

Medical Curriculum Committee Meeting Minutes

SMHS

Wednesday, April 12, 2017- 4:30 PM, Room E493, via telecomm, and video

Voting members in attendance: James Beal, Charlie Christianson, Jonathan Geiger, Raymond Goldsteen, Mark Koponen, Shanalee Mountain, Thad Rosenberger, Kathy Sulkalski, Chris Tiongson, Rick Van Eck, Chen Xuesong

Voting members not in attendance: Bryon LaBore

Non-voting members in attendance: Marc Basson, Pat Carr, Joy Dorscher, Dawn Hackman, Gwen Halaas, Tyler Looysoh, Rebecca Maher, Jim Roerig, John Shabb, Steve Tinguely, Susan Zelewski

Minutes Submitted by: Rebecca Maher

Minutes Reviewed by: Rick Van Eck

Minutes Approved by: Jonathan Geiger/Thad Rosenberger

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Dr. Van Eck called the meeting to order at 4:32p in room E493 on the Northeast Campus.	Informational
2. New Business	<p>a. Psychiatry Clerkship Report (2015-16 (J Roerig) This report was presented at CSCS and CSCS made suggestions. Remarks/Comments</p> <ul style="list-style-type: none"> • All six case missed encounters were regarding an obsessive-compulsive patient, as it is rare for an obsessive-compulsive patient to be treated inpatient. Most experience is institution experience. • There was a question about the History & physical and if the SHAPE program will have an impact? SHAPE may have an impact however; professor rounds will have a greater impact. <p>b. Dissemination of Medical Curriculum Domains and Competencies (R Van Eck) We have not brought this up to others however, the question was raised by the chair whether this should perhaps be disseminated before curriculum retreat. The group agreed that the Medical Curriculum Domains and Competencies should be disseminated to all those who are involved in medical education. Action item: Van Eck draft email to MCC and we will send it out.</p> <p>c. MD/MPH Program discussion (R Goldsteen/T Looysoh) The dean of the SMHS and Dr. Goldsteen have been discussing adding a MD/MPH program here</p>	<p>MSC to accept the Psych Clerkship Report– Kathy Sukalski/Thad Rosenberger//all in favor; carried unanimously.</p> <p>Action item: Dr. Van Eck to draft an email to MCC for review. Once email is agreed on, it will be sent out.</p> <p>MSC to constitute working group to plan a combine MD/MPH</p>

	<p>at UND. Currently, there are at least 80 of these programs across the United States. Dr. Goldsteen has reviewed approximately 24 different programs and noted the following pattern: few schools use synchronous learning modalities (face-to-face classes, such as med school during the day and MPH during the evening). Most use asynchronous modalities. Dr. Van Eck suggested that the learning outcomes of the program should drive selection of the modality used, and that very few programs at that level could be expected to be fully asynchronous. Synchronous activities should be used for achieving outcomes such as dispositions, attitudes, and problem-solving. Discussion ensued as to what the different models would be for delivery, including:</p> <ul style="list-style-type: none"> • 3 plus 1 (students take final year to complete all MPH courses) • 2 plus 1 plus 1 (students take third year off to complete all MPH courses, then return for clerkship) • Summers (MPH courses taken during three summer terms) • Hybrid integrated curriculum (MPH courses are integrated with medical curriculum) <p>Dr. Christianson suggested that the idea of this degree was well-supported and would be a valuable part of medical education. Dr. Van Eck seconded this opinion and suggested that population health was already an area on which intense focus was planned and necessary throughout the medical curriculum, and that an integrated approach, whereby all students benefit from the content, not just those who chose to pursue it, would be most beneficial. He also suggested that the model whereby students could earn a certificate (first raised by Dr. Goldsteen) was one that was worth exploring, as the university currently supports articulation of certificates into masters degree programs. A certificate could be earned by ALL medical students as an integrated part of the curriculum and then those who chose to convert to a masters in their third or fourth year could simply take additional courses.</p> <p>Tyler, and recent MD graduate who got his MPH, was also in attendance to discuss his views on the program. He felt that the dual program was highly beneficial and that formalizing it would allow more students to benefit with lower debt and reduced time.</p> <p>AAMC also has a site on MD/MPH programs, which provides more information.</p> <p>Action Item: MCC decided to constitute a working group to explore possible plans to combine MD/MPH program.</p>	<p>program - Charlie Christianson/Kathy Sulkalski//all in favor; carried unanimously.</p> <p>Action item: Dr. Van Eck will coordinate with Dr. Goldsteen to get a group together for discussions, and for that group to present an update of where the group is in the June 14th MCC meeting.</p>
	<p>d. Three Year Curriculum (G Halaas) Right now, many schools have a 3-year MD programs. Most of the 3-year programs produce primary care physicians. Most programs have direct entry into residencies. Generally, this 3-year</p>	<p>MSC to formulate a working group heavily drawn from the previous Task Force group to</p>

