Medical Curriculum Committee Meeting Minutes
SMHS
Wednesday, March 27, 2019 - 4:30 PM, Room E493, via telecomm, and video

In attendance: Pat Carr, Xuesong Chen, Bryan Delage, Megan Denis, Jane Dunlevy, Scott Knutson, Mark Koponen, Jonathan Pacella, Heidi Philpot, Jim Roerig, Thad Rosenberger, Adrienne Salentiny, David Schmitz, John Shabb, Chernet Tessema, Steve Tinguely, Chris Tiongson, Donald Warne, Susan Zelewski.
Minutes Submitted by: Alissa Hancock
Minutes Reviewed by: Mark Koponen
Minutes Approved by: Jane Dunlevy and James Beal

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Koponen called the meeting to order at 4:33 pm in room E493 on the Northeast Campus.	Informational
2. Consent Agenda	**Approval of CSCS 2.12.19 Minutes, Geriatrics AI, Anesthesia AI, Psychology Annual Report, Neurology Annual Report, BSCS Block 5 report, EASRS 2.20.19 Minutes, CEMS 2.11.19 & 2.25.19 Minutes, Updated Timeline and MCC Minutes from 2.27.19.**	MSC to approve the consent agenda Thad Rosenberger / Don Warne // carried.
3. Old Business	**a. Standard 7 report from EASRS**	Tabled
	b. Focus Groups i. **Pre-clerkship Phase – Shabb** The group came up with a list of consensus statements that include that we should use the USMLE content outline as a foundational document. The group also did not decide if normal or abnormal should be intergraded or how content or the order of which topics should be taught. They did agree that we could reduce the number of cases we need for PCL which we agree, should be more chief complaint based. There was a concern of alignment of objectives, content to domains and competencies. There was also strong feelings from the pathology department that there should be more intentional teaching of differential diagnosing. We realize that a specialist might need to be brought in to teach this topic. ii. **Clerkships Phase 2 – Zelewski** The written report is include in the CSCS March minutes. Neurology clerkship increased to 4 week, which has been a long time request. Pediatrics	Action Item: Dr. Dunlevy agreed to combine all the focus group reports together into one report to remove duplications for the next MCC meeting to help use deal with each aspect and create the official report. Potential plan to is use the LCME curriculum change form.

	thought they could decrease to 6 weeks and psychiatry will stay at 6 weeks. There are two-2 week electives added that students could take after a clerkship. This elective would be paired with a 6-week clerkship that are all floating so that students can take their STEP 1 exam when they would like. There was no decision made if we should have a deadline of when students need to take STEP 1 by. ROME and MILE were not included because they were being discussed in the longitudinal focus group. iii. **Electives Phase 3 – Zelewski** Phase 2 electives were considered and those in phase 2 would be considered introductory to electives because students would get a good basic introduction and not a lot of clinic experience. No pre-requisites for phase 2 electives. There are no changes to the number of electives. It was suggested to have clinical based electives in the last 6 months of this phase to help enforce those skills before residency to help ensure clinical skills are still present before going to residency. We still need to figure out how the colloquium will change but everything will have to be completed electronically because they are spread out to their home campus. A great idea is to look at when they started and cover new medicines, technology that they were maybe not exposed to during their education. We have discussed how we can integrate basic science into the clinic but there are no great answers at this time. The 4th year surgery experience is still in question and Dr. Zelewski is still waiting to hear from the department on how this experience is different from a normal elective and why it is essential to keep. The biggest change is the testing block that students can use to take the STEP 2 and CS/CK. Again, all the blocks in phase, three are floating and students can take the exams when they feel most ready. In addition, we would like to see the number of AI's a student can take to increase 2 but not sure, how that will out yet with the details. iv. **Assessment – Carr** There will be an increase in the number of assessments. The case exam would be used for short essay answers needed to have students prove their diagnostic reasoning skills. There will be five CBSE exams given to students for exposure to the questions style that will be on STEP 1 and they have to pass at least one of the five to move onto clerkships because this will be considered a gateway exam.	Our report to FAC and the Dean will use the LCME curriculum change template and we can add any addendums we need. Whoever creates an activity will have to provide the required outside of class time and is reviewed regularly to make sure it is within our parameters.

The biggest change would be for anatomy, where we would have a small group of students around a table and we would simulate what rounds are like in clerkships. There would be a rubric and questions provided to each facilitator for each table. We would also have student do a dissection to show their skills and to help ensure all students are putting forth equal efforts.

Clerkship and AI"s are still a mix of observation and shelf exam. If change does happen, it would be significant but CSCS has not discussed this yet. Not a lot would change assessment wise unless there is something from the longitudinal thread.

In addition to the more frequent assessment, we would administer four CBSE exams to the students with a fifth one being a gateway exam. Students would have to pass at least one of these exams before moving on to clerkships. If students have to re-examinations could still happen but this could also be removed. Students would have two blocks of difficulty then a summer remediation and then a third block difficulty would result in a MSAPC hearing for them to decide what to do. Remediation would still result in a S/U grade.

