

Medical Curriculum Committee Meeting Minutes – Additional Meeting
SMHS

Wednesday, October 26, 2016- 4:30 PM, Room E493, via telecomm, and video

In attendance: Marc Basson, James Beal, Mike Booth, Kurt Borg, Pat Carr, Charlie Christianson, Steffen Christianson, Gene Delorme, Joy Dorscher, Dawn Hackman, Mark Koponen, Rebecca Maher, Shanalee Mountain, Heide Philpot, John Shabb, Steve Tinguely, Rick Van Eck, Susan Zelewski

Minutes Submitted by: Rebecca Maher

Minutes Reviewed by: Rick Van Eck

Minutes Approved: 11.30.16

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Van Eck called the meeting to order at 4:36p in Room E493	Informational.
2. New Business	<p>a.) Committee & Subcommittee membership</p> <ul style="list-style-type: none"> ❖ We had a lot of cross communication between committee memberships therefore we decided to eliminate unneeded membership <p>Q. The question was asked: Can we change the committee makeup without changing the quorum?</p> <p>A. We will take a look at by-laws</p> <p>b.) Pharmacology issue in regards to having lowest rank in Block 4 Report 2015-16</p> <ul style="list-style-type: none"> ❖ The low-score reported on Pharmacology was read incorrectly. Pharmacology only has a minimal number of questions and is truly not one of our problem areas. <p>c.) Update on CQI (MCC mapping)</p> <ul style="list-style-type: none"> ❖ Becca will add tags and we will keep committee posted on how it turns out <p>d.) 6.2 Required Clinical Encounters</p> <ul style="list-style-type: none"> ❖ This document was electronically voted on 11.21.16. There were no questions or comments. <p>3 changes need MCC approval</p>	<p>Action item-Dr. Carr to put together table of Pharmacology results going back a few years</p> <p>MSC to approve 6.2 Required Clinical Encounters document. Dr. Christianson/Rosenberger//all in favor; carried unanimously</p>

	<ol style="list-style-type: none"> 1. Yellow highlighted areas: these are procedures that will be required starting with next academic year during the core clinical clerkships 2. Blue highlighted areas: these are changes that began this academic year 3. CSCS has approved the requirement that no student complete >25% of their required clinical encounters on any one rotation by observation. <ol style="list-style-type: none"> 1. Family Medicine Clerkship Report <ul style="list-style-type: none"> CSCS recommended action item: update after first two rotations this year for the completion of required clinical encounters by primary activity rather than alternate activity due to a high number completing alternate activity for newborn exam and CVA last year. 	
<p>3. Standing Agenda Items</p>	<p>a.) Approval of Minutes of 8.24.16 & 9.21.16 (Van Eck)</p> <ul style="list-style-type: none"> ❖ No comments; motioned for approval <p>b.) Subcommittee Reports and Action Request</p> <p>i. BSCS report (Shabb)</p> <ol style="list-style-type: none"> 1. Block 8 report <ul style="list-style-type: none"> This was concluded last May. There were 70 students in block 8. 19 students received honor, 5 students had reexaminations (2 MCQ, 3 Clinical Skills), and no block failures. ❖ Strengths of this block- Clinical Skills Boot camp prepared students for skills that will be applied during year 3, simulation scenarios and debriefing experiences were highly appreciated, Lecture capture was heavily depended on, Wednesday discussions and Friday TBL sessions were viewed as a collaborative team-building environment that was beneficial, wrap-ups continued to be a centerpiece of each week, and lecture recordings by lecturers are heavily depended on by students. ❖ Opportunities arising in this block- students mentioned the need to modify block 8 in order to allow for more preparation for the Step 1 exam (we are on par with other med schools), mandatory attendance for community faculty lectures was a major contention, Students seemed to have a grasp of what will be tested on the boards, Psychiatry was mentioned as a weakness, and there were comment of redundancy in the endocrine and neurology themes. ❖ Goals for block 8 in 2017 – Determine if a week long theme on psychiatry can be 	<p>MSC to approve 8.24.16/9.21.16 meeting minutes Dr. Koponen/Christianson-all in favor; carried unanimously</p> <p>Action item to discuss with Clint if there is any feasible way to collect certain data. Any Lickert items that are 2 or below would need to be discussed and to decide what mechanism would be appropriate</p> <p>MSC to accept Block 8 report- Dr. Beal/Koponen//all in favor; carried unanimously</p>

