

Undergraduate Medical Education Committee Meeting Minutes

SMHS

Wednesday, August 10, 2022 - 4:30 PM, via Zoom

In attendance: Marc Basson, Kurt Borg, Pat Carr, Megan Denis, Jane Dunlevy, Kara Eickman, Bryon Grove, Erik Heitkamp, Jeremy Holloway, Eric Johnson, Minnie Kalyanasundaram, Brianna Lupo, Andy McLean, Michelle Montgomery, Jim Porter, David Schmitz, Steve Tinguely, Ken Ruit, Susan Roe, Chernet Tessema, Sara Westall, Susan Zelewski.

Guests: Amanda Haage, Laura Nicols, John Shabb

Minutes Submitted by: Alissa Hancock

Minutes Reviewed by: Pat Carr

Minutes Approved by: Erik Heitkamp and Kara Eickman

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Chair Dr. Patrick Carr called the meeting to order at 4:30 pm via Zoom. If no objections proposing time of adjournment at 6:00pm.	Informational
2. Approval of Minutes	July 27, 2022	MSC to approve the 7.27.22 minutes. Susan Roe / Kara Eickman // carried.
4. Student Check-in	There were concerns about the attendance expectations for in-person mandatory sessions. Last year students were able to attend via zoom, and this year that is not the case. The communication of this change would have like to have had that sooner. This was clarified and addressed with the class.	Information Carr meeting with Bo and Brianna on 8.22.22 to discuss.
5. Committee Reports and consent agenda items (Annual and Unit reports and policies not eligible for the consent agenda)	<p>1. Committee Reports</p> <p>i. Committees</p> <p>a. P2P3C</p> <p><u>Verbal Report:</u> There are two policies (4.13 and 4.21) that P2P3C made some edits and need approval to be implemented before MPPRC gets to their review. The Clinical Supervision policy we added the supervised setting was updated to ‘supervision provider’ this would allow students to do procedures under the supervision of others that are qualified to do those procedures to give the students more opportunities to practice.</p> <p><u>Consent Agenda:</u> none</p>	MSC to accept all the committee reports as presented. Erik Heitkamp / Bryon Grove // carried.

b. CEMC

Verbal Report: No Report

Consent Agenda: none

c. P1C

Verbal Report:

AY 20-21 US 5 Report

AY 20-21 US 6 Report

AY 20-21 US 7 Report

All of these Unified Session reports are from a curriculum that only occurred once during the transition year from curriculum 1.0 to 2.0.

Unit 2 Objectives

These objectives have been previously approved but with the curriculum design objectives were moved around to different units that are covering that material.

Unit 6 objectives - Tabled

Consent Agenda: Minutes 6.21.22

d. MPPRC

Verbal Report: No Report

Consent Agenda: none

e. DEIC

Verbal Report: Working to figure out the top five areas that will be addressed first. We have identified these and actions and are waiting for student interest group to review these and provide suggestions of how to proceed. Dr. Amanda Haage is a member of the committee and the advisor for the student interest group.

Consent Agenda: none

f. DQIP - Office of Medical Accreditation: EASRC/SASRC/FASRC

Verbal Report: No Report

g. Ad hoc Committees: none

<p>6. Special Orders</p>	<p>a. Discuss the status of integration of basic science into the clinical curriculum</p> <p>One of the intended goals with the curriculum revision was to have more clinical and basic science integration, so our design team was formed. We have come to a point in our discussions that we need UMEC to answer the following questions</p> <ol style="list-style-type: none"> 1. Is the current curriculum sufficiently integration of basic science in phase 2 & 3? 2. Sufficient integration of clinical science in Phase 1? 3. What are the clerkships currently doing for basic science integration? <p>The design team did a pilot with the Internal Medicine department with two rounds of students and the ways we integrated basic science in with the clerkship. The first round has too many cases so we reduced the number of cases from 10 to 4. With Aquifer cases being used with low satisfaction and we changed and improved the questions. Students rated the cases highly in helping them understand the basic sciences in clinical scenarios and improved their diagnosis. The students also reported that they found the workshops really helpful in making connections.</p> <p>Reviewed what the clerkships are doing to include basic science and how the faculty from both the clinical and basic sciences have found that having a connection to bring answers to was very helpful and empowered them to teach their content. Discussion about how we can help faculty make these connections to the clinical or basic science faculty members and we will need to send out the information again and also include a google form with the clinical capsule's instructions for phase 1, that once submitted will be immediately sent to Dr. Susan Zelewski. Also, what are the areas of interest to the faculty members that they want to make connections in. Drs. Jane Dunlevy, Susan Zelewski and Marc Basson are all willing to help get faculty connected with the correct counterpart to answer questions. Also, a questionnaire will be sent out to find out the topics of interest for faculty members.</p> <p>Discussed ways to improve the communication to the clinicians that work with the students but not actively dealing with the details of the curriculum regularly. Suggested that a 'job description' be created to solicited interest from them regrading teaching or even just being a contact for the basic science faculty members to learn from each other.</p>	<p>ACTION ITEM:</p> <p>A questionnaire will be sent out to find out the topics of interest for faculty members and help get faculty connected.</p> <p>Add a google form at the end of the clinical capsule instructions for what topic they would like a clinical faculty connection for.</p> <p>To have a single person that consistently thinks about Basic and Clinical Science integration in the curriculum regularly or in a committee to keep this momentum going.</p> <p>Suggested that physicians in the hospital a 'job description' be created to solícite interest from them regrading teaching or even just being a contact for the basic science faculty members to learn from each other and to</p>
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		<p>improve communication overall with them.</p> <p>Begin to label weeks by the path/disease being discussed (yes, it removes the discovery aspect in PCL)</p> <p>Carr will contact Basic Sci faculty to let them know we will find MD assistance for Clinical Capsules</p>
	b. CBSE Threshold for an independent study version of the step 1 prep course	Tabled
	c. Committee membership to include western campus representation (UMEC, MSAC, MSAPC)	Tabled
	d. Professionalism report table and form	Tabled---in use
	e. Continued discussion of curricular LCME draft findings (informational) – Resume at element 7.1 <ul style="list-style-type: none"> • Curricular LCME draft finding (Self-directed learning time, • Mid-unit formative feedback form (one pager with attestation) 	Tabled done and in use
	f. Anonymous Feedback from Students	none
7. Unfinished Business	a. Review of action item table	
8. Other Business		
9. Adjournment	Meeting was adjourned at 6:03 pm	Information

	Next Meeting – August 24, 2022 – 4:30 PM, Zoom	
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