



Phase 4 Management Team Meeting MINUTES

Thursday, January 21, 2021
4:00 pm via Zoom

Attendees: A. Anthony (Recording Secretary), S. Atkinson, J. Bishop, H. Coombs, T. Doyle, N. Duggan (Chair), J. Hearn, T. Hierlihy, A. Hunt, K. Keoughan, B. Kerr, T. Lambert, B. Metcalfe, C. Murray, F. Paulin, C. Peddle, S. Reid, C. Smith, D. Stokes, J. Thorburn, K. Zipperlen

Invited Guest: S. Badcock (Coordinator, Distributed Medical Education)

Regrets: T. Adey, A. Haynes, D. Lynch, C. Patey, J. Patterson, L. Russell

Topic	Detail	Action Items and person responsible
1 Introduction and Welcome - N. Duggan	A welcome was extended to all attendees including new committee members and an invited guest. The Chair introduced the new CDC for the Discipline of Emergency Medicine, Dr. Brian Metcalfe. Thank you is extended to Dr. Eric Smith for his contributions to PoCUS and the P4M Team.	
2 Agenda review		
2.1 Review for Conflict of Interest – N. Duggan	No conflicts of interest were brought forward.	
2.2 Confirmation of Agenda – N. Duggan	Confirmed.	Motioned: N. Duggan Seconded: J. Hearn
3 Approval of prior minutes		
December 17, 2020	Approved by consensus.	Motioned: F. Paulin Seconded: T. Doyle
4 Review of prior action items		
Action: N. Duggan to touch base with course leads for MED 8720, 8730, 8740, 8750 regarding feedback from course assessment reports and a review of the leadership in medicine module.	Tabled.	
Action: N. Duggan to send out email looking for volunteers for clerkship award, and will forward responses.	Tabled.	

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Action: N. Duggan to reach out to C. Murray and C. Patey regarding strategy to address the number of incomplete ITARs for the class of 2021.	Tabled.	
Action: N. Duggan to move discussion on option of virtual PoCUS “up the line”.	Associated cost that we were not able to commit to at this time.	
6.1 Action: C. Murray to email to J. Bishop, A. Hunt and N. Duggan surrounding delayed responses to RFM requests.	<p>C. Murray emailed A. Hunt, N. Duggan, and J. Bishop. Email conversation which A. Anthony, A. Miller and S. Badcock are included on with plans to improve the process.</p> <p>Issues are multi factorial with increased requests due to unavailability or lack of out of province options. Some preceptors are will touch base after COVID to take on learners or take on more learners. The added step for (FM and SURG) shouldn’t be a big hurdle and we can work on streamlining this. Response times are a major factor. DME is working on a communication on this matter. UGME and DME can work together to resolve any challenges and streamline receipt and processing of requests.</p> <p>NLMA has sent out communication to all physicians in NL looking for clinical educators who interested in faculty appointments.</p>	
6.1 Action: C. Patey to ask A. Hunt to confirm the general availability and ability to accommodate UG requests.	Included in comment above.	
7.2 Action: N. Duggan to reach out to the COVID task force regarding timelines of where medical students fall in the priority list and when they can	Tabled.	

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expect to receive COVID vaccine.		
7.2 Action: N. Duggan to review guidelines for persons wanting COVID travel exemption to act as support for laboring patient.	Patient to be treated as COVID positive. This is not expected to impact clinical experiences for learners.	
8.1 Action: All P4M committee members to review and forward feedback to J. Allison.	Please forward feedback to J. Allison who is expected to attend the next meeting.	
8.1 Action: J. Allison to forward any specific changes or updates to the proposal coming from CHH	J. Allison has been in touch with her CHH colleagues and will be meeting to discuss further.	
8.1 Action: J. Allison to follow up with N. Duggan on how we can move forward with this initiative.	J. Allison will provide an update asap and will follow up with N. Duggan.	
5 Presentations		
5.1 NB Update – T. Lambert	<p>Majority of NB is in red phase. Update to learners on how to navigate NB has been sent out. Meeting scheduled next week with learners to see if there are any impacts with move to red phase. Red phase has impacted OR, requiring extra precautions. Strategic planning has started for NB and will be adapted to Destination Excellence. Hoping to be completed by June and be ready to be sent off to the Dean.</p> <p>J. Hearn - All going well. Asked about impacts on learners with the continuing rise in cases. T. Lambert is not expecting it will impact learners. Learners will be able to continue in a clinical setting.</p> <p>A. Anthony - What are the expected timelines to have an administrative assistant in Fredericton to support Dr.</p>	

