

**Phase 1 Committee Meeting Minutes**  
**SMHS**  
**Tuesday, September 19, 2023 – 2pm via Zoom**

**In attendance:** Jon Allen, George Beddow, Kurt Borg, Jane Dunlevy, Kara Eickman, Amanda Haage, Eric Johnson, Gunjan Manocha, Susan Zelewski, Pat Carr, Megan Denis, Jim Porter, Erika Johnson, Michelle Montgomery, Susan Eliazer, Paul Carson (Guest).

**Members not in attendance:** Xuesong Chen, Mikhail Golovko, Lauren Huddle, Minnie Faith, Dev Pant, Ken Ruit, Rick Van Eck.

**Minutes Submitted by:** Dawne Barwin

**Minutes Reviewed by:** Pat Carr

**Minutes Approved by:** Kurt Borg and Michelle Montgomery

**MSC = motion made, seconded, carried**

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	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
<b>2.) Approval of Minutes: 8.29.23</b>	Jane Dunlevy moves to approve the minutes.	<b>MSC to approve the 8.29.23 minutes. Kurt Borg / Michelle Montgomery // carried.</b>
<b>3. Business</b>	<p><b>New Business:</b></p> <p><b>a. Student Representative Report (George Beddow)</b></p> <ul style="list-style-type: none"> <li>• No direct student feedback to report today.</li> </ul> <p><b>b. Spirituality as a Social Determinant of Health – Clinical and Public Health Implications Presentation (Paul Carson Q&amp;A)</b></p> <ul style="list-style-type: none"> <li>• Dr. Paul J. Carson, MD, FACP, Public Health Department at NDSU, Fargo ND. I am an Infectious Disease Physician, I went to UND (Medical Education), University of Nebraska (Internal Medicine), University of Minnesota (Infectious Disease) and have worked at Meritt Care now Sanford with a variety of roles, Director of Clinical Research, Associate Program Director for Internal Medicine Residency and I have been on faculty with UND-SMHS in the academic and clinical tracks. I have been teaching 20+ years and moved to NDSU and the new graduate program in Public Health where I teach primarily on the management of infectious</li> </ul>	<b>Information</b>

diseases in Public Health and I direct the Center for Immunization, Research and Education.

- Discussion on “Spirituality and Religion as a Social Determinant of Health” Q&A: Where I am coming from: There is a good body of research on this topic and it boils down to one thing: People who are involved in religious participation and are part of a religious community tend to fare modestly better to dramatically better than matched comparators of people who are not in some type of religious or spiritual community. This equates to one of the social determinants of health. In Public Health we are very big on teaching about social determinants of health. My interest with this is both from the clinical and the public health perspectives and that the medical students and residents need to know how to ask the right questions and have a conversation with their patients to help them engage their spiritual resources within their health management, which has been done for centuries. We have abandoned this with the biomedical model that we mainly practice in current times. There are some well described and accepted tools on how to take an adequate history and help patients to use those resources if and when appropriate. The second interest I have is how to look at this from a Public Health perspective. How do public health policy makers, public health institutions partner with faith-based communities to advance certain common public health goals.
- Jane Dunlevy had mentioned that spirituality and religion are not synonymous, that is correct.
- Paul Carson explained that people come from all types of faith backgrounds or no faith at all. This can be a very sensitive topic and it must be handled correctly.
- Jane Dunlevy asked how the material would best fit into the curriculum? As a lecture, an activity, an IPE? We have a thread of introducing and teaching social determinants of health that run through our 8 Units.
- Paul Carson asks where is the didactic materials on taking medical history, social and historical history as well?
- It was suggested that the placement of Spirituality and Religion as a Social Determinant of Health could be placed in two places, one at the introduction in Phase 1 to start thinking of it as part of the history taking or medical interview and at the end of Phase 3 as the students transition into residency. We need to equip students with the tools and words.