	<p>incorporated, have purposeful discussions with students to iterate and re-iterate how our objectives and what we teach our students is based on LCME requirements, current proposals regarding lecture attendance will be spelled out to our students, block 8 lectures and objectives will be reviewed and we will identify if there is a redundancy in endocrinology and neurology, and further develop the ultrasound teaching in the second year.</p> <ul style="list-style-type: none"> • Lengthy discussion about how we will handle the lowest two things in upcoming years <ol style="list-style-type: none"> 2. BSCS has a policy of unscheduled mandatory time that will be forwarded to MCC for approval, approved more objective changes for human development that aligns with the content, and has heard and reviewed the 2015 residents report in which no action items have arisen. <p>ii. CSCS Report (Zelewski)</p> <ol style="list-style-type: none"> 1. Resident Program Director's Report <p>iii. EASRS Report (Tinguely)</p> <ol style="list-style-type: none"> 1. Standard 7.6- for further deliberation <ul style="list-style-type: none"> ❖ The dashboard is something we can look back on and how we can keep an eye on elements. 7.6 is something we have recognized as students rate their experiences lower than the national average. EASRS is asking if this rises up to the level to develop the next step on how this will be further addressed. During this conversation the question arose if we are having the students track patient ethnicities. Some disagree with asking patients however, students are trained during medical interviewing to ask what the patients ethnicity is. A suggestion to formulate a task force to look more into element 7.6 to determine how we can improve. 2. Standard 7.9-MCC to look at how inter professional and collaborative learning takes place overall years of the curriculum <ul style="list-style-type: none"> ❖ This is well done in years 1 and 2 however we are unable to determine how it is done in years 3 and 4. This has been brought to MCC to determine if more work needs to be done in clinical years. LCME wanted 3 examples however, we only have 1 good answer while the other two could use some work. The question was asked if we could 	<p>MSC to accept 2015 Residents Survey- Dr. Christianson/Koponen//all in favor; carried unanimously</p> <p>Action item for MCC chair to consult with Drs Christianson, Tinguely, and Carr to see who can be in the task force for element 7.6</p> <p>Action item to have CSCS consider standard 7.9 in clinical years and to look at where the opportunities are</p>
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	<p>break into both years in which we are actually already doing that. Another thought was about our elective experiences.</p> <p>3. MPC Proposal This was brought to MCC several months ago and approved and went to FAC. Dr. Ruit and Dr. Tinguely had a discussion about this proposal and after further consideration this is not the right time or right format to bring this to FAC. This proposal seems to be very confusing to some people. If this were to move forward some are afraid it may fail since it is not well introduced. A conversation pursued about if MCC could stretch themselves in the meantime to make decisions such as prerequisites.? In regards to admissions this should go to BSCS since they are charged with determining if students are ready for the first two years.</p>	Action item table update to suspended.
	<p>c.) Policies Update (Dorscher)</p> <ul style="list-style-type: none"> ❖ This issue arose as a concern from CSCS. Students have to pass STEP 1 USMLE in order to continue their rotation. If they fail, they have to drop out. Students who anticipate difficulty passing the Step 1 exam sometimes ask for a leave of absence however; These interruptions cause scheduling problems with 3rd year clerkships. Dr. Dorscher presented data showing that although the number leaves granted has increased over years so has the class size of the medical students therefore, the percentage of students granted a leave of absence (~13%) has not appreciably changed over time. <ul style="list-style-type: none"> ➤ Students are able to take practice tests. Those who fail may have to go to a different campus to do their rotation. ➤ There was discussion at CSCS given the tightness of the 3rd year class a policy change may be needed to allow students to take an elective prior to getting scores. 	Informational
	<p>d.) Electives (Zelewski)</p> <p>i. Williston experience deletion</p> <ul style="list-style-type: none"> ❖ This elective has been discontinued 	
	<p>e.) Follow up on Action Item Table</p> <ul style="list-style-type: none"> ❖ This will be sorted through by Dr. Van Eck & Becca 	
<p>4. Next MCC Meeting</p>	<p>Next Clerkship Report Review meeting – November 17, 2016 – 4:30 PM, Room E493 & Video Fargo</p>	Informational

	Next Regular Meeting – November 30, 2016 – 4:30 PM, Room E493 & Video Fargo	
5. Adjournment	Meeting was adjourned at 6:08 pm.	Informational

APPROVED