

Clerkship Committee

Minutes

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

PLACE: Professional Development and Conferencing Services Boardroom

PRESENT: Dr. D. Boone (Chair), Drs. G. Farrell, J. Harris, P. Gardiner, H. White, N. Duggan, B. Curtis, A. Drover, Ms. M. Neary, Ms. M. Kent and Mr. J. Stitham (Student Representative)

APOLOGIES: Dr. J. Shik, Ms. S. Ackerman and Mr. N. Cheeseman (Student Representative)

Review of Minutes of February 12, 2009

DUGGAN/FARRELL

THAT the minutes be approved as circulated.

CARRIED

Review of Clerkship Patient Types Objectives as related to ED-2

Dr. Boone advised members that the objectives need to be reviewed for redundancies and each discipline will be reviewed individually.

Dr. Farrell noted that there may be a lot of overlap between other disciplines and Family Medicine therefore it should be ensured that the objectives for Family Medicine are more generalized than the others.

There was some general discussion and it was noted that there is no geriatric patient included on the objectives for any applicable discipline. It was felt that Dr. Shik should be approached with regards to the possibility of including this as part of the presenting problems for Internal Medicine.

It was also noted that the encounters must be interactive cases, therefore lectures and paper-based cases or discussion do not qualify.

Psychiatry

Dr. White advised that all students will see all ten of the presenting problems before they complete the rotation and would not be able to pass the rotation without seeing them. In the near future, all of the presenting problems will be reviewed to decide which must be hands-on and which can be witnessed. The current 10 will stay in place and an additional five will be decided on.

At this time, the objectives were reviewed and the following points were noted:

- Anxiety-Related Disorder is also listed in the Rural Family Medicine objectives but the rationale is different.
- “Panic disorder” would be removed from the knowledge objectives, item #3 under Anxiety-Related Disorder.
- Child Psychiatry is not included but it is listed in Pediatrics under the nutrition objective. Dr. White advised that Child Psychiatry would be included when the next five objectives are developed.

Pediatrics

Dr. Drover pointed out that the National Committee has broadened on the MCC objectives because they feel some things are not covered properly. These would probably not be included in patient encounters.

The Pediatrics objectives were reviewed and the following points were noted:

- Pediatrics surgery is not included as part of the core rotation, however it is available as an elective and as a surgery selective in fourth year.
- Use of the Rourke Baby Record is not included but may be an option to include in the Rural Family Medicine objectives.
- Obesity would be included in the objective entitled Abnormalities Related to Growth.
- Newborn assessment, eating disorders (including ½ day teaching), and oncology nutrition issues are covered in the Parental Concerns or Abnormalities Related to Nutrition objective.
- Respiratory distress in a child is presented as a CLIPP case.
- The objective for Lower Respiratory Tract Illness also includes neonatology, respiratory and cardiology clinics and admissions with pneumonia.
- Under the objective Chronic Medical Problems, students attend clinics to see how chronic medical problems affect the life of a child, and they will see allergies through the Emergency Room as well as during an academic ½ day presentation.
- Even though nutrition is the least documented in T-Clerk, each patient encounter involves nutrition issues in some form but the students may not always realize this.

Dr. Boone wondered about the ability to provide a common set of cores experiences to cover all sites when, going forward, there will be more students placed outside the Janeway.

Dr. Drover advised that with 50% more in the class there would have to be 6 students off-site at a time. St. Anthony feels they could accommodate 1 student, Corner Brook would take up to 3 students and Grand Falls-Windsor would take 2 students. There would be 6 students at the Janeway and those placed at outside sites would be there for the wards portion of the rotation only. They would return to St. John's to complete the Neonatology and Emergency requirements. Dr. Drover didn't feel there would be any issues with the rotations being dissimilar and participation in the academic ½ day is required and is available off-site so this also wouldn't be an issue.

Rural Family Medicine

Dr. Duggan pointed out that there are not a lot of Pediatrics specific encounters in the Rural Family Medicine objectives because a lot of the rural sites do not have a lot of pediatrics therefore it may be difficult for students to obtain these experiences; however, use of the Rourke Baby Record may be an option that could be included.

The Rural Family Medicine objectives were reviewed and the following points were noted:

- Hypertension is also covered in the Internal Medicine objectives.
- Rash was noted to be the most difficult for students to see so consideration will be given to changing this to a broader term such as skin conditions.
- Diabetes is covered in Internal Medicine as well but with a different focus.
- The objective entitled Work Related Injuries was the least reported on in T-Clerk and it was noted that students may not see this at all in some clinics. The objective may be too specific and consideration will be given to changing or removing this for next year.
- The objective Abdominal Pain covers children as well as adults.
- The Health Maintenance Visit objective focuses on presentation of a patient case that the student has counseled. This is also part of the evaluation.
- The objective Anxiety or Depression is also covered in Psychiatry.
- It was noted that other objectives could be included in light of the proposed increase in the length of the rotation and as well, some of the current topics could be broadened.
- Consideration should be given to including life style issues, cardiology issues and well-child issues.

Dr. Duggan noted that the objectives cover general issues to ensure they can be covered at all sites because the sites are so dissimilar.

In general terms, Dr. Boone noted that proof must be provided that there is a meeting with each student mid-rotation in all disciplines. In the past the possibility of assigning a designate to take some of this responsibility was discussed. As well, some of the responsibility should be placed on the student to say what they did not see so that a suitable opportunity can be provided.

Some members were under the impression that this was achievable through One 45, however, it was noted that this does not seem to be happening in all disciplines.

Dr. Farrell suggested that with regards to ED-2, if everyone was willing to ensure at mid-rotation they would go into One 45 to review the encounters and were satisfied that the students would see all of the required experiences by the end of the rotation, and select a check box confirming this, he will check to ensure that this will be acceptable.

The objectives for Obstetrics/Gynecology, Surgery and Internal Medicine will be reviewed at the next meeting.

Adjournment

There being no further business, the meeting was adjourned.

Darrell Boone, M.D., FRCSC
Clerkship Coordinator

DB/mjm