

**SMHS Dean’s Quality Improvement Panel (DQIP) Meeting  
June 21, 2023 1:00-3:00 PM (Zoom)**

**Attending:** Ken Ruit, Sheila Bosh, Judy Solberg, Pat Carr, John Shabb, Daniel Henry, Rick Van Eck, Dakota Snustad (MS3), Holly Brown-Borg, Susan Zelewski, Jim Porter

**Absent:** Namil Choi, Josh Wynne, Marc Basson, Lindsey Martens (MS2) Madison Burgard (MS3)

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>Call meeting to order</b>	Meeting was called to order by Dr. Kenneth Ruit, Committee Chair.	
<b>Review of Minutes</b>	Review of May 17, 2023 minutes. Minutes posted to Blackboard.	Minutes approved.
<b>Post ISA2 Student Review Committees and Student Survey Update</b>	Dakota Snustad provided an update. All subcommittees have met. They are reviewing the Mid-year Survey. They hope to be done by the end of July and will share their recommendations at a future meeting. Dakota asked that the data regarding research be broken out by campus.	Dr. Van Eck will send the requested campus breakdown to OMA and Dakota.
<b>GQ Dashboard Update</b>	No update.	
<b>ISA and Mid-year Survey Data Review</b>	<p>Reviewed data from original ISA and current Mid-year Survey for comparison. Dr. Ruit highlighted the data with 20% or higher dissatisfaction in red, 15-20% in yellow, and below 15% in green. This document has been posted to Blackboard. Please review as time allows. Some of the highlights are listed below.</p> <ul style="list-style-type: none"> <li>• Awareness of Student Concerns. Red for class of 2025, Class of 2024 yellow and 2025 red, AD med Curriculum awareness 2025 yellow.</li> <li>• Q9 Mistreatment. Dr. Carr commented that students don’t fully understand mistreatment vs something they just don’t like. Dr Porter has held some sessions for clarification. Students still don’t seem clear when it comes time to utilize their knowledge. Phase 1 feedback groups have shared dissatisfaction following sessions where they were asked to discuss mistreatment. Dakota Snustad suggested that</li> </ul>	

	<p>we include the mistreatment policy in the student guide. Dr. Porter will check to see if the Student Mistreatment Policy is in the student guide.</p> <ul style="list-style-type: none"> <li>• Q17 Educational/Teaching Spaces at Hosp/Clinics. We are making sure that we communicate any spaces to all students – focus on awareness. Study space at hosp/clinical sites same as above. Noted that despite getting more space at Altru, students are unhappy because it’s too far away.</li> <li>• Q22 Secure storage space for personal belongings at hosp/clinical sites. Surg Department head is working specifically on ensuring that students have what they need for that area. Consider adding this question to end of rotation evaluations.</li> <li>• Q25 Student Diversity. All red except class of 2024</li> <li>• Q26 Access to Research Opportunities. Showing some improvement.</li> <li>• Q28 Access to Service Learning/Community Service. 2024 and 2025 red. Discussion on the wording and the intent of the element. Dakota commented that he as a student interprets it as the school listing opportunities. Discussed badging process as an option which has been discussed at other committee meetings. The roadblock has been finding someone to oversee it. Funding was also discussed at EASRC with the element review.</li> <li>• Q33 Accessibility of Student Health Services. Dr. Porter has discussed feedback with the new navigators.</li> <li>• Q38 Adequacy of Counseling About Elective Choices. The Director and Dr. Basson presented information at the Achieve session in Unit 2 (REMS research opportunities session). Noted if a student doesn’t take REMS, they may not be aware of what alternatives exist. It was suggested that Dr. Porter add a session that addresses this. Also suggested that we add this to the career advising template.</li> <li>• Q46 Quality of Pre-clerkship Phase. Class of 2024 red. This is most likely due to the change in curriculum.</li> </ul>	<p>Dr. Porter will ensure that the Mistreatment Policy or the link is included in the Student Guide.</p>
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- Q52 Adequacy of Unscheduled Time or Self-directed Learning in the Pre-clerkship Phase. Class of 2024 and 2025 yellow. Dr. Carr commented that this class is very vocal about what's taught in the curriculum. Expect this will improve with the next survey.
- Q66 Medical School Responsiveness to Student Feedback on Courses. Class of 2025 red, all others green.
- Q71 Adequacy of Education in Caring for Patients from Different Backgrounds. 2023 yellow, 2025 red and 2026 yellow.

Added Questions:

- Added question on the time spent in PCL presentations. Dissatisfaction 20-30% for 2025 and 26.
- Lecturers are providing practice questions associated with their lectures. High level of Dissatisfaction 36-47%.
- Exam Appeals process is clear. Requires further review as dissatisfaction at 25% - 35%.
- Comm 1\_Comm 1 - Communication from UND SMHS to medical students on important topics is timely. 2024 yellow, 2025 red. This seems to be in part related to changes in schedules not being communicated as quickly as students would like.
- Comm 3\_Comm 3 - Communication from UND SMHS is transparent. 2024 red, 2023 and 2025 yellow. Student comments indicate they noted some improvement.
- Counseling Q5\_Counseling Q5 - The ACHIEVE sessions are a helpful part of the career counseling process. 2023-2026 Yellow, 2024, 2025 red.
- Campus Sel Q3\_Campus Selection Q3 - Phase 3 campus selection timing is appropriate. Class 2025 red. Dr. Porter noted that Campus selection needs to occur earlier in order to assign career counselors. Also, statistically not ever student will get the campus they want.

	<ul style="list-style-type: none"> <li>• Mentor 5_Mentor 5 - There is appropriate information and guidance regarding residency applications.2025 red, 2024 and 2026 yellow.</li> <li>• Adequate Access - I have adequate ACCESS to my academic information including policies for advancement and information on class standing. Class 2025 red.</li> <li>• How to Access Info - I understand HOW/WHERE to access my academic information including policies for advancement and class standing Class of 2025 red.</li> </ul> <p>In follow up from previous minutes noted that the reports will now be shared with UMEC and the P1C and P2/3 committees. OMA will send the reports in the preferred format.</p>	OMA will send reports to committees.
<b>Element Review</b>	OMA is preparing documents for element review which will begin in August or September. Note there will not be a meeting in July to allow time for OMA to complete this work.	Add to August Agenda.
<b>AAMC Secretariat Webinars</b>	The LCME has changed the topics and schedule. The June Webinar was on Medical School Structure and Governance Variability. Slides are available from OMA upon request. The LCME does not record the sessions. The session on Student Satisfaction is no longer on the schedule. Uncertain if/when it will be rescheduled. The July 6th topic session is Designing and Managing the Curriculum.	
<b>DEI Standing Agenda Item</b>	Dr. Carr commented that we are now moving in right direction. Dr. Van Eck shared that a subgroup of DEI met to formulate a proposal with short-, mid- and long-term actions that are recommended to address DEI in general that are based on what other medical schools have done. More to come as things progress.	
<b>Announcements/Next Meeting</b>	Next Meeting August 16, 2023. Note we will not meet in July.	

Submitted by Sheila Bosh, RN, Accreditation Manager

Approved by Dr. Kenneth Ruit, Committee Chair