

**UND SMHS Educational Accreditation Standards Review Committee (EASRC) Meeting Minutes**  
**Wednesday October 20, 2021, 4:30 – 6:00 pm via Zoom**

**Attending:** Steve Tinguely, Sheila Bosh, Pat Carr, Mark Koponen, Ken Ruit, Rick Van Eck, Susan Zelewski, Erika Johnson, Bryon Grove

**Absent:** Dinesh Bande, Bryan Delage, Jim Porter

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>Call meeting to order</b>	Meeting was called to order by Dr. Stephen Tinguely, Committee Chair.	
<b>Review of Minutes</b>	September 15, 2021, minutes were distributed electronically to EASRC members prior to the meeting and are also available on Blackboard.	Minutes approved.
<b>Curriculum Retreat, Phase Reports and Curriculum as a Whole</b>	Dr. Van Eck shared that the analysis for Curriculum as a Whole is going through UMEC. He was informed by Dr. Basson that we should include something for the phase reports, even if it's not the full version of the phase templates. Dr Van Eck will create prose versions of Susan Zelewski's and Jane Dunlevy's presentations from the Curriculum Retreat. Once there is something to report on, the templates will be used.	
<b>Curriculum System White Paper Tabletop Exercise Planning</b>	Dr. Van Eck commented that we should be able to do this soon. Phase committees need to understand phase and Curriculum as a Whole reports. UMEC also needs to be proficient in their understanding. This will be added to the next UMEC agenda. Pre-training will occur during this meeting. In his estimation by the end of the year the phase committees should be trained; others will follow e.g., committee chairs. Dr. Van Eck reiterated that everyone should have some basic knowledge. Refreshers should occur between January and April.	
<b>Bloodborne Pathogen Follow Up</b>	At a previous meeting It was concluded that Dr. Porter would talk with the insurance navigator to see if policies existed that would cover needle sticks. This conversation was a result of a student comment on the GQ as well as a comment from our LCME consultant (Dr. Nora) in which she indicated that most schools have found a way to cover out of pocket expenses for students who must adhere to post-exposure protocols. Following that meeting, an ad-hoc group met to discuss these comments. The group included Dr. Basson, Dr. Tinguely, Dr. Solberg, Dr. Porter, Dr. Reller and Sheila Bosh. A decision was made at that meeting that Dr. Basson would reach out to our clinical affiliates to help facilitate coverage for students. At this time, the VA and Sanford have	

	<p>agreed to cover both the initial ER visit and testing. Dr. Zelewski commented that campus deans are working with their other health systems on their campuses to move this forward. Once we know how many students are left without coverage, we'll have a better idea on the cost. She also commented that our policy does allow a student to decline testing, however, they are required to report the incident and sign a declination form.</p>	
<b>Standards Review</b>	<p><b>Element 6.3</b> ISA numbers are concerning in the pre-clerkship phase of the curriculum. Satisfaction with adequacy of unscheduled time is low for all 4 years. Dr. Nora (LCME consultant) commented on our narrative response in her review of our DCI. Our response states that a cap of 70 hours is achieved on average over an 8-week period. Some weeks may be above 70 hours and others below as long as the average weekly maximum is 70 hours or less. Dr. Tinguely asked if in the example it's possible to have one week that is 120 hours if the next week is only 20 hours. Susan Zelewski commented that ACGME looks at an average over 4 weeks. She noted our Duty Hours policy has recently been edited to reflect this. Rick Van Eck suggested we report that over the past year this variation has been no more than 6 hours. He also commented that we should reference our rule (policy) and include that it's based off the Carnegie formula and relies on the faculty and course director to monitor this based on the feedback. He thinks students are commenting on study time rather than adequacy of unscheduled time for self-directed learning and we may need to revisit this after the ISA 2 data is received. If students are still dissatisfied this response may not be sufficient. Stephen Tinguely asked Ken Ruit if we can wait for the ISA2 results or if we should dig deeper now. Ken suggests talking with students now.</p> <p><b>Element 7.4</b> narrative a. <i>provide 2 detailed examples from pre-clerkship phase.</i> Dr. Nora suggests specific skills e.g., cardiomyopathy. Rick Van Eck thinks we should include our general PCL objectives that covers all and then choose a specific example (case) and discuss in more detail.</p> <p><b>Element 7.5</b> Dr. Nora commented that the appearance is that everything is taught in the pre-clerkship phase. Ken Ruit agrees with Dr. Nora. He suggests adding some representation of Phase 2 experiences in the table. He commented that an objective does not need to be included.</p> <p><b>Element 8.0</b> Dr. Nora pointed out that we provided too much info for Phase 2 and a single response for Phase 1. Steve Tinguely asked if there a better way to answer this question. Ken Ruit commented that the information is in the appendix, and we shouldn't need to add more to this. He suggests breaking it out by themes and anchors, reporting ranges of scores.</p> <p><b>Element 8.1</b> Steve Tinguely revised our response based on Dr. Nora's comments. He removed content from narrative c. that wasn't relevant to the element. Ken Ruit said he agrees with only including Phase 1, Phase 2/3 Committees and CEMC.</p> <p><b>8.2.8.3,8.7,8.8</b> Deferred.</p>	<p>Dr. Tinguely will bring this topic to the Pre-Clinical ISA2 committee for discussion.</p> <p>Add to November agenda as tentative review elements.</p>
<b>Next Meeting</b>	November 17, 2021	

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Submitted by Sheila Bosh, Accreditation Manager

Approved by Dr. Stephen Tinguely, EASRC Chair