Epidemiology and Biostatistics, Bioethics, Population Health, Health Determinants and Health Systems Science. The block initiates students' life-long learning in medicine, developing competency in Research & Scholarship, Reflective Practice,

5. 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
Systems-based Practice	Applies knowledge of health care		
Demonstrates an	systems to patient care		
understanding of and responsiveness to health care	discussions		
systems, as well as the ability	Demonstrates awareness of		
to call effectively on	context of care, patients' values,		
resources to provide high value care.	a		

with health care professionals across a variety of settings			
Professionalism Demonstrates commitment to high standards of ethical, respectful, compassionate, reliable and responsible behaviors in all settings, and recognizes and addresses lapses in behavior	Commonly demonstrates compassion, respect, honesty and ethical practices Meets obligations in a reliable and timely manner Recognizes and addresses lapses in behavior	Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, and responsible physician.	None
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 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 knowledge as well as uncertainties	Understand and demonstrate effective communication skills for learning and clinical practice environments.	none
Research & Scholarship Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research	Analyses and effectively critiques a broad range of research papers Demonstrates ability to generate a research hypothesis and formulate questions to test the hypothesis Demonstrates ability to initiate, complete and explain his/her research	Analyze, critique and present research studies from the primary literature.	none

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

What changes were made 2020-2021?	How did the changes work?	What would you like to change next year 2021-2022?
General: Dr. Kimberly Gifford became the co-leader for Block 1.	Her leadership and new ideas helped to add content and strength the curriculum	Continue to expand on Dr. Gifford's ideas
The Block was all in-person with continued format of mask wearing in the classrooms due to the COVID pandemic.	Use of the HEC building space for all the teaching situations wearing masks worked very well with the ability for lecturers to be able to remove their masks to lecture based on pedagogical reasons	If there is control of the pandemic then being able to drop all restrictions however continue with the format with mask wearing if still indicated.
There was a return to the use of all A/V equipment in all teaching scenarios.	The use of mobile mics allowed for more dynamic teaching during the team based and pandemic sessions.	Continue to use of all A/V equipment in all teaching scenarios and explore other technologies.
All incoming students were given an IPAD to use during IQ and TTE/ TBLs. IQ cases formatted into a book form for easier use and IRAT/GRAT all completed electronically. The use of QR codes for attendance was standardized.	This green initiative eliminated vast amounts of paper used during the Block.	Continue to work with leadership in evaluation of the IPAD use and other initiatives that help to make the med school Greener.
IQ Cases: An official LO to the Jack Lee case on LGBTQ+ issues for preventive care was added.	Well received with good feedback from students and facilitators on the need for updated resources.	Update resources for the LGBTQ+ Los and better integrate into case
Discussed with IQ facilitators to explore about the meaning of the zip codes in the patient identity cards to bring up during the IQ case discussions.	Since there was not a specific LO in each case there was a wide variety of discussion in the groups.	Work with the Diversity in the Curriculum Design Team on the integration of SES issues in the curriculum.

The Obesity Medicine Education Collaborative (OMEC) completed an in-depth audit of the materials of Block 1 (including lectures, IQ, TBL) according to the relevant competencies developed by the OMEC.

Continued to participate in the IQ diversity project

Discussion of the field site visits were returned to being discussed on Friday during the IQ sessions.

Specific instructions on EBIQ process during orientation was coordinated the peer leaders and facilitator training.

Lectures:

Updated content to reflect current events and changes within disciplines. Worked with lecturers to use polling and other forms of audience participation at least twice in an hour lecture.

Asked each lecturer to introduce themselves and spend a few minutes describing the journey of how they chose medicine and their specialty as a part of helping students in their own professionalism identity formation.

Design team worked to bring more diversity into the lectures including more content on

These competencies were developed to better assess and improve obesity education in all medical trainees. There was an improvement in the discussion around obesity and nutrition and as it related to chronic disease.

Additional resources added to the IQ cases.

