

Phase 2 Phase 3 Committee (P2P3C) Meeting Minutes
 Tuesday, November 8, 2022 @ 5:00 pm via Zoom

In attendance: Ashley Anderson, Tom Arnold, Dinesh Bande, Sandi Bates, Christina Walker-Basu, Peter Bueide, Kathy Camburn, Pat Carr, Anna Chernet, Bryan Delage, Jane Dunlevy, Scott Engum, Minnie Faith, Sabha Ganai, Dennis Lutz, Devendranath Mannuru, Joshua Morrell, Carla Mosser, Marlys Peterson, Jim Porter, Luke Roller, Kamille Sherman, Lisa Schock, Tracey Steffes, Chris Tiongson, Sara Westall, Susan Zelewski.

Not in attendance: Marc Basson, Dane Breker, Stacie Klegstad, Scott Knutson, Parag Kumar, Jau-Shin Lou, Andy McLean, Alicia Norby, David Schmitz, Jon Solberg, Steve Tinguely.

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Scott Engum and Dennis Lutz

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:01 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of October 11, 2022 minutes.		MSC to approve the October 11, 2022 minutes. Bryan Delage / Lisa Shock // carried.
3. Student Check-in		No Report
4. Old Business	<p>a.) Policies and Procedures</p> <ol style="list-style-type: none"> 1. Excused Absences/Tardiness for Third- and Fourth-Year Students 4.18 2. Clerkship Professionalism procedure 5.10 <p>b.) Covid-19 related concerns Winter weather season is here, and closures should follow the campus specific procedures and if a student is not able to make it to clinic even if the campus is not closed, students will use an absence day and notify preceptor and campus office.</p>	Information
5. New Business	a.) Clerkship Directors' Checklists	Tabled
	b.) Family Medicine Clerkship Annual Report	MSC to approve the Family Medicine Clerkship

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We now have found clerkship directors. The societal problems are covered by the homelessness we hope will be going back to in-person this year for that experience. This needs to be clarified what experiences all students have and what is optional.

All required encounters were met and some types of encounters do require more than one and are noted. We have broken down the alternative methods need this year by campus, which were less than 1%. Also, we have removed the observation portion of patient encounter tracking going forward.

All campuses and ROME students were about equal in honors received. There were four re-examinations, and all passed. Concerns about the rotation being very intense at the CFM in Bismarck and students felt they lacked time to study for STEP 1. We have already made changes to this rotation once we were made aware of the concerns. The only residency experience in Bismarck is at the CFM but we did change the workload for students and once the change was made the comments were more positive. The study time might be less of an issue with STEP 1 going to pass/fail. Also, working on teaching modules for residents to improve students' resident teaching experiences. Overall, the students liked the variety of experiences that have throughout the clerkship and thought it was well balanced.

All policies and procedures are distributed annually to all faculty and residents. There are small doses of faculty development as we visit each clinical site to improve the teaching and learning environment and clarify policy changes that would affect their teaching.

Study and secure storage for students varies from site to site, but students have not complained about the lack of either. However, this is a LCME requirement and we will have to monitor and work with clinical sites about us providing a secure place for students to store a backpack or purse or other personal belongings. As for the learning environment, students are asked regularly about this during site

and ROME Annual Reports with edits as discussed. Luke Roller / Dev Mannuru // carried.

Action Item: The clerkship directors will work with the rural sites to determine who may need additional storage space for students.

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	<p>visits, mid-rotation check-in and know they can always call or email us at any time when an issue arises.</p> <p>During orientation we ask about concerns of professional learning and review the professionalism expectations along with duty hours are clearly defined and outlined for both the students and the preceptors.</p> <p>Goals are to continue faculty and residency development and rewriting a case presentation. We are also receiving feedback on ways we can improve the clerkship. We also have lost two clinical sites and one of those was expected.</p>	
	<p>c.) ROME Annual Report The Steering Committee meets twice a year and we bring in as many people as we can that are involved in the ROME program. Mid-rotation feedback is going well, and evaluations are completed at weeks 8 and 16 thru Leo. The shelf scores and honors are about the same as other campuses. We do check-in with students regarding the study environment regularly and during site visits.</p> <p>Concerns are the lack of housing in Dickenson and we know that this is not ideal. We keep trying to work on possible solutions. Students also do not like to travel for SHaPE, but as a curricular requirement we cannot prevent that. Our administrative staff do a wonderful job at working with students to ensure they meet all their requirements, and we encourage them to use their planners to stay organized. Students really enjoy the integration of clerkship experiences together. For example, they get an OBGYN/PEDS experiences together with a birth.</p> <p>Goals are to get the Grafton hybrid site going. Grafton does not deliver babies, but we have an OB/GYN preceptor from Grand Forks that travels to Grafton weekly and is willing to work with ROME students. If we can get those students to come to Grand Forks for that birth that then this would be possible. We also want to have rural training/ROME experiences earlier in the curriculum if possible.</p>	<p>MSC to approve the ROME Annual Report. Luke Roller / Dev Mannuru // carried.</p>

