



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

Competency and Definition	Educational Program Objective (EPO)	Block Goals
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<p><b>Knowledge for Practice</b></p> <p>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><b>Learn the basic cellular, molecular, biochemical and pharmacological processes that contribute to normal and abnormal neuronal function throughout the life-span of the individual.</b></p>	<p><b>None</b></p>
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**Knowledge for Practice**

Demonstrates knowledge of established and evolving biomedical, clinical,

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<p><b>Knowledge for Practice</b></p> <p>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><b>Recognize the signs and symptoms of substance use disorder using a biopsychosocial model in order to make an accurate diagnosis, referral and plan; Demonstrate respectful language and communication.</b></p>	<p><b>None</b></p>
<p><b>Common to all Blocks:</b></p> <p><b>Knowledge for Practice</b></p> <p>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 appropri Tw 0 -1.228 Tc300.96 15 0.002 Tw007 Tw T*8.9 (j)</p>		

<p><b>Professionalism</b></p> <p>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><b>Understand and practice the behaviors of an ethical, respectful, compassionate, reliable, culturally competent, and responsible physician.</b></p>	<p><b>None</b></p>
<p><b>Interpersonal &amp; Communication Skills</b></p> <p>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</p>	<p>Uses effective written and oral communication in clinical, research, and classroom settings</p> <p>Demonstrates effective communication with patients using a patient-centered approach</p> <p>Effectively communicates knowledge as well as uncertainties</p>	<p><b>Understand and demonstrate effective communication</b></p>	

<p><b>Research &amp; Scholarship</b></p> <p>Demonstrates knowledge and skills required to interpret, critically evaluate, and conduct research</p>	<p>Analyses and effectively critiques a broad range of research papers</p> <p>Demonstrates ability to generate a research hypothesis and formulate questions to test the hypothesis</p> <p>Demonstrates ability to initiate, complete and explain his/her research</p>	<p><b>Analyze, critique and present research studies from the primary literature.</b></p>	<p><b>None</b></p>
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<p><b>What changes were made 2023----2024?</b></p>	<p><b>How did the changes work?</b></p>	<p><b>What would you like to change next year 2024-2025?</b></p>
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**Neurology:** Last year, we asked all of the lecturers to introduce their lecture using a clinical case that exemplifies the key clinical pearls for that particular content area.

Additionally, we asked the lectures to 1) focus on ONE “high-yield” topic per lecture in order to knit together the block curriculum with major board preparation services that students typically use such as MED ONE. We will highlight this content with a recurrent notable visual identifier.

The formal feedback we received suggested this was a positive addition to the lectures. (score 3.3)

Lectures in 2023-24 were rated overall (74%) to be about the same as (2022-23) (79%)

We plan on continuing this practice. We will also build upon this by asking lecturers to:

- 1) include board style questions to students as a resource
- 2) include a single-slide summary of the key points of their lecture
- 3) reference the relevant chapter/page in the Daroff Neurology textbook, which is available online.
- 4) reference the foundational principle that best aligns with the clinical content (see attached document)

In week 1 there was one IQ case (spinal cord lesions) that will help students recognize the importance of foundational neuroanatomy knowledge for clinical practice.

The facilitator guide in the Brown Sequard Syndrome IQ case was revised to emphasize and highlight for facilitators the fundamental concepts that students should understand having worked through this case.

Feedback from students and IQ facilitators was positive.

Feedback from students and IQ facilitators was positive.

We will do this again in 2024-25.

Revisions to the facilitator guide will continue.

We continued the rotation structure this year that allowed every IQ group to have a neurology resident at least for part of each week's IQ sessions. We believed this approach to be the fair way of distributing the residents, even if it meant lack of continuity with residents. The goal was to maximize the availability of residents.

This change was again well-received. The neurology resident participation was approximately the same this year (96%) as last year (97%). The data from the

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<p>As noted above, we eliminated 1-2 IQ cases due to various holidays that interfere with our scheduling in 2023-24. The Brachial plexopathy IQ case was also removed.</p>	<p>This may have helped meet the demands of the calendar, but it will not be repeated this year.</p> <p>The students asked for more IQ cases in their feedback; however, in the specific feedback they supported this with a score 3.4</p>	<p>The brachial plexopathy case will be reinstated (week 2).</p>
<p>A new lecture molecular therapeutics in neurology was presented on Jan 12, 2024</p>	<p>Minimal feedback.</p>	<p>This will not be repeated as a lecture in 2024-2025; rather this will be a review.</p>
<p>Neuroanatomy:  Integration of MedOne board-style questions into neuroanatomy lectures and reviews to emphasize that the neuroanatomy content covered in Block 6 is consistent with what is found on boards and necessary for clinical practice, including for non-neurologists.</p>	<p>Well received</p>	<p>We will repeat this in 2024-25</p>
<p>Explicit request to the UH Neurology Residents during our first planning meeting BEFORE Block 6 begins to not make negative comments regarding Block 6 content when participating as teachers in Block 6.</p>	<p>There is no evidence that the residents commented on the curriculum in a negative fashion.</p>	<p>We will repeat this request in the orientation for 2024-25</p>

Add a 2-hour, mandatory neuroanatomy “boot camp” in the cadaver lab at Robbins (pending approval by the Committee on Medical Education) that will expose students to brain dissection during the first week of Block 6. This should help provide students with an important neuroanatomy foundation for the remainder of Block 6.

Pharmacology Videos for IQ Cases in Notability. We worked with Dr. Tawna Mangosh to create pharmacology videos to be paired with IQ cases.

