

Clinical Education Committee (CEC) Meeting

Friday, June 5th, 2026 [agenda](#)

7-8:30am

Meeting Chair: Molly Wyman

CEC Contact: Britt Ernst

MINUTES

Time	Presenter	Topic	LCME Element	Roles in Curricular Components	Recommendation/ Action Required
7-7:05am	Molly Wyman	- Welcome/Announcements - No conflicts of interest were disclosed - July meeting will be cancelled due to Holiday May minutes Motion to approve the May minutes			Voting item May minutes are approved with 11 Approval votes, 7 abstentions, and 0 deny
7:05-7:15am	Randi Lassiter	- MSEC Update May minutes - A new UME dashboard was introduced; will include real-time data - Update given on Step 1 timing and academic progression - Bridge/BaDr updates were provided			Informational
7:15-7:25am	Betsy Murray, Holly Proffitt	- Duty hours Report - The first recommendation was to remove the question about the longest week, as it doesn't have a relevant touchpoint in the policy and the second was change "ILT" question on the clinical course evaluation to "half day off" per two weeks - Concerns raised about not asking students directly about receiving 10 hours off between shifts. The team agreed to consider adding a question about 10-hour breaks to the course evaluation, potentially replacing the longest week question, to better ensure policy compliance is being measured. Motion to accept and approve the Duty Hours Report	8.8, 8.3	RCC.11	Voting item The Duty Hours report is approved with 15 approval votes, 3 abstentions, and 0 deny
7:25-7:45am	Rachel Poepelman	- EPA update Core EPAs for CO2029 Slides	8.3, 9.4, 9.7	RCC.2	Informational -Plan to present a

		○ No changes are being made this year ○ CO2027: required to be entrusted by an entrustment committee at the level of indirect supervision on EPAs 1, 2, 5, and 6. Most have completed their requirements, with about 10 students receiving additional coaching this summer. ○ CO2028: required to be entrusted by an entrustment committee at the level of indirect supervision on EPAs 1, 2, 3, 5, 6, 7, and 9. Also have a requirement of collecting 3 EPAs/week during Acting Internship to be implemented for speciality-specific phase beginning January 2027 ○ There is a tentative plan to add EPAs 1-9 for the Class of 2030 - pending data review and better integrating students into handoffs			detailed analysis of the impact of the requirement on EPA assessment data at the end of summer
7:45-8:05am	Claudio Violato	● CSA-R update ○ Slides ○ Claudio reviewed the CSA-R data. ○ Based off of the data, the recommendation is: ■ to achieve a passing grade for the clerkship, each student must achieve a minimum of a 3 rating on every competency on the Final CSA-R: 1. Patient Care 2. Medical Knowledge 3. Practice-Based Learning 4. Interpersonal & Communication Skills 5. Professionalism 6. System-Based Practice ■ Any rating less than 3 on any competency requires remediation on that competency ○ If approved, this would start in January 2027	8.3, 9.7	RCC.7	Informational ▾ -A vote to approve the recommendation will be done asynchronously in July
8:05-8:15am	Molly Wyman	● RCE - Peds ○ Hyperbilirubinemia was previously listed under Medicine ○ It was noted last year that it was out of place and the curriculum team asked Peds to take it over. It transitioned to Neonatal hyperbilirubinemia to fit RCE but was not central to the curriculum ○ The root cause evaluation this year found that Bilirubin may have been overlooked with consolidation of acute liver disease and failure ○ Motion to transition the Pediatric RCE to Medicine as a sub-category of Acute Liver Disease/Liver failure	8.3, 8.6	RCC.11	Voting item ▾ The Bilirubinemia RCE change is approved with 12 approval votes, 6 abstentions, and 0 deny

8:15-8:25am	Michael Kim	- USMLE Step 2 update Slides - Our step 2 pass rates remain close to the national average - Our step 2 scores fall a bit below the national average - this could partly be attributed to our high rate of primary care specialties, where the score is less important - Students are taking step 2 earlier, prior to September, in order to have a score in hand for March - Maryanne explained the Sim 1 Experience for Step 1 and introduced a crowdsourced document called "Words from the Wise" that compiles high-yield resources for clerkships and Step 2 preparation. She described the limited individual Step 2 consultation services, prioritizing students with remediated Step 1 scores and offering monthly office hours for third and fourth-year students.	8.3, 8.4	RCC.4	Informational ▾
8:25-8:30am	Molly Wyman	- July asynchronous work - The July CEC meeting is cancelled due to the Independence Day holiday. - Emails with asynch work details are forthcoming			Informational ▾
8:30am	Molly Wyman	- Adjournment–3 days, 3 weeks, 3 months - Annual Clinical Education Course Tasks calendar - DUE July 31: Finalize all design features (RCEs, Core EPAs...) - New course proposals need approval by July 31st for inclusion in the 2027 schedule. - Accessibility pulse of your clerkship–make plan for compliance			
		Next Meeting: Friday, August 7th, 2026 7-8:30am via zoom (no meeting in July)			