However, everything about assessment really depends on what gets decided for the content and the goal is to help students with the STEP 1. We also want to fill in where domain 7 & 8 are missing, and these are currently being developed now to be added into the curriculum.

v. **Clinical and Basic Sciences integrated –Van Eck / Salentiny**
This report is closely related to the modalities group. However, we created a timeline that we thought was doable with our current resources. This is the duration of time and effort time it would take to complete this. We think it would take a minimum of a year and half before we could start integrate the new curriculum. Dr. Van Eck is at a conference and from those he has talked with no one has done this transition in less than 2 years usually 3-4 years.

When looking at each modality or topic for reviewing, for example, we ask LaVaun McCann who long it takes to review cases, and who could help her do that what would make it go faster or slower. This is how we figured out timing for each item. We also thought about who would make sense to have reviewing each area, these are not assignments because we did not ask but our group was just brainstorming ideas and people who would be the content experts.

vi. **Modalities – Van Eck / Salentiny**
We looked at changing the modalities for instruction by providing more active learning and less lectures. We tried to list people what would be important to have when looking at changing the

modality and assessment for a topic. The table on this one is less clear and are just ideas of how we could possible change something. All the things listed were ideas that those on this group had and are there for discussion.

vii. **Vacation – Dunlevy**
After the survey of students, they are 50/50 on wanting fewer longer stretches of vacation or frequent and shorter vacations. Attached are two vacation plans, they each have about 45-47 days of vacation planned. These are ideas and we could even do a mixture of longer and shorter vacations depending on holidays.

viii. **Longitudinal experiences – Warne**
The longitudinal threads are closely related to the societal problems that were recently approved and we discussed how to integrate them. A big part of our discussion was around rural health and the opportunities that we could implement. We looked at a robust program in Montana called TRUST and is similar to our ROME and MILE programs.

Early clinical experiences, rural clinical experiences in phase 2 and then the ROME program. With the curriculum change, we have many opportunities to change the program. ROME 2.0 or would have students in the rural sites for 12-16 months in phase 2. In phase 1 students would go to an assigned rural community twice for the RISE program. This change is not something we can do with our current personnel.

Such as getting students ties to a rural community from the very beginning of their education to their residencies. This would also allow the school to, really commit to the mission of the school to help provide doctors to the rural North Dakota. They are doing things that we could implement and try to get additional funding for this program.

Other topics included the public health and social determence of health, suicide training, and providing a duel degree with MPH and MD, since we already have the epidemiology and IPHC courses that applies to both programs. We also have the SIMPLE and ACHIEVE programs to run throughout the curriculum to help the students to become a well-rounded professional.

ix. **Clinical part of Phase 1 (Sim) – Allen/Pacella**
When are suggesting that we standardize the way we teach the physical exam, which would have additional costs but in the long run this would be more efficient. These could be trained outside people or other students to teach the standardize tier of a physical exam and would help reduce the stressors of finding physicians to teaching students this part. SPEDA is another

	program that would help us be more efficient in how we teach the students clinical skill and would affect to the way we currently teach. x. **Governance – Carr/Ruit** Our recommendation is based on the previous block design units that we have had in the past. Each unit would have five members and include at least a clinical, pathologist and basic scientist. These design teams can be created and start working immediately after curriculum layout is approved. There should also be a person who focuses on the longitudinal threads also. The committee structure would change to now include an assessment committee, phase 1, 2, 3, each but phase 2 & 3 could be combined. This would be in addition to the unit design team and the design team for each longitudinal threads. The timeline is very important that these design teams start working the minute the new structure is approved. We need to have someone who is keeping track of all the out of classroom time that students will need for each hour of in classroom time and ensure that this is in align with what we say we are doing.	
	c. Societal Problems (7.5) update Was discussed in the longitudinal thread focus group report.	Informational
	d. Grading Policy – Dorscher This document combines several policies and now includes the S- grading and mandatory intervention for students with academic difficulty, as Drs. Carr and Dorscher are now approved to act as proxy for MSAPC. The S- grading was not approved for years 3 & 4. Another reason that the grading was changed for preclinical to be more transparent with residencies of the students' performance while in medical school. Currently, even if a student re-examines they get an S grade just as if they passed the first time around. The other big change is the addition of the CBSE exam to be administered to year 2 students starting for the 2019-2020 academic year and will act as the gateway exam to year 3. This means they have to pass one of the five CBSE exams. If they pass STEP 1 and fail the CBSE exam, they still need to pass a CBSE exam before moving on into the clerkships.	**MSC to approve the grading policy as written. Thad Rosenberger / Xuesong Chen // carried.** Action Item: Dr. Dorscher will need to clarify at the next meeting if she has to sign off on something right before the students take the STEP 1 exam or if once they register, we cannot stop them from taking the test, even if they do not pass the CBSE exam.

	e. Modification of curriculum (Draft 13)	Tabled
	f. Chair Elect (Koponen) Dr. Koponen will continue as chair for another year and Dr. Jane Dunlevy has agreed to be chair elect effective now through July 2020.	Information
4. New Business		
5. Standing Agenda Items	**a. Review of action item table (Koponen)**	Tabled
6. Other Business		
7. Next MCC Meeting	Next Clerkship Report Review meeting – April 10 – 4:30 PM, Room E493 & WebEx Next Regular Meeting – April 24 – 4:30 PM, Room E493 & WebEx	Informational
8. Adjournment	Meeting was adjourned at 6:35 pm	Informational