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	Ouellette and LIC Fredericton? T. Lambert – Hoping this position will be filled by April.	
5.2 PEI Update – K. Keoughan	<p>All is running smoothly. Not going back to Atlantic bubble until mid-February at this point.</p> <p>A. Anthony brought up the 4 PEI seats with the class of 2023 and that one of the learners has matched to an NB stream.</p>	Action: N. Duggan to meet with PEI team to discuss COVID situation in PEI and what options can be looked at for learners who may be travelling in and out of the bubble.
6 Standing Items		
6.1 Medical Students Report (Class of 2021) – K. Quinlan	<p>Question regarding rural accommodations. Is there any way that UGME can monitor availability for housing? S. Badcock and C. Peddle suggested that learners reach out to DME site contacts across NL. Approval to come from UGME to share information. S. Reid suggested the use of Facebook groups to share info, posting about who is going where, housing needs. N. Duggan suggested reaching out to LWS to set up exploring rural housing options and possibly include visiting electives later on.</p> <p>K. Quinlan asked about Clinical Skills IV, specifically ACLS. Is there a timeline where learners can do it on their own time? J. Thorburn is hoping that we can confirm in a week or two.</p>	Action: J. Thorburn to communicate to learners on ACLS and whether it can be offered in a virtual environment or whether the learners may have to secure their own arrangements outside of Clinical Skills IV.
6.2 Medical Students Report (Class of 2022) – J. Hearn	<p>Generally all is going well. Understanding is that visiting electives will be delayed until at least Sep 1 and expecting an update in the next couple of weeks. Decision will be made nationally by the UG Deans.</p> <p>Asked about the start date for s/electives for the class of 2022. It is expected applications will be received 16 weeks in advance for placements starting Aug 2.</p> <p>Referenced EM example and asked about the snow day policy. It was reiterated that learners must complete 75% of</p>	



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	<p>rotation. In determining whether learners should attend clinical commitments, local weather should be used to guide learners at rural sites.</p> <p>Asked about vaccine deployment plan. An update from the provincial government is expected in the next couple of weeks.</p> <p>T. Lambert noted learners in NB are in the first priority plan, should be getting vaccine invitation before April.</p> <p>No complaints from learners who had to switch rotations on short notice due to COVID related restrictions and the need to self isolate.</p>	
<p>6.3 Accreditation Update Information - B. Kerr</p>	<p>Revised timeline for accreditation project and all the tasks that have to be done ahead of the mock visit and the subsequent accreditation visit Apr 3 to 6 2022. DCI information will be distributed this month and put together. Some changes to standards and elements. Committees in place to answer more general questions that accreditors will be answering. ISA to be completed by mid-November. Mock visit to happen in December, unsure what form it will take but we will try to mirror what will happen at the actual site visit. At this point, we are expecting Memorial may have a hybrid model, questions may take place virtually. Accreditation website should be up and running in the next month or so.</p> <p>N. Duggan brought up the issues with timing of evaluations as the one of things we should be looking as it relates to accreditation. Reference made to new associate deans who will assist with any areas that relate to non-medical expert content and where it can be introduced into the curriculum. We want to do more than meet the standard, we want to exceed.</p>	



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6.4 LIC Update	N. Duggan – J. Patterson is no longer the rep for LIC Goosebay.	Action: N. Duggan will reach out to see if the new faculty member is interested in replacing the position left vacant by J. Patterson.
7 Business Arising		
7.1 Look at the year ahead for the class of 2021 – N. Duggan	Hopefully through major hurdles. Next major item is CaRMS.	
7.2 Look at the year ahead for the Class of 2022 – N. Duggan	Should have contingency plans in place for s/electives in PEI in the event that all may or may not be vaccinated and if we have to look at shutdowns.	Action: A. Anthony to reach out to PEI to look at options for s/electives for the class of 2022.
7.3 Look at the year ahead for the class of 2023 – N. Duggan	<p>Need to look at options for a contingency plan surrounding core for the class of 2023.</p> <p>Asked current P4M reps about when to have reps secured for the P4M committee. This should be looked at when there is a better idea of what is going on. Suggestion made to have class of 2023 rep on the P4M team in April.</p> <p>Motion to ask class of 2023 to nominate a rep to sit on the P4M team.</p> <p>Motioned: N. Duggan Seconded: C. Murray Motion passed.</p> <p>Pleased with match results coming from the core stream lottery for the class of 2023 and how well it went. The NB based learners ranked really well. The PEI seats had to work around preceptor availability. Match results showed majority</p>	<p>Action: A. Anthony to reach out to PEI to look at options for the class of 2023</p> <p>Action: A. Anthony to contact class of 2023 president asking to nominate a rep to sit on the P4M team starting in April.</p>

