

School: School of Medicine, Case Western Reserve University

Principal Investigator: Daniel B. Ornt, MD
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Collaborating organizations: Cleveland Department of Public Health
Cuyahoga County Board of Health
Cleveland Vision Council

Project Description:

The School of Medicine at Case Western Reserve University (CSM) has a great history of innovation in medical education. Prior to the creation of the Western Reserve₂ (WR₂) CSM had a solid, organ-based curriculum with some exposure to public health issues through content provided from the Department of Epidemiology and Biostatistics and participation of our existing Center for Urban Health. Four cornerstones form the basis for the WR₂ curriculum; civic professionalism, leadership, clinical mastery, and research and scholarship.

In the WR₂ curriculum students learn the foundations of health and disease simultaneously in a series of six blocks in which the major organ systems are organized to provide synergies of content. Selected major disciplines including anatomy, histology, cell physiology and bioethics have become threads throughout the blocks where relevant content is learned within each block. The thread concept provided a mechanism to incorporate concepts of population medicine, public health, health care delivery issues such as disparity, social and behavioral determinants of disease, and health policy.

Block 1, entitled *Becoming a Doctor*, has a major focus on introducing these concepts as well as providing key learning objectives in epidemiology and biostatistics. These concepts will be developed beyond the Foundations' blocks during the clinical years on selected Friday afternoons where clinical students return for sessions on relevant basic science topics. In the fourth year, a new requirement called Areas of Concentration (AOC) has been established. An AOC is a 3-month experience with a focus area (for example immunology) that must have two months of clinical experience and a month of a science of medicine related area. Several AOCs are under development which will focus on public health topics.

The first iteration of Block 1 has occurred. Students were first introduced to the fundamentals of the profession including compassion, need for continuous learning, responsibilities to individual patients and medicine as it relates to society. Diabetes was used as an index disease for a full week's discussion starting with the impact of the disease on society as a whole and ending with the impact on an individual patient and finally pathophysiological concepts. A part of the experience was an opportunity for students to visit community health agencies which provide services for diabetic patients.

Active student feedback was solicited and plans are already underway for improvements to Block 1 for the class of 2011. A description of the block and actual student feedback can be seen at the following website.

http://casemed.case.edu/admissions/programs/wr2_feedback.cfm

The scholarship component of the curriculum is achieved through a mandated “medical research thesis” that will be a student-driven, mentored experience. The RMPHEC provides support to develop partnerships with the county and city health departments. Opportunities are being established for students to select research in public health using expertise from these departments. A set of research focus groups with public health themes have been established to provide opportunities for medical students to meet with matriculated graduate students to explore topics for research. The present second year students are the first class to participate and are just embarking on the selection process for their research experiences.

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Website(s): <http://casemed.case.edu/curricularaffairs/newcurriculum/index.htm>

Note: This site is under development but already has substantial information regarding the new curriculum at the School of Medicine at Case Western Reserve University’.