

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

In attendance: Marc Basson, Michael Booth, Pat Carr, Chris DeCock, Bryan Delage Joy Dorscher, Marcia Francis, Stacie Klegstad, Scott Knutson, Parag Kumar, Jau-Shin Lou, Dennis Lutz, Devendranath Mannuru, Marlys Peterson, Jodi Rathjen, Jim Roerig, David Schmitz, Steve Tinguely, Susan Zelewski.

Not in attendance: Dinesh Bande, Mac Dyke, Ted Fogarty, Don Jurivich, Walter Kemp, Jay MacGregor, Mitchell Messner, Alicia Norby, Kamille Sherman, Chris Tiongson, Rick Van Eck.

Minutes submitted by: Alissa Hancock

Reviewed by: Susan Zelewski

Approved by: Walter Kemp and Kamille Sherman

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome	Meeting called to order at 5:03 p.m. by Dr. Susan Zelewski.	Informational
2. Approval of February 12, 2019, minutes		MSC (moved, seconded, carried) to approve February 12, 2019, meeting minutes as written Bryan Delage / Michael Booth // all in favor; motion carried.
3. Old Business	<p>a.) Policies and Procedures Dr. Dorscher has been reviewing policies and combining some of them.</p>	Information
	<p>b.) Grading Change for first and second year It has been approved to change the grading for the pre-clinical years to include S-grade for re-examinations. Do we want to also adopt this grading scale for the clerkships also?</p> <p>This change would allow us to be more transparent and more give a more accurate transcript account of the students' performance while in school. Typically, if students have one re-examination they have multiples, also if a student re-examines in a clerkship they usually have had one or more re-examinations in the pre-clinical years.</p>	Will be distributed electronically and voted on by committee in that format.

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	<p>The question was raised whether this would harm the student's chances of getting into a residency program. Some felt that it would, however, others felt that it would depend on how many S minus grades were present and what clerkships they were in.</p> <p>Others felt that this would actually improve transmission of information to the residency directors in a transparent manner so they could be prepared to help those students who have had difficulty with testing.</p> <p>Another reason brought forward was to make the distinction of S more meaningful as the students who had to re-examine would no longer be in the same group as those who received an S without re-examination. This is similar to why we give only a certain percentage of the class honors.</p> <p>Another reasoning for the S minus was as an incentive for students to pass examinations on the first try rather than knowing they can safely re-examine without consequence.</p> <p>Request for the committee: We will need a motion and a second for what decision to make and then an electronic vote. Please let me know if you have questions.</p>	
	<p>c.) NBME self numbers (Minot) update (Knutson/Dorscher) We will discuss the update next month. Dr. Dorscher will send the updated report.</p>	<p>Information</p>
	<p>d.) Curriculum Revision update (Draft 12) Reviewed the changes that been made for this draft. LCME only requires a certain number of weeks for all four years but not a specific number for the clinical or preclinical years. Question was raised about potentially staggering psychiatry time periods within the new curriculum schedule. We will be trialing this on the NE</p>	<p>Action Item: It was agreed upon to move the layout to MCC.</p>

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campus next year due to increased student numbers on the campus. Will keep CSCS updated.

Question was raised if last 2 electives in year 3 should be static and included in phase 3 or movable within phase 2. The committee agreed to leave these electives in phase 2 and have them be movable within that 18 months. This will have phase 2 18 months in length containing 7 clerkships: 8 weeks: IM, surgery, OB, FM; 6 weeks: peds and psych; 4 weeks neuro. 2 X2 week electives and 3X4 week electives.

We are assuming students will take their STEP 2 exam in phase three when they are ready. The timing of when students should be taking the STEP 2 will be discussed more in the future at the campus deans meeting.

If students fail the gateway exam at the end of phase 1, they would remediate in Grand Forks after the vacation time, when orientations and moving time is scheduled.

The next step for the curriculum redesign is to start to work on how we can operationalize this and see how it works. The first thing is to see what the class sizes are and how will it work when there are overlapping classes in the clinic. Was suggested to have a group of students create mock clerkship schedules to see what issues arise from this with the number of preceptors we have. There was also concern about the order of clerkships and electives and not wanting students to be left taking clerkships at the end if this is not their preference. The preference is to have the basics before an elective for that discipline but would like to leave this open for the campus deans to decide.

