

Phase 2 Phase 3 Committee (P2P3C) Meeting Minutes  
 Tuesday, October 11, 2022 @ 5:00 pm via Zoom

**In attendance:** Ashley Anderson, Sandi Bates, Christina Walker-Basu, Peter Bueide, Dane Breker, Kathy Camburn, Pat Carr, Anna Cherne, Bryan Chris DeCock, Delage, Bree Eliason, Minnie Faith, Sabha Ganai, Stacie Klegstad, Devendranath Mannuru, Joshua Morrell, Carla Mosser, Marlys Peterson, uke Roller, Kamille Sherman, David Schmitz, Lisa Schock, Tracey Steffes, Chris Tiongson, Sara Westall, Susan Zelewski.

Guests: Erin Snyder and Jon Allen.

**Not in attendance:** Dinesh Bande, Marc Basson, Jane Dunlevy, Scott Engum, Scott Knutson, Parag Kumar, Jau-Shin Lou, Dennis Lutz, Andy McLean, Alicia Norby, Jim Porter, Jon Solberg, Steve Tinguely.

**Minutes submitted by:** Alissa Hancock

**Reviewed by:** Susan Zelewski

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

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:03 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of September 12, 2022 minutes.		<b>MSC to approve the September 12, 2022 minutes. Kamille Sherman / Dev Mannurru // carried.</b>
3. Student Check-in		No Report
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> MPPRC is reviewing this policy and a co-chair was missing at the last meeting so we are still waiting to see if the policy will be a part of the professionalism policy.</li> <li><b>2. Clerkship Professionalism procedure 5.10</b></li> </ol> <p><b>b.) Covid-19 related concerns</b> There is some difference in mask wearing policies between health care facilities. Please remind students to follow the policies for each facility. Also, students should be offered the same level of PPE as other providers that are in the room for treatment.</p>	

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	<p><b>c.) SHaPE Report Update</b>                  This changes that we are proposing for next year are to continue to work with faculty and venues for locations to hold SHaPE and a regular schedule for in-person and virtual simulations.</p> <p>We are also changing the grading to H&amp;P's to be 75% on 2 of 3 simulations. If students score below that we will notify their Campus Dean. We provide feedback of things to improve and areas that were their strengths, but they do not have to re-do the simulation.</p> <p>We also clarified the objectives to help students and faculty understand what is expected. If SHaPE is scheduled during a student's STEP Prep course, there are no required Step Prep sessions on Thursday's so that is when SHaPE events will be held at least at one site on their side of the state.</p>	<p><b>MSC to approve the SHaPE changes in concept and allow edits as appropriate. Kamille Sherman / Lisa Schock // carried.</b></p>
<p>5. New Business</p>	<p><b>a.) Clerkship Directors' Checklists</b></p>	<p>Tabled</p>
	<p><b>b.) CSPR Report</b>                  This exam we have been doing the CSA exam for many years, but after the pandemic and the change to STEP 2 CS going away it has been changed to high stakes. We made changes to the exam, so it is now a summative CSPR exam and is high stakes for students. AY 2022-23 was the first year and was a pilot year, and we have made notes for things that we want to change and improve for next year.</p> <p>The CSPR exam does include a variety of cases that include in person focused visits, telemedicine, pediatrics, teaching medicine.com cases and we have also simplified the grading rubric to be appropriate to a 15-minute visit. We did not have a note writing section for this exam due to not being able to grade these readily. Students are to complete an H&amp;P in 15 minutes, and we shortened that checklist to be a more realistic experience. Even experienced physicians would not be able to complete everything on the old checklist in 15 minutes.</p>	<p>Information</p> <p><b>ACTION ITEM:</b>                  We will continue to receive updates on changes as this CSPR Committee begin to meet and discuss changes.</p>

