## Phase 1 Committee Meeting Minutes

## **SMHS**

## Tuesday, August 29, 2023 – 2pm via Zoom

In attendance: Jon Allen, George Beddow, Kurt Borg, Xuesong Chen, Jane Dunlevy, Kara Eickman, Amanda Haage, Lauren Huddle, Eric Johnson,

Minnie Faith, Gunjan Manocha, Susan Zelewski, Pat Carr, Megan Denis, Jim Porter, Ken Ruit, Michelle Montgomery.

Members not in attendance: Mikhail Golovko, Dev Pant, Rick Van Eck

**Minutes Submitted by:** Dawne Barwin **Minutes Reviewed by:** Jane Dunlevy

Minutes Approved by: Kurt Borg and Michelle Montgomery

MSC = motion <u>m</u>ade, <u>s</u>econded, <u>c</u>arried

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Jane Dunlevy, co-chair called the meeting to order at 2:00 pm via Zoom with a proposed adjournment time of 3:30pm.	Informational
Approval of Minutes: 7.18.23	Jane Dunlevy moves to approve the minutes.	MSC to approve the 7.18.23 minutes. Kurt
Vinutes: 7.16.25		Borg / Xuesong Chen // carried.
3. Business	<ul> <li>New Business: <ul> <li>a. Student Representative Report (George Beddow)</li> <li>No direct student feedback to report today.</li> <li>I have spoken with Michelle Montgomery and Andy McLean about a possible new student survey that will assess student wellness overall, to look at the values that students have for different activities in their personal lives verses their academic lives. This will measure the well being of students in their overall lives. We are planning this survey to come out in a few weeks. I will keep the committee updates.</li> </ul> </li> </ul>	Information

<ul> <li>b. Spirituality as a Social Determinant of Health – Clinical and Public Health Implications Presentation (George Bedow)</li> <li>Dr. Carson was not able to be present for this meeting today. Sharing of a document addressing questions of competencies relating to our medical curriculum. This document is posted on Blackboard.</li> <li>There was discussion among the committee members regarding concerns addressed by Dr. Carson. One being does he consider Native spirituality to be a religion? The statement of Native Peoples being spiritual but not religious and that being associated with negative health outcomes. We need clarification here.</li> <li>He referenced a study with African American mortality in association with religious attendance and health outcomes showing decreased mortality rates.</li> <li>The other question is where do we place this information for instruction in the curriculum or would it work well in badging, and Achieve Session in a Diversity Series, a student seminar or evening session with Dr. Carson, a continuing education series, or within the P1C curriculum?</li> <li>Pat Carr explained that we have a group of people that are responsible for creating this content when we are talking about much larger pictures, like social determinants of health. Dev Pant, Mick Beltz, and Charlie Christianson, particularly Mick Beltz who spearheads medical humanities and is very involved. If we are talking about potentially revisiting how we deliver an entire thread, then the first step is to call in those people that are already heavily involved in delivering it and deciding the content. Getting Mick Beltz involved early in this discussion would be important if we are going to look at the bigger picture of how this would fir into everything we are doing regarding social determinants of health.</li> <li>George Bedow will take these comments to Dr. Carson to get an idea if he would like to do an evening session or and will report back to P1C his findings.</li> </ul>	Information
<ul> <li>c. Grading proposal: A change to "Automatic failure" for auscultation through clothing: (Jon Allen)</li> <li>This proposal came about from an email received from a doctor when a medical student on clinical rotations examined a patient, who was the doctor's wife, through the gown and the doctor questioned if students were taught to listen through the gown or over skin? This doctor asked medical students why they listened to the patient through a gown and they said that they only loose points but do not fail by doing so, unlike the handwashing guidelines. They model that bad behavior. By just taking points off for</li> </ul>	failure" for auscultation

	not listening on skin proves the students do not take it seriously. I propose we institute this starting with the Class of 2027.  • Discussion from the committee included, listening on the skin also assists in gives you a direct inspection step, listening on skin can help detect something difficult to hear and can make a big difference for the patient.  Old Business: None	
4. Other:	<ul> <li>2023 GQ questions response evaluation write up: (Jane Dunlevy)</li> <li>Pat Carr has asked P1C to review portions of the GQ which are the results from the Class of 2023. These documents are posted on Blackboard for reference.</li> <li>AAMC Table 2 Q 8: Based on your experience, indicate whether you agree with the following statements about medical school:         <ul> <li>Basic science coursework had sufficient illustrations of clinical relevance.</li> <li>Required clinical experiences integrated basic science context.</li> <li>The combined work to rework from semesters to phases, this component is included into our new curriculum ands seems to be working well.</li> </ul> </li> <li>AAMC Table 2 Q 9: How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?         <ul> <li>In biochemistry, improvements have been made, Minnie Faith has integrated sessions with students on how biochemistry applies to clinical boards.</li> </ul> </li> </ul>	
5. Future Agenda Items	Future Agenda Item:  Tabled:  1. AY 21-22 Phase 1 Report 2. AY 22-23 Unit 1-8 Reports	
	Meeting adjourned the meeting at 3:30pm	Next meeting September 19, 2023 at 2:00pm.