

Michigan State University Incorporates New Online Program- Strengthening Didactic Curriculum, Engaging Residents and Supporting Faculty

The Gynecology and Obstetrics experience offered by the four communities affiliated with Michigan State University provide residents with exceptional diverse rotations in all sub-specialties. As part of this affiliation, the Grand Rapids Medical Education Partners program, consisting of 32 residents, covers two different institutions by itself – a smaller Catholic hospital with about 2,500 deliveries each year, and a larger tertiary hospital with 8,000 deliveries each year. As Program Director, Dr. Michael Werkema oversees this very big, very busy program.

In this backdrop of a program with high clinical volume, Dr. Werkema shares his experience integrating CoreCases into his curriculum and his comments on this generation of learners.

What was your motivation in bringing CoreCases into your program?

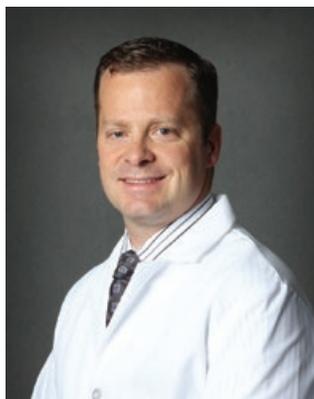
Our residency program is highlighted as a distinguished program, and one of our strengths is our clinical volume. However, based on resident evaluations, one of the areas we were looking to strengthen was the didactic portion of our program. We wanted something we could add in to augment our didactic curriculum and make it stronger.

We have an excellent clinical faculty, but that doesn't always translate to providing the best lecturers. And even if we were to put together more lecturers, we would still need some help with the basics, because residents are just not going to get it all from a lecture. Also, lectures have been shown to yield low retention – you get the most in the first 15 minutes and after that retention really slips. We wanted something that the residents could use, on their own time, which would be effective in improving their retention of medical knowledge.

How are you using CoreCases in your program?

I assign the cases based on what is pertinent to our current academic rotations. I assign one to three cases per rotation and make them a curricular component of each rotation. Upon completion of that rotation, those CoreCases have to be done. I also involve the faculty on those rotations, so they know what the residents will be doing.

There are 48 cases in the complete curriculum, so you should be able to cover a quarter of them each year, starting as an intern through their chief year. Since we started in June, some of our third and fourth years wouldn't be exposed to all of the cases. But I also opened the door, so that if anybody wants to move ahead or move backward, I can assign additional cases. When I do that, I'll give them cases from their upcoming rotation so they can get ahead. Then, if they are a third or fourth year and get those done, I'll pull some of the first and second year cases for them. I've had a couple of residents that have done probably 20 additional cases as they have gone through certain rotations.



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What has been the participation and feedback from the residents?

Compliance and participation is good. It's interesting to note that probably one-third of residents access the cases every week and about one-third log on every other week. So I'm happy with something that can engage two-thirds of our residents and keep them involved.

The residents really like them and find the cases really user friendly. From my own experience with several of the cases and the comments from the residents, the overall feedback is that this is a very succinct and interesting way to teach this generation of learners, those who are more familiar using technology.

I really like it because it does augment what we're doing in a way that's less boring than lecturing at them for 45 minutes. The key points of each case are highlighted, and I think they've been spot on and accurate.

The residents also like the ability to go back through the case and look at all the answers so they can see some of the reasoning as to why some answers are incorrect and why other answers might be better choices. I think that's part of the strength of the program, because sometimes you learn a lot more from getting something wrong than from getting it right.

We are now working with the reporting features of the program. It's able to collect a lot of data in terms of evaluation and finding areas of deficiency. We want to use them for our clinical competency committees (CCCs), but still need to work out the best way.

Have the resident's overall exam scores improved?

I'm currently doing an assessment that will correlate our in-service exam in January, resident CREOG scores, and Boards in June with the performance and use of the patient cases in the CoreCases curriculum. We want to see how it equates with the different scores and whether there is any relationship.

I plan on running a full statistical report on all residents the week before the exams. This will include things like time stamps for when they completed the case, their scores, the number of cases they've completed, the amount of time they've spent in the cases, the milestone levels they've achieved as reported in the cases, etc. I would expect that some of these parameters would reflect an increase in scores.

Has CoreCases met your expectations, and where do you see it going?

I think it's been a very good asset to our current strategies. I think it is an excellent tool to use to expand what we are already providing to highlight important points within a rotation. For example, we are currently using point-of-contact evaluations, end-of-rotation evaluations, in-service examinations, and question-bank software.

It also provides a platform that our modern day learner is much more comfortable with as opposed to the in-room didactic-type curriculum. That's a huge point.

The other place I see CoreCases fitting in is for use in faculty lectures. When you have an institution that's very clinically based as opposed to academically based, getting faculty to present lectures on a regular basis is a lot of work. With the CoreCases curriculum, we now have appropriate patient cases the faculty can use to supplement or use outright as a basis for their didactic lectures. This way, our faculty can add their professional opinion in addition to the discussion that's coming from the case itself. It can make prepping for their lectures a lot easier.

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CoreCases is a unique educational tool aimed at teaching medical residents and healthcare students using case-based curricula that incorporates competencies and milestones with tracking, assessments and reporting features. To find out more, please contact us at

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