

## Undergraduate Medical Education Committee Meeting Minutes

SMHS

Wednesday, June 9, 2021 - 4:30 PM, via Zoom

**In attendance:** Pat Carr, Marc Basson, Jim Beal, Megan Denis, Jane Dunlevy, Kara Eickman, Minnie Faith, Bryon Grove, Rhome Hughes, Eric Johnson, Scott Knutson, Mark Koponen, Saobo Lei, 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:** Bryon Grove and Jim Beal

AGENDA ITEM	SUMMARY	ACTION/FOLLOW-UP
<b>1. Welcome/call to order</b>	Vice Chair Dr. Richard Van Eck called the meeting to order at 4:31 pm via Zoom. If no objections proposing time of adjournment at 6:00pm.	Informational
<b>2. Approval of Minutes</b>	May 26, 2021	<b>MSC to approve the 5.26.21 minutes Jane Dunlevy / Rhome Hughes // carried with 1 abstention.</b>
<b>3. Consent Agenda</b>	Dr. Chris DeCock, Donald Hamm and Jon Roberts are new members, starting July 1, 2021.	Informational
<b>3. New Business</b>	<p><b>a. Committee Reports</b></p> <p><b>i. Committees</b></p> <p><b>a. P2P3C</b> Started the discussion of how we plan to schedule for phase 2 for the class of 2024 which starts in February 2022.</p> <p><b>b. CEMC</b> Phase 1 objectives were formatted and CEMC is in the middle of a virtual vote on them and will report them at the next meeting. Also, been working on phase reporting structure and will be presenting the Phase 1 Report template next meeting.</p> <p><b>c. P1C</b> Reviewed and approved the objectives for Unit 1 in concept for CEMC to format. The number of the objectives has not changed much, as we are revising them we are</p>	

	<p>adding a 'N' so we can easily tell which objectives have been updated. We plan to re-number them after all the objectives for Curriculum 2.0 are updated.</p> <p><b>d. DQIP - Office of Medical Accreditation: EASRC/SASRC/FASRC</b> Continuing to complete the DCI and we will need to be finished by the end of July, so we are getting close. With the ISA results there were four working groups created that are led by students with a couple of faculty members to advise them. These groups are working to address the recommendations that came from the ISA and see what is possible to implement and should be wrapped up at the end of October. Then there will be a follow up survey sent to students again and hopefully there will be in improvement.</p> <p><b>e. Ad hoc Committees</b></p>	
<b>4. Special Orders</b>	<p><b>a. Standard 3 Review</b> The standard was well written and explained. Phase 2 research project needs a little more clarification of how students pick their research project, as it is not really clear. Also, the math in table 3.3-2 needs to be reviewed for accuracy.</p>	<b>MSC to accept the review of Standard 3, with edits and additional review as outlined. Jane Dunlevy / Jim Beal // carried with 1 abstention.</b>
	<p><b>b. Standard 5 Review</b> Dr. Chernet Tessema only found minor editorial changes to the standard, otherwise it was well written.</p>	<b>MSC to accept the review of Standard 5. Jim Beal / Jane Dunlevy // carried.</b>
	<p><b>c. MD Credit Hour Procedure revised</b> This was to formalize the process that we use to account for credit hours of electives for federal and financial aid purposes as we transition into trimesters. We do not require a certain number of credit hours for graduation but we do require a certain number of instructional days.</p>	<b>MSC to endorse the MD Credit Hour Procedure. Bryon Grove / Jim Beal // carried.</b>

