

**Medical Curriculum Committee Meeting Minutes**  
SMHS

**Wednesday, January 25, 2017- 4:30 PM, Room E493, via telecomm, and video**

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

**Voting members not in attendance:** David Bradley, Raymond Goldsteen, Bryon LaBore, Heide Philpot

**Non-voting members in attendance:** Jon Allen, Marc Basson, Mike Booth, Pat Carr, Joy Dorscher, Dawn Drake, Stephanie Flyger, Rebecca Maher, John Shabb, Steve Tinguely, 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.	Informational
<b>2. New Business</b>	<p><b>a. SHaPE update</b></p> <ul style="list-style-type: none"> <li>• The purpose of the SHaPE program is to enhance the 3<sup>rd</sup> year medical student history and physical exam skills. The exam inadequacies SHaPE looks for includes, but are not limited to: listening to the heart and lungs through the gown, doing only cursory exams of the various systems, palpating with such minimal pressure that abnormalities cannot be found, performing various exam maneuvers so fast as to not be able to do appropriate assessments, palpating in the wrong anatomic areas for certain structures, minimal to no review of systems, and failure to thoroughly obtain a history of present illness. By the end of the third year of medical school, all students will: a) successfully participate in at least 6 simulation events facilitated and assessed by faculty, b) achieve a score of at least 80% on at least 2 thorough H&amp;Ps (standardized patient), evaluated by faculty, c) remediate skills as necessary and as determined by the faculty evaluation, and d) identify and appropriately address diversity issues as presented to them in the simulation and patient encounters.</li> <li>• The SHaPE schedule for 2017-18 template is on Blackboard. The dates have been set but the upcoming 3<sup>rd</sup> year students have not been added. The facilitators will go through the current facilitator training program.</li> </ul> <p>Comments/Remarks</p> <ul style="list-style-type: none"> <li>• Discussion about ROME students having to drive to attend the mandatory 6 SIMS and 2 H&amp;P dates. ROME students will be told in advance when the training will be so they will</li> </ul>	Informational

	<p>have adequate time to plan travel.</p> <ul style="list-style-type: none"> <li>• The SIMS will be recorded and there will be a prebriefing prior to the students doing to training.</li> <li>• A SHaPE report will come to CSCS and MCC after it is launched to examine the pros and cons.</li> </ul>	
	<p><b>b. Task Force Final Document</b></p> <ul style="list-style-type: none"> <li>• On January 13, 2016, the UNDSMHS MCC mandated that a task force be created to examine and, if necessary, update the existing Medical Student Education Curriculum Goals, Objectives, and Principles document. The document updates is largely based on the Physician Competency Reference Set (PCRS). The group decided to adopt the term “competencies” rather than “goals” to reflect current standards and practices in medical education.</li> <li>• We have brought this document forward for committee members to read and we will discuss at a later meeting.</li> </ul>	Informational
	<p><b>c. SPETA proposal</b></p> <ul style="list-style-type: none"> <li>• SPETA (Standardized Physical Exam Teaching Associate) program are for individuals who can teach the parts of normal asymptomatic adult physical examination techniques using their own bodies and appropriate educational resources. Currently, physician faculty are teaching basic physical exam skills to first year medical students in Blocks 2 and 4. Physician faculty is the most expensive clinical teaching resource. It has always been challenging to recruit enough additional part-time and community faculty physicians because participation takes time away from their practices. This makes it difficult to commit to the hours needed to teach clinical skills at all levels. There are two one-hour sessions scheduled for the Wednesday and Thursday afternoon and ten groups of four students practice during each session. Students have expressed discomfort in examining their peers. To address problems: cost-effectiveness, non-standardization and inconsistency, this proposal uses SPETAs expertly training by the Year 01 course director with the assistance of the SP Program Coordinator and Assistant.</li> </ul> <p>Comments/Remarks</p> <ul style="list-style-type: none"> <li>• This has been used for the past 15 years in other medical schools and has been widely accepted.</li> <li>• This would take effect in Block 2 during 2017-18 academic year.</li> </ul>	MSC to accept the idea of the SPETA program – Charlie Christianson/Mark Koponen//all in favor; carried unanimously.

<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>• Minutes have been moved to future MCC meeting agenda</li> </ul>	<p>Informational</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>• BSCS met on January 17<sup>th</sup>. The 2019 medical student class president Ken Tharp was present to present a Block 8 testing proposal. We started looking at new software such as Medtrics in order to promote curriculum mapping. We discuss the 1<sup>st</sup> year medical students SIM experiences.</li> </ul> <p><b>1. Block 1 report</b></p> <p>During block 1 in 2016, all 78 students have received a satisfactory grade in PCL. The mean aggregate scores on the three components of the final exam at the end of the block were MCQ 83.5%, Case exam 83.1%, and Clinical skills 95.6% (passing scores are 75%, 75%, and 80% respectively). The 14 students who reexamined in the special study week received passing grades. There were four block failures. Some strengths of the block were PCL case discussion sessions, PCL wrap up sessions, and that the basic science lectures and labs were aligned with the organization of the weekly PCL cases. Moving to the new building has brought new opportunities such as cultural transformation and technological challenges. Some goals for next year include to continue updating and reviewing the organization of the block, continue reviewing and revising the PCL cases, institutionalizing the iSpiral instrument, effectively communicating the revised Program Goals and Objectives in the UND MD curriculum, and training faculty teachers on the use of technology to promote active, interactive, or even active learning strategies in their lecture delivery in the classrooms.</p> <p>Discussion- Institutionalized means the preferred method.</p> <p><b>2. Block 5 report</b></p> <p>During block 5 in 2106, 10 out of the 77 students received honors. The mean aggregate scores on the three components of the final exam at the end of the block were MCQ 86%, Case Exam 87%, and Clinical Skills 94%. There were 5 re-examinations (4 MCQ &amp; 1 Case). There were no block failures. Strengths of the blocked included SIM experiences, ACE, Immunology and Antibiotics lecture content, abuse week, and patient wrap-up sessions. Some opportunities arising during the block-included students frequent mention of cohesiveness of some of the lecture sequences could have been better, need for more pathology faculty,</p>	<p>MSC to approve Block 1 report – Thad Rosenberger/Charlie Christianson// all in favor; carried unanimously.</p> <p>MSC to approve the Block 5 report – Charlie Christianson/Mark Koponen//all in favor; carried unanimously.</p>

