

Phase 2 Phase 3 Committee (P2P3C) Meeting Minutes
 Tuesday, September 13, 2022 @ 5:00 pm via Zoom

In attendance: Ashley Anderson, Tom Arnold, Dinesh Bande, Marc Basson, Sandi Bates, Christina Walker-Basu, Peter Bueide, Kathy Camburn, Pat Carr, Bree Eliason, Scott Engum, Minnie Faith, Kristi Hofer, Stephanie Hoffman, Stacie Klegstad, Parag Kumar, Devendranath Mannuru, Joshua Morrell, Marlys Peterson, Jim Porter, Luke Roller, Kamille Sherman, David Schmitz, Tracey Steffes, Chris Tionson, Susanna Warner, Sara Westall, Susan Zelewski.

Not in attendance: Dane Breker, Bryan Delage, Jane Dunlevy, Sabha Ganai, Scott Knutson, Jau-Shin Lou, Dennis Lutz, Andy McLean, Carla Mosser, Alicia Norby, Lisa Schock, Jon Solberg, Steve Tinguely.

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Kamille Sherman and Dev Mannurru

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 August 9, 2022 minutes.		MSC to approve the August 9, 2022 minutes. Chris Tionson / Scott Engum // carried with one abstention.
3. Student Check-in		Information
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</p> <p>Since there are vaccines available we are now transitioning to the standard dispensation process thru Dr. Jim Porters office and the Disability Services for students wishing not to see COVID positive patients.</p> <p>Also, if a hospital provides a N95 mask to students, but not the one that the student was fitted for at a different hospital then the student is responsible for</p>	Information

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	<p>that cost if they don't want to use the type of N95 being provided or the PAPR option.</p> <p>c.) SHaPE Report Update - tabled</p>	
5. New Business	a.) Clerkship Directors' Checklists	Tabled
	<p>b.) STEP 2 New Yearly Report</p> <p>This is a new format for all the STEP reports coming out and are now providing 3 years of data. We continue to perform with a 98% pass rate with a mean of 249 and the national mean is 247. There was one student that retested successfully. In comparing to the student performance, we have an interesting shape compared to the median score and we were cautioned that a one-year change does not mean it is a trend.</p> <p>Three-year bar graphs replaced the whisker plots in the different areas and they added ethics, professionalism and systems-based practice and patient safety to this year to the exam, so there is just a single year of data for those.</p>	Information
	<p>c.) Resident Readiness Survey</p> <p>This is the AAMC report that we are participating in the pilot of the report. They send out a survey to program directors to complete for regarding our interns. This report has been de-identified of student's names. The overall results are encouraging. There were some challenges with a single student transitioning to residency and the program director was not sure if the student had difficulty with the transition to residency or a family issue that affected them. Areas that were pointed out as difficulty were prioritizing differential diagnosis, difficulty providing oral presentations, communication strategies, handovers and system failures are all areas that interns had difficulties in.</p> <p>This report is taking place of the Program Directors Survey we used to do. We will continue to participate in this program to get comparable data from year to year including compared to the national results.</p>	Information

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	<p>These results will be forward to Dr. Szlabick as he is working on designing the transition to residency course.</p>	
	<p>d.) Add Timing of Course Feedback Release Traditionally we hold onto feedback for 6 months, but we have two departments that have requested the release of feedback more frequently so they can make improvement in real time. The concern is maintaining student anonymity vs helping departments improve in real time.</p> <p>Discussed the pros and cons of more frequently providing feedback. Especially with a complaint this year forwarded to another physician on a different clerkship and the student requested that no more action be taken because of this. A suggestion to start releasing the student course evaluation every 4 months, and if that goes well then, we can reconsider the student evaluation of the preceptor in 6 months.</p>	<p>MSC to approve the change in frequency of program feedback to every 4 month and to re-evaluate the timing of the preceptor feedback. Chris Tiongson / Dev Mannurru // carried.</p>
	<p>e.) GQ #8, 10, & 11</p> <p>#8 We think we are continuing to improve but will need to continue to be intentional about labeling the basic science integration to students. We are in the 25-50% percentile on the benchmark.</p> <p>#10 & #11 <u>FMED</u> Overall, the responses were on par or above average and are going to continue ask students questions at each site visit for real time feedback. There were a small percentage about the teaching quality and no action was taken because the number was so small.</p>	<p>Information</p> <p>ACTION ITEM: Dr. Zelewski will make a complete list of changes that were done based on the GQ responses for #10 and 11, so students can see their feedback was heard.</p>

