**Biomedical Sciences Curriculum Subcommittee Meeting Minutes**

**SMHS**

**Tuesday, November 20, 2018 – 2pm in room E226**

**In attendance:** Jon Allen, Marc Basson, Kurt Borg, Pat Carr, Joy Dorscher, Mark Koponen, Bibhuti Mishra, Jim Porter, John Shabb, Michael Storanit, Rick Van Eck.

**Members not in attendance:** Jane Dunlevy, Walter Kemp, Annie Nickum, Dev Pant, Ken Ruit, Adrienne Salentiny, Susan Zelewski.

**Minutes Submitted by:** Alissa Hancock

**Minutes Reviewed by:** John Shabb

**Minutes Approved by:** Kurt Borg and Bibhuti Mishra

MSC = motion made, seconded, carried

<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>SUMMARY</th>
<th>ACTION/FOLLOW-UP</th>
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<tbody>
<tr>
<td><strong>1. Welcome/call to order</strong></td>
<td>Dr. Shabb called the meeting to order at 2:05 pm in room E493</td>
<td>Informational</td>
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<td><strong>2. Approval of Minutes 10.16.18</strong></td>
<td></td>
<td>MSC approve the 10.16.18 minutes as written. Kurt Borg / Jim Porter // carried.</td>
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<td><strong>3. Old Business</strong></td>
<td>a. Non-clinical teaching percent effort follow-up (Shabb) Inquiries as to the status of the Department of Pathology guidelines for determining percent effort in teaching prompted a submission of guidelines from that department to Dr. Basson and Dr. Shabb. A comparison of Pathology and Biomedical Sciences guidelines shows divergence when applied to example scenarios. Dr. Basson is forming an interdepartmental committee to develop a common guideline satisfactory to both programs.</td>
<td>Informational</td>
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<td><strong>4. New Business</strong></td>
<td>a. TACCT: Tool for Accessing Cultural Competency Training (Carr, Koponen)</td>
<td>Tabled</td>
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<td>b. Block 4 report (Dunlevy)</td>
<td>Tabled</td>
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<td>c. Block 8 report (Borg)</td>
<td>Tabled</td>
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<td>d. USMLE Step 1 2018 results (Carr) The first attempt pass rate was 89% for UND (66 of 74 students) compared to 96% national/Canadian average pass rate. Average UND score was 226 compared to 230. Minimum passing score was 194. Five of eight failures were of students with more than two block re-examinations. The number of block re-examinations per UND student has increased 38% in five years to 2.5 blocks per student. About half of all students who took the USMLE STEP 1 exam re-examined at least once.</td>
<td>Action Item: Continue discussion at next meeting including gathering data and support to move</td>
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Dr. Basson used this analysis as an opportunity to describe trends in medical education regarding preparation for the USMLE Step 1 and outlined ways for UND to improve student exam performance.

Goals:
- Maximize first attempt pass rates.
- Help students to excel in Step 1 to position themselves for their residency of choice.

Strategies to achieve goals:
- Require students to pass a STEP 1-like comprehensive gateway exam before advancing to Year 3.
- Have students take the USMLE STEP 1 exam during their third year.

Corollaries to strategies:
- Hire a learning specialist.
- Use NBME questions for end-of-block assessment.
- Compress the pre-clinical curriculum to create up to a six week study period to prepare for the gateway exam.
- Move toward a single pass preclinical curriculum in which the teaching of normal and abnormal processes are merged.

In ensuing discussion, there was agreement that we did not want to disadvantage our students if the trend toward taking Step 1 in the third year was resulting in improved scores at other schools. The committee supported the idea of hiring a Learning Specialist. This initiative is already underway. There was general consensus that students want better preparation for Step 1. Students have reported that they were prepared for the content but not as prepared for knowledge application or for the 8-hour length of the exam. A gateway exam would be good practice for students. When and how such an exam could be implemented was debated including if and how to change the preclinical curriculum to support the changes. Concern was also raised that faculty input will be critical to any significant change in the curriculum. Any of the proposed changes would also impact the clinical years – particularly Year 3, which would require CSCS and clinical faculty involvement. Such broad changes would necessitate coordination and ultimate approval by the MCC.

e. Consideration of “grade” reflecting re-examination (Carr)  Tabled

f. Consideration of honors in the first year (Carr)  Tabled

5. Other Business
   Meeting adjourned at 3:35 pm  Next meeting December 4, 2018.