

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

Competency and Definition	Education Program Objective (EPO)	Block Goals Block 1	Recommended Changes
Knowledge for Practice Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of	12.24 478.92 89.159 25.321 reWB6J* (404.4 504.24 207.36 0.48 ref611.76 504.24 3.36 2.2 (id)2(o)-9.6 (l)-3.3 (v)-8.5 (i)-3.2 (n)-0.8B		

Competency and Definition	EPO	Block 1 Goals	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 questions</p> <p>Demonstrates appropriate level of clinical and basic science knowledge to be an effective starting resident physician</p>	<p>Provide a basis for understanding social, behavioral, structural, and environmental determinants of health</p>	<p>none</p>

Competency and Definition

EPO

Block 1 Goals

Worked with Dr. Croniger and the medical students to participate in the IQ Diversity project that added robust, randomly assigned patient identities to all IQ patients in Block 1.

Review of all IQ cases to incorporate more

Recruited Dr. Arthur James to deliver the health equity lecture and to be a part of the community solutions panel.

Discussion with Drs. Dr. Darcy Freedman of

<p>Recruited Drs. Pauline Terebuh and Steven Gordon to rewrite the pandemic exercise with a new virus – a novel non-polio enterovirus.</p>	<p>Students who had thought they might understand everything about a pandemic were challenged to pivot from an air borne virus to one with an oral-fecal route.</p>	<p>Continue to update the pandemic exercise including the pre-reading and the role descriptions.</p>
<p>Panel Discussions</p> <p>Although the students and the panel moderators were in person, many of the community members were reluctant to be in the HEC in person. The panel members were zoomed in for the sessions.</p>	<p>With the help of UTECH we were able to bring in the panelists remotely with all appearing on the screen. However, student feedback showed a disappointment about not being able to interact in person with the community members</p> <p>Many students listed the panel discussions as the highlight of the block and many suggested “have more panels” as a way to improve the block.</p>	<p>We will continue to engage high-impact community and faculty members on pertinent and timely topics pertaining to Health Determinants, Health Systems Science and Population Health.</p> <p>Continue to evaluate how to add and improve the panel discussions.</p>
<p>Book Discussion:</p> <p>Continued with two books this year – a public health/population health book and a book discussing the issues of race and society.</p> <p>In discussion with design team and the population health lecturer on the first day, Dr. Murray, “What the Eyes Don't See: A Story of Crisis, Resistance, and Hope” was again chosen for the first book.</p> <p>In discussion with the design team and the Student National Medical Association and the Latino Medical Student Association</p>	<p>Student feedback -The first book discussions were rated positive but the second book had mixed ratings. The mixed ratings were based on the discussion was in the week of final exams, many people did not read the book, the discussion that was need for the content could not be covered in just 50 minutes and that the book had content that they thought was not as helpful in discussing caste, class and race.</p>	<p>Will discuss with design team about going back to one book.</p> <p>We will continue to engage the Student National Medical Association and the Latino Medical Student Association leadership at CWRU in planning the book discussion for 21-22.</p>

<p>leadership at CWRU, the book “Caste, The Origins of our Discontent” by Isabel Wilkerson was chosen as the second book. Discussions were supported by student facilitators.</p>		
<p>Field Experiences:</p> <p>Although the med school was in person the community groups were not ready to host students in person and so all field site visits were virtual.</p> <p>There were 3 field sites that could accommodate a small number of students in person. Since the number was small students who wanted to be considered for an in person experience were placed in a lottery.</p> <p>Dr. Maier re-recorded the Field Experience introductory video to reflect the change to discussion of the field site experience during the Friday IQ session.</p>	<p>The virtual site visits worked and the students rated this experience as one of the best in the Block. New sites were added, such as HOLA Ohio and Catholic Charities, that brought experience for the students with diverse populations (i.e. Hispanic/Latinx and refugees)</p>	<p>We will continue to review individual student feedback on each field experience site and work directly with community partners to align the experience with stated goals and learning objectives.</p> <p>Plan to be in-person next year if possible. Continue to reach out to other community groups to provide diverse experiences for the students.</p>

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

Dr. Vanessa Maier has accepted a new position with the School of Medicine to be the Director of the newly funded Advocacy Pathway. Dr. Maier has stepped down as the Block 1 Co-Leader. We have been extremely fortunate to recruit a new Block 1 Co-Leader, Dr. Kimberly Gifford. Dr. Gifford comes to us from Dartmouth and is a pediatrician at Cleveland Clinic.

Adding another TBL that will be an application of the Epidemiology/Biostatistics concepts on sensitivity, specificity and screening exams. Having an interactive session has been an idea of Doug Einstadter for a number of years and there is now room in the curriculum to support the idea.

Using either the UCSF toolkit for medical educators or the SUNY toolkit to evaluate the diverse, equitable and inclusive content in Block 1.

Work with Block 4 to coordinate concepts on healthcare financial literacy with what is being introduced by Dr. Johnie Rose through lectures and TBL and plans in Block 4 IQ cases (Amanda Hennie case – pediatric asthma patient) as a learning objective. By expanding concepts of financial literacy will also bridge conversations on inequities and disparities in healthcare.

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

IQ groups, TBLs and Field Experiences continue to be successful at assisting students in integrating complex concepts. Last year we began an iterative process of aligning goals with learning objectives and elements of assessment. We felt the training we received from the evaluation team to ensure synthesis essay questions assessed analytical skill and aligned with goals and assessment team if they have not already.

8. 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)
Standard yearly updates for IQ case	Normal procedure to be sure that references are current
Climate Change TBL to be updated	Determine how the final exercise “the gallery walk” could be changed for better discussion among the students.
New Epi/Bio TBL to be written	An interactive

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

Deletions	Additions
none	none

10. Describe how faculty teaching quality was reviewed for your block. What faculty development opportunity was

Huge thanks to Kurtis Hoffman who was instrumental in maintaining relationships with our community partners during the pandemic. 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.

Health Determinants	--	--	85	90
Health Systems Sciences	78	65	68	73
Gross Anatomy*	67	78	--	--
GARLA	--	--	55	80
Histopathology	70	91	70	82
Bioethics	76	80	71	71

*In AY 2019-20 Gross Anatomy/Radiology