

**Medical Curriculum Committee Meeting Minutes**  
SMHS

**Wednesday, January 11, 2017- 4:30 PM, Room E493, via telecomm, and video**

**Voting members in attendance:** James Beal, Charlie Christianson, Jonathan Geiger, Raymond Goldsteen, Mark Koponen, Shanalee Mountain, Heide Philpot, Thad Rosenberger, Chen Xuesong

**Voting members not in attendance:** David Bradley, Bryon LaBore

**Non-voting members in attendance:** Marc Basson, Pat Carr, Bryan Delage, Joy Dorscher, Gwen Halaas, Scott Knutson, Deniss Lutz, Rebecca Maher, John Shabb, Steve Tinguely, Chris Tiongson, Rick Van Eck, Susan Zelewski

**Minutes Submitted by:** Rebecca Maher

**Minutes Reviewed by:** Richard Van Eck

**Minutes Approved by:** Thad Rosenberger/Mark Koponen

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	Dr. Van Eck called the meeting to order at 4:32p in Room E493. Introductions were made as we have a new member (INMED appointee-Raymond Goldsteen)	Informational
<b>2. New Business</b>	<p><b>a. Family Medicine Clerkship Annual Report</b></p> <ul style="list-style-type: none"> <li>• The first section contains the objectives and learning activities. These are mapped to the year 3 objectives and EPAs.</li> <li>• 6.2: All students completed all requirements in which most have been completed by participation.</li> <li>• There are 26 learning objectives linked to structural activities and EPA's. Residents teach students in our clerkship during their rotations; when the students are on teaching service with them, and by opportunity when on other rotations where they might encounter one of the Family Medicine residents. Residents are not filling out formal evaluations of the students but do give feedback.</li> <li>• For the 2015-16 Academic year, we had 1 out of 66 students fail the NBME shelf by not reaching the cut off by Hofstee compromise of 61 on the first try. This student successfully re-examined after rotation 6 and received a passing score. All but one of the grades were submitted for the Clerkship within the 6 weeks' allotment. This was the grade of the student who failed the first shelf exam due to a delay in posting their incomplete grade while waiting for re-examination. Based on the student evaluations of the clerkship, where 52 students completed an evaluation, 85% received mid clerkship feedback, and 15% did not. Of the 52 students evaluated the Clerkship, 88%</li> </ul>	MSC to accept - Charlie Christianson/ Thad Rosenberger//all in favor; carried unanimously.

	<p>were observed doing a history and physical exam, and 12% were not. After rotation 2 100% students indicated that they been observed doing physical exams and taking histories.</p> <ul style="list-style-type: none"> <li>• CSCS made a suggestion to delete the resident teaching section in number 4 and to change the wording of number 5 ii. “remediate” to “reexamine”.</li> <li>• MCC discussed the percentage of the students receiving honors and how it is calculated. The school standard is 20% students receive honors. It is difficult to see where the percentage cut off is in regards to who receives honors. This will be adjusted for this next year.</li> </ul>	
	<p><b>b. OBGyn Clerkship Annual Report</b></p> <ul style="list-style-type: none"> <li>• The Clerkship report covers the rotation of all four campuses. Clerkship learning objectives were linked to year three objectives and EPA however; this is still a work in progress. Clinical Encounters that are required, most students have met the requirement. Faculty has an annual meeting to go over some of the learning objectives for the year. There was no significant difference of how well students did on certain campuses. There have not been any failures however there were some students who did take a LOA. All grades were in in a timely manner. The biggest change is aligning our clerkship objectives with the standard year 3 objectives. Some of the males had issues in the labor and delivery area, as the patients did not welcome them. Generally, there was an overall good experience. Some students were unhappy with the three quizzes/exams they were required to take during the rotation. We have changed the way students are assigned in Fargo.</li> <li>• CSCS suggested to add the changes that were made in Fargo as Dr. Christensen will give CSCS an update after it is reviewed at the department retreat.</li> <li>• MCC discussion: There are 2 preceptors per student per clerkship. The ROME site in Dickinson has 2 women who will not fill out any forms however, Williston has a new OB AI. There was a discussion about the test and how once the students pass the first time the second test score drops (happening in Minot). There is 4 months in between the two test. They take all shelf exams in 1 week so this may be a problem.</li> </ul>	<p>MSC to accept - Charlie Christianson/Mark Koponen//all in favor; carried unanimously.</p>
	<p><b>c. ROME Clerkship Annual Report</b></p> <ul style="list-style-type: none"> <li>• This new template has been helpful. There are two students at Devils Lake, Dickinson, Hettinger and Jamestown, ND and 1 student in Ortonville, MN, each academic year. There are seven objectives which are listed on the ROME site:</li> </ul>	<p>MSC to accept - Charlie Christianson/ Mark Koponen//all in favor; carried unanimously.</p>

