

	<p>iii. Education Accreditation Standards Review Subcommittee Report (S. Tinguely)</p> <ul style="list-style-type: none"> • Just finished up reviewing standard 6 in which several action items arose. Now working on defining benchmarks if we are satisfactory in the element and what would excellence look like. Would like to hear what direction MCC would like to see EASRS go in reporting the standards. Every 6 months, EASRS will report to the dean on the standard reviewed. • Discussion on reengaging the previous task force and lay out a plan and timeline that will get reported to MCC on the LCME findings. EASRS will be addressing and there is a leadership meeting in March. • EASRS requested information on what reports MCC will require and on what timeline. Discussion ensued regarding tabling this until later agenda item on subcommittee reports. EASRS also requested information on what LCME information should be reported to MCC and one what schedule. Consensus was that EASRS functions as advisory to MCC, that they should continue to establish a timeline and process for standards review and report to MCC once that is established. It we determined that MCC should wait for the next EASRS report and discuss at that time. 	<p>Informational.</p>
	<p>c.) Follow up on Action Items—See Table (15 minutes)</p> <p>i. Evaluation question addition of live lecture and student’s time (Carr) The question has been added and Mario was contacted for statistics. We just need to let Mario know whatever data we want and it is available for him to obtain. Discussion on why we are obtaining the data and the range we would like to see. It was noted that lecturers who travel sometimes refuse to return due to lack of student attendance. Look at potentially having those lecturers give the lecture from afar vs. traveling and to ask students to attend as a measure of professionalism for long-distance/high profile lecturers. Dr. Carr will check with Mario and obtain the data through 2015-16 years 1 and 2 for video attendance. Done & Mario has generated statistics. Mario has the data available.</p> <p>ii. BSCS Objective Creation of Abuse & Disease Outbreak A gap was identified in mapping – there are no objectives for violence week or disease outbreak. Determined that BSCS needs to create and approve such objectives before bringing back to MCC for final approval. There were previous abuse objectives but they were taken out; disease outbreak is new. Tracy will talk to Dr. Borg to obtain the previous abuse objectives and get to BSCS for review/update.</p>	<p>Action Item: Dr. Carr to obtain the data of video recording attendance for 2015-16 from Mario.</p> <p>Action Item: Tracy to obtain previous Abuse Week objectives and BSCS to review and approve in addition to creating Disease outbreak objectives.</p>

	<p>d.) Policies Update (J Dorscher-5 minutes)</p>	No policy updates at this time
	<p>e.) LCME Update (S. Tinguely)</p> <ul style="list-style-type: none"> Have received the official letter from LCME stating we are accredited and there are 3 standards for monitoring and one was unsatisfactory. 6.2, 8.3 & 8.4 (unsatisfactory) will be going onto the next EASRS agenda. 	Informational.
	<p>f.) Electives</p>	No electives at this time.
3. New Business	<p>a.) Curriculum Task Force Update (Dr. Carr–10 minutes) – tabled from 2/10, follow up from 1/27 MCC Meeting</p> <p>Discussion points on the proposal consisted of 1.) Let the task force layout the work and put together the smaller working groups if and as needed. 2.) Ensure it is a faculty led process 3.) Ensure mission is not wholesale curriculum reform, but curriculum clean up (e.g., program goals might change and objectives and alignment would change to match, but focus is not on entirely changing how medical education is delivered) 4.) Advise the group to seek out expertise as needed 5.) Suggest the outcome but leave the task force to arrive in the outcome in their own desired steps and to report back to MCC.</p>	<p>MSC to have the proposed task force created, meet, and report back on the initial meeting and their ideal timeline on what should be done and what can be done. Sarah Meyers/Thad Rosenberger all in favor – carried unanimously.</p> <p>Action Item: MCC Chair to contact the Curriculum Task Force</p>
	<p>b.) Education Outcomes Follow up (Dr. Carr–5 minutes) - tabled from 2/10, follow up from 1/27 MCC Meeting</p> <p>Discussion held on the proposal of educational outcomes review schedule for MCC and its subcommittees. The MCC Chair will consult with Drs. Zelewski & Carr on sorting out the GQ relevant information to parse to the subcommittees of MCC.</p>	<p>MSC to Empower the MCC Chair to sort the relevant GQ sections to the subcommittees and also include the 4th year focus group. Thad Rosenberger/Bryon Grove, all in favor – carried unanimously.</p>
	<p>c.) MCC Standing Subcommittees/By-law revision (10 minutes) —see and review document</p> <p>Discussion the Dr. Van Eck’s revision to the By-Laws document. Consideration of adding how information gets between committees to #4. EASRS would like a more specific guideline on what MCC would like for their report. Make a section for spelling out the procedures but don’t have them adopted as official by-laws. Request if the by-laws are changing, to change CSCS voting membership to be one rep from each clinical department or a proxy/delegate if they cannot be there. Discussion ensued that this integration is happening if not exactly in the way that the current by-laws state. Determination was to n to change the language and continue discussion.</p>	<p>MSC to approve and accept the proposed changes including CSCS one delegate or representative and changes written in conversation of BSCS, EASRS and CSCS. Charlie Christianson/Thad Rosenberger. All in favor, motion carried unanimously.</p>

	The result of the discussion was to make the by-laws committee aware of the proposed changes and to ensure they accept them or ask whether they want official presentation and approval by bylaws committee. After By-laws approves it then goes to FAC if needed.	Action Item: MCC Chair to communicate to the by-laws committee on changes for approval.
	<p>d.) Discussion of Oversight/Report Presentations</p> <p>Discussion held on how MCC would like to receive the block, clerkship, AI, and etc. reports from CSCS and BSCS. The result of the discussion was to keep reports to 5 Minutes of overview from the presenter. MCC members must be prepared with report read ahead of time, which includes having questions ready. This would improve the efficiency of meetings. The main discussion points need to take place at the CSCS & BSCS level. The subcommittees will let MCC know what was discussed and changed ahead of time. Eventually move to holding a discussion board for the reports to keep a record of the conversation on questions held prior to the meeting to actively communicate. The clinical faculty needs to continue to get the remainder of the report and explain the new procedure. All documents will be posted in Blackboard one week in advance to the meeting date.</p>	MSC to approve the Reports at MCC meetings will be distributed one week prior to the meeting and the report will be presented in 5 minutes or less and the committee shall read each report thoroughly be prepared with questions. In addition, allow questions to happen before hand. Charlie Christianson/Thad Rosenberger- all in favor, motion carried unanimously.
4. Next MCC Meeting	Next Regular Meeting – February 24, 2016 – 4:30 PM, Room 1917 & Video Bismarck/Fargo Next Clerkship Report/Special Meeting – February 10 th , 2016 – 4:30 PM, Room 1917	Informational.
5. Adjournment	Discussion on EASRS report guideline. Resulted in have EASRS propose what they would like to bring forward and MCC will review and approve. Meeting was adjourned at 5:56p	Action Item: Agenda item for 3/23, EASRS Report Guideline Suggestion