The development of the nervous system lecture was given by Dr. Scott Simpson

Exceptionally well. The students agreed with this and the rationale 3.4/4.

Students have called for more explicit pharmacology tools, such as whiteboard videos with interactive elements. This has been piloted in other blocks, with success. This is important as student feedback on Pharmacology is low compared to other sections.

Dr. Ron Conlon stepped down, Dr. Simpson is an expert and teaches the graduate Embryology course at CWRU

We would like to repeat this. However, Dr. Crofton, who proposed this innovation and led the sessions, is no longer associated with CWRU. We hope that other faculty in the Dept of Anatomy will be able to step in and take the lead.

We will repeat this in 2024-

Front Load more  
neuroanatomy in Block 6 to  
give students ample time to

<p>Pilot integrating neuroanatomy and clinical lectures that complement each other (e.g. basal ganglia and cerebellum) rather than delivering them separately. We believe this change will help students better appreciate how the neuroanatomy they're learning is clinically relevant. It should also streamline lectures by reducing redundancy generated by the fact that clinicians aren't always fully aware of what neuroanatomy knowledge students have. This approach should also help demonstrate coordination between basic and clinical sciences and interprofessional cooperation between faculty.</p>	<p>Well-received.</p>	<p>We will repeat this in 2024-25</p>
<p>We introduced a series of lectures on human sexuality. The rationale is as follows: extending beyond week 7, Block 6 lost 5.5 hrs of contact time with the distribution of hours from Block 6 to FCM. The consequence of this was the removal of the two lectures in human sexuality from the Block 6 curriculum. The removal of this content is corrected by the new lecture series on human sexuality.</p>	<p>Well-Received</p>	<p>We will repeat this in 2023-24 but will reconsider this moving forward as we also consider the input from the Sexuality and Gender Identity Design team.</p>

<p>We introduced a lecture that was a close reading of a case of a patient who progressed from a vegetative to a brain death state. Students will be introduced to a cast of characters, i.e., we will come to know the patient's social history, family dynamics, and values for healthcare. We will also find ourselves in a family meeting, where the attending physician will describe the family brain-death testing and the diagnosis of brain death. With intentional blunders embedded in the case, students will be able to assess poorly delivered brain-death diagnoses to families and speak about ways to improve communication. This case might also lead naturally to a general discussion of best practices in family meetings.</p>	<p>The impression from those present for the lectures (this lecture was delivered in two parts, once early in the block and again at the end of the block) was that this new lecture was well received. I think students appreciated the emphasis on the emotional experience of family meetings and delivering bad news to families.</p>	<p>These lectures will be delivered again in 2023-24.</p>
<p>A mandatory student debriefing was held following the interview with Ms Kate Gill.</p> <p>This mandatory session helped students consolidate everything they had learned in the medical curriculum, instead of rapidly leaving campus. I believe this helps them reflect upon the enormity of what they vicariously experienced with the loss of Noah Scott to the long-term effects of a non-fatal drug overdose.</p>	<p>We did not hear any complaints about the scheduling.</p>	<p>We will do this again in 2024-25, looking forward to working with FCM on this.</p>



We found that the Block aligns very well, although some specific areas are missing (pediatric neurology, brain infections, metabolic neurological disorders, pain management, neurotoxins, and poisoning).

4) Implement use of AI supported resources, including GPT constructed from the lectures and resources for Neurotransmitter, Receptors, and Neurotransmission (McEneaney lectures).

**Neurology:**

1) Resequencing of the schedule: the schedule of the PGY3 resident was  
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questions, review tools, and chatGPT. We were pleased, overall, with the psychiatry section feedback for 2023-2024.

**Bioethics:**

The bioethics feedback is generally positive. Next year we will introduce a lecture



<b>Changes anticipated for next year (2024-2025)</b>	<b>Reason for changes (evidence)</b>
Ongoing revisions to the facilitator guide will continue.	Update for changes in medical practice and clarity.
The lecture on molecular therapeutics in neurology will be a review.	Molecular therapeutics need to be represented in the curriculum.
Consolidation of the ENT and Ophtho and visual system content in week 8.	Better sequencing for curriculum and

<p>Continue with the lecture on chronic and acute pain.</p>	<p>This was an area that we identified as being under-represented in our curriculum based upon formal our process of reviewing the curriculum for comparison with published descriptions of core and recommended material to determine if Block 6 covers what has been highlighted by medical educators at large</p>
<p>Strive to integrate neuroanatomy with clinical lecture material.</p>	<p>This will help students better appreciate how the neuroanatomy they're learning is clinically relevant. It should also streamline lectures by reducing redundancy generated by the fact that clinicians aren't always fully aware of what neuroanatomy knowledge students have.</p>
<p>Introduce a lecture entitled "The Difficult Patient"</p>	<p>This lecture will introduce an important topic into the curriculum and help students in anticipation of their encounter with challenging patients.</p> <p><a href="#">Medical Education: Guidelines for Effective Teaching of Managing Challenging Patient Encounters - PMC</a></p>
<p>Continuing the review of content in the Mind section and alignment with USMLE topics.</p>	<p>Part of our continuous improvement process and also is a very effective way to onboard Maggie Musso, as Block 6 Mind section leader.</p>
<p>With respect to Psychiatry Lectures, we plan to hold some trainings to discuss recent innovations in pedagogy/androgogy, most favored learning strategies, current student preferences, and examples of effective teaching strategies that we hope all our lecturers will try to incorporate in the coming year.</p>	<p>Lectures remain a lagging component of the curriculum in terms of student satisfaction, and new methodologies may help these experiences become more engaging, popular, and effective as a teaching modality.</p>