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IMED

The quality of the clerkship did go down, but since these students have been on the clerkship the department has made big changes to improve and support struggling sites. In addition, Dr. Mannuru does meet with each student twice a clerkship for feedback and for continuous communication with students. Realized that students might be confusing the Clerkship and AI's. They are trying to educate students on who to provide the feedback too and have also worked on faculty development on all sites. We also have a new clerkship site director who is also planning to develop more faculty development.

#11 – There are no big concerns overall and the one issue that was raised was addressed with the preceptor.

NEURO – tabled

OBGYN – tabled

PEDS

Overall Bismarck and GF and Minot had 1 out of 6 with a strongly disagree and the department is trying to figure out why it was an increase in strongly disagree. The Fargo rate is starting to drop over the last three years. They are hoping that with the two new clerkship directors who will be on the clinical floor more will help improve the quality. They have shared some of this information with the department per their requests to try to improve. We feel that this has helped with some improvements and are trying to be more flexible with scheduling. Also, hoping that with a new site and more options for more students to get experiences will also help.

ACTION ITEM: Dr. Zelewski will make a complete list of changes that were done based on their GQ responses to the student's responses for #10 and 11 and send out to the past students so they can see their feedback was heard.

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	<p><u>PSYCH</u> Consistently in the same range. There have been changes in turn-over and sites, but we do have a new preceptor starting in Grand Forks and is excited to teach. They have also met with possible additional sites in Grand Forks also. In Fargo, they have added another site at Prairie St. John’s and hope that we can increase in-patient experience with this new site and a new experience with emergency psychiatric care. Feedback from Grand Fork is that APP preceptors for in-patient have been great.</p> <p><u>SURG</u> – tabled</p>	
<p>6. Electives</p>	<p>a. FMED Fort Yates Elective It is at the IHS on the reservation and a former UND graduate that is excited to teach. There is a student in Bismarck that is wanting to take the rotation. They will not be staying at the site and will be traveling to the site from Bismarck. This is also only offered as a Phase 3 elective. There were concerns of the students traveling a total of 2 hours a day for the rotation. However, with it is a clinic schedule and including the travel would make it 10 hours days and still within duty hours. The student is aware of the travel and the cost they would have. There is a grant student can apply to get up to \$250 for some reimbursement for traveling to rural sites. The objectives are also not that different from a traditional site we do ask them about rural or underserved challenges, but this also allows for some variability based on the different sites.</p> <p>Looking forward to any suggestions for sites or collaboration regarding DEI and how we could incorporate those more into the goals and objectives.</p> <p>An affiliation agreement will need to be completed as well.</p>	<p>MSC to approve the FMED Fort Yates elective; contingent on affiliation agreement. Chris Tiongson / Dev Mannuru // carried.</p>
<p>7. Reports from Committees</p>	<p>a.) UMEC - Dr. Zelewski The Phase 2 & 3 reports for the year were approved. Also discussed the Phase 1 methods of instructions due to reverse growing pains from the pandemic. The</p>	<p>Information</p>

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	<p>student representative is gathering data on preferred instructional method and reasoning from the class. Nadia Toumeh is taking over the Peer to Peer Tutoring program.</p> <p>Also, all our electives, reports and policies were approved. The ROME selection process for the class of 2027 was approved. They discussed whether the academic performance should be included as part of the selection process or not. It was decided that it would not affect the selection process but continuing in the program is contingent on their academic performance.</p>	
	<p>b.) GMEC –Dr. Zelewski No report.</p>	Information
	<p>c.) EASRC Reviewing the elements.</p>	Information
	<p>d.) CEMC – Dr. Zelewski No Report.</p>	Information
8. Area Updates		Information
9. Adjournment	Meeting was adjourned at 6:07 pm.	<i>The next regular meeting is scheduled for October 11, 2022, at 5:00 pm.</i>