

Phase 2 Phase 3 Committee (P2P3C) Meeting Minutes  
 Tuesday, January 10, 2023 @ 5:00 pm via Zoom

**In attendance:** Jon Allen, Dinesh Bande, Marc Basson, Sandi Bates, Christina Walker-Basu, Jim Beal, Peter Bueide, Dane Breker, Kathy Camburn, Pat Carr, Anna Cherne, Bryan Delage, Bree Eliason, Scott Engum, Minnie Faith, Aaron Furstenau, Sabha Ganai, Kristi Hofer, Stephanie Hoffman, Stacie Klegstad, Devendranath Mannuru, Joshua Morrell, Carla Mosser, Marlys Peterson, Jim Porter, Luke Roller, Lisa Schock, Kamille Sherman, David Schmitz, Erin Snyder, Chris Tionson, Susanna Warner, Sara Westall, Susan Zelewski.

**Not in attendance:** Scott Knutson, Parag Kumar, Jau-Shin Lou, Dennis Lutz, Andy McLean, Alicia Norby, Jon Solberg.

**Minutes submitted by:** Alissa Hancock

**Reviewed by:** Susan Zelewski

**Approved by:** Bryan Delage and Lisa Schock

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:00 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of December 13, 2022 minutes.		<b>MSC to approve the December 13, 2022 minutes. Bryan Delage / Luke Roller // carried.</b>
3. Student Check-in	No report	Information
4. Old Business	<p><b>a.) Policies and Procedures</b></p> <ol style="list-style-type: none"> <li><b>1. Excused Absences/Tardiness for Third- and Fourth-Year Students 4.18</b></li> <li><b>2. Clerkship Professionalism procedure 5.10</b></li> </ol> <p><b>b.) Covid-19 related concerns</b></p>	Information
5. New Business	<p><b>a.) SHaPE Sustainability (Dr. Allen)</b></p> <p>The SHaPE program was developed because we saw a downward trend in the STEP 2 CS performance and lack of retention of standardized physical exam skills and the first year, we did the program was in 2016. Our current struggle is to maintain the function of the program with preceptors, facilitators for the times we are at each campus location. Currently, there are four events each academic year with two H&amp;P simulations. At each visit there are two simulations done so that each clerkship will be covered with a simulation. The length of commitment depends on</p>	<p>Information</p> <p><b>ACTION ITEM:</b>          Departments will discuss if their clerkship simulation adds to their clerkship experience and if those skills taught in the</p>

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	<p>the number of students on each campus. Fargo for example is about 9 hours. We recently started to pay for facilitators and preceptors that do not have a UND affiliation, however, we cannot do the same for those that are affiliated with UND. We have also been reaching out to physicians that have retired as well.</p> <p>Another important thing to note is that this is formative feedback to students, and they are not graded on their performance, so anyone on the committee is able to participate in SHaPE simulations. The dates for the class of 2024 are set and we are looking for some guidance on how to proceed.</p> <p>Discussed the importance of having a standardized teaching practice for clinical skills and that we do have a high-stakes CSPR at the end of phase 2, so it is important to maintain that standard.</p> <p>It was also shared that most physicians' schedules are done by their health system 6-months in advance and it is difficult to impossible for them to make changes to their schedule on late notice.</p> <p>Suggestions to consider not including all clerkships every year and rotate through them. This is something that the departments will discuss if their simulation adds to the clerkship experience and not covered else where in the clerkship. Cut down the length of time required for the events. Consider more variability in the simulation cases to better prepare students for the CSPR. We will report back next month with what departments responses. Changes would take place for the class of 2025, which would start in July 2023.</p>	<p>simulation are taught elsewhere in the clerkship.</p>
	<p><b>b.) Epidemiology Annual Report</b>        This is more of a flipped course, where students come up with an idea for a research project, ask the questions and write the protocols. Drs. Beal and Shamoun review and guide the students through the research process.</p>	<p><b>MSC to recommend approval of the Epidemiology Annual Report. Bryan Delage / Dev Mannuru // carried.</b></p>

