

Phase 4 Management Team Meeting (Special Meeting) MINUTES

Thursday, May 28, 2020

4:00 p.m.

via Zoom

Attendees: T. Adey, A. Anthony, J. Bishop, H. Coombs, D. Deacon, T. Doyle, N. Duggan, A. Gammal, T. Hierlihy, K. Keoughan, B. Kerr, T. Lambert, J. Patterson, F. Paulin, C. Peddle, C. Murray, D. Murphy, L. Russell, C. Smith, E. Smith, D. Stokes, K. Quinlan, K. Zipperlen

Invited Guests: S. Badcock (RMEN)

Regrets: None were received.

Topic	Details	Action Items and person responsible
1 Introduction and Welcome - N. Duggan		
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.	
3 Business Arising		
3.1 Class of 2021 – amended schedule templates for completion of core (July 6 to October 2, 2020) -N. Duggan	Discussed distributed revised amended templates. N. Duggan noted overlap that would have caused blocked weeks picked up by T. Doyle. Based on feedback, N. Duggan asked CDCs to check if anything else was missed. The committee should have received 2 documents, one (core clerkship for the class of 2021) was sent out last week. Two versions of the amended one was sent out. Based on feedback, shifted around when streams would start. Same number of weeks were offered, but they may have been moved within the template to avoid overlap where it could be overlap. Does it seem to be more effective with the shifted version? D. Murphy discussed concerns with S. Murphy and C. Cook re: double cohort in Obs. With only one site there are more clerks with that scenario than staff. It will be a struggle to give clerks	

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enough to do. Looked at options with doing more ANES. They will be well over capacity even with sending clerks to rural sites. T. Adey confirmed that we can send learners to sites around the province.

We can look at sending learners to sites that we do not normally use. Perhaps we can look at additional virtual training, will be an issue with surgical subspecialties and the volume won't be there. Students will just not have the same experience they normally would have had. Looked at other units (disciplines) and capacity at various sites and looking at the PPE and accommodations perspective.

For clarity, the NB students were removed to have a better look at the capacity issues. C. Smith has concerns with stream 2 and 4 with last document sent out and will be short a week. These were the 2 groups interrupted at the start of the pandemic. A. Gammal is willing to sacrifice Anesthesia for sake of General Surgery, concerns with PPE, summer slowdown, potential second surge coming up. Competencies can be picked up on other rotations and in a variety of contexts. For students who are interested in Anesthesia we can also look at any Electives/Selectives time if it needs to be considered. If so it may have to go SAS and UGMS, it could be amended to be optional. Concerns with just those 2 streams not getting the Anesthesia time. D. Murphy suggested maybe take 3 days from Pediatrics to allow clerks to get in Anesthesia time and the HSC site might be better option over SCM. Clerks will need to meet certain objectives, discussed specifics. Perhaps the students can do some simulation and use practice lab, either with access to the room or to the equipment. This can be a fall back if it is expected the students may not get all their skills. An increase in cases and doubling up with senior residents may provide a viable option for students to have the

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	<p>exposure. N. Duggan reiterated the time is important but having the exposure is more important and we could look at considering evenings and weekends. Discussed the specific objectives that would need to be met. S. Badcock indicated Corner Brook is not wanting to having Anesthesia learners due to PPE and staffing issues, a slight reduction in bed spaces. They want to avoid overlaps. Post graduate learners going out at the same time, so it will be an interesting situation. S. Badcock hasn't heard any specific concerns from disciplines or the RHAs.</p> <p>C. Smith mentioned using a virtual option allowing learners to participate. D. Murphy discussed the PPE issue in Obstetrics, they are going to be limited with all of their rotations. Access to PPE will be an issue for anyone outside of the hospitals. T. Hierlihy is OK with what was presented.</p> <p>J. Bishop says no issues so far, will reach out when schedules are available. Not be able to go to Labrador is going to be huge impact for RFM. In short term, perhaps can we look at other sites. K. Quinlan mentioned perhaps instead of Labrador, could we look at a site with similar components. Students want to go to Labrador because of the broadness of the experience. Labrador takes on a lot of learners. Does that even exist? N. Duggan will look at how we can work with the loss of using Labrador as a site.</p>	
3.2 Class of 2021 – revised timelines for the start of post-core -N. Duggan	Tabled to next meeting.	
3.3 Class of 2022 – revised timelines for the start of core – N. Duggan	<p>Tabled to next meeting.</p> <p>Clinical part of core starting on August 25. Will at the academic piece up front. At this point we can expect an even track.</p>	Action: N. Duggan distribute draft schedule to committee for feedback

