**Agenda Item** | **Summary** | **Action/Follow-up**
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1. Welcome/call to order | Dr. Shabb called the meeting to order at 2:03pm in room E493 | Informational
2. Approval of Minutes 2.19.19 | | Tabled
3. Old Business | | |
4. New Business | a.i Block 1 report (Dunlevy) - tabled | Tabled Block 1 report.
   a.ii Block 5 report (Borg) | Of 79 students enrolled in Block 5, 71 passed, seven passed after re-examination, and one failed. | MSC to accept the 2018 block 5 report. Mark Koponen / Jon Allen // carried.
   | Students took an NBME customized exam created by pathology faculty. The no-stakes pilot project was administered after the regular block exam during assessment week. Similar exams are planned for Blocks 6-8. | |
   | A large increase in student satisfaction from 2017 was noted for IPHC simulations. Dr. Allen explained that this was probably because students were prepped beforehand on the nature of the simulation and expectations. He further noted that such briefings are a matter of national debate. The argument against this practice is that this that students do not get the chance to read a patient chart beforehand in the emergency room. | |
   | Outcomes of goals from 2018: Fungi content was increased to two lectures; Health economics content was updated; IPHC/ACE scheduling problems were resolved. An introductory bacterial lecture has yet to be added. Goals for 2019: Curriculum revision to provide more time to prepare for Step 1; Add an introductory bacterial lecture; Add content regarding infectious disease; Consolidate location of lecture materials into one platform. | |
b. Block 2 & 6 reports (Borg/Dunlevy) | Tabled

c. Block 3 & 7 reports (Borg/Dunlevy) | Tabled

d. MCC focus group on one-pass preclinical curriculum (Shabb)
   The One-pass focus group, created by the MCC as part of ongoing curriculum redesign, gave a preliminary report of its findings. It will submit the report to the MCC at its next meeting. The outcome of its two meetings was a list of fourteen consensus statements and identified areas where it could not reach consensus. The focus group affirmed the value of moving to a one-pass preclinical curriculum. Some of the other recommendations included the use of USMLE Content Outline as a guide for content, emphasizing application of knowledge and differential diagnosis aligning instructional content/strategy with well-crafted course objectives in sync with program goals and competencies; reduce and refocus content to better align with Step 1 expectations; engage content experts in course design; Provide training support and resources to instructors for instructional development. The focus group did not name courses or identify how normal and abnormal should be integrated.

   Discussion highlighted how some of its recommendations overlapped with those emerging from other focus groups on other areas of curriculum design. Significant discussion centered around how to improve the PCL experience and align it better with other instructional strategies. There was some debate about how “differential diagnosis” may be too narrow and the broader term “clinical reasoning” may be better. Others suggested that clinical reasoning is too broad for preclinical instruction and that clinical reasoning is more fully developed during clerkships. Development of differential diagnosis skills is more closely linked with the learning of biomedical knowledge.

   Information
   Action Item: This report will move forward to MCC as it is written.

| 5. Other Business |
| Meeting adjourned at 3:36 pm | Next meeting April 2, 2019. |