In attendance: Dane Breker, Peter Bueide, Bryan Delage, Jane Dunlevy, Scott Engum, Sabha Ganai, Devendranath Mannuru, Andy McLean, Joshua Morrell, Paul Olson, Luke Roller, Lisa Schock, Kamille Sherman, Chris Tiongson, Susan Zelewski, Marc Basson, Sandi Bates, Pat Carr, Minnie Kalyansundarum, Jim Porter, Sara Westall, Kassie Lutz, David Schmitz, Christina Walker-Basu, Kathy Camburn, Kristi Hofer, Bree Eliason, Carla Moser, Marlys Peterson, Tracy Steffes, Kim Becker, Jon Allen, Anna Haberman-Cherne

**Not in attendance:** Dinesh Bande, Jau-Shin Lou, Dennis Lutz, Alicia Norby, Jon Solberg, Ken Ruit, Steve Tinguely, Rick Van Eck, Andrea Guthridge, Chris DeCock, Parag Kumar, Jim Beal, Ashley Anderson, Danielle Cellucci, Stacy Klegstad, Diane Roney, Jennifer Shaw, Susan Warner, Adrienne Salentiny, Erin Snyder, Tom Arnold, Aaron Furstenau

Minutes submitted by: Dawne Barwin

Reviewed by: Susan Zelewski

**Approved by**: Lisa Schock and Kamille Sherman

MSC = motion made, seconded, carried

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:02 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of March 14, 2023 minutes.		MSC to approve the March 14, 2023 minutes. Sabha Ganai / Bryan Delage // carried.
3. Student Check-in	Peter Bueide, there were no student concerns currently.	No updates
4. Old Business	<ul> <li>a.) Policies and Procedures</li> <li>1. Policy 4.18 Excused Absences/Tardiness for Third- and Fourth-Year Students (P2 &amp; P3) The policy has changed to Excused Absences, Tardiness for Phase 2 and Phase 3. Went to UMEC without significant changes. </li> <li>2. Clerkship Professionalism Policy 9 (Condensation) Rick Van Eck and Ken Ruit are working on this policy. </li> </ul>	Information
5. New Business	a.) Neurology Clerkship Report:	
	Dane Breker went through the report and highlighted the relevant items.	

1. 2. 3.	No major changes in faculty.  Using all four campuses including Minot for MILE.  Because we are on different campuses, we try to make things as similar as possible. We have the students engage in at least 1 case from each of 7 large categories; Cognitive disorders, movement disorders, neuromuscular disease, epilepsy, headaches, stroke, MS.  Clerkship grading inflation in honors since moved from 2 to 4 weeks.  Bismarck campus has 23%, 29% in Fargo, 7% in Grand Forks, and 28% in Minot. Adjustments will be made to get between 15-20% for the	
availa	One concern was the rotations were too short. We expanded to 4-week rotation because 2 weeks was too short. This has worked much better.  Student feedback stated that it has been well organized and they like the preceptor group and liked seeing a variety of patients every day. Regarding faculty development, we have rolled our medical students in with our residents on Thursday afternoons. This relived the teaching burden from the preceptors at least one day. We invite faculty to attend our noon conference grand rounds.  Duty hours are designed where there is no possibility for violations. Regarding the goals from last year, we had decided to provide 3 recorded lectures but abandoned that since the Thursday afternoon didactic series is working so well.  The biggest issue is we don't have enough preceptors. So far we have asked for volunteers from Bismarck to attend clerkship at Fargo and it has worked out well.  A Zelewski asked when it would be best to check back on the preceptor ability. Follow up will happen at the September P2P3C meeting.	MSC to recommend approval of Neurology Clerkship Report with Action Item of follow-up at 9.11.23 P2P3C Meeting. Lisa Schock / Devendranath Mannuru // carried.  ACTION ITEM: Create follow-up for 9.11.23 P2P3C meeting for Neurology Clerkship Faculty Availability Report Follow-up.
	Clerkship Report abhai Ganai highlighted any changes in the report for 2021-2022.	

- 1. Within the learning objectives we added which are listed as # 12 and 13, they were introduced last year as a discussion of morbidity, mortality, conferences and the session on ethics within the clerkship.
- 2. The discussion of societal problems listed in the table we focused on obesity and the independent discussion of ways we can introduce this disorder into the curriculum.
- 3. Regarding the topics for students to discuss health disparities we are trying to refine of how we are introducing surgical disparities and how these are integrated into our diversity discussion as well as within the context of our introductory lecture.
- 4. In unique curriculum content for a diverse group, we have opportunities on campuses for the students to participate in care for surgical patients from a diverse background at all of our sites.
- 5. Clerkship grading is summarized on page 6 and 7. We did have to adjust our shelf exam to a passing score of 60.

