

Phase 1 Committee Meeting Minutes

SMHS

Tuesday, November 29, 2022 – 2pm via Zoom

In attendance: Marc Basson, Kurt Borg, Pat Carr, Xuesong Chen, Megan Denis, Jane Dunlevy, Kara Eickman, Mikhail Golovko, Amanda Haage, Lauren Huddle, Eric Johnson, Minnie Kalyanasundaram, Gunjan Manocha, Jim Porter, Ken Ruit, Steffen Stroh, Rick Van Eck, Susan Zelewski.

Members not in attendance: Jon Allen, Michelle Montgomery, Dev Pant.

Minutes Submitted by: Alissa Hancock

Minutes Reviewed by: Jane Dunlevy

MSC = motion made, seconded, carried

Minutes Approved by: Michelle Montgomery and Amanda Haage

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Jane Dunlevy, co-chair called the meeting to order at 2:01 pm via Zoom with a proposed adjournment time of 3:30pm.	Informational
2. Approval of Minutes 11.1.22		MSC to approve the 11.1.22 minutes. Kara Eickman / Lauren Huddle // carried.
3. Business	<p>a. Student Report</p> <p>Steffan Stroh, MS is currently in class but has submitted a written report of feedback he has collected from classmates from both the classes of 2025 and 2026.</p> <p>First concern is if a student does not pass the CBSE Gateway exam by the end of Unit 8, the make-up or 5th attempt is schedule for 4-weeks approximately March 22. Students would like to see that 5th attempt of the CBSE earlier and suggested March 16/17, they believe they will have time to study during bootcamp. However, this is the first year we have really changed how bootcamp is structured and they be busy from 8-5 every day. In addition, our concern is that if students do not pass on that 5th attempt, they will have to go MSAPC for further action or the last attempt can be taken, which would delay them starting Phase 2 even more.</p> <p>The question was asked when is the last day students need to be in Grand Forks for bootcamp, so they can give lease notices. The last day is until 5pm on February 15th.</p> <p>Students feel that faculty and students are held to different professional standards. However, after discussion faculty and students are treated equally when mistakes are made in a progressive way. There are no heavy-handed punishment for students or faculty with the first mistake because we recognize everyone makes</p>	Information

	<p>mistakes from time to time. This also included how now students are holding faculty to their own level of professional standard, which we may or may not agree with. Which then the question was raised how to be get students to realize that we are a community with them, and it is not a us vs you.</p> <p>Another comment is that there was some independent learning material that was posted late from when we said it was going to be posted and did not like that it was late. Which led to a discussion about not provided a hard deadline for when materials will be posted a certain time. There is concern of how they will react when they get to the clinic and a preceptor is late from being in a surgery or they need to stay late and still be professional about it.</p> <p>Students also reported that misspellings and errors on exams that would change how they answered the question. However, all exams are reviewed several times by faculty members and Dr. Pat Carr does review the exam up to 30 times with students and had seen misspellings to report to Dr. Kurt Borg yet. It was also noted that students in this class are very sensitive and think that by a classmate pronouncing a medical term wrong will affect their education and wanted those classmates to be heavy handed correction for those students. Those students had a long conversation about that situation and really think a lot of these concerns are from a few very vocal students.</p> <p>A lot of this feedback is unhelpful without specific examples for us to address specifically. We can guess at what students were thinking but without examples, there is not much we can do to address their concerns. Also, the concern of the strong language being used in their feedback.</p>	
	<p>b. Unit 3 Schedule</p> <p>The schedule is a very similar to last year we just added independent learning methods. They will be having their first microbiology lab and doctoring skills with SPETA's. pharmacology is also being added with immunology. Again, for every 3-4 independent learning sessions there is a laboratory or a Q&A session. There is a break for the holidays and last year the students seemed to really like the q& a sessions. Even with three days for PCL students still only need to do one presentation. Some feed back we heard from students and we made a change to the order of a few sessions to help students learn and prepare for future sessions. We also did move a hematology lab from unit 4 into unit 3.</p>	<p>MSC to approve the Unit 3 schedule. Kara Eickman / Kurt Borg // carried.</p>
	<p>c. Unit 8 Schedule</p> <p>The unit starts with endocrine and pediatrics at the beginning and continues with gynecological history and needed this before their doctoring skills, and anatomy as well and moving into reproductive systems. Then coming back after break, they start with STD's and human sexuality by a family medicine doctor. Students</p>	<p>MSC to approve the Unit 8 schedule. Kurt Borg / Lauren Borg // carried.</p>

	<p>will also learn how to do reproductive exams but are not tested on these but practicing before they get to clinic. The Doctoring skills exams are more on the complete H&P. We are also hoping to get cancer screening also in the unit. It was requested that a small group board review session be offered, and we were able to provide that. The CBSE exam is schedule the Monday after their exams on Friday</p>	
	<p>d. GQ #20, 21, 37-50</p> <p><u>#20</u> Is the question about the disconnects between what I am taught about professional behavior/attitude and what I am seeing demonstrated by faculty, we are below the 50% percentile. We have already discussed some of this earlier today, but we will monitor the trend and we do try to ask more specific questions in the ISA and course feedback to get more specific ideas to be addressed. Any reports we get about faculty or other staff we do follow up with them as we receive the feedback. The GQ is completed at the end of Phase 3 and that would be the only reason that we would think that these answers might be more about their clinical experiences more than pre-clinical. In P2P3C, recommended that we continue to request of specific instances and weather we act right away or wait to act to address the issues.</p> <p><u>#21</u> Students rated professional behavior/attitudes as demonstrated by faculty in a variety of different categories. We were on or above average on most areas, however we lower in the providing direction and constructive feedback and showing empathy and compassion. In regards to the constructive feedback we are just below average but is something we are working on in the pre-clinical education for the mid-unit feedback form that PCL facilitators and outline what actions can be taken to improve and everyone signs the form. The compassion and empathy the numbers look like we are about on par with the national scores as well.</p> <p>We will continue to review the GQ next meeting.</p>	
<p>6. Other Business</p>	<p>Future Agenda Item:</p> <ul style="list-style-type: none"> • AY 21-22 Phase 1 Report • AY 21-22 U3, 4 & 5 & US 8 reports; • AY 22-23 U1, 2, 6, 7 • Medical Students as TA's (Haage) <p><u>Tabled</u></p> <ol style="list-style-type: none"> 1. Medical Student Lecture Attendance for Active/Interactive Learning <i>(continued)</i> <ol style="list-style-type: none"> a. Amount to outside lecture payment for learning modality 	

	Meeting adjourned the meeting at 3:30 pm.	Next meeting December 20, 2022.
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