Undergraduate Medical Education Committee Meeting Minutes

SMHS

Wednesday, November 10, 2021 - 4:30 PM, via Zoom

In attendance: Pat Carr, Marc Basson, Jane Dunlevy, Kara Eickman, Donald Hamm, Minnie Faith, Mark Koponen, Saobo Lei, Andy McLean, Susan Roe, Jon Roberts, Ken Ruit, Adrienne Salentiny, Chernet Tessema, Steve Tinguely, Rick Van Eck, Susan Zelewski.
Guests: Morgan Thomas, Dakota Brown, Natisha Corum, Nadia Toumeh, Drew Thompson, Mitchell Gullickson, Riley Madigan, Wyatt Lautt, Covey Wong, Dianessa Dizon, Austin Nickell, Julia Dworsky, Tarlynn Tone-Pah-Hote.
Minutes Submitted by: Alissa Hancock
Minutes Reviewed by: Patrick Carr
Minutes Approved by: Jane Dunlevy and Susan Roe

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	October 27, 2021	**MSC to approve the 10.27.21 minutes. Susan Roe / Susan Zelewski // carried.**
3. Consent Agenda	a. CEMC 10.11.21 minutes, Proposed Unit Report Templates b. P1C 8.31.21 minutes	
4. Student Check-in	**a. Peer Tutoring** Donald Hamm sent a survey to the class of 2025 regarding the peer tutoring and for the interest in keeping the peer tutoring going. Donald has created a road map to keep the peer tutoring going. There are 17 students in classes 2023 and 2024 interested in keeping the peer tutoring going and with the support from Dr. Pat Carr and the Education Resources Administrative Assistant Alissa Hancock it can be successful we think. **b. STEP Prep NOT be mandatory** Jon Roberts followed up with surveying additional information from classes 2024 and 2025 regarding the STEP Prep Course after the meeting with Dr. Minnie Kalyanasundaram. The students still do not want the full course to be mandatory and would like that just part of the course like the weekly NBME exams be the only mandatory part. There was discussion about why the course was created based on many years of student's feedback requesting something like this and also the delicate balance we are trying to keep for helping students only do better	Information **ACTION ITEM:** Pat Carr and Jon Roberts will work on a couple of proposals for the students and committee to look at.

	and to not allow any student to fail because that only hurts the student's future. Suggestion to put more of the responsibility on the students to make sure they don't fail but we as a school do not want to risk one student failing. Discussion continued with a suggestion to have asynchronous learning that students would have to complete with the weekly NMBE exams vs having the face to face sessions. The students would like to see flexibility in the course. Another suggestion is that the gateway CBSE exam could be a deciding factor in the amount of require sessions a student would have to take in the STEP Prep Course. This would put the responsibly on the student but also allow the school to provide students with tools to help them succeed, and lower the risk of failing STEP 1. Dr. Pat Carr and Jon Roberts will work out the details of this plan and provide a couple of options for students and committee to discuss.	
5. Committee Reports	**a. Committee Reports** **i. Committees** **a. P2P3C** **1. STEP Prep Course Description** **b. CEMC** **c. P1C** **1. Unit 3 Schedule** **d. DQIP - Office of Medical Accreditation: EASRC/SASRC/FASRC** **e. Ad hoc Committees**	Tabled
6. Special Orders	**a. Curriculum as a Whole Report** Drs. Pat Carr and Rick Van Eck have taken the data from several analyses provided by CEMC to draft this Curriculum as a Whole Report, which is separate from the phase and unit reports. Drs. Carr and Van Eck presented the report to the committee along with their own preliminary interpretations and potential actions and recommendations. The outcomes for the medical curriculum have met the required thresholds. There were no recommendations or action items related to the outcomes. Dr. Tinguely pointed out that the wording needs to be clarified that the pass rate is the 'cumulative pass rate on all assessments' on all associated assessment	**ACTION ITEM**: Rick Van Eck will send the updated report to Adrienne Salentiny for template update. Recommended that P2P3C have a conversation about objectives for domain 6