  We had changed in criteria honors criteria, adjusting down to 85%, to get our percentage of honors to around 20-25% per year which we think is a better number. Nobody failed the clerkship, all passed, and 3 who retook the shelf exam then passed.
- 6. We found that some of the weekly exams did not relate to the shelf exam and had old staging systems because they had not been reviewed. This area has been revised and currently being worked on for the next AY.
- 7. Short notice of one campus of student overnight call issue was frustrating for students because they had little time to plan. Literature shows that there is less attrition of students entering surgery if the students experience call. There will be discussion with the preceptors on how to better do this.
- 8. There are improvements in the percentages for mid-clerkship feedback at 99%. Dr. Ganai is doing a mid-curriculum feedback with the ROME students.
- 9. An improvement we are implementing is the student gets a signature when they are observed taking a history or physical exam as well as for suture skills.

<ol> <li>One of our goals was to introduce surgical ethics exposure into the surgical clerkship. This is part of our orientation day and in place now.</li> <li>We created a new rubric for our oral exams that will be pass/fail for the new clerkship students.</li> <li>An ongoing goal of our clerkship is improving diversity, equity and inclusion.</li> <li>A research repository is being set up and updated as needed.</li> <li>An area of curriculum development is our readiness curriculum for 4<sup>th</sup> year students. This is being integrated with the American College of Surgery.</li> </ol>	MSC to recommend approval of the Surgery Clerkship Report. Bryan Delage / Dane Breker // carried.
c.) Residents as Teachers Yearly Report	
Kim Becker gave a brief summary of the report.	
<ol> <li>Residents as Teachers curriculum had all of the SMHS, and the Altru new residents and fellows complete the AMA RAT modules.</li> </ol>	
<ol> <li>During New Resident Orientation for the Fargo based residents had a couple of program directors present on residents as teachers' topics, these were recorded and the non-Fargo based residents viewed and signed off on these recordings.</li> </ol>	
3. MedHUB is our residency management software and everyone has to acknowledge that they received the policies and procedures yearly.	
4. This year we implemented the consequence that if the modules are not completed by the deadline, the residents would have their clinical privileges suspended. This has been a good change. However, the deadline has been extended a bit for the coming year as the beginning of July was too fast for resident completion easily.	
5. Susan Zelewski commented that UND cannot restrict the resident privileges of Altru residents/fellows so instead they are not allowed to teach if they have not completed the modules or policy sign-off.	

6. Electives	a.) Match Report	
	Jim Porter presented the Match Report.	
	<ol> <li>We did well compared to nationally. This is a breakdown by specialty for</li> </ol>	
	the 75 students that were registered for the Match.	
	2. We had good matches in Primary Care and many of our graduates are	
	going to programs within the region.	
	3. Susan Zelewski explained a change of a requirement for the students to	
	meet with the chair of their chosen specialty or if they double apply, they	
	must meet with both chairs for application strategy and advise that is very	
	important. The application itself has changed a lot so keep up to speed on this.	
	4. Dane Breker made an observation there were 2 matches for Child	
	Neurology.	
	5. Devendranath Mannuru highlighted that this year was the highest match for Internal Medicine matched residents.	
	6. Marc Basson talked about preference signaling and regional preferences by students and how important it is for the students.	
	7. Dane Breker asked why there were so many Emergency Medicine slots left	
	nationally after the MATCH. There may have been many factors, from the	
	number of slots changing from prior years and the pandemic.	
	b.) Ophthalmology AI in Bismarck	MSC to recommend
		approval of the new
		Ophthalmology AI in
		Bismarck. Dane Breker /
		Bryan Delage // carried.
7. Reports from	a.) UMEC - Dr. Zelewski	Information
Committees	<ol> <li>The new sites for the current year for Grand Forks and Grafton have been approved for a new ROME site.</li> </ol>	
	<ol><li>The visiting medical student policy will now be using the VSLO application and Step 1 must be passed before transfer.</li></ol>	

	b.) GMEC –Dr. Zelewski  An Opioid prescribing module will be added for residents.	Information
	c.) EASRC – Dr. Zelewski No report.	Information
	d.) CEMC – Dr. Zelewski No Report.	Information
8. Area Updates	Marc Basson spoke about the policy about student exposure where they are supposed to be tested for HIV, HBV and HCV as a baseline. Students can decline that testing. Students were upset because they had to pay the deductible for that testing. We negotiated with the major health systems in North Dakota that they would wave that deductible for the student. This may not include the smaller clinics. Now Sanford has changed their policy, they test the source or the patient. They don't test the exposed student or staff unless the source turns positive. If a student or staff gets a needle stick in ER and then the patient leaves the hospital, we will not get the source testing. The UND policy has not changed Warn students that they may have a deductible depending on the health system they are at. If the student asks you, what do you think, we cannot advise on their healthcare decisions. Our role is to direct them to the appropriate place and physician.	Information
9. Adjournment	Meeting was adjourned at 5:44 pm.	The next regular meeting is scheduled for May 9, 2023, at 5:00 pm.