

Clerkship Committee

Minutes

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DATE & TIME: Thursday, February 12, 2009 at 4:00 p.m.

PLACE: Professional Development and Conferencing Services Boardroom

PRESENT: Dr. D. Boone (Chair), Drs. N. Duggan, G. Farrell, A. Drover, J. Harris, H. White, T. Delaney, P. Gardiner, Ms. M. Kent, Ms. M. Neary, Ms. S. Ackerman, Mr. S. Pennell (Invited Guest) and Mr. G. Beckett (Invited Guest)

APOLOGIES: Drs. J. Shik and B. Curtis.

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Review of Minutes of December 11, 2008

DUGGAN/WHITE

THAT the minutes be approved as circulated.

CARRIED

Business Arising

**Update on CMPA**

Dr. Boone advised that he had spoken to representatives at Eastern Health who indicated that CMPA does not provide malpractice coverage to anyone who is not a licensed physician, therefore this would not be an option for clinical clerks.

Review of Minutes of January 8, 2009

DUGGAN/WHITE

THAT the minutes be approved as circulated.

CARRIED

## Business Arising

### **Update on Rural Family Medicine Proposal**

Dr. Boone advised that the meeting planned with MELT had been cancelled, however, he did speak to some members informally regarding this. It was noted that the proposal would require a curriculum change and such a directive would have to come from the UGMS Committee. As well, assuming that at some stage this Committee will have to decide how best to change the allotted time, it may be a good idea to begin reviewing the objectives now with regards to how they are currently being met and what objectives may be common to other rotations, and use this as a starting point to decide what could be expanded or reduced.

Dr. Farrell indicated that he had also spoken to Dr. Peters regarding this and the information relayed was much the same. Decisions will be made based on what objectives need to be met and not on how much time is requested. As well, there may also be some “blurring of time lines” between some of the rotations in order to incorporate a more blended approach.

Dr. Duggan noted that this matter will be presented at the next UGMS Committee meeting in March for feedback, etc.

### **Update on Suture Lab**

Dr. Boone noted that he was hoping to be able to introduce this as part of the practical skills section in the upcoming Clerkship Preparation Course.

### **Update on Process for Dealing with Red Flag ITERs**

Dr. Farrell reminded members that at the last meeting it was requested that he contact other assistant deans across the country to find out how this matter was handled at various schools. There is a group of programs that have the “borderline” designation and if a clerk receives two borderline grades, a special meeting is called to deal with the situation. Care needs to be taken with the wording used because students have a problem with the word “borderline”. As well, either faculty will have to fail students which they don’t want to do, or there will have to be something on the ITER that is not a pass but not a fail which might be accepted by faculty and students.

Some members noted that if a student doesn’t meet a standard, there would be no question because that student would fail. The concern is with the student who falls between pass and fail and this may be just as difficult to justify as a fail is to justify. A new category on the ITER may not necessarily solve the problem which seems to be that the standard isn’t applied to all students across the board.

It was pointed out that if a student is weak it is the responsibility of the Promotions Committee to discuss this with the student and provide him/her with remediation to help overcome the

difficulties. Students need to be aware that this is about making them better physicians and not about making their life more difficult.

Dr. Boone noted that this concern needs to be dealt with as soon as possible and advised that the Assessment Committee, now chaired by Dr. McKay, is reviewing clerkship issues and may want to work with this.

Dr. Farrell advised that he would return to the Dean with the message that the problem has been recognized by this Committee and the suggested solution is that since the Assessment Committee is currently in the process of reviewing the clerkship, it may be best for them to review it at that level. As well, that members felt five categories on the ITER were adequate, however, supervisors need faculty development with regards to completing them properly.

Dr. Farrell asked discipline coordinators to bring the message to supervisors that they must be just as fair to the students who do not do well as they are to those who do well.

#### New Business

#### **ED-24**

Ms. Ackerman advised that documentation must be provided to support the fact that residents are given a copy of the clerkship objectives. At a previous meeting it was suggested that this could be dealt with through One 45. There was a suggestion that a form could be developed that residents would sign stating the objectives were received and reviewed, however, this would still be based on an honor system. This matter needs to be dealt with for CACMS and LCME.

After some further discussion it was felt that the best way to deal with this would be to schedule the review of the clerkship objectives as part of the academic half-day the residents are provided with in each discipline. Dr. Boone will write a letter to the Postgraduate Committee regarding this as a follow-up to the information he provided to them in December.

#### **T-Clerk**

A statistical report was distributed for information.

Members were advised that further feedback is required from students regarding ways to customize T-Clerk a little more. Data entry currently seems to be at the same level as it was last year.

It was suggested that it may be possible to obtain student feedback during the exit interviews and Dr. Harris advised that while specific questions are not asked during these interviews, she would discuss with the dean the possibility of obtaining student views in general.

### **Prescribed Clinical Experiences Forms**

Ms. Kent noted that a number of students have been returning these forms to the UGME Office and quite a few do not contain the required two signatures. Students are becoming frustrated because they don't know what to do with the forms and are sometimes unsure of the process. This appears to be a particular concern with Pediatrics.

Dr. Drover advised that she would deal with this matter.

### **Completion of Student Evaluations**

Ms. Kent advised that this is still a big issue because supervisors don't complete the evaluations on time and students are upset because they feel if the evaluations are being completed a long time after the end of the rotation, they won't be evaluated fairly.

It was suggested that a message needs to get to the chairs that completing evaluations is not optional and must be done in a timely manner.

### **Inter-Professional Education in Clerkship**

Dr. White reminded members that an IPE module was introduced into the Psychiatry rotation as a pilot project, with the approval of this Committee, and a pre and a post survey was completed regarding attitudes towards IPE. Because this will continue as part of the Psychiatry rotation, Dr. White requested approximately one-half hour in the Clerkship Preparation Course in order to introduce this to the new class of clerks beginning in September. As well, further details will be provided to students at the orientation on the first day of the rotation.

### **ED-2**

Ms. Ackerman relayed information to members that she had received from the dean regarding ED-2. She noted that the mid-point monitoring is important and if this does not take place, the medical school will fail this standard. It is very critical that this happen at the mid-point, that it is documented and this must happen every time.

Dr. Boone advised that it doesn't have to be the discipline coordinator who meets with each student; it could be done by the supervisor at the mid-point but either way, it must occur.

Ms. Ackerman also noted that with regards to monitoring the student clinical encounters, this is currently being done through T-Clerk. Mr. Beckett has taken the information from T-Clerk that outlines where students are gaining experience with the required encounters and where they are not, which can be used to assist with any changes that may be required to help meet the standard.

Dr. Boone advised that in discussion with Ms. Ackerman, it was felt that there should be a dedicated meeting to review this data and this will take place at the next meeting.

**Student Representation on the Committee**

Some members felt that the students were not being appropriately represented on this Committee. It was suggested that Dr. Boone should contact the student representatives to reiterate how important it is that they attend meetings when possible and when it isn't possible, they should have someone attend in their place.

**Adjournment**

There being no further business, the meeting was adjourned.

Darrell Boone, M.D., FRCSC  
Clerkship Coordinator

DB/mjm