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3.4 Review of the assessment piece – N. Duggan		
3.4.1 Class of 2021 – continuance of core N. Duggan	<p>N. Duggan – This will have go through SAS and UGMS. Concerns with rotations length and students will not get the 75%. Concerns with the assessment piece. CDCs to look at this area, # of clinic cards based on time. D. Deacon is not sure that changes are enough to warrant going to SAS and UGMS and will see what this will look like when they receive the information. Students to clearly know what expectations are when they come back. K Zipperlen – to send students out their progress to date. No concerns expressed from the last meeting. May have to look at individualizing plan/schedule depending on travel restrictions. L. Russell sent out what was proposed last week. T. Lambert - As far as finishing rotations, the clerks will go back into same stream format as students in NL and follow same assessment protocol.</p> <p>N. Duggan - Sent around notice about one NBME exam for free. Great tool for self assessment to see where they are. Do we want to consider alternative? Is one option delaying into post core when more space is available? D. Murphy – couldn't we use our own local exams using modules from Phase 1 and 2. Is the concern with it being valid important? Do we have resources to replace the questions? D. Deacon mentioned the issue with having to retire questions and logistics will be an issue. Major issue is the staffing to support that and to mount an exam like the NBME. Is the level of knowledge at year 1 appropriate for later in program? Preference is for the NBME as they are validated and reflect knowledge acquired and is relevant for LMCC Part 1. N. Duggan to look at whether the computer lab be available?</p>	<p>Action: N. Duggan to request approval for amended templates reflecting rotations with <75 % of the full rotation.</p> <p>Action: CDCs to review the assessment piece as it relates to their unit. Submit it to D. Deacon the # of clinic cards based on amended rotations for the class of 2021.</p> <p>Action: N. Duggan to email V. Curran, S. Murphy to ask them ahead of time about possible concerns with the assessment piece.</p> <p>Action: K. Zipperlen to reach out to students with update on where they are currently –</p>

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	Are there any other issues for Class of 2021? T. Hierlihy referenced situation when students were pulled on March 17 with potential impact on entrustability (EPAs) and mini CEX. This will differ from discipline to discipline. Are there any issues with other units and blocks? There are special circumstances and arrangements could be made for students to complete at the site they will be at when they return. T. Hierlihy - There are issues with Psychiatry. Perhaps we could look at not having a mini CEX, particularly considering shortened rotations. T. Hierlihy to review option. The EPAs gained in the mini CEX would be gained in the regular rotation. Perhaps look at this for students who may not have all their EPAs.	assessment and what they will need to achieve when they come back.(40:06). Action: N. Duggan to look at if computer labs available for the progress exam.
3.5 Incorporating virtual care into clerkship – N. Duggan		
3.5.1 Class of 2021 – continuance of core -N. Duggan	Addressed in other sections.	
3.5.2 Class of 2021 – completion of post core	K. Quinlan - Options from group of fellow student brought to C. Murray/D. Murphy. This would provide plan for 10 weeks of Electives and 8 weeks of Selectives with a 2 week Christmas break, remove 1 week of vacation and cut the Clinical Skills IV course to 1 week and complete CS4 sessions online that are conducive to that format. Interview period currently scheduled to be 3 weeks. LMCC dates will be April 12 to May 16. Best option for students to have 2 week break for Christmas because it is typically a slow time. N. Duggan to check if there is any rule with removing a week of vacation. K. Quinlan - Can we look at flexibility with the non-core Selectives? Is P4M committee in favour of lifting restrictions, direction on Electives and Selectives. 10 weeks of electives, 8 weeks of selective. Extensive discussion ensued with A. Anthony, C. Murray and D. Murphy surrounding changes for students in meeting 2 x 2	Action: N. Duggan to check to see if there is any rule against removing a week of vacation. Action: N. Duggan to reach out to C. Patey regarding changes to Selective requirements.

