the use of the first week. Block VI will begin with a 50 min framing lecture (instead of two 50 min lectures) that will introduce all content areas to create expectations and establish broad goals. We move the Dr Morgan and Dr Walker lectures from week 1 into the neurology section. These changes free up three hours to set up neuroanatomy for the rest of the block. These changes will offer the opportunity to emphasize normal anatomy in week 1 and, so, use it as a foundation for the subsequent lectures. Drs. Crofton and Croft will evaluate. Dr. Crofton is considering using time in this first week of Block VI to introduce dissection activities that will include the brain. (Note, this is the week before Thanksgiving and the PGY3 neurology residents will not have joined Block VI yet.)

Given the high ratings of the UH Neurology Residents and UH Psychiatry residents as content experts and instructors during the IQ and TBL sessions, we will continue to use them during these activities, which we anticipate will return to the 2 large TBL rooms in the HEC.

Using the Block VI schedule and the GARLA 'structure list' as a guide to the sequence in which important neuroanatomical structures and pathways are introduced to the students. We will also make an effort to ensure that these same concepts are also emphasized in the lectures and the

In order to support IQ Cases, we will provide an additional lecture discussing diagnosis and treatment of Somatic Symptom Disorders. We will also provide a Psychopharmacology Lecture to compare and contrast the various classes of medications used in psychiatry, highlight important complications in medication management. We will revise current content of lectures, IQ Cases and TBLs to align with block objectives, especially neuroscientific basis of illness and treatment mechanisms of action, as well as stigma, cultural competency, and disparities in psychiatric outcomes. Finally, we will create an additional IQ Case addressing Borderline Personality Disorder, with particular focus on Dialectical Behavioral Therapy, Comorbid Conditions, Self-harm, and Stigma.

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	increased opportunity for active learning
Neurotransmitter lecture was expanded from two hours (delivered in person) to three hours (delivered in Zoom).	Additional time dedicated to important foundational information.

Deletions	Additions
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Orthopedics	Alignment with H&N anatomy
	ENT
	Ophthalmology
	Brachial plexopathy

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

Each faculty received individual feedback, and our section was reviewed by students as a whole.

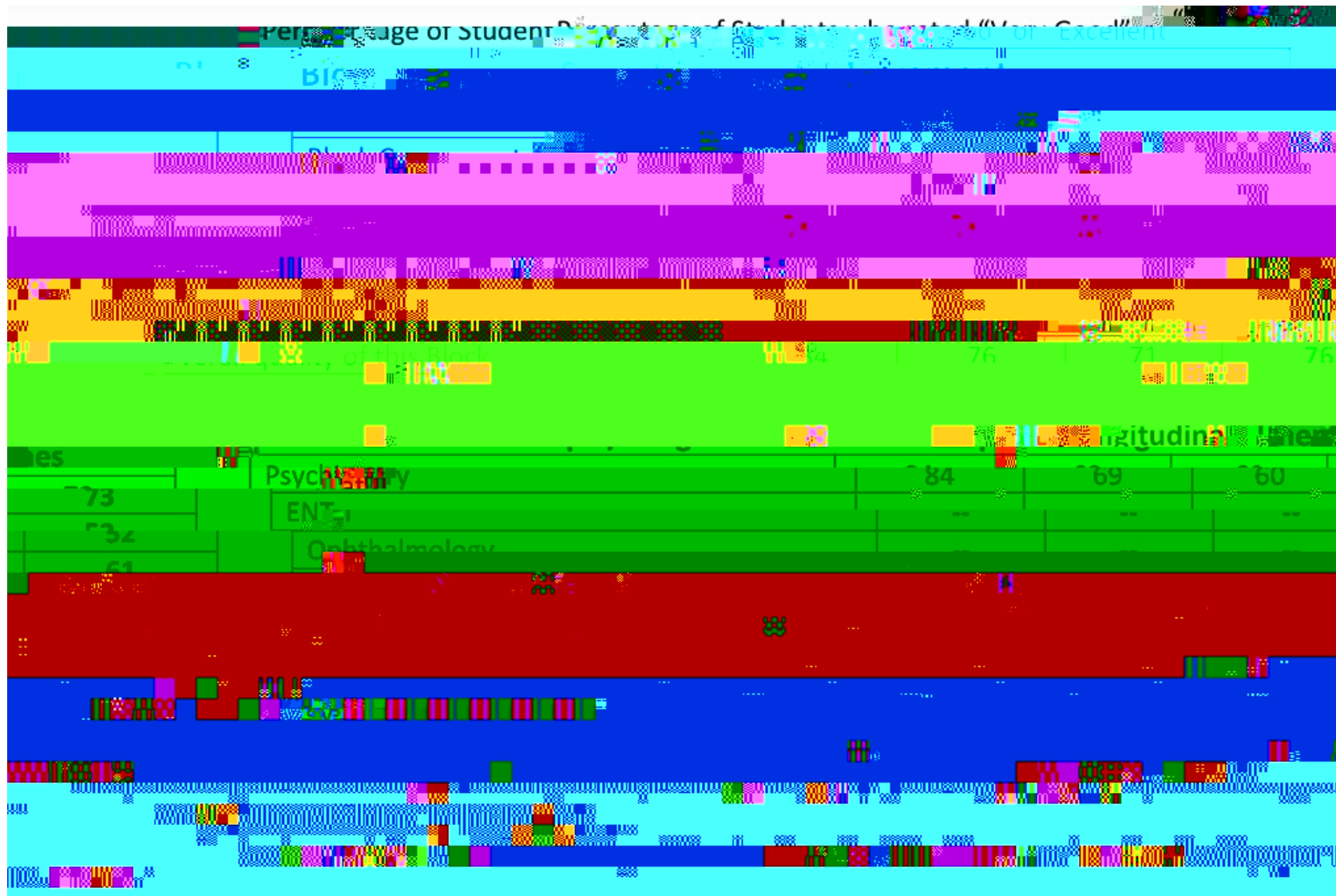
We will continue to do TBL training for our faculty going forward in order to train new faculty and to refresh this pedagogical method for those who have already used it. When we do this, we carefully review the content of the TBL to see if any improvements can be made.

11. Response to PEAC Report:

Block VI did not meet with PEAC this year; our detailed responses to the 2016 PEAC recommendations are attached to the 2019 Action Plan. The general advice was to increase the opportunities for learning. We addressed this by increasing the number of IQ cases and maintaining the same number of TBLs.

12.

a. LongitudinalData:



b. Just in time TBL feedback

We consider that due to the unusual circumstances surrounding the way TBLs were conducted last year, feedback from students in the class of 2023 for these sessions is not particularly useful for future refinements in live TBLs. For example, inefficiencies in switching between breakout rooms received many comments, we think justifiably, but we don't anticipate the use of breakout rooms in TBLs next year.

13. Changes in resources for next year?

Resources will be reviewed; as of now, no major changes in resources. We are making an effort to expand the resources to those that can be accessed electronically.

14. Acknowledgements:

Ms. Nivo Hanson is gratefully acknowledged for