

**UND SMHS Educational Accreditation Standards Review Committee (EASRC) Meeting  
Wednesday May 18, 2022 4:30 – 6:00 pm via Zoom**

**Attending:** Steve Tinguely, Sheila Bosh, Pat Carr, Mark Koponen, Ken Ruit, Rick Van Eck, Susan Zelewski, Jim Porter

**Absent:** Dinesh Bande, Bryan Delage, Bryon Grove, Erika Johnson

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>Call meeting to order</b>	Meeting was called to order by Dr. Stephen Tinguely, Committee Chair.	
<b>Review of Minutes</b>	January 19, 2022 minutes were distributed electronically to EASRC members prior to the meeting and are also available on Blackboard. It is noted that there are no formal minutes for February through Aril as EASRC focused efforts on LCME prep work during that time.	Minutes approved.
<b>Committee Membership</b>	Discussed recruiting a medical student and another faculty member to join EASRC. Dr. Zelewski noted it would be most beneficial to recruit a Phase 3 student who would have some understanding of all phases of the curriculum. She suggested Casey Braaten (Bismarck). We would like to recruit a faculty member from a western campus. No recommendations currently. Further discussion will be needed. Dr. Tinguely asked whether Sheila Bosh could be a voting member of the committee. Committee not opposed if governance docs allow.	Dr. Tinguely will contact Casey Braaten. Add to June Agenda.  Dr. Tinguely will review the governance documents.
<b>LCME Exit Report</b>	Reviewed elements from the exit report that are relevant to this committee. <b>Element 6.3 Self-Directed and Life-Long Learning</b> - Expect satisfactory with monitoring (SM). <b>Finding:</b> the school has developed policy and metrics for determining the amount of time required for the self-directed learning (SDL) activities in the curriculum. ISA respondents were generally satisfied with opportunities for SDL in the pre-clerkship curriculum (84% overall), but less so with unscheduled time for SDL, where dissatisfaction ranged from 54% -24% for M1 respondents to M4 respondents, respectively. In response, the school decompressed the pre-clerkship phase and decreased the number of SDL activities in the Patient Centered Learning component of the curriculum. Follow-up survey data after the changes showed some improvement, with dissatisfaction decreasing to 33% among M2 respondents (M1 in the initial survey), 24% among M1 respondents at the time of the follow-up survey.	

	<p>Dr. Van Eck reviewed some of the comments from the ISA2. He noted that the Class of 2023 said it was time limitations (need more personal times), Class of 2024 commented on time limitations, saying it's wasteful. Dr. Van Eck suggests that we dig deeper into the comments.</p> <p>Dr. Zelewski said she noticed that 6.3-1b isn't in the new DCI. Uncertain if we will be required to monitor this if it's not in the new DCI. Noted there may be some confusion regarding PCL and Self-Directed Learning. Dr. Van Eck pointed out that students are assessed on PCL process – we give them feedback here. PCL verifies that they know how to complete self-directed learning. Dr. Zelewski commented that changes made in PCL have shown improvements for M1's. Dr. Tinguely has asked Anja's and the committee to look at this more closely. Dr. Zelewski suggested that we ask the students, "What would you do to improve time for SDL?"</p> <p><b>Element 7.1 Biomedical, Behavioral, Social Sciences – Expect SM</b>  <b>Finding:</b> AAMC GQ data reveal persistently low student satisfaction with the biochemistry and immunology subject areas. The school recently implemented a new curriculum structure, and ISA data demonstrate that 90% of M1 respondents and 67% of M2 respondents are satisfied with immunology instruction, and 84% of M1 and 80% of M2 respondents are satisfied with biochemistry instruction.</p> <p>In a recent LCME/DQIP meeting the Dean suggested that it may be worth a try to challenge this on a factual basis. Graphs with block reports were provided to the LCME during the visit. This showed substantial improvement over the past 2 years.</p> <p><b>Element 7.6 Cultural Competence and Health Care Disparities – Expect SM</b>  <b>Finding:</b> The school has adopted a curriculum to prepare students to care for patients from different background, and the AAMC Tool for Assessing Cultural Competency Training (TACCT) demonstrates overlapping coverage of the TACCT domains across the span of the curriculum. The population demographics of the state provide little culture diversity among the patient population, and ISA data demonstrate some dissatisfaction with the adequacy of education in caring for patients from different backgrounds.</p> <p>In a recent LCME/DQIP meeting the Dean commented that there is no factual basis to disagree with this. The Dean commented that he wants to make sure that we're doing whatever we can in this area. Noted once the DEI curriculum group gets going it will help. We also can leverage more AI sites such as GPIHS. Dr. Zelewski suggested that we distribute info to students about how cases have been changed – share doc that Dr. Eickman and Dr. Dunlevy created.</p>	<p>Dr. Tinguely will follow up with Anja.</p>
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	<p>In the EASRC meeting, Dr. Carr commented that we've done a lot in the past 2 years. Each class has changing expectations. In reviewing comments, it appears as though some students are not aware of some of the changes, as they asked for things that have already been implemented. Some students commented that the only diverse group we focus on is American Indians and they would like more LGBTQ and more focus on patients with health disparities. Another student suggested Spectra health. Dr. Zelewski noted it's not easy to get students into Spectra health. Noted that there are students on the DEI committee. The group is newly implemented and will need some time to make recommendations. Also noted that communicating changes is essential to improving satisfaction.</p> <p><b>Element 8.3 Curricular Design, Review, Revision/Content Monitoring – Expect SM</b>  <b>Finding:</b> The school has a system in place to develop and evaluate the design and implementation of the curriculum and to ensure that courses, phases, and the curriculum are regularly reviewed to ensure appropriate content and integration, but students have not completed all four years of the new curriculum (Curriculum 2.0). ISA data demonstrated dissatisfaction among M1 respondents (33%) with integration of the pre-clerkship curriculum, but those students had only completed the first semester of the new curriculum.</p> <p>In a recent DQIP/LCME meeting the Dean commented that the LCME will want more follow up data. No action we can take, just see what happens with 2.0.</p> <p>Dr. Zelewski suggests that we wait until we ask students who are in 2.0 this question. This wasn't asked on the ISA2 in this way. It's noted that Dr. Tinguely has asked Anja's group to review this.</p> <p>Remaining elements will be reviewed at the June meeting</p>	<p>Add to June Agenda.</p>
<p><b>Next Meeting</b></p>	<p>June 15, 2022</p>	

Submitted by Sheila Bosh, Accreditation Manager

Approved by Dr. Stephen Tinguely, EASRC Chair