

Medical Curriculum Committee Meeting Minutes
SMHS

Wednesday, February 8, 2017- 4:30 PM, Room E493, via telecomm, and video

Voting members in attendance: Jonathan Geiger, Mark Koponen, Shanalee Mountain, Heide Philpot, Thad Rosenberger, Rick Van Eck, Chen Xuesong

Voting members not in attendance: James Beal, Charlie Christianson, Raymond Goldsteen, Bryon Labore

Non-voting members in attendance: Dinesh Bande, Pat Carr, Chris DeCock, Joy Dorscher, Dawn Hackman, Gwen Halaas, Scott Knutson, Rebecca Maher, John Shabb, Kathy Sulkalski, Steve Tinguely, Susan Zelewski

Minutes Submitted by: Rebecca Maher

Minutes Reviewed by: Richard Van Eck

Minutes Approved by: Johnathan Geiger/Thad Rosenberger

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Van Eck called the meeting to order at 4:31p in Room E493.	Informational
2. New Business	<p>a. Pediatrics Clerkship Report (Chris DeCock)</p> <ul style="list-style-type: none"> In the past year there were no new learning objectives or to the required clerkship experiences. Thirty percent of the class received honors; 37.5% of the students on the SW Campus, 37% of the students on the SE Campus, 12.5% of the students on the NE Campus, 16.6% of students on the NW Campus and 25% of the ROME students. The average shelf exam scaled score for this class was 76.9. This compared to a national mean scaled score of 76.7 for all students (6,384) who participated in an 8-week pediatric clerkship. All grades were submitted within 6 weeks. <p>b. Internal Medicine Clerkship Report (Dinesh Bande)</p> <ul style="list-style-type: none"> No new learning objectives have been added to this clerkship since last year. Alternate Activities were not tracked accurately for 2015-2016 and the E*Value data is no longer available to get accurate statistics. The average shelf exam scaled score for this class was 74.23. This compared to a national mean scaled score of 74.8 for all students (9,451) who participated in an 8 week Medicine Clerkship. Procedures day is being planned from Jan 2017 at Fargo campus. Students have given feedback about lack of procedure opportunities in IM clerkship. We will track student response to availability of procedures in end of rotation evaluation. Professor Rounds are scheduled every week at all campuses. Honors score will be adjusted to 96 to maintain 20% of class receiving honors. 	<p>MSC to approve Heide Philpot/Mark Koponen//all in favor; carried unanimously.</p> <p>MSC to approve Thad Rosenberger/Mark Koponen//all in favor; carried unanimously.</p>

<p>3. Old Business</p>	<p>a. Task Force Final Document</p> <ul style="list-style-type: none"> This document was brought up last meeting and is being revisited for approval/denial. <p>Remarks/Concern</p> <ul style="list-style-type: none"> There seems to be many objectives (competencies) that are not very “mappable.” If MCC approves, this will be moved to FAC as in information notification, not for approval, as MCC does not require approval for any curriculum changes. This would have a big impact on mapping, as we would start mapping to this document. The question arose; “Who defines what is a good doctor?” Consensus was that these are the goals we believe that need to be achieve in order to be a good physician, as the Physician Competency Reference Set (upon which these are largely based) was developed as such and are accepted widely by the medical profession. 	<p>MSC to approve the Task Force final document Thad Rosenberger/Heide Philpot//all in favor; carried unanimously.</p> <p>Action item: have this on agenda on upcoming FAC meeting</p>
	<p>b. Shared TBL Facilitation in Blocks 7 & 8 (Pat Carr)</p> <ul style="list-style-type: none"> Block 7 is a hybrid PCL/TBL curriculum and instead of 1 facilitator per group we made 1 facilitator per 2 groups <p>Remarks</p> <ul style="list-style-type: none"> Some feel that this is not working well. Things are not being covered thoroughly. However, it was also suggested that this is a process that will have to be worked through over time, as it is one way the program promotes self-directed learners, which is a program goal, and because there is a shortage of good facilitators to draw from. Suggestion to have a much more detailed objective for the facilitators. 	
	<p>c. MCC By-laws FYI</p> <ul style="list-style-type: none"> 	
<p>4. Standing Agenda Items</p>	<p>a. Approval of Minutes of 1.11.17 & 1.25.17 (Van Eck)</p> <ul style="list-style-type: none"> There were no questions about 1.11.17 & 1.25.17 meeting minutes 	<p>MSC to approve 1.11.17 & 1.25.17 meeting minutes. Thad Rosenberger/Mark Koponen//all in favor; carried unanimously</p>
	<p>b. Subcommittee Reports and Action Request</p> <p>i. BSCS report (Shabb)</p> <p>ii. CSCS Report (Zelewski)</p> <p>have not met</p> <p>iii. EASRS Report (Tinguely)</p> <p>1. Standard 7</p>	

Standard 7 has to do with curriculum content. The dashboard has the 9 elements of standard 7.