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	<p>weeks on non core Selectives and possibly allowing flexibility to consider the surgical subspecialties. K. Quinlan - Concerns were expressed with the reduction in surgical time. It's important for us to open it up as much as possible. Students will want to diversify the non core. K. Quinlan proposed new Selective plan to be 2 weeks of rural core, 2 weeks of surgery, 2 weeks of non-core and 2 weeks of (either core or non-core). N. Duggan – If after meeting with C. Patey, there are no issues with lifting Selective requirements she will take amended learning plan to UGMS. D. Deacon - sounds like implication on assessment plans. K. Quinlan - Rules in place so students have broader experience. N. Duggan referenced proposal restrictions no travel, all electives and selective will have to be done at their home school. May be issue to experience placements where subspecialty may not be an option here at MUN. N. Duggan will have to get direction from task force with equal weight put on placements done here. Hoping that a transparent process will be put in place.</p> <p>N. Duggan – Proposal that all students will have to do all of their Electives and Selectives at their home school. This would take the burden off our students regarding travel restrictions. It's does bring to light students who are interested in opportunities we don't offer. T. Lambert – Will the NB clerks be able to complete in NL? Concerns will be with travel restrictions and this will need to go back to the task force.</p>	
3.5.3 Class of 2022 – completion of core	Tabled to next meeting.	N. Duggan
3.6 COVID related orientation for the Classes of 2021 and 2022	<p>N. Duggan – to include it for 2021 and incorporate for 2022 (E. Smith). E. Smith reached out to N. Duggan regarding information. Perhaps it can be developed into a lecture or discussion. N. Duggan referenced DAL online virtual care session last night. Session was full. We need to look at that.</p>	Action: N. Duggan to distribute COVID related information received from E. Smith.

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	<p>T. Doyle – Asked if any restrictions that clerks will be involved with. T. Adey - Some recommendation might need to come from this committee in terms of what they need to do to achieve to obtain their competencies. T. Adey can bring it to the task force</p> <p>C. Smith – If N95 used for the procedure then staff would do it but not resident. Perhaps can we look at this for medical learners. T. Adey – If competencies can be obtained without the exposure would be preferable. P4M important to comment, balancing their education with their safety. Perhaps this might need to be added to mandatory procedures. We need to look at the testing positive versus screening positive issue and whether clerks can be exposed to one or the other of this category of patients. T. Adey – We need to clearly know what this will look at. T. Adey – P4M not recommending students be exposed to patients who test positive but possibly those with respiratory issues while wearing PPE. This will be part of their orientation/re-orientation. T. Lambert discussed what is happening in NB and will share info with P4M. Potential 2 sets of students with same rules, the expectations should be the same. T. Adey – If committee to support, will bring it to task force.</p>	<p>Action: T. Adey to reach out to the task force and C. Donovan (possibly our insurers) after P4M decision has been made. Will try to find out what is happening nationally.</p> <p>Action: E. Smith to draft document that students have to review and sign off indicating they gone through the training and they have been supervised before they see patients.</p> <p>Action: T. Lambert to share highlights with P4M of what is happening in NB.</p>
3.7 Formation of working groups to review COVID related issues - N. Duggan		
3.7.1 Working group on PPE issue – C. Smith	<p>Did some investigative work regarding PPE. Discussed precautions taken. Updated information posted next week. It appears that PPE should not be major barrier to having students come back. They are in the process of reaching out to RHAs.</p>	

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3.7.2 Working group on post core timelines -D. Murphy/C. Murray/K. Quinlan	Addressed in other sections.	
3.7.3 Working group on core timelines -N. Duggan/D. Murphy/K. Quinlan	Addressed in other sections.	
3.7.4 Working group on development of module on virtual care	<p>D. Stokes - Nothing to report back on yet. Working with OPED on teaching modules that can be used for this group. The plan was even to include it for post grad. Have been in contact with EH and they have ten or so modules that can be added for re-orientation. EH will send out and they can be posted to D2L before July 6.</p> <p>N. Duggan will be working on virtual clinical teaching module. Will look at slides from the DAL presentation that happened May 27. Will reach out to various jurisdictions to see how we can supervise students during virtual care.</p>	C. Peddle/D. Stokes
4 Next Meeting -N. Duggan	<p>TBC</p> <p>Next couple of weeks, everyone look at amended # of clinic cards and send in to D. Deacon</p>	<p>Action: CDCs to reach out to D. Deacon with the amended # of clinic cards for their units in the context of the amended rotations.</p>