

Phase 1 Committee Meeting Minutes
SMHS
Tuesday, July 18, 2023 – 2pm via Zoom

In attendance: Jon Allen, George Beddow, Kurt Borg, Xuesong Chen, Jane Dunlevy, Amanda Haage, Eric Johnson, Minnie Faith, Susan Zelewski, Pat Carr, Jim Porter, Ken Ruit, Michelle Montgomery, Susan Eliazer.

Members not in attendance: Kara Eickman, Mikhail Golovko, Gunjan Manocha, Dev Pant, Megan Denis, Rick Van Eck, Erika Johnson.

Minutes Submitted by: Dawne Barwin

Minutes Reviewed by: Jane Dunlevy

Minutes Approved by: Kurt Borg and Xuesong Chen

MSC = motion made, seconded, carried

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: 6.20.23	Jane Dunlevy moves to approve the minutes.	MSC to approve the 6.20.23 minutes. Kurt Borg / Xuesong Chen // carried.
3. Business	<p>New Business:</p> <p>a. Student Representative Report (George Beddow)</p> <ul style="list-style-type: none"> • Points to bring up from the students: ISA meeting (Independent Students Analysis Committee: Members of the committee will personally reach out to some individuals. • Are the practice questions available on lectures and has the tracking on these questions been improved upon already? • Jane Dunlevy said the Tracking of Clinical Capsules that Rick Van Eck has been working on and this may also be tracking questions. We can reach out to Rick Van Eck for that answer. • Jane Dunlevy mentioned that adding questions into lectures has been added into the Instructor Guide this year. Faculty are given the options of adding a few questions into their PowerPoint, using the new polling subscription to Mentimeter, or uploading / submitting questions for uploading into LEO for a session quiz. • Mentimeter is available to all faculty who teach in the Phase-1 curriculum; it is a new subscription for this year. • George Bedow said he understands this is new and he will update the ISA Committee with this information. 	Information

	<p>b. Spirituality as a Social Determinant of Health – Clinical and Public Health Implications Presentation (George Bedow)</p> <ul style="list-style-type: none"> ● Proposal for a new lecture to be added to the curriculum. He has attended this lecture and other students have as well and they would also like to see this added to the curriculum. My PP slides and Dr. Carson’s slide deck are on Blackboard. ● The presentation was created and presented by Dr. Paul Carson, MD. Graduate UND SMHS, current Public Health Professor of Practice at NDSU and is a board-certified Internal Medicine & Infectious Disease Physician. ● Session Objectives: 1. Review the history of medical practice emerging out of religious practice, and how religion and medicine were intricately intertwined until the latter part of the last century. 2. Discuss the large body of research literature showing the strong association between religious practice and religious community, and better physical and mental health. 3. Know how to effectively take a spiritual history using the “FICA” spiritual history tool, and how to address a patient’s spiritual needs. ● The details provided for this presentation are primarily from the examination of research literature on how spirituality and religious practice are very potent predictors both mental and physical health. ● Evidence suggests that our patients consider this an important aspect of how they approach their understanding of health, disease, and medical care. ● The lecture will emphasize the importance of power differential in the physician-patient relationship, and how this should never be abused in such a way as to challenge a patient’s beliefs or proselytize one’s own beliefs. ● There is an importance in physicians from all faith traditions, or no faith at all, to be culturally competent in recognizing how patients use these resources, and knowing how and when to help patients engage those resources. ● This lecture focuses on material that is evidence based, valued by patients, not a means to promote or impede faith and is a powerful tool for students and physicians. ● This need primarily arises from the medical interviewing skills that we acquire as first year students. From the student perspective, UNS SMHS medical interviewing in-house resource asks two questions. 1. Do you have a faith or religion you adhere to? And 2. How does this impact your health and well-being? Awareness and education on this topic will allow students to respond appropriately when encountering patients in future situations. ● The primary purpose of the University of North Dakota School of Medicine and Health Sciences is to educate physicians and other health professionals for subsequent service 	<p>Information</p>
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in North Dakota and to enhance the quality of life of its people. This is stated in the North Dakota Century Code 15-52-01.

