**AGENDA ITEM** | **SUMMARY** | **ACTION/FOLLOW-UP**
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1. Welcome/call to order (Tinguely) | Dr. Tinguely called the meeting to order at 4:32 p.m. via video conferencing in room E493. | Informational

2. Review and approve meeting minutes September 2018
   a. September meeting minutes
   b. Action Table Review and Updates
      Deferred action table review as most active items pertain to standard 7, which is the focus of today’s meeting. | MSC – approve September minutes. Ken Ruit / Mark Koponen // carried.

3. Old Business
   a. Element 7.5
      Dr. Ruit presents a summary of his written review and analysis of Element 7.5. He explains the history of efforts over the past several months to create a potential list of current societal topics that may be considered for the medical program curriculum. These efforts included seeking expert advice from selected faculty and from data gathered at the annual curriculum retreat via the work of focus groups.

      Dr. Ruit emphasized the importance of necessary intentionality of the curriculum committees in the selection of those societal topics relevant to our location and patient populations we serve.

      It is concluded that the intent of Element 7.5 is not currently met in its entirety and that this element requires attention of MCC

      After much deliberation this committee will recommend to MCC a list of five societal problems along with rationales for their selection. Erika Johnson will help find resources that support the rationale for each of the problems listed. It was concluded that specific topic should be as narrow and focused as possible in order to create meaningful learning objectives. | Action Item: Dr. Ruit will create a rationale for each societal problem. Erika Johnson will assist in finding resources to support those rationales.
The recommended list:
1. Opioid Use Disorder
2. Suicide prevention
3. Adverse Childhood Experiences
4. Obesity
5. Rural Access to Specialty Services

Dr. Ruit will report the final recommended list and corresponding rationales at next month’s meeting.

### 4. New Business

**a. Review of the 2018 Standard 7 Report Prior to Forwarding to MCC**

7.1 –The intent of this element is being met. GQ results from past few years are demonstrate that graduates generally feel prepared for clerkships and residencies.

7.2 –It is concluded that not all of the action items recommended in the 2016 review of this element have yet been fully achieved. In order to demonstrate that all of the intentions of this element are met, a functional vocabulary with meaningful mapping and linking processes are necessary. With regard to the preclinical curriculum content, efforts are well underway by CEMS and BSCS. CSCS is responsible for this work related to the clinical curriculum.

7.3 – The most recent wording of Element 7.3 has been changed likely to clarify the LCME’s intent. The committee concludes that we are meeting most of the intent of this element. It is unclear if the curriculum adequately teaches medical students “the ways in which research is explained to patients Dr. Tinguely will reach out to Dr. Basson to see if his new grant on cancer research”. Members of the committee discuss how learning objectives and teaching points can be added to current PCL cases in order to achieve this. A second area of concern relates to the whether or not our current curriculum satisfactorily teaches certain principles related to translational research.

7.4 –It is concluded that our medical program meets the intent of Element 7.4. We are able to provide examples in both the preclinical and clinical curriculum of ample

7.2 Action Item: EASRS will request updates from CEMS and BSCS on the status of their work related to this element within the next 6 months.

7.3 Action Item: Dr. Tinguely will contact Senior Associate Dean of Medicine and Research, Dr. Basson, to seek his advice re how the curriculum might better address teaching principles of translational research particularly in light of the recent CTR grant award.
opportunity for students to demonstrate skills of critical judgment and problem solving skills.

7.6 – The TAACT spreadsheet documents that our current curriculum has the appropriate content to meet the expectations of this element. On the other hand, GQ data continue to show that students do not necessarily feel adequately prepared to care for patients from different backgrounds.

In the analysis of this element it is concluded that the curriculum has content that addresses “meeting the healthcare needs of medically underserved populations” despite the fact that no specific learning object can be identified.

PCL cases have undergone revisions with the purpose to improve diversity and address bias. Additional work may be beneficial. A suggestion was made to recommend student input into case revisions as part of a future fourth year medical education elective.

7.6 Action Item: Request that BSCS address the need for a curriculum learning objective that specifically addresses the teaching of “meeting the health care needs of medically underserved populations.”

Request update from the MCC “7.5 and 7.6 Working Group” regarding the status of their work and how the group is addressing the GQ results pointing to students ongoing concerns that they are not adequately prepared to care for patients of different backgrounds.

5. Other Business

<table>
<thead>
<tr>
<th>Future Meeting Assignments:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January</strong></td>
</tr>
<tr>
<td>8.1 Curriculum Management: Koponen</td>
</tr>
<tr>
<td>8.2 Use of the Medical Ed Program Objectives: Van Eck</td>
</tr>
<tr>
<td>8.4 Program Evaluation: Carr</td>
</tr>
<tr>
<td>8.5 Medical Student Feedback: Grove</td>
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<tr>
<td><strong>February</strong></td>
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<tr>
<td>8.3 Curriculum Design/Review/Revision/Monitoring: Tinguely</td>
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<td>8.6 Monitoring Required experiences: Zelewski</td>
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<tr>
<td>8.7 Comparability of Education/Assessment: Bande</td>
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<tr>
<td>8.8 Monitoring Student Time: Delage</td>
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Informational
| 6. Adjournment/Next EASRS Meeting | Dr. Tinguely adjourned the meeting at 6:08 pm. | Next meeting is Wednesday, November 14, 2018 in Room E493. |