

Medical Curriculum Committee Meeting Minutes
SMHS

Wednesday, January 9, 2019 - 4:30 PM, Room E226, via telecomm, and video

In attendance: Marc Basson, James Beal, Pat Carr, Xuesong Chen, Joy Dorscher, Jane Dunlevy, Mark Koponen, Jonathan Pacella, Heidi Philpot, Chernet Tessema, Jim Roerig, Thad Rosenberger, David Schmitz, John Shabb, Steve Tinguely, Donald Warne, Rick Van Eck and Susan Zelewski.

Minutes Submitted by: Alissa Hancock

Minutes Reviewed by: Mark Koponen

Minutes Approved by: Donald Warne and Jonathan Pacella

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Koponen called the meeting to order at 4:35 pm in room E226 on the Northeast Campus.	Informational
2. New Business	a. Internal Medicine Night Float AI	MSC to approve the Internal Night Float AI. Heidi Philpot / Thad Rosenberger // carried.
3. Standing Agenda Items	a. Review of action item table (Koponen) Dr. Koponen has talked with Dr. Pant about iSpiral and working to get the program to be more user friendly. There are a few MedEd students coming in the next month that will be working on integrating the competencies and domains into the program. In hopes that we can start to use this as a way to evaluate students.	Tabled
4. Old Business	a. Modification of the Curriculum Dr. Carr did meet with the biomedical science staff about the potential curriculum structure and it felt like they were ok with the change and had many questions, that he did his best to answer. Some of the concerns were faculty-losing time for research with the shortening of summer vacation. In addition, to questions about the comprehensive exam and what does that mean? Dr. Carr tried to stick to the structure and not get into too many details. There was also concern expressed about student and faculty burnout. There are also five vacation blocks scheduled in the first three years, and these could be consolidated if we wanted to. Dr. Carr wants to be conscious that the vacations are for all students. Currently, what students consider a vacation is only for those who are successful, as the others are remediating and do not actually get a break. We will need to figure out where remediation will happen. It was suggested that	Action Item: Dr. Koponen and Dr. Carr will write a one-page explanation of the decisions made to have the curriculum structure to look like it does. This will be emailed to the committee for review before it is sent out the subcommittees.

assessment happens on a Friday and then students could reassess at the end of the following week, which is labeled assessment on the current layout.

The current version of the layout has, five CBSE exams scheduled to increase the students' exposure to STEP 1 exam, which would reduce the number of failures. The students would also have to pass the exam by whatever we set as the passing score before they can move on to phase two of the curriculum or sign up for the STEP 1 exam. This would improve our scores, and help the students get into the residencies they really want because they do not have a STEP 1 failure on their record. It is better to have your school time extended because there could be a variety of reasons why this would happen for a student then to fail STEP 1. This would also allow us to work with students earlier when they are struggling to help them to do the best they can on the STEP 1 exam. The hope is that students will study more consistently and not procrastinate and then cram for a test. If a student does pass a CBSE exam on the 2nd or 3rd time, they will be highly encouraged to keep taking the exams. They can only improve their score and help them even more when looking at residency.

It was suggested that we do a reverse course design of the curriculum by what we want the students to learn and then design the curriculum around that. Then we can map the curriculum, which is what CEMS is already in the process of doing this.

For financial aid purposes, we need to have a course that goes the entire academic year for each year. LCME also requires that we have 130 weeks of study that we have to ensure that we meet. We also currently have 28 hours of required scheduled time, which we can adjust later as needed in our policies but this is a good number to start with. LCME really leaves the number of study hours, clerkships and electives up to the faculty and what works for our curriculum.

When looking at the pre-clinical phase and trying to reduce the number of weeks, we need to look for redundancies throughout the curriculum. In addition, to looking when and how clinical skills are taught for example in simulation or in a clinical setting.

Dr. Pat Carr is the custodian of this living document. As the document changes he will send it out or update it on Blackboard for everyone to review. Also, if you have any questions or suggestions to send them to him. He will also create a one page document explaining why things were changed the way they were.

Discussed who we would like to share the adopted document with and what to ask them to do with it. There was concern about share this with the entire school and getting too many opinions when we are

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MSC to adopt this living document of the curriculum restructure of what we would like the curriculum to look like and to have Dr. Pat Carr be in charge of maintaining the document. James Beal / Heidi Philpot // carried.

MSC to share the living document with subcommittees, clerkship directors, campus deans, clinical chairs and asking them to provide comments, suggestions and a timeline to MCC after their next meeting. BSCS will focus on the first phase and CSCS will look at the second and third phases and to look at the big picture

	<p>not sure of the details yet. It was decided, to share this with the subcommittees, clerkship directors, campus deans and clinical chairs, so that they can start to figure out how to make this work and if something will not work to let us know why. The sub-committees do not have to figure out all the details but we need to think about all the areas that will be affected by the changes. Then in March, all the committees can get together to start figuring to negotiate how the clinical and basic sciences can be integrated together.</p> <p>We should also keep in mind what is the best way for us to present/teach the information is that with an in person lecture, video or in a PCL case. To go along with that we need to decide if PCL groups will still exist in the curriculum.</p>	<p>structure and how to organize the implementation. Jane Dunlevy / James Beal // carried.</p> <p>Future Meeting: Look at what the committee structure should look like with the next curriculum structure.</p>
<p>5. Other Business</p>	<p>a. Chair Elect (Koponen)</p> <p>Still looking for a chair elect, I will be sending an email out to all department chairs to try to find someone to fill the chair elect position. The main coroner for the state has announce their retirement and therefore Dr. Koponen will really be pressed for time due to workload increase. Please give Dr. Koponen any suggestions of anyone who might be willing to be chair-elect.</p>	
<p>6. Next MCC Meeting</p>	<p>Next Clerkship Report Review meeting – January 9, 2019 – 4:30 PM, Room E226 & Video Fargo Next Regular Meeting – January 23, 2019 – 4:30 PM, Room E493 & Video Fargo</p>	<p>Informational</p>
<p>7. Adjournment</p>	<p>Meeting was adjourned at 6:24 pm</p>	<p>Informational</p>