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	<p>ROME does meet all the same requirements as all the other campuses and clerkships and each department have complete control of the number of credits are given for a ROME student, and departments also grant all preceptors permission to work with students. Currently, we have 7 students and 10 students signed up for next year again.</p>	
	<p>d.) GQ #10 & 11 review <u>OBGYN</u> <u>#10 – we are doing a good job.</u></p> <p>#11 – We do observe all students for a pelvic exam is given but only 98% of students reports that it was completed, but 100% of students said they received mid-clerkship feedback. We do not have any OBGYN Residents, so it was interesting that students were answering this question. After some discussion was thought that students sometimes have Family Medicine Residents on their OBGYN clerkship rotation and that is what students are thinking. Even though all residents do receive how to be a teacher training in general it might be different than for a specific for OBYGN.</p>	<p>Information</p>
	<p>e.) GQ #20, 21, 37-50 review #20 No action is needed. Students are reporting preceptor mistreatment, which is helpful as we cannot be on all the clinical sites all the time. We need to continue to encourage students to report issues, so we can address them and follow-up with faculty development.</p> <p>#21 The unprofessional behavior and language in the clinics are something we struggle with as physicians and we need to be the example and explain to students that type of language is not acceptable. Also, the mid-clerkship feedback needs to be labeled but also daily if you are providing feedback to label it as feedback directly to the students.</p>	<p>Information</p>

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#37 & 38

100% of students know of the mistreatment policy, which is good, but we need to continue to work on them knowing the procedure as only 95% said they know.

There are still students reporting that they have been publicly embarrassed or humiliated, had unwanted sexual advances, which is very worrisome. Not all these have been reported. Students have reported that occasionally they have been denied opportunities based on gender, racial or ethnic categories. These are lower than in the past, but we still have a ways to go to improve.

There is a student working group that is putting together resources for students about diversity and we are hoping that these resources will also be available for faculty to reference and learn from as well. The diversity landscape has changed significantly from when most of the faculty and preceptors went through medical school and it is good for us to learn the updated landscape. In phase 1 students now get once simulation using a translator system and they have reported that was helpful for preparing them for phase 2.

#40

We have room for improvement with 80% of behaviors being reported and will continue to monitor and ask student questions throughout their clerkships.

#44

This is a new question and will continue to monitor. There were reports of mistreatment the satisfaction of resolution was scattered on the satisfaction scale.

We may want to let faculty know that students are asked about these mistreatments areas and that it goes beyond the obvious things you would think of. There was a project at one point for a quick podcast or video about mistreatment and Susan Zelewski will follow up with Adrienne Salentiny and Rick Van Eck on the status of this.

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	f.) Accommodations in Medical Curriculum	Tabled
6. Electives	a.) Transition to Residency Elective We have students that are interested in this elective during their last period this academic year.	MSC to approve the Transition to Residency elective. Bryan Delage / Chris Tiongson // carried.
7. Reports from Committees	a.) UMEC - Dr. Zelewski Continued to discuss students concerns on mandatory attendance and curriculum modality delivery preference. Phase 2 mandatory attendance policy will not be changing. They did approve more frequent feedback for clerkships of every 4 months. The CBSE (Gateway) exam now has a threshold for students to opt in for a portion of the mandatory course and will just have to attend the small group discussions. This will take effect for the class of 2025. For the class of 2026, there will be a requirement to test only after the first half of the step prep course has been taken for step 1, as this course being required provides the biggest benefit for all students. The five societal problems are under review and we reviewed some GQ questions. There have been students missing assessments to present at conferences and Dr. Kurt Borg is willing to continue to work with students on this.	Information
	b.) GMEC –Dr. Zelewski Report update from Internal Medicine on the board scores and Surgery is noticing a fall in their board pass rates and are implementing preceptor coverage on busy surfaces. The resident policies were updated to now include a procedure that they should report mistreatment of a student if they witness it.	Information
	c.) EASRC Still reviewing elements and waiting the LCME report.	Information

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	d.) CEMC – Dr. Zelewski No Report	Information
8. Area Updates		Information
9. Adjournment	Meeting was adjourned at 6:14 pm.	<i>The next regular meeting is scheduled for December 13, 2022, at 5:00 pm.</i>