

**Biomedical Sciences Curriculum Subcommittee Meeting Minutes**

SMHS

**Tuesday, April 23, 2019 – 2pm in room E493**

**In attendance:** Jon Allen, Kurt Borg, Pat Carr, Megan Denis, Joy Dorscher, Jane Dunlevy, Bibhuti Mishra, Annie Nickum, Jim Porter, John Shabb, Michael Storandt, Rick Van Eck, Nancy Vogeltanz-Holm, Susan Zelewski.

**Members not in attendance:** Dev Pant, Min Wu, Marc Basson, Walter Kemp, Mark Koponen, Ken Ruit.

**Minutes Submitted by:** Alissa Hancock

**Minutes Reviewed by:** John Shabb

**Minutes Approved by:** Jon Allen and Jane Dunlevy

MSC = motion made, seconded, carried

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	Dr. Shabb called the meeting to order at 2:05pm in room E493	Informational
<b>2. Approval of Minutes 4.2.19</b>		<b>The 4.2.19 minutes were approved as written by consensus.</b>
<b>3. Old Business</b>		
<b>4. New Business</b>	<p><b>a. Block 6 report (Borg)</b>                      There were two block failures. The upward trend in re-examinations continues. There was a higher number of honors in 2018 from 2017. Students offered multiple suggestions for improving the block. Goals for 2018 Block 6 were all addressed. The goals for 2019 are to 1) Push for a mechanism to allow for student feedback for all lecturers, 2) Schedule additional practice sessions to prepare students for ACE before ACE occurs, 3) Work with clinical science faculty to provide better visualization of exam skills during demonstrations, and 4) Work with clinical science faculty to examine the possibility of increasing the time interval between Harvey exam and clinical skills exam during assessments at the end of the block.</p>	<b>MSC to approve the Block 6 report with no additional action items. Jane Dunlevy / Jon Allen // carried.</b>
	<b>b. Block 1 (Dunlevy)</b>	Tabled
	<b>c. Block 2 (Dunlevy)</b>	Tabled
	<b>d. Block 3 &amp; 7 reports (Borg/Dunlevy)</b>	Tabled
	<p><b>e. Student CQI Survey – Dre Steinwehr, Audrey Lane</b>                      A Student Continuous Quality Improvement committee was formed this past year, comprised primarily of students and guided by faculty advisors. Their first major task was to gather data on why three preclinical</p>	<b>Informational</b>

	<p>subject areas in the Graduate Questionnaire that consistently fall below the national average in terms of perceptions of how they prepare students for clerkships. The committee created a qualtrics survey and distributed to all current medical students. Likert scale questions specifically addressed the three areas. Free responses were also solicited. Based on these data, the committee collated the data and formulated a series of recommendations:</p> <p>General</p> <ul style="list-style-type: none"> <li>• Provide faculty with examples of “step style questions”</li> <li>• Ask lecturers to familiarize themselves with material emphasized in STEP1 review materials</li> <li>• Permit students to give Block Evaluations for all lecturers</li> <li>• Permit students to provide feedback to instructors on block exam questions</li> <li>• Make available NBME question writing resources</li> </ul> <p>Immunology</p> <ul style="list-style-type: none"> <li>• Provide an immunology overview lecture</li> <li>• Order content to begin with Innate Immunity followed by Adaptive Immunity</li> </ul> <p>Biochemistry</p> <ul style="list-style-type: none"> <li>• Relate specific metabolic pathways to associated diseases</li> <li>• Starting with clinical manifestations explain the underlying biochemistry</li> <li>• Be more intentional about addressing conditions tested on STEP 1</li> </ul> <p>Behavioral Sciences</p> <ul style="list-style-type: none"> <li>• Reduce overlap and discrepancies between lecturers.</li> </ul> <p>The committee appreciated the commitment of the committee to improve the medical curriculum. Their findings stimulated extensive discussion. Many of the concerns identified by students are shared by the BSCS. Some, like the order of immunology instruction and the need for an overview lecture have been introduced after some medical students completed that particular block. Others, such as more emphasis on Step 1 preparation, are a major part of curriculum redesign and are in the process of being implemented. Some changes centered around instructional strategies will require retraining and curricular reorganization. The good news is that the ideas suggested by the SCQI are in line with the redesign of the preclinical phase of medical instruction that is expected to transform the way medical students are taught. The implementation process will likely take several years.</p>	
	<p><b>f. Follow-up: Reporting Mistreatment training module update (Van Eck)</b></p> <p>A task force was created in 2017 to address a continuing concern raised in Y2Q survey results that suggest a lack of student awareness of policies for reporting mistreatment. Objectives and a course outline were created, but the process eventually stalled due to a lack of content around which to build an asynchronous instructional module.</p>	<p><b>MSC to assign instruction on “reporting mistreatment” be incorporated into the Medicine and Society</b></p>

	<p>The committee discussed how to proceed in a way that will achieve the original goal. Some thought his module/topic should be part of the Medicine and Society longitudinal thread in the redesigned curriculum. When the unit design teams are created, we need to make sure they are aware that this needs to be included.</p> <p>In the meantime, some thought this topic could be incorporated into a current plan to offer weekly meetings on financial and career counseling, etc. during the preclinical years.</p>	<p><b>Longitudinal thread and that next academic year it be part of planned career development sessions for years 1 &amp; 2. Jane Dunlevy / Kurt Borg // carried.</b></p>
	<p><b>g. IPHC Assessment (Johnson / Zelewski)</b></p>	<p>Tabled</p>
<p><b>5. Other Business</b></p>		
	<p>Meeting adjourned at 4:06pm</p>	<p>Next meeting May 28, 2019.</p>