	<p><b>d. Student recommendation regarding remediation</b></p> <p>This is a recommendation or request from a student that is currently remediating a failure in clinical skills in Unified Session 5. They feel that it is unfair to miss an entire 4-week elective for this type of remediation and would have liked the option to take their re-examination early.</p> <p>Discussion around the consequences of failing a remediation and what we can possible change for the future we can make. Also discussed the difference between a clinical skills failure vs knowledge based failure and if the same amount of time to remediate is needed. Also, would like to have Dr. Jon Allen involved in the conversation since the clinical skills remediation would involve his staff in the Simulation Center would be affected by this.</p>	<p>Discussion to continue next meeting.</p>
	<p><b>e. Policy 2.2 update</b></p> <p>Dr. Pat Carr was able to get the answer to the MILE Steer Committee question and has updated the policy appropriately.</p>	<p><b>ACTION ITEM:</b> Pat Carr will send the revised policy to Judy Solberg.</p>
	<p><b>f. ISA Report</b></p> <p>We reviewed the following recommendations and discussed what we are already working on to address them or what we can work on to address them.</p> <p><u>5.1.22</u></p> <p>Students were dissatisfied with the online presentation of lectures and the textbooks they did not find useful. Also would like to see less mandatory lectures and the quality of the lectures to improve. We are already looking at the number of mandatory lectures with Curriculum 2.0 and will continue to do so with our annual review of the curriculum reports. Also, the mechanism in which a session is done will affect if the session is mandatory or not and if we have guest lectures be completed by Zoom, that would also help us reduce those mandatory lectures. In the past we have had those mandatory because the guest lecture is traveling from far away to teach the students. Zoom would also allow us to access more physicians across the state to teach.</p> <p>These concerns and recommendations are also being addressed with our new curriculum review process. This is also a tough ask because we cannot control with other people or students do but we are going to try to control the mechanisms and surrounds within session to help.</p>	

	<p>The concerns with lectures going over time is something we are going to work with IR on to see if we can give an audible noise to give the lecture and students notice that the time limit is approaching. Cutting off the recording is not appreciated either. Dr. Minnie Faith is also working with faculty to make the clinical connections more obvious in their lecture slides.</p> <p>Suggestion that if a lecture does go over time that they meet with an instructional designer to review the session materials and see if there are ways in which they can shorten or improve their lecture. If they just cannot shorten it then we will need to find a way to give them more time to cover all their material. This should also be mandatory for faculty members and if UMEC thinks this is a good plan after the details are flushed out of when this should take place a motion to approve it should happen.</p> <p><u>5.1.3</u> Students felt that biochemistry and immunology lacked clinical relevance but we know that Dr. Jane Dunlevy and Minnie Faith have been working with faculty to add slides with this type of information for the upcoming academic year. We will also be monitoring the clinical relevancy with our annual review of curriculum reports. In addition to the pre-matriculation course that will help them with them understand in both subjects. Students did note that this last year they liked immunology better than they have in the past with have the same faculty member give a majority of the lectures, and that was agreeable also with the faculty members. It makes the lecture more seamless. The alternative is to have all faculty that are teaching to share their teaching points to reduce overlap and gaps in the topic.</p> <p><u>5.1.4</u> The only complaint or recommendation was the lack of communication with closures and SIM Center closures related to COVID.</p> <p><u>5.1.5</u> Students are requesting that they only do one presentation a week, which they will be but have two presentations a week for Unit 1 to get use to presenting and get those basics down first. Also, with Dr. Kara Eickman’s discussion with students that PCL is to teach them to think like a physician should help improve the mind set of students wanting the faculty to provide them all the knowledge they should know. We should have a learning objective that is specific to ‘Thinking like a physician’ added to our list.</p>	<p><b>ACTION ITEMS:</b> Flush out details of when a faculty member should meet with an Instructional Designer about their lecture material.</p> <p>See if IR can add an audible warning to end time.</p> <p>Added objective “thinking like a physician’</p>
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<b>5. Unfinished Business</b>	<b>a. Review of action item table</b>	Tabled
	<b>b. Curriculum renewal update</b>	Tabled
	<b>c. Curriculum 1.5 in action update</b>	Tabled
	<b>d. Leo Update</b>	Tabled
<b>6. New Business</b>		
<b>7. Other Business</b>		
<b>8. Adjournment</b>	Meeting was adjourned at 6:04 pm  Next Meeting – June 23, 2021 – 4:30 PM, Zoom	Information