

**Medical Curriculum Committee Meeting Minutes**  
SMHS

**Wednesday, November 30, 2016- 4:30 PM, Room E493, via telecomm, and video**

**In attendance:** Marc Basson, James Beal, Pat Carr, Charlie Christianson, Joy Dorscher, Dawn Hackman, Mark Koponen, Rebecca Maher, Shanalee Mountain, Thad Rosenberger, John Shabb, Steve Tinguely, Chris Tiongson, Chen Xuesong, Rick Van Eck, Susan Zelewski

**Minutes Submitted by:** Rebecca Maher

**Minutes Reviewed by:** Rick Van Eck

**Minutes Approved by:** Charlie Christianson/Johnathan Geiger

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	Dr. Van Eck called the meeting to order at 4:33p in Room E493	Informational
<b>2. New Business</b>	<p><b>a.) Family Medicine Clerkship Annual Report</b> ❖ This will be moved to next month's agenda</p> <p><b>b.) Curriculum Retreat 2017- small working group</b> ❖ Discussion regarding how to plan this and decided it may be beneficial to have a small working group to discuss the ins and outs of the retreat. We will discuss this further at next month's meeting.</p>	Informational
<b>3. Standing Agenda Items</b>	<p><b>a.) Approval of Minutes of 10.26.16 (Van Eck)</b> ❖ 6.2 Required Clinical Encounters has been added to this minutes and was electronically voted on 11/21. There were no additional comments. Motioned for approval.</p> <p><b>b.) Subcommittee Reports and Action Request</b></p> <p><b>i. BSCS report (Shabb)</b></p> <p><b>1. Policy for required scheduled time</b></p> <p>a. This policy was requested by EASRs. BSCS has created a policy that describes limits to scheduled required time in the 1<sup>st</sup> two years in Medical Curriculum. Unscheduled required time was the original requested task, but BSCS felt they required scheduled time was a required first step.</p> <p>o There was a question to be more specific with the title so it was clear this was</p>	<p>MSC to approve 10.26.16 meeting minutes Dr. Rosenberger/Koponen-all in favor; carried unanimously</p> <p>MSC to accept the presented policy for required scheduled time with amendment Dr. Rosenberger/Christianson// all in favor; carried unanimously</p> <p>MSC to approve title change to "Policy on Scheduling Block"</p>

	<p>about curriculum time. Suggestion was made to have title “Scheduled Curriculum Time” or “Policy on Scheduling Block Activities”</p> <p>**Ultimately, group agreed on “Policy on Scheduling Block Activities” and MCC will leave it to BSCS to decide how they will monitor the policy</p> <p>Suggestion to add “For example” to the report to make it clear that the current method of curriculum structure is an example of how the scheduled curriculum time parameters were established, and not an indication that the structure was a required element moving forward.</p> <ol style="list-style-type: none"> <li>b. Established two more working groups (curriculum mapping &amp; maintain and creating PCL cases)</li> <li>c. Shared facilitation proposal has been approved at BSCS. This document came up because we do not have the faculty numbers for the facilitators in blocks 7 and 8.</li> </ol> <p><b>ii. CSCS Report (Zelewski)</b></p> <ol style="list-style-type: none"> <li>1. <b>Ombudsman statement for student evaluates the rotation form</b></li> <li>2. Last CSCS meeting Step 2 CS review, OBGYN/ROME Clerkship reports/GQ #12 AND #13 will come as a whole. CSCS is currently examining whether all students are aware of available options for reporting student mistreatment outside of faculty.</li> </ol> <p><b>iii. EASRS Report (Tinguely)</b></p> <ol style="list-style-type: none"> <li>1. EASRS is currently concentrating on standard 7 review which should be at MCC in January</li> <li>2. The Medical Program Council has been placed on hold. Therefore, EASRS may be forming 4 new committee groups in over to help out with standard reviews</li> <li>3. Element 3.1 resident participation in medical student education was discussed. Minot or Bismarck did not have resident teaching. Therefore, the issue was brought to EASRS. The question is whether it is necessary to have resident participation in teaching practice. The group agreed that this is a goal to aim for.</li> <li>4. EASRS has created the Task Force to watch Standard 7.6 which discusses Healthcare Disparities.</li> </ol>	<p>Activities Dr. Christianson/Rosenberger//all in favor; carried unanimously</p> <p>MSC to accept amended document as is with change Dr. Christianson/Koponen//all in favor; carried unanimously</p> <p>Action Item: MCC to review the BSCS approved proposed Facilitator proposal</p>
	<p><b>c.) Policies Update (Dorscher)</b></p> <ul style="list-style-type: none"> <li>❖ There were no policy updates to discuss</li> </ul>	<p>Informational</p>
	<p><b>d.) LCME Update</b></p> <ul style="list-style-type: none"> <li>❖ December 1<sup>st</sup> (tomorrow) is the deadline to submit the report to LCME, in which there were 8 questions about 4 elements that were found to need required monitoring.</li> </ul>	<p>Informational</p>
	<p><b>e.) Electives (Zelewski)</b></p> <ol style="list-style-type: none"> <li><b>i. 4<sup>th</sup> Year FM AI Rural-Mayville</b></li> <li>❖ This is the first under the newly designed template and has been approved at CSCS. <ul style="list-style-type: none"> <li>✓ There was one question on the grading criteria to clarify how you get a 94%</li> </ul> </li> </ol>	<p>MSC to accept and approve contingent on grading criteria being 94% Dr. Christianson/Beal//all in favor;</p>

	<p>on a 1-5 grading point scale.</p> <ul style="list-style-type: none"> <li>❖ There was a question about the need to have MCC approve every single elective even if it is identical to one that has already been approved minus a difference in preceptor or location</li> </ul> <p>**MCC considers any 4<sup>th</sup> year course that has been approved to extend to all versions of that course with no variation except course number, preceptor or location, contingent on CSCS review and approval and subsequent reporting to MCC</p>	<p>carried unanimously</p> <p>MSC to not have any 4<sup>th</sup> year course that has already been approved at MCC contingent</p> <p>MSC to accept that all 4<sup>th</sup> year courses that have already been approved and are alike will not need MCC approval Dr. Rosenberger/Koponen//all in favor; carried unanimously</p>
	<p><b>f.) Follow up on Action Item Table</b></p> <p><b>i. Pre-Clerkship Examination Pharmacology question outcomes (P. Carr)</b></p> <ul style="list-style-type: none"> <li>❖ The Pharmacology question outcome is well within parameters for assessment performance. Issue was looked into because of MCC comment on prior report review. Block outcomes and step 1 outcomes were looked at in which there were 3 blocks that warrant monitoring (2,3,4). The mean scores of Blocks 2, 3, and 4 are 72%, 73%, and 76%. Most recently only block 4 fell below passing. This is acceptable performance overall</li> <li>❖ As far as step 1, UND scores are within tenths of a standard deviation. LCME states differences in tenths are not likely to be meaningful.</li> <li>❖ Pharmacology is not the lowest and there may be other areas would warrant attention before pharmacology based on historical data (e.g., nutrition)</li> </ul>	<p>Action Item: Dr. Carr to monitor this annually and add in stats each year</p>
<p><b>4. Next MCC Meeting</b></p>	<p>Next Clerkship Report Review meeting – December 14, 2016 – 4:30 PM, Room E493 &amp; Video Fargo</p> <p>Next Regular Meeting – December 28, 2016 – 4:30 PM, Room E493 &amp; Video Fargo</p>	<p>Informational</p>
<p><b>5. Adjournment</b></p>	<p>Meeting was adjourned at 6:17 pm.</p>	<p>Informational</p>