	<ul style="list-style-type: none"> <li>• George Beddow asks what are the next step in regards to Dr Carson’s Faith suggestion to curriculum? Does PIC recommend to it to UMEC?</li> <li>• Jane Dunlevy said she will take a look at Unit 1 on the curriculum schedule calendar and share it with George and then we can discuss placement at next meeting. Anything in P3 is Susan Zelewski’s follow up at P2P3C meeting to re-emphasis within Unit 3.</li> <li>• George Beddow agreed to talk with Dr Zelewski about the Phase 3 spot before transition into clerkship and will check back with Dr. Carson with the information.</li> <li>• Jane Dunlevy suggests presenting this as an active case-based scenario with discussion rather than pre-reading or prep assignments and then active sessions with the students together.</li> </ul>	
<p><b>4.) Other</b></p>	<p><b>a. 2023 GQ questions response evaluation write up: Jane Dunlevy</b></p> <ul style="list-style-type: none"> <li>• (Looking at the documents: 2023 GQ Annual School Report and 2023 GQ Supplementary Benchmarking School Report)</li> <li>• Table 2: Q 9: How well did your study of the following sciences basic to medicine prepare you for clinical clerkships and electives?  <u>Biostatistics and epidemiology</u>: This is part of P2 further information and we have this component threaded through P1. Our students feel they are doing strongly on this topic.  <u>Genetics</u>: Students felt they have done well and we see an increase from previous years.  <u>Gross Anatomy</u>: Students answered they are very satisfied with GA and overall, more than other medical schools.  <u>Immunology</u>: We need some improvement in this area to better prepare students for clerkships and clinical medicine. Overall, we are doing a bit better along with not quite as high as national average. The numbers seem better as the years progress and we are starting to see a trend of improvement. <ul style="list-style-type: none"> <li>○ Pat Carr asked if there are any comments on benchmark on this category? We are at the 20<sup>th</sup> percentile compared to whole of US medical schools. It is much higher than before where the 2 topics that are really difficult for students, we have changed them 2 times but have not found what is receptive to respondents. Having same person teach all of immunology is the one part that has worked very well.</li> </ul> </li> </ul>	<p><b>Information</b></p>

	<ul style="list-style-type: none"> <li>○ We will pay attention to the ASES Annual Student Engagement Survey answers to get more in time information from students.</li> </ul> <p><u>Intro to Clinical Medicine/Intro to the Patient</u>: This looks very good. Benchmarking is at 100%.</p> <p><u>Microanatomy and Histology</u>: This looks better in 2023 overall students marked this as being relatively satisfied. Benchmarking is at 90%.</p> <p><u>Microbiology</u>: Shows strong with student satisfaction and the benchmark above 95%.</p> <p><u>Neuroscience</u>: Students rate as very satisfied with benchmark at 80%.</p> <p><u>Pathology</u>: Students consistently very satisfied with benchmark at 90%.</p> <ul style="list-style-type: none"> <li>○ <u>Pharmacology</u>: Is a thread through all units and is satisfactory with a low benchmark at 75% which is a bit low for clerkship. Any comments? George Beddow volunteered to engage with Phase 1 students to see what they think could be done better for Pharmacology, how to effectively learn the concepts.</li> <li>○ Eric Johnson felt that the scores may be as such since a thread is it not recognized as a learning topic?</li> <li>○ George Beddow said that maybe the numbers are lower is because most students lean on a 3<sup>rd</sup> party to learn the drugs, where it is tough to pack in every medicine information to learn, it is evident that it is taught but difficult to cover completely.</li> <li>○ Jim Porter asked what 3<sup>rd</sup> party learner is used? “Sketchy” is used frequently. “Sketchy” integrates drugs and scenes where it works and students use it in combination with lectures. “Onky Cards” are used to learn drugs and is a good overlap, they go together.</li> <li>○ Susan Zelewski stated if we look at the numbers from last year, ND had a good increase and all medical schools did better.</li> </ul> <p><u>Physiology</u>: ND Looks good but the benchmark is lower at 25% .</p> <p>Comments?</p> <ul style="list-style-type: none"> <li>○ Amanda Hegge said that Physiology is such a broad topic where Clinical Capsules can help drive it. The integrating piece is key.</li> </ul>	
<p><b>5.) Future Agenda Items</b></p>	<p><b>Future Agenda Items:</b></p> <ol style="list-style-type: none"> <li>1. George Beddow agreed to talk with Dr. Zelewski integrating the Spirituality and Religion topic into the Phase 3 spot before transition into clerkship and will check back with Dr. Carson with the information.</li> <li>2. George Beddow volunteered to engage with Phase 1 students to see what they think could be done better for Pharmacology, how to effectively learn the</li> </ol>	<p><b>Information</b></p>

	concepts. This is with the GQ 2023 questions response evaluation write up in Question 9, Item: Pharmacology. <b>Tabled:</b> 3. AY 21-22 Phase 1 Report 4. AY 22-23 Unit 1-8 Reports	
<b>6.) Adjournment:</b>	<b>Meeting adjourned at 3:36 pm.</b>	<b>Next meeting is October 9, 2023 at 2:00pm.</b>