	measures'. Dr. Rick Van Eck will update that and send to Dr. Adrienne Salentiny for the template also. Regarding the organization and structure of the curriculum (Metric 2), Drs. Carr and Van Eck identified potential gaps and unwanted redundancies but pointed out that sometimes there are intentional redundancies, so not all high numbers are bad. They also pointed out that the curriculum has made an intentional effort to increase the biomedical sciences in phase 2 & 3 and that this and other changes may not be reflected in the current analyses because of timing. Recommendations included: • It may be beneficial to ask P1C and P2P3C to examine the objectives for these domains with low numbers to determine whether the number of objectives is sufficient, whether any other existing objectives should be linked to the competencies in this domain, and whether any new objectives may need to be created. • It may be worth asking P2P3C to review whether any objectives for Domain 6 and Domain 8 are needed or present in Phase 3. • It may be worth asking P1C and P2P3C to review existing course/clerkship/AI objectives to determine whether any of them should be linked to competencies that have none currently linked. • Recommend that the list of objectives showing potential be referred to P1C and P2P3C to determine if any action is needed. Data on vertical and horizontal integration disciplines and the presence and balance of disciplines within and across phases appears to meet the outcomes of the curriculum and the adopted definitions of vertical and horizontal integration. Multiple disciplines appear in Phase 1 and Phase 2 courses in the order and proportion consistent with the design of the curriculum. It was noted that there is also a survey going out regarding the interprofessional opportunities available to students during the clerkships, as a way to find ways to increase the options available to students in phase 2 & 3, and that this may increase the presence of interprofessionalism in those phases in the future. The vertical integration shows that biomedical sciences is more heavily taught in phase 1, gradually decreases but remains present across phases 2 & 3, while clinical science is present in Phase 1 and gradually increases across Phases 2 and 3. This appears consistent with what you would expect and both biomedical and clinical sciences are taught in all phases. There were no comments, concerns, or recommendations about the vertical and horizontal integration. However, one inconsistency was found between two tables regarding the presence of	& 8. **MSC to accept the Curriculum as a Whole Report. Jane Dunlevy / Susan Zelewski // carried.**

	neuroscience in Unified Session 5. Dr. Van Eck and Dr. Salentiny agree to reconcile this inconsistency but it was judged that it would not affect the committee's decision or judgement. The third metric is for the instructional and assessment methods and how often each type is used in the curriculum. The presence, variety, and emphasis of the instructional methods and assessment methods across the curriculum were judged to be sufficient and to reflect the needs of the curriculum in meeting the outcomes of the program. In Phase 1, it was noted that Lecture is the most common instructional method being present 66 times per course in the phase for an average of 77 hours for each course. The next most common instructional methods were Discussion, Small Group (22 events per course), Problem-Based Learning (22 events per course), and Patient Presentation-Patient (27 events per course). These three combined (71 events, and 107 hours on average per course) primarily reflect the Patient-Centered Learning curriculum, which indicates that Lecture is actually not the primary instructional method in Phase 1. Phase 2 & 3 relies heavily on preceptorship but still have some lectures and independent learning. No actions were recommended but it was observed that moving forward, it may be beneficial to continue to explore ways to reduce the frequency or duration of lecture, by using other instructional methods or by adding active learning components to lecture. --- There were no additional overall comments or recommendations for the report.	
	b. Review of Med Program Competencies	Tabled
	c. GQ questions below 10th percentile	Tabled
	d. Integration of 15 min, 30 min and 45 min slides for lectures (to help them remain on time)	Tabled
	e. Ombudsperson for receiving sensitive feedback (so it may remain anonymous)	Tabled
	f. Revisit grade review policy in light of ranking (high-15, 20, 40, 20,5-low)	Tabled

	g. FYI – Appeals policy being attached to all "grad availability" emails	Tabled
	h. Feedback link: to me from Administration sent emails	Tabled
	i. UMEC Membership **i. Curriculum Management Database Manager**	Tabled
	j. UMEC Representative for Committee for Resource for Education	Tabled
7. Unfinished Business	**a. Review of action item table**	Tabled
8. Other Business		
9. Adjournment	Meeting was adjourned at 6:10 pm Next Meeting – November 24, 2021 – 4:30 PM, Zoom	Information