

Undergraduate Medical Education Committee Meeting Minutes

SMHS

Wednesday, January 13, 2021 - 4:30 PM, via Zoom

In attendance: Pat Carr, Marc Basson, Jim Beal, Michael Booth, Jane Dunlevy, Megan Denis, Minnie Faith, Bryon Grove, Rhome Hughes, Mark Koponen, Saobo Lei, Heidi Philpot, Jim Porter, Ken Ruit, Adrienne Salentiny, David Schmitz, Chernet Tessema, Steve Tinguely, Rick Van Eck, Don Warne, Susan Zelewski.

Minutes Submitted by: Alissa Hancock

Minutes Reviewed by: Patrick Carr

Minutes Approved by: Jim Beal and Rhome Hughes

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
1. Welcome/call to order	Chair Dr. Patrick Carr called the meeting to order at 4:32 pm via Zoom. If no objections proposing time of adjournment at 6:00pm.	Informational
2. Approval of Minutes	December 9, 2020	MSC to approve the 12.9.20 minutes. Jim Beal / Bryon Grove // carried.
3. Consent Agenda	<ul style="list-style-type: none"> a. CSCC 11.10.20 Minutes, Internal Medicine Annual Report, PM&R elective b. CEMC 11.30.20 c. BSCC 12.1.20 	MSC to accept consent agenda. Jim Beal / Bryon Grove // carried.
3. New Business	<ul style="list-style-type: none"> a. Committee Reports <ul style="list-style-type: none"> i. Subcommittees <ul style="list-style-type: none"> a. CSCC b. CEMC Still working on the keyword process and operationalizing the Curriculum Whitepaper. c. BSCC <ul style="list-style-type: none"> 1. Phase 1 & 2 Geriatrics elective – Fargo This is a clinical elective and has been approved by both BSCC and CSCC for each phase. 4-week electives and involves some clinical and synchronize work. Focusing on diseases and care of older adults and assessment, promotion and prevention plans and the ability to summarize community resources and transition plans for older adults. Grading criteria includes the evaluation of geriatric knowledge, multiple choice tests and by direct observation and use of CX. 	MSC to approve the Geriatric electives for Phase 1 & 2. Jim Beal / Rhome Hughes // carried.

	<p>Also we are not sure if this will be a live elective this summer because of COVID restrictions, but we want it ready and in place in case students are able to participate in clinical electives.</p> <p>d. DQIP - Office of Medical Accreditation: EASRC/SASRC/FASRC The student ISA is completed and they are working on analyzing the data to report to us. Unfortunately, it is not as satisfactory as we thought it would be in some areas, but the group is working to explain that for us. The DCI is being worked on will be ready this summer for review and recommendations.</p> <p>Update that Dean Wynne is still reviewing the UMEC structure of suggestions of how we can best move forward with the confusion of having the admissions committee linked to the curriculum committee.</p> <p>e. Ad hoc Committees</p>	
<p>4. Special Orders</p>	<p>a. Policy Review</p> <p>i. 4.4 (Examination question appeals) This document has been updated and replaced the word ‘appeal’ with ‘challenge’. Suggestion to have 1.a. be split into two steps because the challenge process is not fully explained to every student. Also in section C, it mentions two exams and we would like that to be ‘medical science exams’. Dr. Pat Carr with make these changes and have Drs. Kurt Borg and Jane Dunlevy review them one final time before submitting them to the Dean’s office.</p>	<p>MSC to approve Policy 4.4 with the pending edits. Jim Beal / Bryon Grove // carried.</p>
	<p>b. Ad hoc group to review subcommittee’s and recommend additional committees or rename current ones</p>	<p>Tabled</p>
	<p>c. Element 9.5 In reviewing this element some question arose regarding our procedure and policies for narrative/written feedback in both the pre-clinical and clinical phases of the curriculum.</p> <p>The narrative feedback was defined by CEMC as written feedback and not verbal. Discussion on what courses do not have written feedback in and if we need to find a way to get that done. Dr. Pat Carr with talk with Dr. Eric Johnson about IPE and how to possibly get written feedback to students in that course. Otherwise, it was thought that we do provide written feedback where possible.</p>	<p>Pat Carr will talk with Eric Johnson about written feedback in the IPE course for medical students.</p>

