

Medical Curriculum Committee Meeting Minutes
SMHS

Wednesday, April 10, 2019 - 4:30 PM, Room E493, via telecomm, and video

In attendance: James Beal, Pat Carr, Megan Denis, Joy Dorscher, Jane Dunlevy, Scott Knutson, Mark Koponen, Jim Roerig, Thad Rosenberger, David Schmitz, John Shabb, Chernet Tessema, Steve Tinguely, Donald Warne, Rick Van Eck and 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 4:36pm in room E493 on the Northeast Campus.	Informational
2. New Business	<p>a. Review of combined focus groups reports (Dunlevy) The report goes by phases and not by year. Looking at the structure you can see how the currently curriculum is laid out vs the new curriculum layout (draft 15) that is being proposed.</p> <p>Looking at the teaching modalities on page 5. The podcast/study is designated for what we have considered lecture time in the past. However, what we have been hearing from students is that we need to move away from a traditional classroom and to something like podcasts or 20-30 minutes with and activity. We will also have to plan for twice the amount of preparation time for each podcast length. After some discussion it was decided that we need to change 'podcast' to 'asynchronous learning' so we don't limit ourselves to a single teaching modality. Along with this we need to track required study time for preparing for class that cannot be touched by other groups. We have to determine what counts as required study time vs free time to study if students wish. A suggestion was to have for an example: 'Carr active learning' and then a coordinating 'Carr prep' blocked off on the calendar to help track the study and classroom time. This is something that will still have to be determined.</p> <p>With the week schedule example provided; the longitudinal sections are stacked earlier in the unit. It also has the clinical skills and SPETA section split with study time because not every student will be in SPETA at the same time. Students are in smaller groups and participate in SPETA for short amount of time.</p> <p>Everyone agrees that PCL is important but that it also needs to change in how we function. It was suggested to get rid of FLO's (faculty learning objectives), change the role of a facilitator or get rid of a</p>	<p>Action Item: Dr. Dunlevy will consult with Drs. Carr, Koponen, Shabb, Van Eck and Zelewski to work on an implementation timeline for the next meeting. Knowing that we are going to roll things out when they are ready so there is no distribution with the current curriculum.</p> <p>Send any substantive changes on the report to Dr. Dunlevy.</p>

	<p>facilitator all together. Determining what PCL should look like to be the more effective, still to be determined.</p> <p>Looking at how the administration organization might look like with the new curriculum there would be a Medical Program Council (MPC), which would be very similar to MCC as that it oversees the medical program as a whole. We would like to see a new sub-committee for Admissions & Pre-matriculation, move MSAPC under the MPC overview and they would be responsible for promotions also. Phase 1 Oversight would have five sub-committees that would focus on different areas of phase 1. With Phase 2 & 3 oversight being completed by one committee with a sub-committee overseeing the longitudinal threads and electives. All these changes would need to go through bylaws. However, the new curriculum could still be ran through our currently committee structure until the bylaws could be updated.</p> <p>The timeline for implementation of the curriculum is still a work in progress. We can start to implement some of the changes as we go but somethings cannot until we are fully ready to implement, such as the timing of when clerkships start. Dr. Zelewski is going add in how we could implement phase 2 & 3.</p> <p>A recommendation to fully implement the new curriculum over 4 years starting this fall, was agreed upon by the group.</p> <p>The major decisions that still need to be made for this report are:</p> <ul style="list-style-type: none"> • Timeline of implementation <ul style="list-style-type: none"> ○ What will need to wait until the end to be fully implemented ○ Start to change our lectures with more active learning • Phase 2 & 3 implementation plans and needs <p>Action Item: Drs. Dunlevy, Carr, Koponen, Shabb and Zelewski will work together to finalize an implementation timeline for the next meeting for approval. Knowing that we are going to roll things out when they are ready so there is no distribution with the current curriculum.</p> <p>Send any substantive changes on the report to Dr. Dunlevy.</p>	
	<p>b. Grading Policy Clarification (Dorscher)</p>	<p>Tabled</p>
	<p>a. Standard 7 Report from EASRS (Tinguely)</p>	<p>Tabled</p>

3. Standing Agenda Items	a. Review of action item table (Koponen)	Tabled
4. Old Business	a.	
5. Other Business	a.	
6. Next MCC Meeting	Next Clerkship Report Review meeting – May 8, 2019 – 4:30 PM, Room E493 & WebEx Next Regular Meeting – April 24, 2019 – 4:30 PM, Room E493 & WebEx	Informational
7. Adjournment	Meeting was adjourned at 6:29 pm	Informational

APPROVED