

Clinical Science Curriculum Subcommittee (CSCS) Meeting Minutes
 Wednesday, January 15, 2020 @ 1:00 pm
 E493 Conference Room & via telecomm

In attendance: Marc Basson, Michael Booth, Pat Carr, Joy Dorscher, Jay MacGregor, Jodi Rathjen, David Schmitz, Kamille Sherman, Chris Tiongson, Don Warne, Susan Zelewski.

Not in attendance: Dinesh Bande, James Beal, Chris DeCock, Bryan Delage, Mac Dyke, Minnie Faith, Marcia Francis, Alex Hron, Walter Kemp, Scott Knutson, Jau-Shin Lou, Dennis Lutz, Devendranath Mannuru, Alicia Norby, Marlys Peterson, Jim Roerig, Luke Roller, Jon Solberg, Steve Tinguely, Rick Van Eck.

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Jim Roerig and Michael Booth

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 3:06p.m. by the chair Dr. Susan Zelewski.	Informational
2. GQ #12 & #16	<p>The state of North Dakota is not very diverse in general. Some of the ways we could try to intentionally increase diversity in the curriculum is with the case examples. This is something that we are currently doing but getting a wrap-up patient is more challenging. Dr. Warne suggested that we work with SPECTRA in Grand Forks for possible cases and wrap-up patients that might provide more diversity to the cases. Another option in in years 3 & 4 if we could us SHaPE as an opportunity to ensure students are seeing more consistent diverse cases in the program, instead of just hoping and relying on the clinic, which is not always so reliable. However, we also need to teach students that diversity is not always about appearances but the hidden diversities, such as homelessness, sexuality or gender. This will be brought to the attention of the Medicine and Society Design Team to work on.</p> <p>Other clinics we might want to reach out to help get students additional experiences with diversity across the state. In Fargo there is the Health Care Family Clinic, they have more FPN and family medicine doctors and not many other specialties. There are not any good options in Bismarck, but Dr. Warne did inform us that the INMED program has five alums working in Fort Yates and are interested in trying to get involved with the medical school. In Minot, there are loose relationships with the CRFM and the men's homeless shelter.</p>	<p>ACTION ITEMS:</p> <ul style="list-style-type: none"> • Reach out to FQHCs such as SPECTRA to coordinate possible PCL cases and patient wraps up. • Dr. Warne will facilitate discussion with Fort Yates for the students in the Bismarck area. • Reach out to Northland in Minot or other FQHCs. • Establish a one-week FQHC requirement potentially in phase 2.

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	<p>In addition, every clerkship is supposed to be adding a learning objective regarding diversity.</p> <p>Another way we could add diversity is the use of translation services in a case. Dr. Schmitz said that residents and even some physicians do not use the translation service when they need to or know when they should. A simulation would be a good place for a case like this. This would be good to reach out to the North Dakota Medical Association to be included as a stakeholder in this type of learning with the translation systems and possibly offer CME credit for current physicians as well. Dr. Wescott would be a good person to assist with this as she also has diversity curriculum connections through AMA.</p>	<p>CSCS will discuss at the next meeting.</p> <ul style="list-style-type: none">• Invite Dr. Westcott to the discussion on CME opportunities. With simulation or modules.
8. Adjournment	Meeting was adjourned at 3:51p.m.	

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