

Clinical Science Curriculum Committee (CSCC) Meeting Minutes
 Tuesday, October 13, 2020 @ 5:00 pm via Zoom

In attendance: Marc Basson, Pat Carr, Chris DeCock, Bryan Delage, Minnie Faith, Jennifer Fournier, Devendranath Mannuru, Jim Porter, Jodi Rathjen, Jim Roerig, Jon Solberg, Chris Tiongson, Susan Zelewski.

Not in attendance: Dinesh Bande, Michael Booth, Mac Dyke, Walter Kemp, Scott Knutson, Parag Kumar, Jau-Shin Lou, Dennis Lutz, Jay MacGregor, Alicia Norby, Luke Roller, David Schmitz, Kamille Sherman, Michael Storandt, Steve Tinguely, Susanna Warner,

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Bryan Delage and Michael Booth

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:05 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of September 8, 2020 minutes	MSC to electronically approve the Psych NNCI elective. Michael Storandt / Kamille Sherman // carried.	MSC to approve the September 8, 2020 minutes. Bryan Delage / Chris Tiongson // carried.
3. Old Business	<p>a.) Policies and Procedures</p> <p>a. Policies Review Update</p> <p>i. Visiting Student Policy</p> <p>This policy has been edited so that we will now be using the VSAS system for our away electives and the application process. Surgery is already using it and it's going very well. We also added in the Pathology electives, which were previously approved for US visiting students. We have already approved the document exemptions for virtual electives that have no on campus participation but we still need to approve the pathogen and hazard training exemption. Dr. Porter also updated English as a 2nd language scores to match that of UND Graduate School in the international student section.</p>	MSC to approve the Visiting Student Policy as edited. Bryan Delage / Jon Solberg // carried.

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	<p>b. Covid-19 related concerns</p> <p>Update for the Grand Forks health systems now has enough PPE to allow students to be ill areas and are now able to see a wider range of patient complaints. Students are still not allowed to see COVID positive patients.</p> <p>We are evaluating every 4-weeks if students were exposed to any COVID positive patients and if students have any current concerns. As of today we have only had one student question if they were having the appropriate PPE; which they were.</p>	
<p>4. New Business</p>	<p>a.) Pediatrics Annual Report</p> <p>It was a good year overall. We have updated our objectives on immunizations and the data supporting them, diversity and professionalism and increased the number of well child cases to 10.</p> <p>At the end of the year we had to use alternative methods just like everyone else had to due to COVID. The biggest challenge was lumbar punctures. We had students watch videos and completed Grand Rounds case presentations virtually.</p> <p>The clerkship grading was adjusted because we added in 5% for professionalism and lowered the clinical assignments to 15%. The honors increased to 32% and not sure if that is due to some extra time to study at the end of the year, but we are not adjusting the grading for this year to see if this is a trend before we do that.</p> <p>Our goals for this year are to intergrate more basic science and also working to get more sites for the bulge.</p> <p>There were a few typos that needed correcting and a clarification that UND did not decide to make the pediatric clerkship 6-weeks in curriculum 2.0 but the department decided to in the new curriculum. There was a little discussion as to #8 and there was no mistreatment of students, just that they were let out early and the preceptor didn't take the time that others were to teach the students. It has been addressed.</p>	<p>MSC to approve the Pediatric Annual report with edits. Bryan Delage / Jim Roerig // carried.</p>

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	<p>b.) GQ #10, #11 <u>Neurology</u> There were no major concerns, the common complaint is that the rotation is too short. This will be going to 4-weeks in January 2022 with curriculum 2.0.</p> <p><u>Pediatrics</u> We have been fairly consistent but lower than we would like, and there was a dip a few years ago and we are starting to come back a little from that. Not sure why there was a dip but it might have been when Sanford in Fargo transitioned to the new hospital.</p>	Informational
	<p>c.) GQ # 12 & #13 review, #63-66 #12 Last year we were at 100% and this year we are at the 10% percentile in reporting that we teach ethics. Because of the dramatic shift we are thinking this is a labeling issue that we need to increase our labeling and telling students this is what we are teaching you right now. Hopefully that will help them recognize and respond appropriately with these types of questions. Dr. DeCock will make sure he emphasizes the labeling in the ethics lecture/presentation that he does for all students during the pediatrics clerkship.</p> <p>Diversity among students in the last two medical classes seems to be higher than in the past. Would it be possible to ask the students if they have topics they would like to see covered based on their experiences and possibly teach or lead a discussion?</p> <p>In the last year in the pre-clinical we have increased the sexuality education by 4-5 hours and there is also a student group that faculty/staff are welcome to join to learn more about the LBGTQ community.</p> <p>In addition, Dr. Don Warne is working on a diversity elective that will have two parts. The students will have the opportunity to spend 2-weeks in a diverse community in the country of their choosing. Right now all clinical departments are</p>	Informational

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doing diversity workshops and they seem to be well received and students are actively choosing topics to be discussed.