Attendance:

(x) present (-) absent (D) delegate representative

2025-2026 Clinical Education Committee Members and Attendance											
Member	8/1	9/5	10/3	11/7	12/5	2/6	3/6	4/3	5/1	6/5	
Emily Cunningham, MS4 Student Representative	x	x	x	x	x	-	x	x	-	-	
Aya Anwar, MS4 Student Representative	n/a	n/a	n/a	n/a	n/a	x	-	-	x	-	
Annika Pokorny, MS3 Student Representative	n/a	n/a	n/a	n/a	n/a	x	x	x	-	-	

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Randi Lassiter , Surgery Clerkship Director	x	x	x	x	x	x	x	-	x	x
Michael Lew - Alt. Voting member	-	-	-	-	-	-	-	-	-	-
Ron Reilkoff , ICU Sub-internship Clerkship Director	x	x	x	D	x	x	x	D	x	x
Anika Whittington - Alt. Voting member	-	x	x	x	x	x	x	x	x	x
Rachel Dahms , REACH Director	x	x	x	-	x	x	x	x	x	x
Carrie Wesely (Evavold) - Alt. Voting member	-	x	-	-	x	-	x	x	-	x
Beth Cliffe - Alt. Voting member	x	x	x	x	x	-	-	-	-	-
Brionn Tonkin , Clinical Elective Director (Physical Medicine and Rehabilitation)	x	x	x	x	x	x	x	x	x	x
Tom Briese , Psychiatry Clerkship Director	x	x	x	x	x	x	x	x	x	x
Kay Lane , Acting Internship Representative	x	x	x	x	x	x	x	-	-	-
Scott McEwen - Alt. voting member	-	-	-	-	-	-	-	-	-	-
Matt Young , HELIX Director	x	x	x	x	x	x	D	x	x	x
Rachel Silva - Alt. voting member	-	x	x	x	x	x	x	-	-	-
Kendahl Moser-Bleil - FLIIC	x	x	x	x	x	x	x	x	x	x
Matt Foehrenbacher - Alt.voting member	x	-	-	x	-	-	-	x	-	-
Heather Thompson Buum - Outpatient Selective Director	x	x	x	x	x	x	x	x	x	x
Non-Voting Members										
Jeff Chipman , Associate Dean for UME	x	x	-	-	x	-	-	-	-	-
David Jewison , Assessment Committee Liaison	x	x	-	x	x	-	x	x	-	x
Michael Kim , Assistant Dean for Student Affairs	-	x	x	x	x	x	x	x	x	x
Betsy Murray , Assistant Dean for Curriculum	x	-	x	x	x	x	x	x	x	x
Claudio Violato , Assistant Dean for Assessment and Evaluation	x	x	x	x	x	x	x	-	x	x
Kevin Diebel , Regional Dean, Duluth Campus	-	-	-	-	-	-	-	-	-	-
Kendra Nordgren , Interim Assistant Dean for Student Affairs and Admissions	-	-	-	-	-	-	-	-	-	-
Ray Christensen , Rural Medicine Scholars Director, Duluth Campus Faculty Liaison	x	-	x	x	-	x	x	x	x	-

Yoji Shimizu, Medical Scientist Training Program	-	-	-	x	x	x	-	-	-	x
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Other Attendees		
Elisabeth Arendt	Chris Fallert	
Samantha Quade-Lockhart	Jackie Gauer	
Britt Ernst	Carly M Siewert	
Mitch Gmyrek	Rachel Poeppelman	
Holly Proffitt	Martha W Meyer	
Martha Weitekamp	Maryanne Reilly-Spong	
Patrick Puskala	Janell Lopez	
Joann D Scozzari	Joseph Oppedisano	
Becky Borg	Jodi Osborn	

UPCOMING EVENTS AND DEADLINES

LCME Self Study - 2026
LCME Site Visit: April 24-26, 2028

CEC RESPONSIBILITIES
[SOP](#)

LCME elements
8.3 Curricular Design, Review, Revision/Content Monitoring The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional

and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.

8.4 Evaluation of Educational Program Outcomes

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.

8.6 Monitoring of Completion of Required Clinical Experiences

A medical school has in place a system with central oversight that monitors and ensures completion by all medical students of required clinical experiences in the medical education program and remedies any identified gaps.

8.8 Monitoring Student Time

The faculty committee responsible for the medical curriculum, together with the education program's administration and leadership, ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.

9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

9.7 Formative Assessment and Feedback

The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

VOTING MEMBERSHIP
[LINK](#)