

Clinical Science Curriculum Subcommittee (CSCS) Meeting Minutes
 Tuesday, February 12, 2019 @ 5:00 pm
 E493 Conference Room & via telecomm

In attendance: Marc Basson, Michael Booth, Pat Carr, Kathrine Christensen, Chris DeCock, Bryan Delage Joy Dorscher, Marcia Francis, Ted Fogarty, Stacie Klegstad, Scott Knutson, Jay MacGregor, Devendranath Mannuru, Mitchell Messner, Marlys Peterson, Jodi Rathjen, Jim Roerig, David Schmitz, Kamille Sherman, Steve Tinguely, Susan Zelewski.

Not in attendance: Dinesh Bande, Mac Dyke, Walter Kemp, Jau-Shin Lou, Dennis Lutz, Alicia Norby, Chris Tiongson, Rick Van Eck.

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 5:02 p.m. by Dr. Susan Zelewski.	Informational
2. Approval of January 9, 2019, minutes		MSC (moved, seconded, carried) to approve January 9, 2019, meeting minutes as written Michael Booth / Jay MacGregor // all in favor; motion carried.
3. Old Business	a.) Policies and Procedures	No Report
	c.) Clerkship Director Checklist – Surgery They feel they are doing well on meeting everything but there is always room for improvement until we get 100%. Areas that they are working on to improve are the H&P's observed and will continue to stress during orientation and at the mid-course feedback. We can also improve with our ground rounds and improve teaching opportunities. They will also be having students sign off on their mid-course feedback because there were a couple of students that did not acknowledge they had a mid-course feedback.	Information

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	<p>This checklist will be re-completed at the end of this academic year. Keep working to improve the areas in yellow.</p>	
<p>4. New Business</p>	<p>a.) Psychiatry Annual Report</p> <p>The learning objectives did not change from the previous year, as did the number of clinical required encounters. No students required alternate encounters. There were 19% of the students who received honors and had 2 students reexamine the shelf exam.</p> <p>The goal a few years ago was to increase the grading percentiles across all campuses. This year there was a little variation but two of the four campuses improved their percentiles.</p> <p>Students concerns were a rotation in Fargo at First Step Recovery, the vignettes and quizzes and the number of lectures. We have addressed these concerns by changing that rotation location, removing the vignettes and paring down the lectures. Now there will be four core lectures on all campuses, with the other lectures being optional.</p> <p>Elective specialty days are not requested very often from students. This year one student missed an opportunity due to miscommunication. For our faculty development, we provide grand rounds, annual clerkship retreat and clerkship evaluations through emails and that process. There were two students that did not acknowledge the mid-course feedback giving us a 97%. In the future all students will sign off on their mid-course feedback form, in addition to the clerkship coordinators reviewing them to ensure that they are being completed. We will also emphasize the mid-course feedback in orientation.</p> <p>Students get a broad mix of patients in their rotations to expose them to a variety of health disparities. We also intergrate basic science into the discussion at patient rounds and patient write-ups.</p>	<p>MSC to approve the psychiatric annual report. Michael Booth / Bryan Delage // carried.</p>

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	<p>When looking at the NBME subject scores, these were not trended over the last few years but Dr. Roerig will do that.</p>	
	<p>b.) NBME shelf number of retakes in Minot (from Nov. meeting) Student in the Mile program take the shelf exam mid-course as an assessment method and then again at the end. The reasoning for doing this is to have a formal method of assessing students as they go through the program. The program is designed for students to learn all areas concurrently, and having all six exams in the same week is a lot for the students and is challenging to clarify the remediation afterwards if needed if only one set is given in the final weeks of MILE. We take the best score of the two assessments. There is some worry about those students having a better advantage to taking the test twice compared to other campuses where they do not get that opportunity.</p> <p>Scott Knutson will reach out to other schools to see how our assessment methods compare to theirs. How do they respond them the questions about fairness in grading and the LCME? Also, Joy Dorscher will look at the number of honors compared to the other campuses.</p>	<p>Information</p> <p>Action Item: Report the number of honors and the assessment methods compare to other schools.</p>
	<p>c.) Curriculum Revision Discussion We are still looking at the big picture but we need to decide on the timing for phase 2, along with the placement and preparation for STEP 1, and length of vacations.</p> <p>There were concerns about having phase 2 all locked up and scheduled out. When we have been hearing from students that they would like more flexibility during this time. It was suggested to let the clerkships be more fluid and not so locked in when they can take each clerkship. We would need to standardize the lengths of clerkships to make this work, which is what we were already looking at doing. If a clerkship is only 6 weeks, it can be paired with another 2-week elective to flow with the other clerkships that are 4 or 8 weeks. There was discussion about splitting</p>	<p>Information</p> <p>Action Item: Dr. Zelewski will be sending out an email with the questions that we need to answer for everyone to discuss with their departments and to get the responses back Dr. Zelewski within the week.</p>

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	<p>family medicine into two different clerkships with each one being 4 weeks long. The idea of making the preparation and taking of STEP 1 a clerkship so that students could take the test when they felt they were ready to and still have it flow with the other clerkships. If they wanted to make this a shorter clerkship and pair it with another clerkship, they could. There was a lot of support for this idea.</p> <p>A decision will need to be made fast because our recommendation will need to go to MCC for approval before going to FAC to present to Dean Wynne in May.</p>	
	<p>d.) New Elective Evaluation Form The formative and summative feedback will be found at the bottom of the form. Plan would be to start using this form for the start of the next academic year 2019-2020.</p>	<p>MSC to implement the use of this new elective evaluation form starting 2019-2020. Chris DeCock / Kamille Sherman // carried.</p>
	<p>e.) Grading Intervals, 6-month update This is to help to ensure that grades are submitted in the 6-week timeframe. This is a standard that we did poorly on with the last LCME visit. We have been watching this closely and will continue to do so. Please use the protocol to ensure that grades get in on time.</p>	<p>Next report to CSCS in August</p>
	<p>f.) Grading change for first and second year BSCS and MCC have requested that the grading change in the first and second year be shared with CSCS and would like us to consider the grading change for clerkships. MCC has approved to change the grading of a reexamination of an exam to a S- instead of an S. There is no standard among medical schools beyond being transparent in our grading.</p>	<p>Information</p> <p>Action Item: Please bring this idea to your department and be ready to discuss at our next meeting.</p>

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5. Electives	a.) AI Bemidji FM Geriatrics The preceptor requested this AI and is very excited to work with the students.	MSC to approve the Bemidji FM Geriatric AI. Chris DeCock and Michael Booth // carried.
6. Reports from Committees	a.) MCC – Dr. Zelewski All the CSCS documents that have done to MCC were approved. Most of the discussion has been about the curriculum redesign. They have also approved for NBME standardized content exams to given for the end of block exam for block 4.	Information
	b.) GMEC – Dr. Zelewski They are working on call rooms issue that residents brought up. Also working on educating residents on how to report near miss safety events issues.	Information
	c.) EASRS – Dr. Tinguely	No Report
	d.) CEMS – Dr. Zelewski Trying to figure out what to do with their work with the curriculum redesign happening. The discussion will continue at the next meeting if we continue to work on objectives or wait to see were the curriculum decisions go.	Information
7. Area Updates		Information
8. Adjournment	Meeting was adjourned at 6:30 p.m.	<i>The next meeting is scheduled for March 12, 2019, at 5:00 pm in E493 Conference Room, Grand Forks.</i>