Feedback indicated that the discussions on Friday were very helpful in enriching the LOs for the week.

EBIQ sections of the IQ cases went smoothly.

Lectures rated well by students. Had consistent attendance throughout the Block – an improvement from last year.

85.6 % of the students rated this aspect in the end of Block survey as good - excellent.

This effort was discussed with section leaders in an effort to incorporate more diversity into didactic sessions.

Continue to evaluate any new lectures or references as it related to obesity.

Review of all IQ cases to evaluate diversity in IQ cases in partnership with the Diversity in the Curriculum Design Team.

Update prompting questions for student discussions at the field sites and for the written reflections. Highlight importance of student preparation for site visits.

Continue with specific instructions during peer handoff and facilitator training.

A major evaluation of content presented by lecture to be completed this next year. Continue to work with lecturers about active learning techniques to incorporate in the lectures.

As professional identity formation is an important part of the medical school curriculum we will continue to introduce the faculty in this manner and help guide students early on in the curriculum.

Design team will continue to work on brinesion tuhesty into the lectures.

Native American, AA/PI, Latinx and LBGTQ+ health issues and the SDH.		
Added a lecture about environmental justice and health equity by Dr. Sadeer Al-Kindi	Helped to bring together many of the concepts about the social determinants of health and the environment.	Continue to incorporate the various aspects of SDH into lectures.
TTE & TBL: All sessions in person. Continued the use of electronic devices during the exercises to eliminate the use of paper.	The use of the IPADs is working well.	Continue to work on using electronic devices in a variety of applications.
Modified Climate Change TBL based on working with a concept map and applying solutions to the concept map with discussion following a word cloud exercise as a way of students engaging in discussions of solutions.	Students were highly engaged and created maps that were very detailed with many thoughtful solutions. Student feedback was that the discussion following the word cloud was not as in depth as they thought it should have been.	Will continue to explore other methods for the Climate Change TBL conclusion.
Worked with Dr. Lydia Furman on integrating the First Year Cleveland perspective into the Population Health TBL on infant mortality based on last year's feedback and feedback from colleagues at UH Rainbow Babies and Dr. Gifford's colleagues at Dartmouth.	Excellent discussion this year with a better integration of what was covered in lectures, readings and field site experiences.	Will continue to work with Dr. Furman on the answers and discussion points.
Population Health TBL on lead poisoning updated last year.	The majority of the student groups picked the consensus answer and there was less discussion this year.	Update the lead poisoning application or possibly writing a new application on another population health issue.
The pandemic exercise used the novel non-polio enterovirus again this year.	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.	Continue to update the pandemic exercise including the pre-reading and the role descriptions – will pivot to another virus this coming year – probably influenza.

Review all major concepts, i.e. population health, SDH, and work with design team to choose graphics to be used by lecturers to provide a consistency in the concepts.

A major review of all the lectures to determine if some lectures could be replaced by more active learning sessions.

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

Examine pre-reading and other resources to ensure all assil a (es)8.9 (c)-y217 Td.

Deletions	Additions
none	Professional Identity Formation

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

Co-leaders attended all lectures to help in the evaluation of content. Content-specific Block 1 evaluations are reviewed by the Block 1 Design Team annually. Individual faculty evaluations are reviewed by the Block 1 Leaders who directly address specific concerns with individual faculty when necessary. We provide annual Team Based Learning training to Block 1 faculty and facilitators. Individual IQ facilitator training and feedback is handled separately by the IQ evaluation team. All Block 1 faculty are encouraged to participate in the Center for Advancement of Medical Learning professional development workshops.

11. Acknowledgements:

Block 1 core disciplines of Bioethics, Population Health, Health Determinants and Health Systems Science encompass continually evolving and developing

We also thank Celinda Miller for her tremendous work in coordinating the IQ experiences and helping to get a reduction in the amount of paper used. We are grateful for the help of <u>all</u> members of UTech and particularly Victor Guinto, Darin Johnson, Megan Slabach and Paul Salzgeber.

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