

Clinical Science Curriculum Committee (CSCC) Meeting Minutes
 Tuesday, March 9, 2021 @ 5:00 pm via Zoom

In attendance: Dinesh Bande, Marc Basson, Sandi Bates, Michael Booth, Pat Carr, Chris DeCock, Bryan Delage, Minnie Faith, Stacie Klegstad, Scott Knutson, Dennis Lutz, Jay MacGregor, Devendranath Mannuru, Marlys Peterson, Jim Roerig, Luke Roller, Jim Porter, Jodi Rathjen, David Schmitz, Kamille Sherman, Jon Solberg, Michael Storandt, Chris Tiongson, Susan Zelewski.

Guest: Eric Johnson

Not in attendance, Mac Dyke, Parag Kumar, Jau-Shin Lou, Alicia Norby, Robert Sticca, Steve Tinguely.

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Jay Macgregor and Bryan Delage

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:01 p.m. by the chair Dr. Susan Zelewski.	Informational
2. Approval of February 9, 2021 minutes	Clarification that all our motions for approvals are recommendations to UMEC for approval.	MSC to approve the February 9, 2021 minutes. Chris Tiongson / Scott Knutson // carried.
3. Old Business	<p>a.) Policies and Procedures</p> <p>i. AAMC Coalition Away Rotation Update There have been two sets of FAQ's released and can be found on the AAMC website regarding away rotations. Students are allowed one away rotation per a specialty. This is different from how we interrupted it previously. It was agreed to keep to our decision of one away rotation for each student for AY 2021-22.</p> <p>ii. ER Away Rotation start dates Regions has stated that they will be providing preference to UND and USD medical students for ER away rotations starting in July 2021. We are grateful that they are doing this for us because we do not have ability to provide the ER rotations needed to get the students their recommendation letters that they need for residency. Dr. Jon Solberg will send them a special thank you for helping us out with this.</p>	<p>MSC to recommend to UMEC to allow Emergency Medicine away rotations to begin at the start of the AY 2021-22. Michael Booth / Jon Solberg // carried.</p>

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b.) Policies Review Update

i. Policy 4.21 (Clinical Supervision)

The edits that were submitted have been changed in the policy. The biggest change that has not been added yet is to have students do adult lumbar punctures with supervision in phases 2 & 3, and this will be #15. There is also a formatting change to add a space in #10. The policy will go out for a 2-week commenting period before it goes to UMEC for final approval.

c.) Covid-19 related concerns

i. Student Mental Health Update – Dr. Basson

We seem to have the perfect storm with first year students starting medical school, an accelerated curriculum and COVID making the social interaction very difficult for them. Within the class there has been lots of talk and discussion of depression and thoughts of self-harm. They have also been asking for help for themselves and/or classmates.

Since we have found out about this we have been actively trying to engage the class and trying to find the students that need the help. We have given them a mental health day off of class and are planning to give more vacation days in the upcoming units. In addition, to pushing all the resources we can out there for help as often as possible.

Discussion about getting the students contact that can help council them and the students do have an academic and career counselors assigned to them. We are also working on have Peer Councilors trained and will give them something to identify themselves as such either on zoom or in person, in hopes that others will know they can talk with them. Also, working on trying to set-up contacts with upper classmen that could provide guidance to them throughout their education regarding a questions courses or anything in general.

**MSC to approve Policy 4.21 (Clinical Supervision).
Bryan Delage / Michael Booth // carried.**

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Side discussion: Dr. Solberg can offer a Wilderness Medicine Certificate elective going for students that would get them in person but also be socially distanced outdoors. Right now we could do a 2-day experience for phase 1 students and a week long for phase 2/3 and residents. Drs. Bryan Delage and David Schmitz are willing to help out also. Drs. Jon Solberg and Susan Zelewski will work on the details on the timing in the curriculum might work.

ii. CBSE Discussion continued

This is for the current 2nd year class. The exam date has already been pushed back 2-weeks to give the students more study time. They have known that they would need to pass a gateway exam before they start Phase 2 of the curriculum, since their orientation at the beginning of the academic year. The CBSE (gateway exam) is a cumulative exam of their knowledge. Whereas the block exams cover what they learned from that block but we do try have it be clinical based narrative style.

When comparing the limited outcomes, we have for the block exams and the CBSE exams. There seems to be a .7 correlation between the two exams. However, after this year we have noticed that is students have not passed the CBSE exam after the 5th attempt they are most likely not going to. This is based on the few students who still haven't passed with 8 or 9 attempts. There was a mandatory 6-week study time between attempt #4 & 5, and most of the students took the STEP Prep course with no major improvement of their score.

MSAPC chairman, Eric Johnson was looking for a maximum number of attempts seems feasible. This year because there was no history to look at the MSAPC is looking for some guidance and with this conversation he has found some answers to help guide the committee in the future for these situations. Also to remind students that if they take a leave of absence for any reason. They are not guaranteed a spot for when they are ready to return. This is important especially with the bulge coming in the clinics.

With no motion made for a change the CBSE exam will remain the gateway exam to start phase 2 of the curriculum.