	<p>program uses the summers to incorporate experiences. We need to consider if this is a goal worth pursuing at the SMHS. Discussions about how this might work ensued:</p> <ul style="list-style-type: none"> • Would we want to decrease the pre-clinical years to 18 months? • There are examples of community based medical schools doing a 3-year curriculum (Dr. Halaas will provide more information to the committee). • Students in a 3-year curriculum will also have to be guaranteed a residency within the state. There are timing implications involved that must be considered (e.g., residence would have to be offered at entry, and if students dropped out or changed programs, the residency would need time to adjust) • We may want to look at the minimum requirements to make sure students have had the training if we incorporate a 3-year curriculum. • If this program goes through it would need to be an addition to our 4-year curriculum (that is, optional for some students to apply). • It would be best focused on Family Medicine in Rural settings—could be connected to ROME program and MILE. <p>Action Item: There was a suggestion to formulate three models that may fit a 3-year curriculum prior to forming a working group however; the group decided that a working group should be formed to do this.</p>	<p>define the options and plans parameters and issues related to a 3-year curriculum - Charlie Christianson/Mark Koponen// 1 oppose; carried.</p> <p>Action Item: Dr. Halaas will gather a group to work on this.</p>
<p>4. Standing Agenda Items</p>	<p>b. Policies Update (Dorscher) The Excused Absence policy was passed at BSCS and deals with excused absence in Yr. 1 & 2.</p> <p>Questions/Remarks</p> <ul style="list-style-type: none"> • This will affect many students because they will be required to fill out paperwork every time they miss a day/half day. Currently, we have one student who has missed 6 days this year. 	<p>MSC to approve the Excused Absence for Yr. 1 and Yr. 2 - Thad Rosenberger/Johnathan Geiger//all in favor; carried unanimously.</p>
<p>5. Old Business</p>	<p>a. Curriculum retreat Draft (R Van Eck) This will be moved to another meeting.</p> <p>b. CQI MCC Minutes Tagging (R Van Eck) The group was shown a new website which we are using to map standards and elements via tags and categories in WordPress. This will be integrated into the MCC and subcommittee processes by having the chair of EASRS and the Associate Dean of Educational Administration and Faculty Affairs review initial tagging in each set of minutes for MCC and its subcommittees before minutes are then entered and tagged in WordPress. This may come in handy if LCME wants to know about a certain standard or element. We will have the information easy to access.</p>	<p>Informational</p>

6. Other Business	A question about whatever happened with not having enough scheduled clinical examiners for assessment last block. Additional clinical examiners were identified and assessment proceeded as scheduled. This remains an issue of focus moving forward as the curriculum adjusts to retirements and early separations by clinical faculty.	Informational
7. Next MCC Meeting	Next Clerkship Report Review meeting – May 3, 2017 – 4:30 PM, Room E493 & Video Fargo Next Regular Meeting – April 26, 2017 – 4:30 PM, Room E493 & Video Fargo	Informational
8. Adjournment	Meeting was adjourned at 6:14p	Informational

APPROVED