

Phase 4 Management Team Meeting MINUTES

Thursday, February 20, 2020

4:00 p.m.

M2M240

Attendees: A. Anthony, T. Doyle, N. Duggan, G. Duguay, A. Gammal, A. Haynes, T. Hierlihy, S. Iqbal, B. Kerr, K. Keough, T. Lambert, C. Murray, C. Patey, C. Peddle, K. Quinlan, G. Radu, L. Russell, C. Smith, E. Smith, D. Stokes, R. Tracey, K. Zipperlen,

Regrets: T. Adey, H. Coombs, D. Deacon, G. McGrath, D. Murphy, J. Patterson,

| Topic | Details | Action Items and person responsible |
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| 1 Introduction and Welcome | The Chair thanked all who attended and welcomed A. Gammal, the new CDC for Anesthesia, to the meeting. | Action: N. Duggan to thank B. Thiessen at next meeting |
| 2 Agenda review | | |
| 2.1 Review for Conflict of Interest | There were none. | N. Duggan |
| 2.2 Confirmation of Agenda | Approved by consensus | Motioned by A. Haynes Seconded by R. Tracey |
| 3 Approval of prior minutes | | |
| November 21, 2019 | Approved by consensus | Motioned by T. Lambert Seconded by K. Quinlan |
| 4 Review of prior action items | | |
| November 21, 2019 | | N. Duggan |
| 4.1 Word limit on ITARS. D. Murphy and E. Smith to provide good/bad examples | Tabled to next meeting. | N. Duggan |
| 4.2 Casting sessions follow up – Students having identified not having access to casting. | Tabled to next meeting. | C. Smith |



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| 4.3 Student feedback to move formative exam to middle of FM rotation | Tabled to next meeting. | N. Duggan |
| 4.4 Distribution of LIC seats and provision of dates for Med Ed meeting in Spring. | <p>Dates are set, emails sent to confirm who will show up. Should finalize which CDCs will be going. C. Peddle indicated to date, no CDC has expressed interest.</p> <p>Follow up and coordinate with other staff heading to NB for MedEd, not only surrounding the forum but the other meetings that happen.</p> <p>N. Duggan informed A. Gammal about MedEd Forum, indicating he is welcome to join and asked to confirm if he will be doing so. Meeting tomorrow (Feb 21) re: topics for MedEd – it would be helpful for MUN attendees, wait until Monday to send out email. Those who plan to attend MedEd should see C. Peddle to sign off on travel request. T. Lambert discussed agenda for pre-conference and social on Thursday night and Friday meetings. G. Duguay mentioned T. Laughlin's offer to meet/get together.</p> <p>R. Tracey and P. Pitts discussing to work together to develop a handbook with updated information. Issues with not hearing from preceptor, no one there when student shows up, not expecting student. Accommodations – housing not guaranteed, students told not available, made</p> | <p>Action: N. Duggan to reach out to CDCs for follow up regarding MedEd.</p> <p>Action: N. Duggan – To send out email on Monday, Feb 24, surrounding forum and meetings after topics are made available.</p> <p>Action: N. Duggan to forward schedule and details to A. Gammal</p> <p>Action: N. Duggan to connect with T. Lambert and staff regarding dates and agenda items.</p> |

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| | other plans and being told otherwise right before start. | |
| 4.5 Coordination of visit to PEI | Tabled to next meeting. | N. Duggan |
| 4.6 Reduction of # of EPAs | Tabled to next meeting. | N. Duggan |
| 4.7 Provision of solutions on concern – “mechanism of appeal” with remediation in Core. Ask for UGMS support to explore appeal process and follow up with S. Murphy | Tabled to next meeting. | T. Adey |
| 4.8 Identification of class rep for 2021 | | Item actioned by A. Anthony |
| 4.9 Timelines at end of Core, and 6 week mark with return of ITARS. | <p>Discussed timelines for follow-up on ITARS, noted it takes 6 to 8 weeks. Reiterated ITARS have to be in by the 6-week mark.</p> <p>Offered/suggested assistance by Student Affairs regarding possible remediation at the end of Core. R. Tracey asked if there was any way to make it work and mentioned concerns with issues once electives/selectives have started and that the mechanism of appeal is an issue. N. Duggan noted that we won’t know if pass/fail until the course is over, perhaps possible option to split Phase 4 (T. Adey) could be considered but changes could be breaking university regulations. Expressed set up of current Phase 4, issue with pass criteria. R. Tracey reiterated example of student not passing items in on time. N. Duggan reiterated that students are offered multiple chances and cited several reasons of why that can happen. N.</p> | Action: N. Duggan to review how message on the assessment plan and the 6 areas being assessed is delivered to students. |

