

**Medical Curriculum Committee Meeting Minutes**

SMHS

**Wednesday, March 1, 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, Kathy Sulkalski, Chris Tiongson, Rick Van Eck, Chen Xuesong

**Voting members not in attendance:** Raymond Goldsteen, Bryon LaBore

**Non-voting members in attendance:** Marc Basson, Pat Carr, Dawn Hackman, Rebecca Maher, John Shabb, Steve Tinguely

**Minutes Submitted by:** Rebecca Maher

**Minutes Reviewed by:** Rick Van Eck

**Minutes Approved by:** Kathy Sulkalski/Thad Rosenberger

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	Dr. Van Eck called the meeting to order at 4:31p in room E493 on the Northeast Campus.	Informational
<b>2. New Business</b>	<p><b>a. Epidemiology Course</b>                      Clinical Epidemiology is a required third-year course that consists of students developing and conducting a clinical research project. There were no changes to the course learning objectives. This course is one of the cornerstones of the longitudinal research curriculum. A significant delay in processing IRB forms occurred; even though all agreed upon steps were followed, Sanford Hospital and Altru did not process the necessary patient lists in a timely manner, which then delayed the approval of the IRB forms and thus the commencement of the research projects. Dr. Beal met with the Director of new Sanford Health System Enterprise Data &amp; Analytics, a newly formed office designed to centralize the entire data request so that they can be routed to the proper person for quicker response/output. To find out exactly what steps were necessary to get the patient list and more importantly avoid problems with getting the necessary patient lists. A total of 66 students participated in the Epidemiology course and formed 32 groups. There have been 30 papers/projects completed. The Epidemiology Course grade is comprised of the following required components: Research Paper (95%) and Homework (5%). No students were required to remediate. One group (2 students) was given an "Incomplete" for not completing the paper by the deadline. Evaluations were completed through the E-Value system with 92.4% (61/66) completing the evaluation of faculty and the course. Faculty and students agree that one area that could possibly be improved is the organization of the course, specifically timely access to data. <b>This will be addressed by using secondary datasets</b> from this point forward and thus remove the primary reason for delays and rescheduling, which was relying on the hospitals</p>	MSC to accept the Epidemiology Course – Charlie Christianson/Mark Koponen//all in favor; carried unanimously.

	<p>for patient data. For the future: Dr. Sahmoun is also taking a more active role in topic development and group meetings, rather than just data analysis and paper grading.</p> <p><b>Remarks/Comments</b></p> <ul style="list-style-type: none"> <li>• Are there alternate datasets available beyond those planned for use in the future (e.g., Strongheart)? Yes, however, they are not publicly available.</li> <li>• Bryan LaBore was present at CSCS when this report was presented and raised a concern about the organization of this course. <ul style="list-style-type: none"> <li>○ The question arose if the group feels the students have adequate time to complete this project. Should we build in time in a student's schedule for them in order to work on this project? Maybe having two afternoons out of a clerkship for students to work on this project.</li> </ul> </li> <li>• Discussion about other schools doing 1 ½ years of basic sciences and the rest as clinical sciences also occurred.</li> </ul>	
<b>4. Standing Agenda Items</b>	<p><b>a. Approval of Minutes of 2.22.17 (Van Eck)</b> There were no questions about 2.22.17 meeting minutes</p>	MSC to approve 222.17 meeting minutes. Johnathan Geiger/Thad Rosenberger//all in favor; carried unanimously
	<p><b>b. Subcommittee Reports and Action Request</b>  <b>i. BSCS report (Shabb)</b>  <b>ii. CSCS Report (Zelewski)</b>  <b>iii. EASRS Report (Tinguely)</b></p> <p>BSCS, CSCS, and EASRS have not met since the last MCC meeting.</p>	Informational
	<p><b>c. Policies Update (Dorscher)</b> No new policies at this time.</p>	Informational
	<p><b>d. LCME Update</b> LCME met last month. We are now in full compliance. The 4 elements we responded to were accepted. The next visit will be in 2021-22</p>	Informational
	<p><b>e. Electives/AI's (Zelewski)</b> No electives/AI's that require approval at this time.</p>	Informational
	<p><b>f. Follow up on Action Item Table</b> MCQ</p>	Informational

<p><b>5. Old Business</b></p>	<p><b>a. Curriculum retreat focus ideas</b>  The group was asked if there are any topics that should be brought up during retreat. The following topics were to be considered: Competencies and how we will use them/how they impact each year, revisit how we run PCL/TBL in the first 2 years and the objectives we have for them, 5-Year plan for curriculum mapping, how will we address mapping and what the future of mapping holds(currently aiming for a snapshot about how do we know if there are gaps in the curriculum and how do we address it, and is it beneficial to learn from other institutions in order to see what they are in regards to mapping.</p>	<p>Action item: bring to curriculum working group with items we should put in retreat and bring back to MCC</p>
	<p><b>b. Teaching loads and responsibilities for medical curriculum</b>  Discussion ensued about policies and procedures for identifying faculty to cover the lectures and PCL sessions. While there are sufficient resources, it is desirable to be able to count on the same pool of people from block to block to ensure consistency and to be able to identify these people well in advance to promote scheduling. This ties into retirement/replacement of key faculty.</p>	
	<p><b>c. Long-term planning for retirement/replacement of key faculty</b>  With the retirements happening, we need to start thinking about replacements. Last meeting, we felt we should be able to go to chairs and put the responsibility on them to find people to fill slots. It was also discussed that retirement and replacement of those who are taking buyouts be considered in the context of their role in the medical curriculum, and that this be taken into account when determining whether to allow for replacements. There was a suggestion to bring this to FAC to communicate this.</p> <p>Q: Who has authority to direct chairs to replace a faculty member for lectures or activities?</p> <p>MCC will bring this to FAC in an attempt for FAC to establish a procedure about how things will be assigned.</p>	<p>Action item Dr. Van Eck talk to Dr. Carr about what the possibilities are/ask Dr. Halaas if the needs of curriculum are being considered as key faculty may be retiring/ bring to FAC</p>

<b>6. Other Business</b>	Jon Allen mentioned that currently there is only 50% coverage for the Clinical Skills Exam that is taking place next week. Currently, we are 60% covered.	Informational
<b>7. Next MCC Meeting</b>	Next Clerkship Report Review meeting – April 12, 2017 – 4:30 PM, Room E493 & Video Fargo Next Regular Meeting – March 22, 2017 – 4:30 PM, Room E493 & Video Fargo	Informational
<b>8. Adjournment</b>	Meeting was adjourned at 6:11 pm	Informational

APPROVED