7.1- The evidence is sufficient that the medical program curriculum includes appropriate biomedical, behavioral and social sciences content that meets or exceeds the intent of this element

7.2- The evidence is sufficient that the medical program curriculum includes appropriate content and clinical experiences to meet the intent of this element. Even though EASRS finds sufficient evidence that the medical curriculum adequately addresses the specific content areas listed in the LCME 2017-18 DCI related to element 7.2, the Committee recommends that this element and its future 2018-19 DCI questions be carefully reviewed again next year in order to keep current on specific content areas emphasized by the LCME. EASRS further recommends that BSCS use the related curriculum topics found in this element in its future efforts of curriculum review and also as content areas for future mapping efforts. EASRS recommends that CSCS during the next academic year identify where the five DCI content areas are specifically addressed in years 3 and 4. MCC agreed this is a good list for BSCS to consider if they so choose as part of their ongoing processes.

7.3- There is sufficient evidence that the medical curriculum provides appropriate instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research in order to meet the intent of this element. Although no significant weaknesses or deficiencies were identified, EASRS has recommended that along with Elements 7.2 and 7.5 this element too will be reviewed in one year in order to compare the current DCI questions to the 2018-19 version regarding these three selected elements as part of continuous quality improvement.

7.4- The evidence is sufficient that the medical curriculum provides appropriate instruction and learning opportunities for students to acquire skills in critical judgement based on evidence and experience in the fundamental principles of medicine and in solving problems of health and disease.

7.5- There is sufficient evidence that the current medical curriculum includes appropriate instruction in the diagnosis, prevention reporting and treatment of the medical consequences of common societal problems. EASRS has recommended annual review of this element along with Elements 7.2 and 7.3 in order to ensure that the School remains current with the 2018-19 DCI and in compliance with the intent of this element as part of continuous quality improvement. EASRS has recommended that MCC establish a formal scheduled review process to ensure that the curricular content is up to date with regard to pertinent societal issues.

7.6- Although the medical curriculum is supported by a few learning objectives linked to course content addressing cultural competency and healthcare disparities, the evidence is inconclusive that the medical curriculum provides sufficient opportunities for students to self-identify gender

	<p>and cultural biases and sufficient instruction related to healthcare disparities to meet the intent of this element. EASRS found that this element 7.6 deserves the full attention of the MCC and has therefore recommended referral of this element to MCC for further deliberation.</p> <p>7.7- The evidence is sufficient that the medical curriculum provides adequate instruction in medical ethics and human values.</p> <p>7.8- The evidence is sufficient that the medical curriculum includes appropriate instruction in skills related to communicating with patients and families, colleagues and other health professionals.</p> <p>7.9- The evidence is sufficient that the core medical curriculum adequately prepares medical students to function collaborately on healthcare teams that include professionals from other disciplines as they provide coordinated serves to patients. EASRS has recommended that Element 7.9 be referred to MCC and CSCS to address interprofessional and collaborative learning over all phases of the medical curriculum.</p> <p>Remarks/Concerns</p> <ul style="list-style-type: none"> • There was a question about where we stand in regards to mapping. We found that we want the database to do things in which it was not made to do therefore, we are asking the software experts to change in attempt to make it work for us. EValue is building what is asked from them but no timeline is yet available for its release. We continue to work on mapping as a long-term process, impacted by adopting new program competencies, and are considering multiple options for ensuring effective mapping. • There was a suggestion to reconfigure block reports to have them tell us where societal problems are taught in the block. This had previously been done with social determinants of health and it has been partially integrated into the curriculum. 	
	<p>c. Policies Update (Dorscher)</p> <ul style="list-style-type: none"> • No new policy updates 	
	<p>d. LCME Update</p>	<p>Tabled</p>
	<p>e. Electives/AI's (Zelewski)</p> <ul style="list-style-type: none"> • No new electives this meeting 	
	<p>f. Follow up on Action Item Table</p> <ul style="list-style-type: none"> • Action item table has been updated 	<p>Informational</p>

	g. Medical Curriculum Retreat Planning Working Group <ul style="list-style-type: none"> This group will meet in the near future to prioritize what should be discussed at the retreat. 	Informational
5. Next MCC Meeting	Next Clerkship Report Review meeting – March 1, 2017 – 4:30 PM, Room E493 & Video Fargo Next Regular Meeting – February 22, 2017 – 4:30 PM, Room E493 & Video Fargo	Informational
6. Adjournment	Meeting was adjourned at 6:29 pm	Informational

APPROVED