

**Undergraduate Medical Education Committee Meeting Minutes**

SMHS

**Wednesday, September 7, 2022 - 4:30 PM, via Zoom**

**In attendance:** Dinesh Bande, Marc Basson, Kurt Borg, Pat Carr, Jane Dunlevy, Kara Eickman, Bryon Grove, Daniel Henry, Jeremy Holloway, Erika Johnson, Erik Johnson, Minnie Kalyanasundaram, Brianna Lupo, Andy McLean, Michelle Montgomery, Jim Porter, Adrienne Salentiny, Steve Tinguely, Ken Ruit, Susan Roe, David Schmitz, Lisa Schock, Chernet Tessema, Rick Van Eck, Sara Westall, Susan Zelewski.

**Guests:** Bryan Delage and Kamille Sherman.

**Minutes Submitted by:** Alissa Hancock

**Minutes Reviewed by:** Pat Carr

**Minutes Approved by:** Susan Zelewski and Bryon Grove

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	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
<b>2. Approval of Minutes</b>	August 24, 2022	<b>MSC to approve the 8.24.22 minutes. Susan Roe / Kara Eickman // carried with 1 abstention.</b>
<b>4. Student Check-in</b>	Brianna Lupo is working on a survey to send out to the class by the end of the month regarding the preferred learning modalities of the students that was discussed at the last meeting.	Information
<b>5. Committee Reports and consent agenda items</b> (Annual and Unit reports and policies not eligible for the consent agenda)	<p><b>1. Committee Reports</b></p> <p><b>i. Committees</b></p> <p><b>a. P2P3C</b></p> <p><u>Verbal Report:</u> Questions regarding Phase 2 and Phase 3 reports from Aug 24 mtg The is biggest issue we had was how we report for Phase 3 grading and that is going back to CEMC. Which was overlooked as an issue for the first draft of the report templates.</p> <p>We are also hoping for the curriculum retreat to have more time to review and consider these reports next year.</p> <p>Timely Grading report is 100% on time reporting. This is a huge accomplishment and continue to work on this to maintain 100% compliance.</p>	<b>MSC to approve the P2P3C verbal report, minutes, and electives. Jane Dunlevy / Kara Eickman // carried.</b>

Consent Agenda: Minutes 7.12.22, Timely Grading Report, EMRG 9106 & Dermatology Elective

**b. CEMC**

Verbal Report: We are shifting our focus to see how we can improve the reports and be more efficient in our data collecting.

Consent Agenda: Minutes 7.11.22 & 8.8.22

**c. P1C**

Verbal Report:

Unit 6 objectives

The Unit 6 objectives are not many new objectives because the content is focused on content that has been taught before but now focused in one unit.

Unit 2 report

Students provide a good amount of constructive feedback and we were able to incorporate changes in this years Unit 2 schedule based on their feedback. Which will provide a more relax workload at the end of the unit.

Consent Agenda: Minutes 7.19.22 & 8.9.22, AY 21-22 Unit 2 report, AY 22-23 Unit 2 Schedule

**d. MPPRC**

Verbal Report:

Policies 4.5, 4.7, 5.10

Policy 4.5

Reviewed of the policies and that minor wording for clarity and completeness of the policy 4.5.

Policy 4.7

Specialty electives in Phases 2 & 3. This policy has also been updated in wording for clarity and completeness and to match the changes to the curriculum in phase 2 & 3. Clarified the specialty limitations based on specialty.

**MSC to approve the CEMC verbal report and minutes. Along with the P1C Unit 6 objectives, Unit 2 report and AY 22-23 Unit 2 schedule and minutes. Bryon Grove / Kara Eickman // carried.**

**MSC to approve the policies 4.5, 4.7, 5.10 and minutes. Bryon Grove / Susan Zelewski // carried.**

	<p>Policy 5.10 Revised for clarity or completeness and update the terminology. Outlines the clerkship professional objective in both in and outpatient experiences and is what is expected of students as a physician.</p> <p>There have also been several discussions about policy numbers in different groups and will be address eventually.</p> <p>Update on the combination of the professional policies that MPPRC is going to work on that but also going to continue to review and revise the policies that address professionalism until a cohesive professionalism policy.</p> <p><u>Consent Agenda:</u> Minutes 7.11.22</p> <p><b>e. DEIC</b> <u>Verbal Report:</u> Meeting last night and had some students from the ISA group, which they provided a report and will be combing that report with the report that the committee had created as their working document. Minutes will be coming for approval soon.</p> <p><u>Consent Agenda:</u></p> <p><b>f. DQIP - Office of Medical Accreditation: EASRC/SASRC/FASRC</b> <u>Verbal Report:</u></p> <p><b>g. Ad hoc Committees:</b> none</p>	
<p><b>6. Special Orders</b></p>	<p><b>a. Curriculum Reports for Curriculum Retreat</b></p> <p><b>a. Phase 1 Report – tabled</b></p> <p><b>b. Curriculum as a Whole Report</b> Reminder that we are still transitioning the curriculum and the Curriculum as a Whole Report tries to take a snapshot of the entire curriculum, so each phase reflects a different curriculum in the current report. We use the evaluation matrix to assess the curriculum outcomes the program outcomes, domains and competencies that are</p>	<p>MSC to approve the AY21-22 Curriculum as a Whole Report. Bryon Grove / Jane Dunlevy // carried.</p>

assessed throughout the curriculum.