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	<p>Students are provided datasets which are already de-identified and weighted to represent the national population. Which is a big-time saver for students. The preceptors do the analysis of their data and review the analysis with the students. They are graded on a 10-minute presentation video and some also opt to participate in Frank Low.</p> <p>Mid-course feedback does happen through Leo and students must complete each step of the process in their research project before they can move on, which is clearly outlined and explained in our meeting session with the students. If a student needs to remediate, we would have them re-write their research paper, however, there were no remediations this year.</p> <p>A course evaluation showed that 91% of the students completed the evaluation and highly rated the course overall. This is the first year that the students rated the faculty lower at a 47% but does not match the comments they also submitted. This was clarified by Peter Bueide that there was an error in the number of times the evaluation was released to students and some completed it quickly and inverted the rating scale, which he knew happened to him as well.</p> <p>In addition, students are certified through CITI for data information that is not deidentified that we receive from the state of North Dakota and the CITI is recognized my most health systems in the country, which also helps students when they get into residency.</p>	
	<p><b>c.) Psychiatry Clerkship Annual Report</b>        This year there was a transition between Clerkship Directors. There were no changes to the objectives. We also covered the societal problems of opioids, addiction, mental health, and childhood obesity. The DEI topic covered were health disparities and diverse populations by the student rotating through the different types of facilities, however ethnic diversity is still somewhat limited based on the population of the state.</p>	<p><b>MSC to recommend approving the Psychiatry Clerkship Annual Report. Kamille Sherman / Dane Breker // carried.</b></p>

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All students met the required 60 encounters. There were a couple of students that did complete alternative methods for OCD diagnosis, which tends to be more difficult to get in the clinic setting. We have also changed the alternative methods so that they are the same on all campuses this year.

Grading was consistent across all the campuses, and there were no failures and one reexamination and a lower honors percentage this year. For the shelf exam scores Minot was the only campus to score lower than the national average, which stood out to us this year, and will be watching.

Things we can improve on based on student feedback is the increase in students hands on in different settings, they would like to receive more feedback more frequently and increase in shelf preparation time. We are also working on faculty development with the library resources that are available and to include those within their bedside teaching. There is also a higher education person to with the phase 1 curriculum and clerkship improvements. Students felt comfortable asking questions and liked that the preceptor's models professional behavior and had good bedside manners.

For the proper storage, study, and relaxation areas at all our sites, we are double checking. Also, information regarding student's safety and learning environment along with other policies are sent out regularly. We had no duty hours violations, but there was one reported, but we followed up and it was submitted by error.

In Grand Forks, we have a new site and have senior residents rotating there, so students get experience with a resident teacher at that location. The lecture schedule is updated across all campuses and lectures that are recorded are posted on Leo and live lectures are coordinated with all campuses. The live lectures are more immersive experiences where information is provided before hand and its more of a discussion and questions can be asked and how things apply clinically.

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	<p>We are starting to see more group counseling events again that were cancelled due to COVID, but they are happening again regularly. Also, the alternative methods have been changed so they are the same on all campuses this year.</p>	
	<p><b>d.) Surgery Grading Changes</b>        Revising the grading for the clerkship overall. The first change is the oral exam, which covers two cases in 30 minutes. Prior there was no rubric for grading the exam but had a point system of 1-10. We also noted we updated some of the cases that were no longer accurate on how we treat cases, such as breast cancer.</p> <p>With the help of from Drs. Adrienne Salentiny and Rick Van Eck, we have created a rubric rating the students 1-5 with a definition for the different levels. Hoping that this will also have more consistent grading across campuses and allow students to know how they did in each area of information gathering, understanding information, decision making, communication and comment section. There are further breakdowns in grading for each of the different areas. In addition, we would like to make the oral exam a pass/fail.</p> <p>We would like to change the honors percentage also.</p> <p>We are recommending change the preceptor evaluation be 50%, the shelf exam be 30% and the weekly quizzes be 10% and the oral exam be 10% with it being pass/fail.</p> <p>Honors we want to recognize good performers in the clerkship and would like to remove the oral exam from factoring into the honors, but students still must take and pass the oral exam to receive honors. We are also recommending lowering the shelf exam pass score to 85%.</p> <p>Clarification that if a student remediates, they will not receive honors and the highest score they can receive is 70%. Which will be added as a footnote on the table.</p>	<p><b>MSC to recommend approval of the grading change for the Surgery Clerkship with the addition of the footnote. Bryan Delage / Dev Mannuru // carried.</b></p>

