

Clinical Science Curriculum Committee (CSCC) Meeting Minutes
Tuesday, January 12, 2021 @ 5:00 pm via Zoom

In attendance: Marc Basson, Michael Booth, Pat Carr, Chris DeCock, Bryan Delage, Jay MacGregor, Devendranath Mannuru, Marlys Peterson, Jodi Rathjen, Jim Roerig, Jim Porter, David Schmitz, Kamille Sherman, Jon Solberg, Michael Storandt, Robert Sticca, Susan Zelewski.

Not in attendance: Dinesh Bande, Mac Dyke, Minnie Faith, Scott Knutson, Parag Kumar, Jau-Shin Lou, Dennis Lutz, Alicia Norby, Luke Roller, Steve Tinguely, Chris Tiongson.

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Michael Booth and Jay Macgregor

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:04 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of December 8, 2020 minutes		MSC to approve the December 8, 2020 minutes. Jay Macgregor / Bryan Delage // carried.
3. Old Business	<p>a.) Policies and Procedures</p> <p>a. Policies Review Update FYI – TB testing for students will need to happen before they receive the COVID vaccine or wait 4-weeks after vaccination before their TB test.</p> <p>b. Covid-19 related concerns Starting January 1, 2021 students are allowed to treat COVID positive patients. However, if they wish to not treat COVID positive patients they will need to submit the request to Dr. Jim Porter for alternative learning methods.</p>	
4. New Business	<p>a.) Epidemiology Annual Report There was group meeting with the students which were broken down by campus but each student meeting was only 20-30 minutes long. We had secondary data sets this year, which allowed students to work with other students from other campuses. There were 74 students and made 36 groups and all students passed</p>	MSC to approve the Epidemiology Annual Report. Bryan Delage / Jay Macgregor // carried.

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	<p>with no remediation. With no poster presentations we have had to change the grading percentages some to compensation for this, which CSCC and UMEC did approve.</p> <p>By allowing students to use the secondary datasets they are able to work in a timelier manner. All students are required to pass the Collaborative Institutional Training Initiative (CITI) regarding requesting consent, even though they do not need to obtain consent in the course. Students also have an ethics lecture that stresses the purpose of HIPPA in clinical research and protecting personal health information. In addition, UND requires the students to pass the IRB training.</p> <p>Goals for the course for next year is to add more secondary datasets to help cover as many specialties as possible. The research longitudinal thread design team has suggested for phase 2 to give more flexibility for those that may not want to do research we can add more datasets to have students complete a literature review.</p> <p>Some challenges we are facing is having enough funds to purchase secondary datasets and publications. It is also becoming the normal to have to pay to be publish in journals. If we want students to be able to present at national meetings, we should also have some funds available to help defray the costs for the student.</p> <p>Discussion was started about having the Epidemiology project be a requirement in curriculum 2.0 and timing of the project within phase 2. The Research Design Team has discussed and is recommending that the Epi project not be a requirement. However, this is a decision for CSCC and UMEC to make. We will invite the design team members to the next meeting to further discussion.</p>	<p>MSC to invite the Research Design Team to our next meeting to discuss the Epidemiology. Susan Zelewski / Jay Macgregor // carried.</p>
	<p>b.) Psychiatry Annual Report We had 4.1% of the class use alternative methods due to COVID, but the rest of grading remained the same. The number of honors on each campus has stabilized compared to the last few years. When we compare the shelf exam scores from last</p>	<p>MSC to approve the Psychiatry Annual report with edits. Bryan Delage /</p>

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	<p>year to this year on the Fargo and Bismarck campuses we have had an improvement overall. Dr. Jim Roerig will verify the shelf exam scores to the graphs to ensure they are accurate.</p> <p>Some of the concerns students raised were the didactic lectures, the low hands on activities within the rotation and communication on expectations. We have address these concerns by consolidating the didactic lectures and are available on blackboard for students to watch on their own. We have also formalized the expectations and emphasized where to go and whom to contact and also formally educate the preceptors that hand on activities for students is a high priority. Students did value the dedicated and helpful physicians and the organization of the clerkship curriculum.</p> <p>We do have residents as teachers on the Fargo campus only. The objectives and competencies are distributed annually before the clerkship begins. In addition to the faculty development through CME grand rounds and the clerkship retreat. Rural health is not a component because we lack the preceptors in rural areas. There have been discussions about telehealth being a way to meet this, and at this time it is not possible. However, it could be in the future to have a student in the same room as the physician.</p>	<p>Dev Mannuru // carried with one abstention.</p>
	<p>c.) Longitudinal Threads in Phase 2 There are several longitudinal threads in curriculum 2.0 and we will need to decide if we want to have set didactic time or incorporate the threads into the clerkships or if we want to do a combination integration. There is a long list of topics that the Medicine and Society design team has put together and we can request an official list for us to reference for our discussion.</p>	<p>Action Item: Requesting a list of topic for longitudinal curriculum.</p>
	<p>d.) Minot honors grading comparison We pulled data for 5 years for the grading and did a statistical analyzes. There were no statistically significant differences between the honors clerkship grading percentages in Minot and each of the other campuses. However, after our</p>	<p>ACTION ITEM: Alissa will send out the edited copy of recommendations</p>