	<p>CEMCS definition includes: <i>“When the primary teaching modality is small group learning, the outcomes are higher order (e.g., problem solving) or dispositional (e.g., professionalism), the outcomes and are expected to continue to develop beyond the course or clerkship in which the feedback is provided, and where circumstances permit such feedback.”</i></p>	
	<p>d. Formalize Scheduling routing: Jim Achieve (x hrs./week) and Jane non-Achieve (x hrs./week); basic rules, hrs. without breaking, etc.) Because there are two different groups that can approved and add information to the student’s schedules. Dr. Jane Dunlevy represents the curriculum and Dr. Jim Porter represents the ACHIEVE activities. To help ensure that we are not violating the guidelines that we said we are going to follow; mutual agreement/decisions were formally needed to be made. For example, to provide students with a lunch period and to be away of the number of hours’ schedules and the maximum number we need to follow each week.</p> <p>With all that said, it is important that everyone be flexible for when there are schedules outside our control. Also, Drs. Dunlevy and Porter have figured out the communication for scheduling. They are still working on a formula and other criteria to follow to help with decision made regarding the curriculum and ACHIEVE.</p>	Informational
	<p>e. Mid-year survey (2019-2020); subjective grading Students are really concerned about the subjective grading that occurs with case exams and clinical skills. However, in the past we have complete statistical analyzes of the grading and have found the grading to be consistent.</p> <p>On the ISA there are about 15 questions surrounding this topic, but there doesn’t not seem be direct questions about the consistency of the subjectivity grading in the clinical curriculum. Also, Dr. Bryan Delage did have a report on the consistent grading in clerkships and we can share that information with the students.</p>	<p>MSC to share Bryan Delage’s grading report from CSCC with the students and website showing the consistency in grading. Include our review process and that we will continue to monitor. Don Warne / Bryon Grove // carried.</p>
	<p>f. Student ideas on PCL (Mid-year survey (2019-2020): learning objectives in problem-based learning) Students gave their ideas of how to improve PCL. However, with the changes that have been made for the transition and in Curriculum 2.0 we believe that this has been corrected. We still have the essential elements of self-directed learning and peer teaching but the repetition has been reduced and the activities or routine changes enough that the fatigue that we hear has been reduced already this year.</p> <p>In addition, Dr. Kara Eickman who has been recently hired at 80% and does an amazing job at facilitating</p>	Information

	and has a focus on teaching the students how to think like a physician. She will be doing this for all students not just her PCL group and also do some faculty development with the other facilitators to think like physicians as well.	
	<p>g. Grading Statistics Comparison for SPETA vs MD</p> <p>SPETA's have been fully trained in clinical skills and how to teach students the clinical skills. Each SPETA has 3-4 students in the room and the students use their clinical skill on the SPETA as they guide and teach the student. After the teaching they have a Q/A session with Dr. Jon Allen and are able to practice on each other. There is a lot of hand on training, experiences and feedback provided to the student.</p> <p>One of the hidden benefits of using SPETAs is that they are all mini models of Dr. Jon Allen who trained them, so all students are taught the same. The first teaching session was closely monitored by a physician and then there are spot checks on the teaching. There are some small improvements to be made.</p> <p>The initial resources demand was high because of the required training time involved. However, by using SPETAs it has helped with the scheduling of session and not have to struggle with clinical schedules as well as we think it will be resource friendly in the long term. Students also love it and have requested the use of SPETAs in future teaching areas that we were not planning to because of the complexity of the clinical skills.</p> <p>This was the first full year of SPTEA training and you can see the scores from the last couple of years and the scores are just about the same as before.</p>	MSC to accept the SPETA Grading report. Chernet Tessema / Jim Beal // carried.
5. Unfinished Business	a. Review of action item table	Tabled
	b. Curriculum renewal update	Tabled
	c. Curriculum 1.5 in action update	Tabled
	d. Leo Update	Tabled
6. New Business		
7. Other Business		

8. Adjournment	Meeting was adjourned at 5:58 pm Next Meeting – January 27, 2021 – 4:30 PM, Zoom	Information
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