- A September 2, 2022 analysis by WalletHub, which is a personal finance company, found in a survey of the US, based on a number of metrics, found that North Dakota is actually the nation's most religious diverse state.
- In a 2014 Religious Landscape Study by the Pew Research Center found that far greater than half of North Dakotans value religion/faith/spirituality. They also found that 80% of North Dakotans identify with Christian or Non-Christian faiths.
- Any questions? There is a copy of Dr. Carson's draft of the lecture on Blackboard for you to look over. He said he is happy to attend a meeting to address concerns and questions. I can pass along questions to him as well.
- Amanda Haage said she thought this lecture sounds great and it should be passed on to the new Diversity Curriculum.
- Jon Allen: Nice presentation. Sounds like you have a passion for the topic. Spirituality can make a huge difference in a patient's health. This lecture could alert young doctors on how to navigate a patient's spirituality along with their healthcare.
- Kurt Borg: The only concern I have is the current lecture load and to put something new into it, something has to come out.
- Eric Johnson: That was an excellent overview and I endorse Dr Carson for any lecture in the future. We may want to consider turning this into an interactive workshop with other professions and students would be able to accumulate points towards their IPE Badge. We would need to make sure it meets objectives and competencies.
- Jane Dunlevy: An interactive workshop may be a better avenue for this rather than adding a 2-hour lecture. The only thing I would add is our curriculum is driven by our domains and competencies.
- Eric Johnson: That is required for our accreditation.
- Jane Dunlevy: I thought the presentation was excellent. As I looked over Dr. Carson's slides, I felt that he was saying that religion is helpful to your health outcomes. But spirituality is not. If you are "spiritual but not religious", then that is associated with poor health outcomes. Our Native American population is very spiritual and one with the earth and nature and may not be associated with an organized religion, and that is concerning. This view is not all encompassing for state of North Dakota population. Another concern is this is like providing religious guidance as a physician to the patient- verses how to treat patients with different beliefs.
- Jane Dunlevy: Another concern is students are pushing us to make everything on the Boards. Having this through IPE makes more sense and more aligned with the hospital

	<p>setting. Multidenominational care for patients in hospital including in hospice, which could partner with this information.</p> <ul style="list-style-type: none"> • George Bedow: Thank you for those concerns. I can see if there is any data out there for Native American population experiences. That population data may have been overlooked. • Jane Dunlevy: You could ask the Director of INMED, Dr. Daniel Henry what data he may know of. You could also ask your peer Native American students their opinion to provide bigger view across tribal nations. With these viewpoints, you may find the data may be different across different tribal nations. • George Bedow: Dr. Carson wants to keep this as evidence based as possible. • Jon Allen: I would expect Dr. Carson has covered all these bases and he is deeply aware of all these concerns. We will find that this is hard, good information. • Pat Carr: We have the Power Point of what his presentation will be so if we feel there are aspects that should be expanded upon, we can ask for slide additions. I find this presentation equally interesting but with regards to community, is this something geopolitical and there are all questions that arise from this. Getting into the details of how people that may practice different religion or experience spirituality in different ways, how does that impact directly and specifically by example with their health? I see this as a first introductory and there will naturally be follow up. • George Bedow: I will check with Dr Carson with these points and will bring them back to the committee, or if it is appropriate, I would invite him to come and share himself for the committee. 	
	Old Business: None	
4. Future Agenda Items	<p><u>Future Agenda Item:</u></p> <p><u>Tabled:</u></p> <ol style="list-style-type: none"> 1. AY 21-22 Phase 1 Report 2. AY 22-23 Unit 1-8 Reports 	
	Meeting adjourned the meeting at 3:09pm	Next meeting August 15, 2023 at 2:00pm.