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	<p style="text-align: center;">With no motion made for a change the CBSE exam will remain the gateway exam to start phase 2 of the curriculum.</p>	
<p>4. New Business</p>	<p>a.) Surgery Annual Report</p> <p>All the competencies and objectives are mapped and required encounters were met and we added a few more to give more depth to the clerkship experience. COVID did increase the number of alternative methods quite a bit for us with 75% of students reported alternative methods. We are encouraging students to look for opportunities to be hands on and reminding our preceptors that they should have the student be involved whenever possible to help reduce that percentage.</p> <p>Grading outcomes are similar across all campuses and thank you to Dr. Carr and others that helped us review the percentages. We use the Hofstee compromise for grading and this year we had one student who pass all sections but in the bottom of the passing scores and would not have passed with the Hofstee method. We had them do an extra credit assignment but we have also adjusted the grading so that this would not happen again. There were a couple of students that needed to remediate the shelf exam but then passed. There were also a couple of oral re-examinations given but the score still shows 10/10; this will be verified and corrected.</p> <p>Our clerkship is known to be rigorous and are working to improve virtually. Duty hours have been held up and we are happy to report that not a single student violated duty hours.</p> <p>Students are taught by residents and all faculty and residents do receive the competencies and objectives during orientation. We also have faculty development during our department retreats and provide additional resources or trainings available.</p> <p>Only 93.4% of students reported receiving mid-clerkship feedback and 94.7% reported they were observed performing and H&P. Our goal is to track this closer</p>	<p>MSC to approve the Surgery Annual Report with suggested edits. Kamille Sherman / Bryan Delage // carried.</p>

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	<p>to ensure that every student is receiving their mid-clerkship feedback. H&P's are sometimes not recognized by students because they can be very abbreviated and more focused than other departments.</p> <p>Surgery is involved in the rural health and underserved areas, however most of our work is those that come through our doors. Our goals for the next year are to continue to improve the virtual learning and to reintroduce the students to all aspects of surgical education and maintain safety protocols.</p>	
	b.) Year 3 & 4 Benchmarks review	Tabled
	c.) 6.2 Review	Tabled
	<p>d.) FMED Clerkship lottery timing It was decided that this can be discussed with the regular lottery timing.</p>	Information / Tabled
	<p>e.) 20-month Curriculum Calendar and Class 2024 Phase 2 & 3 timing This is a single proposal of the 20-month curriculum. Phase 2 & 3 have been adjusted by removing one elective period and adjusting some vacation time.</p>	Tabled for richer discussion
	<p>f.) Clerkship Evaluation form revised (from UMEC) As a result of student feedback, UMEC has requested that CSCC revise the clerkship evaluation form to be more competency based like our AI evaluations or to change the wording to have more anchors because performed like a 3rd year student or performed like an intern on the current form is very subjective. If anyone would like to help let Dr. Susan Zelewski know.</p>	Information
	<p>g.) ISA Report Please review as there will be more coming from this report that was created by the Student ISA Committee.</p>	Information

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	h.) End of Year 3 clinical skills experience for the Class 2022	Tabled
5. Electives	a.) Medical Bioethics 1 elective We currently offer a 2-hour affiliate lecture on bioethics and so we decided to make an elective for the second phase 1 summer elective period. We will teach logic and have students do an ethical analysis during the elective. This will be offered to phase 1 and 4 th year students during this period.	MSC to approve the Medical Bioethics elective. Bryan Delage / Kamille Sherman // carried.
	b.) GI elective - Fargo There were some updates made for the elective that will also be carried to all the sections of the elective as well.	MSC to approve the GI elective. Bryan Delage / Michael Booth // carried.
	c.) Plastic Surgery – Bismarck (new section) Identical to previous sections.	MSC to approve the Plastic Surgery – Bismarck elective. Michael Booth / Bryan Delage // carried.
	d.) STEP 2 Prep elective This is similar to what we offered last year for the STEP 1 prep. This will be offered in the first period of next year to give students the opportunity to take a prep course before they take their STEP 2 exam. Dr. Minnie Kalyanasundaram will be leading the course. Students do have their own resources that they do purchase and Dr. Ken Ruit is reviewing the resources that the library has available for the students as well.	MSC to approve the STEP 2 Prep elective as a pilot for AY 2021-22. Michael Booth / Bryan Delage // carried.
	e.) EMRG EMS Medical Direction elective This elective is designed to give the students experience on how to run an EMS service. In rural areas these services are typically ran by a Family or Internal Medicine doctor at a hospital. Students will have 17-hours of FEMA online training and obtain five certificates from FEMA for their portfolio. They will have a handbook provided for that online course. in addition, they will have experience observing dispatchers, fire department, police department, ambulances services	MSC to approve the EMRG EMS Medical Direction elective. Dev Mannuru / Jay Macgregor // carried.

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	<p>and mental health crisis teams all work in the field. They will end the elective with a week in the emergency room and get to interact with these different agencies as they come in to the ER as build those relationships.</p> <p>The pre-requisite for this electives is a standard Emergency Medicine elective. Update a contact from Dean Meyer to Brookes Martin. Also, Susan Zelewski will check with Laura Block regarding insurance coverage of students as they go out with these different agencies. Dr. Jon Solberg will also check with the different agencies to see if students would need to sign a waiver.</p>	
6. Reports from Committees	<p>a.) UMEC - Dr. Zelewski Epidemiology project suggestions and timing of the course we made were approved. There was also a phase 1 elective approved and a clerkship form redesign request. The 20-month curriculum phase one was approved and policy 4.20 updated to no longer include STEP 2 CS because it is discontinued.</p>	Information
	<p>b.) GMEC –Dr. Zelewski</p>	Information
	<p>c.) EASRC</p>	Information
	<p>d.) CEMC – Dr. Zelewski</p>	Information
7. Area Updates		
8. Adjournment	<p>Meeting was adjourned at 7:01 p.m. We will have a special meeting to finish the agenda. Alissa Hancock will set that up. (Set for March 23rd)</p>	<p><i>The next regular meeting is scheduled for April 13, 2021, at 5:00 pm.</i></p>