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	<p>Passing score is 80% and if students are below that a clinical faculty member meets with each student to review their exam in detail with them. Then the student must complete remediation for the area that they failed while on a clinical rotation and be supervised by their preceptor. The preceptor must sign off that they did observe the student completing the task successfully.</p> <p>There was discussion about the equity of grading between graders and we think by simplifying the grading rubric that has helped. There are fewer options of who can assist with grading due to advising roles that the campus deans are assigned. They can no longer grade. We would also like to create a CSPR committee to review the results and help make changes to improve the exam and we would report back to P2P3C for input also.</p> <p>We have learned a lot from this pilot year and hope to continue to improve. With STEP 2 CS no longer being around, there is concern that students will come into residency with lower than average clinical skills and by having this high-stakes exam we can ensure students maintain those skills.</p> <p>Also discussed the amount of time allowed for students to remediate and to keep in mind that this last year it overlapped with away rotations and there could potentially be a conflict in the future. This year we had 15 remediation total. Some were for clinical reasoning and one was a hand washing failure.</p>	
	<p><b>c.) Pediatric Clerkship Annual Report</b>        There were no changes to learning objectives and we did add a lecture on adverse childhood experiences and an aquifer case regarding child obesity. Students are offered opportunities to care for patients with diverse background. Each student completes 5 required clinical encounters covering diversity topics but no specific topic is required.</p>	<p><b>MSC to approve the Pediatric Clerkship Annual Report with edits as discussed. Bryan Delage / Dane Breker // carried.</b></p>

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There were no alternative methods and all required encounters were met. There were 21 students that received honors and there was one re-examination that was successful.

Concerns expressed by students were the in-patient experience on the Fargo campus. We have been making adjustments after every rotation and the last few rotations we have been seeing an improvement in student experiences. We have accomplished this by having students work with preceptors that want to teach them and sending some to Essentia to fill in the gap.

We are continuing to improve the mid-clerkship feedback to students and are working to gather unofficial feedback also from preceptors as well. We have also added two Assistant Clerkship Directors in Fargo and that seems to have been a good change for the student experience.

All competencies, clerkship objectives, required encounters and reports are emailed out annually to all faculty. This year we are doing faculty evaluations in the spring instead of fall because we have a new Administrative Assistant that just started.

Students felt they had adequate relaxation and study space as well as a safe learning environment. We do encourage students to report any unsafe environments to them immediately, so that it can be corrected.

Next years' goals are to write an objective for childhood obesity and add in a paper for the basic science integration. We have IMA as alternative site but have not used it yet to get students in-patient experiences. Otherwise, we are continuing to improve the student experience in Fargo with continuous feedback from students.

Discussion or questions. There was a minor update on the wording for #10 to say, 'Did not' and it was confirmed that ten percent in-patient experiences for Minot is still adequate. Also, consider changing the percentage for honors, which the

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	<p>department has not discussed yet for the next cohort but will discuss at an upcoming retreat this year.</p>	
	<p><b>d.) AI Mid-course Feedback</b>                  Reminder that students need mid-course feedback during AIs. Sometimes they are on shift work and do not receive feedback mid-way and we need to monitor that more closely as we are hearing on student evaluations more frequently they are not receiving this feedback.</p>	<p>Information</p>
	<p><b>e.) Psych Honors Rule Update</b>                  If a student misses a required live lecture with an excused absence that would not prevent them from achieving honors. We will continue to monitor the percentage of honors being achieved to ensure overall it meets the 20% or less goal.</p>	<p>Information</p>
	<p><b>f.) GQ #10 &amp; 11</b></p> <p><b>#10 &amp; #11</b>  <u>OBGYN</u> - Tabled</p> <p><u>NEURO</u>                  #10                  We are below the excellent rating and we are hoping that with the change in the new curriculum we will see that improve because we have been able to offer more neurology like that students have been requesting and the addition of the residency program.</p> <p>#11                  Just very happy to see we have 100% rating on mid-course feedback.</p>	<p>Information</p>

