

Education Accreditation Standards Review Subcommittee (EASRS) Meeting Minutes
SMHS

Wednesday, August 21, 2019 – 4:30 pm in room E493 and via WebEx

In attendance: Pat Carr, Bryan Delage, Jane Dunlevy, Bryon Grove, Mark Koponen, Steve Tinguely, Ken Ruit, Rick Van Eck and Susan Zelewski.

Not in attendance: Dinesh Bande, Joy Dorscher, and Erika Johnson.

Minutes Submitted by: Alissa Hancock

MSC = motion made, seconded, carried

Minutes Reviewed by: Steve Tinguely

Minutes Approved by: Patrick Carr and Bryon Grove

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order (Tinguely)	Dr. Tinguely called the meeting to order at 4:34 p.m. via WebEx in room E493.	Informational
2. Review and approve meeting minutes June 2019	<p>a. June meeting minutes</p> <p>b. Action Table Review and Updates</p> <p>7.2 CEMS is working on defining the appropriate language for writing objectives that will result in meaningful mapping outcomes. The program and course objectives for the current curriculum will be mapped in E*value and will be reported later this year. The information needed for mapping the proposed curriculum revision will be inputted into a new software system (LEO). We are confident that this software system will allow functional mapping of curriculum objectives of the snapshot year (AY 2020-2021) prior to the next full LCME survey visit.</p> <p>7.9 The IPHC objectives and assessments have been approved by BSCS and are anticipated to be approved by MCC at the next meeting. Dr. Eric Johnson and Michelle Montgomery will be developing objectives for CEMS to review and eventually map to the medical program competencies. Discussion are underway to consider “badging” as a way to assess students for IPE, SIMPLE and ACHIEVE programs. This should stay on the action item list for a future discussion.</p> <p>9.2 Dr. Ruit reports that the topic of faculty appointments for all volunteer and community faculty is expected to be addressed by the Clinical Sciences Chairs this fall.</p>	<p>MSC approve June minutes. Bryon Grove / Mark Koponen // carried with one abstain.</p> <p>ACTION ITEM:</p> <p>7.9 EASRS will monitor the development of IPE objectives and assessment methods for IPE over the revised four year curriculum.</p> <p>9.2 At the October 2019 EASRS meeting it is expected that Dr. Ruit will report on the actions taken by the Clinical Sciences Chairs re faculty appointments for volunteer faculty instructors</p> <p>9.9 Dr. Tinguely will request that the Student Grievance Policy and the MSAPC Policy be</p>

	<p>9.6 In follow up to the June EASRS meeting, Dr. Van Eck explained the clarifications of the DCI narrative responses related to this Element. No further action required at this time</p> <p>9.7 In follow up to the June EASRS meeting, Dr. Koponen provided clarifications related to DCI narrative responses related to this Element. No further action required at this time.</p> <p>9.9 In follow up to the June EASRS meeting, Dr. Grove provided additional responses to DCI questions related to this Element. Dr. Grove noted that the Student Grievance and MSAPC policies do not acknowledge one another and therefore do not address under what circumstances each one comes into play. The MSAPC policy directs student appeals to the Dean. The Grievance Policy directs student appeals through a path that results in the formation of a Grievance committee (if the grievance is not satisfied at the individual instructor or department level). Each policy has a different process for addressing an appeal, but neither is very specific about the circumstances under which each policy applies. Dr. Grove recommends that one or both of the policies (probably MSAPC) have some language that spells out under what circumstances a student appeal is guided by the MSAPC policy and under what circumstances the appeal is guided by the Grievance policy when a student faces an adverse action from the school.</p> <p>Since the SMHS Student Grievance Policy and the Medical Program’s MSAPC policy do not acknowledge each other, it seems likely confusing to a student of what process should be followed. It was concluded by this Committee that these two polices should be reviewed and brought in alignment with each other and this will best be accomplished by Dr. Joy Dorscher and the MSAPC Chair.</p>	<p>reviewed by Dr. Joy Dorscher and the MSAPC Chair in order to bring the 2 policies in alignment with each other and with the intent of this Element.</p>
<p>3. Old Business</p>		
<p>4. New Business</p>	<p>a. Element 9.8 (Tinguely)</p>	<p>CSCS will continue to monitor the outcome of the effort to</p>

	<p>It was reported that the data related to this Element was recently reviewed by CSCS (August 2019). It is clear that the school has done well in timely grade submissions for the past 4 years. In the last AY, however, there was an occurrence where grades were not timely submitted due to special circumstances with staff changes in two departments. This problem was further compounded by the loss of \ the Registrar’s position within the Office of Student Affairs. In order to rectify this problem, the procedural protocol to ensure timely grade submissions has been modified so that now the Director of the year 3 and 4 Year Curriculum will send reminders to Clerkships and AI directors that grades are due.</p> <p>This change in protocol will require ongoing monitoring by this Committee and CSCS.</p>	<p>provide timely clerkship grade reporting</p>
	<p>b. Element 6.1 (Carr) Dr. Carr updated the data where it was needed using the 2021 DCI question. It was noted that residents may not receive the overall medical program objectives (Domains and Competencies). The value of disseminating program objectives to a resident instructor was questioned. It was agreed that clerkship and AI objectives are of much greater importance and value to a resident instructor</p>	<p>6.1 Dr. Zelewski will discuss with DOI, Dr. Becker, the dissemination of Program objectives to resident instructors of medical students.</p>
	<p>c. Element 6.2 (Zelewski) The only change that was needed from the last review was the update on the diversity case requirement. We have difficulty meeting the HIV requirement because this population in North Dakota is small to guarantee an encounter but feel it is important enough to have students complete an alternative method. When we are training with the new Leo system there will be patient encounter tracking, they are aware how important it is to us to have this capability and this training is still to come.</p>	<p>6.2 is listed as one of the Elements in the Medical Program’s CQI process selected for ongoing monitoring (see Element 1.1)</p>
	<p>d. Element 6.3 (Van Eck) Dr. VanEck advises that this element be paired with work related to element 8.8. Dr. VanEck also reported that the current DCI emphasizes the evaluation of students’ self-directed and life-long learning skills compared to last year’s DCI which seemed to focus on polices related to scheduled vs unscheduled required leaning. A newly proposed policy (policy 4.19) addresses many items related to this topic. In section b. there is some updating that will have to take place once the policy 4.19 is approved. The table shows the estimated of hours’ students will need to prepare</p>	<p>6.3 Review this Element together with Element 8.8 when Standard 8 again comes to EASRS for review.</p>

	for that session. Policy 4.19 sets a limit of 70 hours of mandatory class/study time. The Committee concluded that this element is to be reviewed again when Element 8.8 once again comes to EASRS for review and update.	
5. Other Business		
	<p><u>Future Meeting Assignments:</u></p> <p>1. Element 6.4 Delage</p> <p>2. Element 6.5 Bande</p> <p>3. Standard 9 Report Tinguely</p>	Informational
6. Adjournment/Next EASRS Meeting	Dr. Tinguely adjourned the meeting at 5:33 pm.	Next meeting is Wednesday, September 18, 2019 in Room E493.