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	<p>discussion there are some recommendations we would like to propose. One is to keep watching the grading from each campus and have it be included in the annual phase 2 report. Also to have each clerkship be responsible for quality improvement with grading and not wait for the annual review, to address any possible inequality in grading right away.</p> <p>We did not look much at the subcategories, but one that did stand out to use the oral exams. There is one campus that has 10/10 on surgery oral exams for every student for a few years. This when put in with the other campus data does not rise to statistical significance but does raise a flag that faculty development could be done in this area.</p> <p>With the numerical pressure moving from STEP 1 to STEP 2 would departments want to consider allowing student to take the shelf exams twice, once at week 4 and at the end to see if it will possible to help students STEP score? If a department would like the do this as quality improvement project to see if score do improve. Dr. Basson will work with the department to find the extra funds needs for the second exam.</p>	
	<p>1. Family Medicine Annual Report – revised The recommendations to update the report on the number of in/out patients students seen at each site. We are also adding a question to the evaluation. Also, clarified the grading and that a remediation would result in an S/U grade.</p>	<p>MSC to approve the amended Family Medicine Annual Report. Dev Mannuru / Jay Macgregor // carried.</p>
	<p>e.) GQ #29-32 review #29 focuses on the areas of intended practice of the students. Our highest areas are Family Medicine, Internal Medicine and Surgery.</p> <p>#30 asks if students plan to be a hospitalist during their career and that has remained the same from previous years.</p>	<p>Informational</p>

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	<p>#31 asks if resources were available for career advising and 11% of students said they did not receive guidance or advising. We have implemented a new career counseling/advising process this year, so this should be resolved for the future.</p> <p>#32 is for information on how influential we were in students selecting their speicality.</p>	
5. Electives	<p>a.) PEDS 9107 Neonatology - Bismarck This is a new section for Bismarck and is was updated to the new format. The wrong campus dean signed the form otherwise it is ready to go. The changes will be applied to the NICU elective sections statewide.</p>	<p>MSC to approve the PEDS Neonatology Fargo elective. Jay Macgregor // carried.</p>
	<p>b.) Surgical Critical Care AI - Bismarck</p>	<p>MSC to approve the Surgical Critical Care AI. Bryan Delage / Kamille Sherman // carried.</p>
	<p>c.) Phase 1 & 2 Geriatrics Elective – Fargo This elective has already been approved by BSCC for phase 1. This is a limited elective in Fargo and will have clinical time at Sanford.</p>	<p>MSC to approve the Phase 1 & 2 Geriatrics elective – Fargo. Bryan Delage / Kamille Sherman // carried.</p>
	<p>d.) FMED AI – Canby This is a new section for a new site. We are just waiting to know which affiliation agreement they would fall under for Sanford.</p>	<p>MSC to approve the Family Medicine AI – Canby. Jay Macgregor / Kamille Sherman // carried.</p>
	<p>e.) Plastic Surgery AI</p>	<p>MSC to approve the Plastic Surgery AI. Bryan</p>

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	This is a new AI and hoping that there will be more sections added for other locations, so they can use this as a template.	Delage / Dev Mannuru // carried.
	f.) Urology AI	Table
6. Reports from Committees	a.) UMEC - Dr. Zelewski The COVID patient care changes were approved. Also phase 1 electives and the yearly review of the STEP 1 & 2 were approved.	Information
	b.) GMEC –Dr. Zelewski They are recommending a 1.5% increase for residents in the next budget. Also, the resident’s licenses fall under the open records rule and will be released.	Information
	c.) EASRC Working on LCME preparations	Information
	d.) CEMC – Dr. Zelewski Working on the keywords process.	Information
7. Area Updates		
8. Adjournment	Meeting was adjourned at 6:58 p.m.	<i>The next regular meeting is scheduled for February 9, 2020, at 5:00 pm.</i>