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| | Duggan mentioned our assessment plan and perhaps we may need to do more to ensure students understand the 6 areas assessed. | |
| 4.10 Provide update on MSPR process for review and comment | Tabled to next meeting. | T. Adey/C. Peddle |
| 4.11 Cultural competence and health care disparities – identify areas where it is taught in Phase 4 | Tabled to next meeting. | T. Hearn |
| 4.12 D. Stokes to review language for coaching tips and review language on defining entrustability and options to change language. | At last meeting, the text is easy to change and need to decide on what we want changed. D. Stokes indicated the language of “medical graduate” had inaccurate expectations, and that coaching tips were appropriate. Can change as long as it is 3 comments to allow for data collection. R. Tracey/K. Quinlan agreed that is what “fools up” the preceptor. | Action: N. Duggan/D. Stokes to meet and look at literature and what is being used elsewhere. |
| 4.13 D. Deacon can check on scales to see what can be done | Tabled to next meeting. | D. Deacon |
| 4.14 K. Zipperlen to follow up with B. Kerr | Tabled to next meeting. | K. Zipperlen |
| 5 Presentations | | |
| 5.1 NB Update | <p>Identified that formalized learning piece has not yet been fixed. As it is complex, it will take a smaller group to remedy. T. Lambert identified Dr. Rochelle Ouellette, a pediatrician in Fredericton as the new site director.</p> <p>Change in definition of what is rural, outside of 3 urban circles, will be standard moving forward. R. Ouellette to have meet and greet next week. Faculty Development is planned with preceptor. Referenced incoming core clerks, and the 2 LIC seats.</p> | |



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| 5.2 PEI Update | Running smoothly. Currently 6 students, no issues with preceptors. Aim to set up meeting in spring, in April. N. Duggan agreed that PEI will be a separate visit after speaking with the Dean. | Action: K. Keough to update contacts in PEI. |
| 6 Standing Items | | |
| 6.1 Medical Students Report (Class of 2020) | <p>Student reps asked that moving forward for assignments due after Match Day, they would like to see email to go out as a reminder referencing modules to complete perhaps in Phase 3, before Match Day. Appropriate timing about a month before it is due. N. Duggan reiterated is summative and students have to pass it.</p> <p>R. Tracey expressed concerns with students not getting info in advance of students starting electives/selectives – particularly with overall schedule and where to go on day 1. R. Tracey to mention to classmates to reach out to C. Murray for electives and C. Patey for selectives. R. Tracey mentioned about issues with accommodations in rural medicine placements. Students referred to RMEN with questions and follow up.</p> <p>G. Duguay, Issues with preceptor not being aware student showing up, students can be with different preceptors. NB has asked to reach out to preceptor next day before noon, to introduce</p> | <p>Action: N. Duggan wanted to ensure that the email on these modules is sent to students at appropriate timing/intervals.</p> <p>Action: R. Tracey to reach out to class to let them know about reasons for delay with APC info and that follow up email and information is forthcoming.</p> <p>Action: R. Tracey to forward student email to N. Duggan and UGME regarding inappropriate experience in rural regarding accommodations.</p> <p>Action: C. Peddle to follow up with S. Badcock, RMEN.</p> |