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	<p><u>SURG</u>          #10          Minot has more neutral ratings than the other campuses and we will have to explore more as to why. We are also seeing more poor ratings across our campuses but when compared to national ratings we are about average.</p> <p>#11          We have already made some changes to have students complete their required observations of H&amp;P and suturing within the first two-weeks of the clerkship. Again, Minot had more neutral responses about the clerkship and Bismarck also was rated lower and will have to explore more as to why that is in both locations.</p>	
	<p><b>g.) GQ #12 &amp; 13</b>  <u>#12</u>          We are looking good but when compared to the benchmarking that is where we see areas for improvement. Students are reporting that they do not feel prepared for residency in communication, ethical reasoning and caring for patients with diverse backgrounds. These three areas are a repeat of being below the 10%, so we are needing action items.</p> <p>Discussed a variety of possible action items to address the ethics such a mock ethic committee, which is already planned to be part of the coming course of 'Transition to Residency', but also maybe consider having this in phase 1 of the curriculum as well. We would need to contact Mick Beltz, who currently teaching ethics in phase 1. We know that ethics is addressed in several clerkships intentionally, and it was noted by the student that if you pay attention you see ethics and diverse backgrounds every day in clinic.</p> <p>Could we add a simulation or add to a case in SHaPE and/or CSPR to assess the student's ability in these three areas?</p>	<p><b>ACTION ITEMS:</b>          Consider adding a mock ethics committee in phase 2 and possibly phase 1 and have it tied to a PCL case and work with Mick Beltz for changes in phase 1.</p> <p>Add on the mid-year survey and ask why they might be feeling less prepared to communicate and ethics as future providers.</p> <p>Also, gather input from the ISA student group regarding diverse backgrounds.</p>

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	<p>We will add a question to the mid-year survey also to see if we can gather additional data for these three areas. To see how we can change to start to address the reasons</p> <p><u>#13</u>          The student experiences at the VA has significantly improved, which is good to see.</p>	
6. Electives	<p><b>a. Surgery new section Bismarck General Surgery</b>  <b>b. Surgery new section Bismarck Plastic Hand Surgery</b>          Both are new locations and the changes would apply to all other sections as well.</p>	<p><b>MSC to approve the General Surgery and Plastic Hand Surgery electives. Chris Tiongson / Dane Breker // carried.</b></p>
7. Reports from Committees	<p><b>a.) UMEC - Dr. Zelewski</b>          The Fort Yates electives was approved by electronic vote. There was also an update to the interprofessional badging system, since we added the required interprofessional course, effective for the class of 2026.</p> <p>NBME did recommend that students not take the CBSE exam more than five times. So, the students will be taking the CBSAA exam for their first two times, which will also provide more feedback to students. Then they will take the CBSE the last two times and still have a few exams available in case remediation is needed. UMEC is still discussing if there is a threshold for the CBSE passing score to allow students to take a more self-directed learning version of the STEP Prep course, which would only require the small group discussions. STEP 1 is not required to be taken during this course, and is just dedicated study time for students.</p>	<p>Information</p>
	<p><b>b.) GMEC –Dr. Zelewski</b>          Orthopedics has addressed both issues on their letter of notification. Minot Family Medicine adjusted their site list. Resident fellow grievance and appeal policy was approved and forwarded to the Dean. This is not affecting us but the language might affect how we frame our professionalism policy in the future.</p>	<p>Information</p>

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	<b>c.) EASRC</b> Please fill out the element 7.3 table when you have time and send back to Dr. Susan Zelewski.	Information
	<b>d.) CEMC – Dr. Zelewski</b> Discussing how to properly evaluate phase 3 with so many courses and students not taking them all.	Information
8. Area Updates		Information
9. Adjournment	Meeting was adjourned at 6:32 pm.	<i>The next regular meeting is scheduled for November 8, 2022, at 5:00 pm.</i>