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	<p><b>e.) GQ #37-39 Review</b>          New survey information is coming from the ISA 2 group that relates to these questions. We will wait to discuss next month.</p>	Tabled
	<p><b>f.) Phase 2 &amp; 3 Benchmarks Review</b>          No changes but is time for our annual review.</p> <p>A new area that we will need to start considering incorporating into our clerkships is 'health system science', this has been added to the STEP 2 exam, so we need to be able to prepare students for those questions.</p>	<b>MSC to recommend approval of the Phase 2 &amp; 3 benchmarks. Kamille Sherman / Dev Mannuru // carried.</b>
	<p><b>g.) MILE Shelf Exam Schedule</b>          At the campus deans' meeting the MILE Director was also present to discuss if the MILE students should continue to take the shelf exams twice a year. Because there was a concern of the student effort put forth into the clerkships after the first shelf exam decreases. Two suggestions for us to consider: 1. Have both MILE shelf exams be high stakes 2. Have all clerkships take the shelf exam twice during a clerkship.</p> <p>Discussion about the negatives for clerkships clinical time and the administrative and financial burden the extra exam would be all clerkships. Continued to discuss if there is a change for the number of shelf exams the MILE students have, and there was no strong option because their scores are on par with the other campuses.</p>	Information
6. Electives	<p><b>a.) IMED 9105</b>          New section, no changes to the description.</p> <p><b>b.) Radiology AI edits</b></p>	<b>MSC to recommend approval of the IMED 9105 and Radiology AI. Luke</b>

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	<p>Changes were reviewed last meeting, and this is an advanced course, which is why students need to have a prior radiology course. They will be given their own station to work independently.</p>	<p><b>Roller / Kamille Sherman          // carried.</b></p>
<p>7. Reports from Committees</p>	<p><b>a.) UMEC - Dr. Zelewski</b>          Preferred learning modalities and students like variability in their learning methods based on the topic being taught. Important to listen to the students on that.</p> <p>A request to delay the CBSE until after bootcamp and discussed that was not feasible with the need of clerkship schedules needing to be completed prior to them starting.</p> <p>Discussion about the communication methods. Students would like other ways of communication besides just email, which is being discussed by the ISA 2 group. However, email is the official way of communication by UND standards. However, we can post information in other ways, such as in Leo.</p> <p>Changes to the standards of writing objectives for phase 2/3 was affirmed that we will continue to write objectives like we have been. Anatomy lab is now mandatory.</p> <p>Also, the governance document was approved to now include a representative from each campus as a voting member on UMEC. This is a requirement from our LCME visit.</p>	<p>Information</p>
	<p><b>b.) GMEC –Dr. Zelewski</b>          No report</p>	<p>Information</p>
	<p><b>c.) EASRC – Dr. Zelewski</b>          Dr. Tinguely has retired from UND.</p>	<p>Information</p>

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	<p><b>d.) CEMC – Dr. Zelewski</b>                  We added new keywords to the Controlled Vocabulary List (CVL) that have appeared on the new DEI. As we map new objectives and review our mapping, we will see the new words to appear.</p>	Information
8. Area Updates	Internal Medicine will have a grading change go out for vote via email.	Information
9. Adjournment	Meeting was adjourned at 6:45 pm.	<i>The next regular meeting is scheduled for February 14, 2023, at 5:00 pm.</i>