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	are placed in one of their top three choices. K. Quinlan mentioned that the stream learners are matched to really doesn't matter and doesn't really impact what learners end up doing.	
7.3 MED 8710 Core Experiences Evaluation Form - H. Coombs	Supporting document for this item was attached to meeting invitation and was screened shared by H. Coombs. Pulled out assessment sections, some discrepancy about methods currently being used in disciplines which should be cross referenced with the assessment plans. We would like to remove any methods that are not being used or are not relevant. Asked if there are assessment methods to be listed there for another reason and whether we should include progress testing. Forms for next iteration of 8710 would have to be cleaned up and we would like to keep language consistent between disciplines. The assessment section was not clear and learners referenced sections not even being used. We have control over the forms and the release to the students. N. Duggan asked if anything to be added that we are not using and referenced missing online cases in IM. Each CDC needs to have a review of the section to see what to be added or deleted. Several disciplines use the same form but can certainly choose to have their own discipline specific form.	Action: H. Coombs will follow up with CDCs.
8 New Business		N. Duggan
8.1 Clinical Skills Development in Phase 4 – N. Duggan	Question directed from UGMS surrounding issue with P2 and P3 where learners have not gotten full complement of Clinical Skills training. C. Smith – Should be advocating to get more time in pre clerkship, guidelines have been strict and learners not getting as robust an experience. N. Duggan asked what options may exist to get clinical skills for learners moving into P4? It is not an issue for Psychiatry as clinical skills is being done virtually. K. Quinlan wondered about which pieces learners are missing. A. Anthony mentioned that perhaps we could look at what time may be available in P4P. C. Murray wondered about inconsistencies with	Action: N. Duggan will forward suggestions on how to make up clinical skills time to T. Adey and then on to UGMS Action: N. Duggan will reach out to determine which pieces learners are missing. Initially a

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	<p>preceptor and problems with CLSC and spoke about clinical skills time in P2 and P3 that learners received. B. Metcalfe indicated the specific reductions in clinical skills time in P2 and P3. T. Hierlihy – Does it take into account virtual clinical skills? Do the #s take into total reduction, total amount of in person sessions? N. Duggan asked F. Paulin and C. Smith about what they see as challenges in P3, F. Paulin - Learners need to pick up skills ahead of P4 and expressed that some important details will be lacking if it's not captured resulting in learners coming into clerkship less prepared. C. Smith - Technical skills will suffer and will detract from Surgery rotation. K. Quinlan asked if there is any way to make up time before starting rotation. It would be good to make it up before clerkship. T. Doyle – In reference to Pediatrics, perhaps introduce a general session before they start the rotation. K. Quinlan - Could there be a crash course on day one or have resident to review relevant physical exam and well-baby exam? J. Hearn asked if reductions are comparable to other schools. T. Hierlihy mentioned that making up clinical skills time was a universal problem. Memorial was lucky in that we changed things right before the pandemic hit. N. Duggan – We need to reiterate the impact and the need to make up time. Perhaps we can look at the P4P time slot or work it into BlackBag. C. Smith - Making up time is getting out of hand and we should preserve the experiences learners should be receiving.</p>	<p>reference to Neurology and Pediatrics.</p>
<p>8.2 Conference Leave – T. Hierlihy</p>	<p>What is everyone doing around requests from learners? Concerns surrounding this when considering length of rotations that have been cut down and are further reduced if conference leave taken. C. Smith - Don't know if we have much ground even with shortened rotations.</p>	
<p>9 Next Meeting</p>	<p>February 18, 2021</p>	<p>N. Duggan</p>
<p>10 Adjournment</p>	<p>6:12 pm</p>	