

**Case Western Reserve University – University Program Medical School**

**Block 8: Action Plan 2020-2021**

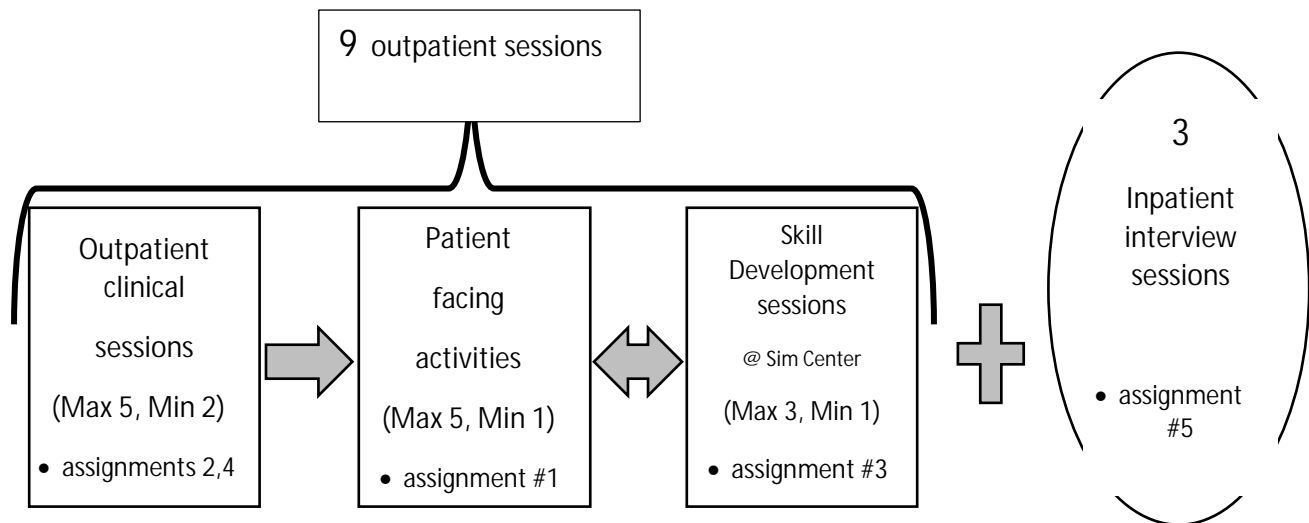
**Block 8 Mission, Vision and Goals**

**Mission**

To support each student's professional identity formation as an individual,



inpatient sessions, Simulation Center skills training sessions, Patient Facing Sessions. This reformatting allowed students to synthesize all their skills (history taking, physical exam, clinical reasoning, differential diagnosis, oral presentation and clinical decision making), as well as identify gaps in care, and determine how they as students could become change agents to address those gaps (Health Systems Science).



### **Physical Diagnosis (PD)**

This year Physical Diagnosis focused on PD1 and PD2.

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 began the Procedures Curriculum during 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

**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



<p>PD1 was condensed to incorporate repetition of organ systems from week to week. This was designed to reinforce the PD clinicals learned from one week to the next.</p>	<p>Students were able to successfully learn the basic physical exam in a condensed period of time, however it made it difficult for them to incorporate the ROS for each organ system, as evidenced by a 47% agreement with the statement that PD1 prepared them to obtain a ROS.</p>	<p>We will maintain the forced repetition and layering on of additional organ systems from week to week. We will add in an additional “Assess” session to help students consolidate develop facility performing larger portions of the physical exam. We will require students to practice the associated ROS as they are practicing the physical exam.</p>
<p>Switch of CPCP to</p>		

<p>ENT, Ophtho, and GYN/GU PD2 session were not required sessions this year</p>	<p>Students we convinced that they were able to determine which exam maneuvers are appropriate to do in specialty areas this year (59%) compared to last year (70%).</p>	<p>AY '21-'22 will see the return of ENT and Ophtho PD2 sessions. GYN/GU PD2 sessions are more complicated as we will need to recreate the GUTA training program that was at Circle Health, which has since dissolved- we are in the process of recreating this program.</p>
<p>Derm/Rheum PD2 were not offered</p>	<p>Students were less convinced that they were able to determine which</p>	





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

We will be re-organizing our Block to include an additional thread, Clinical Reasoning. We have created what used to be called PD2 Clinical Reasoning sessions for Blocks 3, 4 and now 5. Additionally, we anticipate creating a Block 6 Clinical Reasoning session as well. 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. This will also additionally allow the grouping of the Clinical Reasoning exercises in IQ, and the LCSP Clinical Skills Development sessions under this same header.

**10. Did formative and summative assessments e**