Year 4 (phase 3) is a national discussion of what the purpose or goal is for this year in medical school. Right now it gives the students more experience in the clinic and was suggested that we try to challenge the student more in this year. Surgery did request to keep the required 4th year surgery experience. We will also have to evaluate the

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	<p>different levels our electives are written at with electives now being available in the different phases of the new curriculum. It was suggested also that we try to counsel students in what electives and AI's they should take to benefit them in their interested speciality. It was also suggested to require a rotation that has clinical skills in the last 6 months of the fourth year (phase 3) to help ensure that they still have those clinical skills.</p> <p>MILE and ROME would be considered longitudinal courses and will have to figure out how electives would work into these programs. Also, since neurology is being extended to four weeks there will need to be a change with the objectives.</p>	
<p>4. New Business</p>	<p>a.) Neurology Annual Report</p> <p>We had more students this year, and no changes to the objectives. There were two students who did not meet all of the requirements by participation and had >25% by observation and will be working with preceptors to ensure that all future students will meet those requirements. We continue to adjust the cut-off for honors. We are doing well on the NBME exams and you can see how each campus is doing compared to the national average.</p> <p>Students would like additional time on the neurology rotation to improve their skills and gain more experience. Which we did request for the redesign of the curriculum.</p> <p>Goals: Still trying to increase the number of preceptors that we have. Although we are looking to gain a new preceptor from New York who will hopefully be able to help use teach about diversity by providing a lecture on diversity.</p> <p>Action Items: Update the numbers on page 2 section three so that it matches the correct numbers on page 3 regarding honors. Also, need to include a sentence regarding duty hours policy is being followed because scheduling for the clerkship will not allow for the students to violate the policy.</p>	<p>MSC to accept the Neurology Annual Report with edits. Bryan Delage / Michael Booth // carried.</p>

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	<p>There is a section in assessments methods where it should say the preceptor observed instead of the student observed.</p> <p>Looking at last years goals to this years goals, there needs to be a clarification of the timing of the distribution of communication between campuses, it's a little confusing how it is currently written.</p>	
	<p>b.) Year 3 & 4 Objectives Review</p> <p>This is an introduction to the objectives. We are going to be looking at these for the next academic year for changes that we would like to make. Please review and prepared to discuss next month.</p>	Information
	<p>c.) Homelessness Project Update (Delage)</p> <p>It's going great and students are enjoying the experience, the discussion topics and learning about what factors into how some become homeless. There has been interest expressed on the Grand Forks campus for a program similar to this. Ideally we would like to find someone on each campus to lead the topic discussions, and be the contact for each campus. Will be asking campus deans to help find someone that might be interested.</p> <p>Next year we will have to change our meeting day to a Thursday so we will see how that affects the attendance numbers. Currently, we are averaging six students each time with a high of eight.</p>	Information
5. Electives	<p>a.) AI Anesthesia</p> <p>The preceptor reached out to us to start this AI in Fargo, ND, and already have students that are interested. They are ready to expand this opportunity to other campuses as well. Dr. Zelewski will follow up with how much time would be non-OR experiences.</p> <p>Coming soon: A rural surgery and orthopedic AIs. Along with student feedback regarding AIs.</p>	MSC to approve the Anesthesia AI. Bryan Delage / Michael Booth // carried.

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6. Reports from Committees	<p>a.) MCC – Dr. Zelewski They approved the new elective evaluation form and AIs, in addition, to approving five societal problems that were proposed by EASRS. We need to review these make sure we are addressing them in the clerkships and if not how can we incorporate them.</p>	Information
	<p>b.) GMEC – Dr. Zelewski</p>	No Report
	<p>c.) EASRS – Dr. Tinguely</p>	No Report
	<p>d.) CEMS – Dr. Zelewski Continuing to work on objectives and how we will be formatting them in the future. Think about current objectives, and the clinical changes that you would like to make for the upcoming academic year. They should start coming to the committee for approval.</p>	Information
7. Area Updates		Information
8. Adjournment	Meeting was adjourned at 6:29 p.m.	<i>The next meeting is scheduled for April 9, 2019, at 5:00 pm in E493 Conference Room, Grand Forks.</i>