

Biomedical Sciences Curriculum Committee Meeting Minutes

SMHS

Tuesday, September 22, 2020 – 2pm via Zoom

In attendance: Peter Bueide, Kurt Borg, Pat Carr, Xuesong Chen, Megan Denis, Jane Dunlevy, Minnie Kalyanasundaram, Mark Koponen, Bibhuti Mishra, Ken Ruit, Susan Zelewski.

Members not in attendance: Jon Allen, Marc Basson Walter Kemp, Dev Pant, Jim Porter, Rick Van Eck.

Minutes Submitted by: Alissa Hancock

Minutes Reviewed by: Jane Dunlevy

MSC = motion made, seconded, carried

Minutes Approved by: Kurt Borg and Mark Koponen

| AGENDA ITEM | SUMMARY | ACTION/FOLLOW-UP |
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| 1. Welcome/call to order | Dr. Dunlevy, chair called the meeting to order at 2:01pm via Zoom. | Informational |
| 2. Approval of Minutes 9.1.20 | | MSC to approve the 9.1.20 minutes. Xuesong Chen / Bibhuti Mishra // carried with 1 abstention. |
| 3. Standing Items | | |
| 4. Old Business | <p>a. Curriculum redesign transition year planning (2020/2021)</p> <p>Curriculum 1.5 is going well and we have completed unified session 1 and block 5 ends this Friday. With the new assessment model that we have been working in a frenzy with the staggered schedules of the year 1 & 2 students. We will have to reevaluate how next year goes with the workload and how it changes as we move to curriculum 2.0 to see if we need additional help. We cannot keep going longer than a year at this rate.</p> <p>After unified session 1 there are some students that will need to remediate in January. This year we have also changed how we determine grades for the unified session course. Students must now pass medical science and separately pass doctoring skills (clinical skills). The medical science grade includes an average of the case, MCQ, anatomy and histology lab exams as well as a CAS exams. Their doctoring skills (clinical skills) grade is based on passing the clinical skills exam(s). Students must also receive a satisfactory grade in PCL. Because there is no special studies week (re-examinaitons) it difficult to compare how well this class is doing from the previous year, but it appears to be comparable to previous years. Students did express concern of exams being on Friday, but after they experiences it they appreciated having the weekend to relax afterwards.</p> | Information |

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| <p>5. New Business</p> | <p>a. Workshop Letter Review</p> <p>BSCC reviewed the draft letter that Dr. Jane Dunlevy wrote regarding measures to integrate and provide a unifying label for clinical science education in phase-1. Although Dr. Dunlevy wrote the draft letter, this letter is intended to have the backing of each member of BSCC which will list all the committee members in alphabetical order of the signature line. There was discussion if we should state that this change is to help us meet LCME accreditation standards? It was decided that these changes are really the right thing to do and that we should not have to cite LCME accreditation as a reason for making a change. However, if we receive a lot of push back from faculty then that would be the appropriate time to state the change is for accreditation. When the letter is sent out Dr. Minnie Faith's PowerPoint will also be attached. The letter is also to cite when the faculty workshop on clinical integration into lecture materials is to occur. Drs. Ken Ruit and Minnie Kalyanasundaram will work with Drs. Rick Van Eck and Adrienne Salentiny on the faculty development session on this and best practices for using the PowerPoint and adding clinical science examples more directly in their content. The letter will be sent out once these details and the workshop date has been finalized.</p> | <p>BSCC to approve the final letter to send to faculty once the faculty development details are finalized. Ken Ruit / Xuesong Chen // carried.</p> |
| | <p>b. Mini CEDAR in Phase 1 (Drs. Minnie Kalyanasundaram, Pat Carr, Xuesong Chen, Abe Shamoun, Jim Beal, John Shabb, Nadeem Khan)</p> <p>This effort would really help the students identify how PCL cases help integrate the basic science lecture materials into a clinical case. They may not currently comprehend it based on answers in the GQ but by clearly labeling it and having the CEDARs tagged, it may really help students make that connection. These would not focus on the biostatistical facts but more of the connections between biomedical and clinical sciences in the cases.</p> <p>We would also like to have a faculty development session and will work with eh small group that was created to look at this to help develop this further.</p> | |
| | <p>c. GQ Questions 8, 9, 12, 20, 21, 39 to 50 & 65</p> <p>When looking at the GQ we should be looking our report and also comparing our score to the benchmark report to see where we land among all the other medical schools. We can then decide if there is an issue and how we can do that</p> <p><u>#8</u></p> <p>Basic science sufficient illustrations of clinical relevance were below 50% percentile. Our clinical integration we scored a little higher. However, are making lots of motion to address these with the mini CEDAR and clinical capsules in additional to our curriculum redesign that we are in the middle of transitioning. We are not</p> | |

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| | <p>really sure what this question is asking since it mentions ‘illustrations’ instead of exhibits? We know that we are not lacking in the clinical connection to basic since especially with PCL. This is where the student survey would be nice to try to have them add something about this question to help us get a clearly picture of what the true perception really is.</p> <p><u>#9</u> Biochemistry is a red flag because it is below the 10th percentile along with bio stats and genetics we are at the 25% percentile. Dr. Pat Carr is in the process of finding students to create a focus group to discuss these areas to see why we are scoring so low and how we can improve these areas. However, the interpretation of these questions is a factor in how the students are responding to them. We are also looking at if we can get the students more</p> <p><u>#12</u> In preparation for residency they were confident in the clinical skills, basic communication and clinical decision making skills are all scored high but all schools have a high score. However, we have a low percentage of students feeling prepared to interact with patients of diverse backgrounds and the professional and ethical standards that are expected of them. We are making steps to increase the background diversity exposure students receive throughout the curriculum with the assistance of Dr. Snow, however it is a slow process. Dr. Warne is also working on an elective that we will need to push to get completed and be available to students.</p> <p>We have sufficiently discussed #8, 9 & 12 and will continue on with #20 next meeting.</p> | |
| 6. Other Business | | |
| | Meeting adjourned at 3:31 pm | Next meeting October 6, 2020. |