	<p>potentially moving abuse week earlier in the block, microbiology labs sessions being crowded, environmental problems, and the constant shuffle of classrooms. Goals for Block 5 in 2017 are to continue working to improve the delivery; content, and objectives of the clinical science topics in epidemiology/biostatistics; address student concerns with the administration regarding communication; improve the sequencing of materials with regard to microorganisms; continue to work on locations for basic and clinical science lectures and labs; and work with microbiology faculty/staff to optimize schedule of laboratory time to be more effective at teaching the laboratory techniques.</p> <p>Discussion- Lectures have also been cutting out early. The first goal "Continue to work to improve delivery, content, and objectives of the clinical science topics in epidemiology/biostatistics." Has been in the works for three years.</p> <p><b>ii. CSCS Report (Zelewski)</b></p> <ul style="list-style-type: none"> <li>• CSCS has not met since the last MCC meeting</li> </ul> <p><b>iii. EASRS Report (Tinguely)</b></p> <ul style="list-style-type: none"> <li>• Standard 7 will be coming to MCC in February and during the last meeting we introduced SPOL which seems to be a great tool we can use in order to track and make changes to standards and elements.</li> </ul>	<p>Action Item: Kurt Borg to update process of first goal (to continue to work to improve the delivery, content, and objectives of the clinical science topics in epidemiology/biostatistics and to see the past goals from the past 3 years.</p>
	<p><b>c. Policies Update (Dorscher)</b></p> <ul style="list-style-type: none"> <li>• The Visiting Medical Students policy and the Student Immunizations and Medical Examination policy was brought to CSCS on January 10. The Visiting Medical student's policy allows medical students from LCME and non-LCME accredited medical schools to enroll in fourth year electives at UND SMHS if criteria is met. The Student Immunizations and Medical Examination Policy goes with the Visiting Medical Students policy, as we require TB testing and compliance with immunizations and TB policies of affiliate educational institutions such as affiliated community hospitals.</li> </ul>	<p>MSC to approve the Visiting Medical Students Policy – Mark Koponen/ Thad Rosenberger//all in favor; carried unanimously.</p> <p>MSC to approve the Student Immunizations and Medical Examination Policy – Thad Rosenberger/ Mark Koponen//all in favor; carried unanimously.</p>
	<p><b>d. LCME Update</b></p> <ul style="list-style-type: none"> <li>• Should be discussed in LCME's February meeting</li> </ul>	<p>Informational</p>
	<p><b>e. Electives/AI's (Zelewski)</b></p> <p><b>i. Rural FM Fosston AI</b></p> <p>There was a discussion about the assessment wording and about grouping evaluations methods #1-7 with #8 as well. The reason they are currently split is that evaluation method #8 is a specialty.</p>	<p>MSC to approve Rural FM Fosston AI &amp; Rural FM Ortonville with suggested change in Fosston AI – Charlie Christianson/Mark Koponen//all in favor; carried</p>

	<p><b>ii. Rural FM Ortonville</b> Question about what Evaluation method #5 means in regards to documentation. This refers to charting.</p> <p><b>iii. ObGYN AI</b> This is the first OB AI in Williston. There was a discussion about why some AI's have remediation plans stated and some do not. This will be addressed in the AI working group.</p> <p><b>iv. Pathology AI</b> This AI is different as it pertains to Pathology. There is an addendum included in this AI.</p>	<p>unanimously.</p> <p>MSC to approve the OB AI – Thad Rosenberger/ Mark Koponen//all in favor; carried unanimously</p> <p>MSC to approve the Pathology AI – Thad Rosenberger/ Mark Koponen// all in favor; carried unanimously.</p>
	<p><b>f. Follow up on Action Item Table</b></p> <ul style="list-style-type: none"> <li>This has been reviewed</li> </ul>	<p>Informational</p>
	<p><b>g. Medical Curriculum Retreat Planning Working Group</b></p> <ul style="list-style-type: none"> <li>The chairs from MCC and subcommittees will look at what topics should be discussed during the 2017 Retreat.</li> </ul>	<p>Informational</p>
<p><b>4. Next MCC Meeting</b></p>	<p>Next Clerkship Report Review meeting – February 8, 2017 – 4:30 PM, Room E493 &amp; Video Fargo Next Regular Meeting – January 22, 2017 – 4:30 PM, Room E493 &amp; Video Fargo</p>	<p>Informational</p>
<p><b>5. Adjournment</b></p>	<p>Meeting was adjourned at 6:28 pm</p>	<p>Informational</p>