Dr. Jon Solberg will reach out to the featured doctor from New Town, ND, and see if she would be willing to do a Grand Round presentation on best practices in building trust with the Native American patients. This would be wonderful if she would be willing and we could post it on the website for faculty also to learn from.

#13 – VA Education
No discussion

#63-66

These are pilot questions on the entrustable activities. This is not the language we use with the students, so our rating is not surprising. We do teach all of these but we just write them as objectives within a course. In the clinical evaluations students are asked if they performed, were observed and received feedback, which we know happens in every clerkship. We need to communicate it and label it clearly to the students that this is what this is their feedback, that they are being observed, etc.

Although with our AIs we are having more preceptors reporting that they are not observing or it's not applicable having the student performing a handoff to transfer the patient care. We will discuss this further about the opportunities to ensure they have experience transferring care.

#64 – Is more about the students feeling prepared to be a resident. Students are reporting that they do not feel confident in knowing how to report patient safety concerns. We will have the campuses add this to their orientation, as each hospital/clinic has their process that should be followed.

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	<p>d.) Clarification of substantial ambulatory site requiring affiliation agreement definition</p> <p>a. Communication to Director Year 3 & 4 Clarification on 30% of which students to be 30% of students on any single campus rotates to that site an affiliation agreement is needed. The full definition will be any ambulatory site where 30% of students on a single campus rotate at that site or 30% or more of a single rotation is completed at that site.</p> <p>b. Adding question to clerkship report If you do add a site please let Dr. Zelewski's office know and please answer this question on the edited clerkship report template as it is a double check of all our affiliated sites.</p> <p>c. Communication to preceptors: Please communicate this need to preceptors at time of faculty appointment.</p>	<p>MSC to accept the amended definition on ambulatory sites needing affiliation agreements. Chris Tiongson / Jon Solberg // carried.</p>
	<p>e.) STEP 2 CS & CK</p> <p>CK: Passing rate of 97% this year with a national average of 98% and we are above the national mean of 234. Over the last 5-years we have been consistent with a passing rate between 95 & 97%. We do tend to have a few very high and low scores compared to the national. The group of students taking the exam for the first time, we had 50/53 pass on their first attempt.</p> <p>BSCC or UMEC should also be aware that the Immunology score on the CK are right in the average numbers.</p>	<p>Informational</p>
	<p>f.) Summary Program Director Survey</p> <p>There was request for the yearly trending and compared to last year we are doing better this year. This is the first year that students were able to participate in AIs. We will continue to track the trend in the future as well.</p>	<p>Informational</p>

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5. Electives	<p>a.) Cardiology AI</p> <p>b.) Neurology Critical Care AI This is a result of a student request.</p> <p>c.) IM elective (Fargo) Tabled</p> <p>d.) Interprofessional 2-week elective This will take place of the 2-week specialty elective options for students. Dr. Eric Johnson will be reviewing the feedback and assessing the students on this elective. To keep this manageable for Dr. Johnson, we are limiting this to five students per rotation. Students are also responsible for finding their preceptor, and because they will not be assessing the student they do not have to have a faculty appointment.</p>	<p>MSC to approve the Cardiology AI. Dev Mannuru / Jon Solberg // carried.</p> <p>MSC to approve the Neurology Critical Care AI. Jon Solberg / Dev Mannuru // carried.</p> <p>MSC to approve the Interprofessional 2-week elective. Bryan Delage / Jon Solberg // carried.</p>
6. Reports from Committees	<p>a.) UMEC - Dr. Zelewski Worked on objectives for pre-clinical and also adding in clinical capsules within the pre-clinical curriculum. This is also to help address the intentional labeling of integration we have started for students.</p> <p>The Psych elective was approved by UMEC and the student starts on Monday. They also approved a Badging Proposal as a way to track progress of the curriculum such as interprofessional, and will report back if this will affect the clinical side as they continue to develop the concept.</p>	Information
	<p>b.) GMEC –Dr. Zelewski New residency coordinators will have training to help make UND system work most smoothly. They are also continuing to work on the STEP 3 policy; deciding how many attempts they have to pass to remain in the program.</p>	Information

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	c.) EASRC	No Report
	d.) CEMC – Dr. Zelewski We will need to have an end of year 3 & 4 report.	Information
7. Area Updates		
8. Adjournment	Meeting was adjourned at 6:31 p.m.	<i>The next regular meeting is scheduled for November 10, 2020, at 5:00 pm.</i>