Our Vision: *Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*

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| | and make plans to meet and exchange particulars. Seems to work best for all involved. | |
| 6.2 Medical Students Report (Class of 2021) | <p>Students at remote sites – slides not provided before hand, hard to follow with just audio and no visual cues. F. Paulin – suggested other options. K. Quinlan says hard with no visual cues, perhaps info available beforehand. D. Stokes discussed some reasons why tech not being use. N. Duggan applicable to rural sites and technology available and can be used easily. Perhaps a working group and policy regarding using so all has access to the info. N. Duggan asked R. Tracey, K. Quinlan to provide summary of when those situations happen with some examples, so N. Duggan talked about lecture benefits and can review and the way it's being taught. N. Duggan and D. Stokes to meet re: blackboard, other options.</p> <p>K. Quinlan asked about appropriate info to put on clinic cards – K. Quinlan indicating students to submit wording to preceptor and expressed that it is not about the mechanics of the card, but is about the content. N. Duggan re: come up with another way to address it. F. Paulin – alot of people don't know how to give feedback, right vocab. D. Stokes – amount of feedback in cards is too much, major problem. K. Quinlan – teaching to students. N. Duggan referenced November talk and information provided, P4P. K. Quinlan – asked about handout online, reminder about structure F Paulin/T Hierlihy, C. Smith –if preceptors, CDCs don't get feedback, clinic cards can be a problem. T. Hierlihy is the feedback piece is the most</p> | <p>Action: N. Duggan/D. Stokes to come up with policy and procedures - to set up a working group to discuss issues and challenges with remote site access, assistance with audio and video options so all have access to the information.</p> <p>Action: K. Quinlan to compile a summary of what situations and when it happens, referencing some examples.</p> <p>Action: D. Stokes to check posting on D2L about what goes into clinic cards, reminders about structure, with aim to make it more accessible.</p> <p>Action: D. Stokes/N. Duggan to look at collection of what we have, to look at where to go and how to make it accessible.</p> |

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| | <p>important part. N. Duggan suggested T. Hierlihy to start the process, preceptors to be honest about coaching and that it is not the final word</p> <p>N. Duggan thanked 2 student reps for help with SOE, in that it really made a difference and overall it went well in UGME.</p> | Action: N. Duggan to provide mock scenarios/feedback – examples of what could be typed into clinic card. |
| 6.3 Accreditation Update Information | <p>B. Kerr reiterated that accreditation is happening May 2-5 2021 and that we are currently forming Accreditation Review Committee. The MSS based on DCI has been sent out to small project groups with expectations to be done by Easter. Will start process in March with pushing communications, getting people geared up. ISA – some students interested in spearheading project, perhaps in MAY to compile data over summer. Mock accreditation – may happen in October or November. Info to be in 3 months prior to site visit. Anyone interested to touch base with B. Kerr and T. Hearn. B. Kerr reaching out to units re: policies and procedures - everyone to know it exists and where it is available. N. Duggan – goal is for everyone to answer every questions. B. Kerr to make people comfortable with information and possibly offer another opportunity to review. N. Duggan - Accreditation to be standing item moving forward.</p> | |
| 7 Business Arising | | |
| 7.1 Review of Terms of Reference | <p>N. Duggan to review TOR every year so that it reads properly noting requested changes and that it does not need a lot of time. N. Duggan asked whether A. Haynes should be VM and asked to</p> | <p>Action: to approve changes to TOR</p> <p>Motion: T Hierlihy</p> <p>Seconded: C. Smith</p> |

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| | have C. Peddle/B. Kerr's roles written into the TOR. N. Duggan – Need to add one person with the new position as an Assessment Lead will be a VM and will be added to TOR. Attendees asked what is appropriate # for quorum, currently 18 members and should be 50% plus one. Everything else seems to be in order. Other changes to suggest for membership with G. Radu suggesting voting perhaps completed by email as needed. | Action: N. Duggan to bring changes to TOR to next UGMS meeting. |
| 7.2 LIC Subgroup Formation Update | C. Peddle – discussion on proposal moving forward, establishing sites in NL to be considered. The Dean submitting a proposal to develop sites in NL. Working group to figure out costing, staffing. N. Duggan hoping to introduce soon. LIC - to consider rolling out one site at a time. G. Duguay – someone reached out to him with interest in LIC. Some sites reached out to committee – regarding time and commitments, re: K. Battcock in Goose Bay referenced. | |
| 7.3 Timelines for Advanced Procedural Competencies and Phase 4 Preparation courses. | N. Duggan – P4 Prep and APC timelines to get sense from P4 Committee to look at whether timelines to be changed. A lot of discussion that it should be part of P4 not P3 now with break between course and start of P4. Can this be moved to beginning of clerkship? Concerns it means adding another component to P4. Perhaps consider things to know with first rotation(s). A lot of discussion as P4 happens at the end of P3 and need to pass going into clerkship. Possible issues: when to remediate if students fail Phase 4 Prep noting students would have a long time without a break as Core Experiences would run another week longer, difficult for students who | Action: N. Duggan to consult UGME leadership and the rest of P3 in whether courses to be moved or not and to look at what pieces can be looked at in refresher at beginning of P4. |