	<p>a. Data Collection/Problem solving  b. Health Promotion/Disease prevention  c. Awareness of Impact of Family and Culture  d. Experience the scope of care provided in a rural setting, including experiences appropriate to Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery  e. Learn about patients/families in the context of continuous care in the rural environment  f. Learn about health-care resources or challenges in your community and learn about the principles of Patient-Centered Medical Home  g. Address course requirements for traditional Year-03 Clerkships</p> <p>Findings: Objectives 1, 2, 3 and 6 are identical and can be linked to Family Medicine Clerkship Goals 1, 2, 3 and 4. See Appendix A for those Family Medicine Clerkship goals that are identical to the ROME objectives.</p> <ul style="list-style-type: none"> <li>• Item seven talks about the course requirements for traditional year 3 clerkships, which gives the students information about what is coming and other information. There are residents who teach students in Hettinger and occasionally in Devils Lake and Jamestown. The residents do not evaluate the students. Students on ROME do as well as other students. In order to address the concerns, we will remind students to allow several weeks to settle in and get to know preceptors, remind the student's preceptors are aware of the need to travel, try not to overburden students with trips to home campus. In order to address our strengths, we will continue to appreciate the ROME preceptors and local health care entities and continue with faculty development and cooperation. ROME students will be more involved in the SHAPE program and will work with the integration program.</li> <li>• CSCS made a suggestion to include teaching in quality improvement section in which is reflected in the new document.</li> </ul>	
	<p><b>d. MCC By-laws/CQI</b></p> <ul style="list-style-type: none"> <li>• We have revised this as the idea is to get rid of overlap and we were having difficulty getting some slots filled. We found ways to reduce redundancy. We propose adding a chair elect position. Maybe instead of having a CSCS rep or BSCS rep we can have in MCC.</li> </ul> <p>Comments</p>	<p>MSC to approve CSCS/BSCS committee changes – Charlie Christianson/Jim Beal//all in favor; carried unanimously.</p>

	<p>The description left out CSCS chair in MCC (will be added). There was a discussion about the chair being a voting member. The parliamentary procedure states chair only votes if needed. The American Institute of Parliamentarians <u>Standard Code of Parliamentary Procedure</u> states: “No officer relinquishes the rights of membership by accepting office... The presiding officer, if a member of the assembly, does have the right to cast a vote. However, in an assembly the presiding officer customarily exercises that right only when the vote is by ballot or when his or her vote will make a difference in the result.” We will allow the MCC Chair to vote in case of a tiebreaker.</p>	<p>Action item: Becca will include voting/nonvoting members present for each committee minutes</p> <p>Action item: Dr. Van Eck revise description of committees</p>
	<p><b>e. Medical Curriculum Retreat Planning discussion</b></p> <ul style="list-style-type: none"> <li>This will be moved to a standing agenda item</li> </ul>	<p>Informational</p>
	<p><b>f. Proposed Facilitator Proposal (if time allots)</b></p> <ul style="list-style-type: none"> <li>This is in progress and we have been getting much feedback. This document has come forward to MCC to talk about why we do not have enough facilitators.</li> </ul>	<p>Informational</p>
<p><b>3. Standing Agenda Items</b></p>	<p><b>a. Approval of Minutes of 11.30.16 (Van Eck)</b></p> <ul style="list-style-type: none"> <li>There were no additional comments. Motioned for approval.</li> </ul>	<p>MSC to approve 11.30.16 meeting minutes Charlie Christianson/Johnathan Geiger//all in favor; carried unanimously</p>
	<p><b>b. Subcommittee Reports and Action Request</b></p> <p><b>i. BSCS report (Shabb)</b></p> <ul style="list-style-type: none"> <li>Nothing to report</li> </ul> <p><b>ii. CSCS Report (Zelewski)</b></p> <p><b>1. Step 2 CS/CK</b></p> <p>Step 2 is standard feedback mechanism and here is the info. There were no significant action items. Increase in failures (1 to 4). This was a national trend for many schools. We will monitor to see if this is a trend.</p> <p>CSCS met yesterday to discuss the IM clerkship report, a couple AI’s, SCRIBE update, interprofessional learning, and the epidemiology report.</p> <p><b>iii. EASRS Report (Tinguely)</b></p> <ol style="list-style-type: none"> <li>Just completed review standard 7 and will be reviewed next week and come to MCC in February</li> <li>We will start review of standard 8-curriculum review management</li> <li>We will have a demo of new software called strategic planning online next week</li> <li>LCME report that was submitted is currently at LCME and they meet in February</li> </ol>	
	<p><b>c. Policies Update (Dorscher)</b></p> <ul style="list-style-type: none"> <li>There were no policy updates to discuss however, there will be two policies coming</li> </ul>	<p>Informational</p>

	forward at MCC's next meeting.	
	<b>d. LCME Update</b> ❖ Should be discussed in LCME's February meeting	Informational
	<b>e. Electives/AI's (Zelewski)</b> Informational: Mayville-has final approval and has been approved <b>i. Psych Eating disorder AI</b> • Suggestions: Number 11 says list the should we write "Apply these"- listing them are important – under number 11 should say number #14	MSC to approve the Psych eating disorder with suggested edit – Charlie Christianson/Mark Koponen//all in favor; carried unanimously.
	<b>f. Follow up on Action Item Table</b>	
<b>4. Next MCC Meeting</b>	Next Clerkship Report Review meeting – February 8, 2017 – 4:30 PM, Room E493 & Video Fargo Next Regular Meeting – January 22, 2017 – 4:30 PM, Room E493 & Video Fargo	Informational
<b>5. Adjournment</b>	Meeting was adjourned at 6:05 pm	Informational