The program outcomes by domain show the students' performance and was met.

The gaps and redundancies in the curriculum noted that redundancies are not necessarily bad and are sometimes intentional (e.g., when content is complex or prerequisite to continued learning). Likewise, gaps are not always intentional but may also reflect limitations we have (e.g., the curriculum report relating to Phase 1 only reflects data from Units 1-5, so "gaps" may reflect that the content or outcomes will be covered later).

Horizontal integration refers to disciplines taught in each course and we know that they should not be in every unit or clerkship or AI but are rather considered across phases. Horizontal integration appears to be sufficient and no additional actions are recommended.

The vertical integration across the curriculum (the amount of basic and clinical science in each phase) appears appropriate, with a 3:1 ratio of biomedical to clinical science in Phase 1, a 1:3 in Phase 2, and a 1:5 in Phase 3. No action is recommended.

There are a lot of instructional methods used in phase 1 and multiple methods may be used in a single event (e.g., PCL includes independent learning, problem-based learning, self-directed learning). Independent learning is now built into the schedule as asynchronous learning activities which has been well-received by students in Phase 1. Phase 2 and phase 3 are predominantly preceptorship with some independent and some simulation and lecture.

A concern was raised that once we get an entire cohort through the curriculum and if we do not find any issues, yet year from student feedback about concerns and issues, does that mean we are asking the wrong questions in this report? Dr. Van Eck indicated that the methods and findings used in this report focus on the efficacy of the curriculum while student feedback mechanisms may reveal additional challenges that can intersect with and be informed by this report. Because the Phase reports integrate student feedback and Because UMEC reviews student feedback in a separate but related set of mechanisms, UMEC is aware of and considers those issues as they arise and may use this

	<p>report as a correlate to help inform its actions. For example, student perceived workload might drive additional interpretation of the gaps and redundancies report to find opportunities to reduce curriculum load (redundancies) and use of the instructional methods report to identify opportunities to shift some face-to-face learning to independent learning to allow time- and place-shifting of content ad to account for different learning speeds for students.</p>	
	<p><b>b. ROME Selection Procedure</b>  There have been revisions made to the procedure that we had a lengthy discussion. Dr. Erik Heitkamp also helped with the revisions and getting clarity to the procedure. The academic performance was added as the last criteria, even if it is limited experience by the time the selection process happens.</p> <p>The application was also updated to include the conflict of interest with any member of the committee, which are listed by titles, so the names are not consistently being updated.</p> <p>Concern about having academic performance being judged on their very first exam that is only their mid-unit exam and the added stress to the students as they are still adjusting to medical School. In addition, students tend to take leaves of absence or drop-out of medical school for various reasons. After discussion about this it was agreed to that academic performance would not be weighted and if a student has academic difficulties in Phase 1 would affect them being able to participate in the ROME program.</p> <p>Discussion about the criteria sections and that having housing at a site would not count for points, but to add having a support system at a site to #3. Having house would be considered for site selection but not for program selection, to keep it equal for all students.</p>	<p><b>MSC to approve the ROME selection procedure and application with the edits as discussed. Jane Dunlevy / Susan Roe // carried.</b></p>
	<p><b>c. Modification for the IPE point/badging systems</b>  A shadowing experience can count as a point towards students IPE badge, but will be limit the points allowed to 2 points. This is because we wanted to be conscious of our clinical faculty and ensure that students get different types of experiences. This affects nothing in the curriculum and completed based on the student’s incentive. We are anticipating that minor adjustments will be made to the badging system.</p>	<p>Information was received from Eric Johnson.</p>

	<b>d. What is considered “Mandatory Curriculum” and what behavior does “mandatory” entail?</b>	Tabled
	<b>e. Student absence for research presentations (allow conflict with Assessment?)</b>	Tabled
	<b>f. CBSE Threshold for an independent study version of the step 1 prep course</b>	Tabled
	<b>g. Committee membership to include western campus representation (UMEC, MSAC, MSAPC)</b>	Tabled
	<b>h. Mid-unit formative feedback form (one pager with attestation)</b>	Tabled
	<b>i. Professionalism report table and form</b>	Tabled
	<b>j. Continued discussion of curricular LCME draft findings (informational) – Resume at element 7.1</b>	Tabled
	<b>k. Anonymous Feedback from Students</b>	Tabled
<b>7. Unfinished Business</b>	<b>a. Review of action item table</b>	Tabled
<b>8. Other Business</b>		
<b>9. Adjournment</b>	Meeting was adjourned at 6:14 pm  Next Meeting – September 28, 2022 – 4:30 PM, Zoom	Information