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are doing Core in NB or PEI, might impact ability to do electives/shadowing before Core. Possibly move certain items to beginning of Core? Like clinic card info or hospital orientations. R. Tracey indicated students receive orientation packages and residents usually provide info to clerks on first day. Other suggestion to keep Phase 4 Prep as is and do certain teaching such as online modules to the beginning of Core. This would be useful for students at distributed site.

Consensus is to not move Phase 4 Prep. May do refresher of certain items at the beginning of Core (e.g. use half day teaching that A. Haynes has proposed). The refreshers could become part of Practice Continuum course.

Move online modules perhaps to beginning of P4. D. Stokes mentioned it can be offered online. Any thought to revising curriculum, and add refresher to P4 right at start, perhaps in addition to in-person during P4 Prep.

APC will be called Clinical Skills IV, occurs at the end of 4th year, includes many summative assessments such as OSCE and mandatory procedures. Concept is things being refreshed is helpful for final, re: summative. Option going into December, right before the Christmas break is the better choice if change happens – in April now is not great, students indicating it is not huge stressor, especially with timing prepping with LMCC. R. Tracey to ask students for their opinion.

Action: R. Tracey to survey class re: changing timing of APC – re: 2 weeks leading into the Christmas break.

Action: N. Duggan to follow up after hearing from R. Tracey.

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| | N. Duggan to explore if it is better to move or not. Is there a better time to do it. | |
| 7.4 CaRMS Match Day – March 3, 2020 | CARMS match day – students already told that day auto off, released from service. N. Duggan to build into leave policy. J. Reddigan has put in lots of work. | Action: N. Duggan – to make that a standing policy, match day off for students. Formally build into leave policy. |
| 8.1 Phase 4 Assessment Plan for the Class of 2022 | Tabled to next meeting. | N. Duggan/D. Deacon |
| 8.2 Practice Continuum | <p>A Haynes - adding more non-medical expert content to P4, flagged into recent accreditation – approved a pilot project, ethical situations experienced in p4 and come together in small groups to discuss cases. No volunteers from learners doing core, now looking for time in APC to run this pilot project to determine if it can be part of APC moving forward. If time is available, can we support that? A. Haynes filled in student reps. Practice continuum needs about 3 hours – 8 to 10 per group – triggered by accreditation indicating we need more non-medical expert content. N. Duggan agreed if it is for accreditation, that perhaps APC may not be best place for it. It will be part of Practice Continuum, not APC.</p> <p>Needs to be part of mandatory curriculum, perhaps half day during core for class of 2022. The Practice Continuum course (20 hrs online) is part of the reason why the Leadership modules get</p> | <p>Action: A. Anthony to look at pockets of time during upcoming APC to accommodate pilot project and to update N. Duggan.</p> <p>Action: N. Duggan – to look at changes to curriculum and options of where to include moving forward once pilot project has been completed.</p> |



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| | lost. If organizing something, perhaps including time around progress testing, need to run pilot to see if it is effective. Any student objections? R. Tracey, no issues – perhaps should be done in 3 rd year, not 4 th – confident that it would be the general student feedback. No objections running during APC – R. Tracey doesn't think her class will have any issue. A. Haynes – D. Deacon is aware that it may be added to the assessment plan next year. Will coordinate with S. Iqbal and the ethics department. | |
| | | |
| 9 Next Meeting | March 19, 2020 | N. Duggan |
| 10 Adjournment | Adjourned at 5:45 pm | |