

Phase 4 Management Team Meeting MINUTES

Thursday, November 21, 2019

4:00 p.m.

M2M240

Attendees: A. Anthony, H. Coombs, D. Deacon, N. Duggan, J. Guy, T. Hierlihy, K. Keough, B. Kerr, T. Lambert, D. Murphy, C. Murray, C. Patey, J. Patterson, F. Paulin, K. Quinlan, G. Radu, L. Russell, D. Stokes, R. Tracey, B. Thiessen, K. Zipperlen

Invited guests: T. Hearn

Regrets: T. Adey, T. Doyle, A. Haynes, C. Peddle, C. Smith, E. Smith,

Topic	Details	Action Items and person responsible
1 Introduction and Welcome	Meeting officially started at 4:31 pm. Introductions were held. Welcome extended to J. Thorburn (new APC lead) and Class of 2021 reps, K. Quinlan and J. Guy.	
2 Agenda review		
2.1 Review for Conflict of Interest	There were none.	
2.2 Confirmation of Agenda	Approved by consensus.	Motioned: T. Hierlihy Seconded: D. Murphy
3 Approval of prior minutes		
October 17, 2019	Approved by consensus	Motioned: G. Radu Seconded: D. Murphy
4 Review of prior action items		
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
4.3 Student feedback to move formative exam to middle of FM rotation	Tabled to next meeting.	N. Duggan

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<p>4.4 Distribution of LIC seats and provision of dates for Med Ed meeting in Spring.</p>	<p>Noted allocation of seats in NB with 6 tracks in Saint John that are block based, along with 2 LIC seats in Moncton and 2 LIC seats in Fredericton that will be available in the next “Core Lottery” to be run for the Class of 2022. Discussed priority of NB seats and reiterated that every seat will be filled and students are to rank choices.</p> <p>LIC is part of discussion next week. The introduction of LIC has allowed for students to match highly in CaRMS. LIC Learning is more intuitive and allows for students to meet competencies earlier. It is being phased in because it is expensive to operate. NB is fast off the mark with a seamless transition as DAL already had LIC seats in place. Comments received that apparently our LIC is better.</p> <p>Med Ed is scheduled for April 2 with forum for April 3. Hoping to plan site visits around that day. Everyone in attendance to consider that date, finances and add half day to make it worthwhile by planning early to block off dates and arrange travel, with attention to who needs to go and who you need to meet with. CDCs will be advised to plan accordingly and provide sites they are interested in visiting.</p>	<p>Action: N. Duggan to reach out to CDCs for follow up regarding Med Ed. N. Duggan to connect with T. Lambert and staff on this as well regarding dates and agenda items.</p>
<p>4.5 Coordination of visit to PEI</p>	<p>Tabled to next meeting.</p>	<p>N. Duggan</p>
<p>4.6 Reduction of # of EPAs</p>	<p>Tabled to next meeting.</p>	<p>N. Duggan</p>
<p>4.7 Provision of solutions on concern – “mechanism of appeal”</p>	<p>Tabled to next meeting.</p>	<p>T. Adey</p>

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with remediation in Core. Ask for UGMS support to explore appeal process and follow up with S. Murphy		
4.8 Identification of class rep for 2021	Class reps for 2021 were identified, contacted and invited to attend the Nov 21 meeting and subsequent meetings moving forward.	Item actioned by A.Anthony.
4.9 Timelines at end of Core, and 6 week mark with return of ITARS. N. Duggan to reach out to R. Tracey.	<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 having to consider remediation at the end of Core. R. Tracey expressed if there was any way to make it work and mentioned concerns with issued 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. Duggan mentioned our assessment plan and perhaps we may need to do more to ensure students understand the 6 areas assessed.</p>	Action: N. Duggan to review how message on the assessment plan and the 6 areas being assessed is delivered to students.
4.10 Provide update on MSPR process for review and comment	Tabled to next meeting.	T. Adey and C. Peddle

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	R. Tracey thanked us for work on MSPR. It was a lot smoother this year and a lot less stressful for the students.	
4.11 MSPR update to students by N. Duggan, update G. Radu		
4.12 Accreditation Update	Trying to figure out where to go forward, need about half hour. Expressed challenges with clinics for some of the possible presenters	
4.13 Curriculum and Accreditation update. To arrange meeting with CDCs (or designate) for follow up	Discussed possible meeting dates, with considerations for Nov 29 or Dec 6.	Action: T. Hearn and B. Kerr
4.14 Cultural competence and health care disparities – identify areas where it is taught in Phase 4	Tabled to next meeting.	T. Hearn
5 Presentations		
5.1 NB Update	The role of site director for LIC Fredericton has yet to be filled. Will update as that happens. Introduced Caitlin Robertson, who is assisting G. Duguay in Moncton. She is settling in and has met with the 2 LIC Moncton students. Students expressed ongoing challenges with LIC process in joining formalized learning due to schedule challenges and that the overall set up currently in place not necessarily the best for learning. Site development is ongoing – exploring new site options. T. Lambert’s presentation for the Nov 28 Orientation to Core is ready. G. Duguay and a student have offered a more extensive LIC Q & A if students still have questions (due to time limits) following the scheduled class presentation.	Action: T. Lambert to follow up with N. Duggan
5.2 PEI Update	Looking for 60% position in Summerside, with the hopes of accommodating more placements options in PEI. This is still in early stages of	Action: K. Keough to update contacts in PEI about site visit in April.

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	planning. All else is going well, no concerns. visit to PEI	
6 Standing Items		
6.1 Medical Students Report (Class of 2020)	<p>Requested clarification on the one week break between end of electives/selectives and start of APC. Wanting to know how it is classified. N. Duggan explained that it was set for that date because of scheduling challenges.</p> <p>Explained that APC provides an option to practice mandatory procedures.</p> <p>MCCQE Review – details not settled. To be relayed to students when available.</p> <p>Thanks extended to T. Stuckless for helping students with their CVs – part of the CaRMS application process.</p> <p>Suggested that for students going through the CaRMS process for next year, we maybe have a wellness consultant reach out to students.</p>	
6.2 Medical Students Report (Class of 2021)	<p>Students expressed difficulty with getting clinic cards signed of in timely manner. Certain preceptors were identified as being part of this ongoing issue with getting ITARs back in time.</p> <p>Discussion on the wording on the T-Res app regarding competency level (medical graduate) and how it is interpreted and that if it is interpreted at grad level – that nobody is at that level. Asked whether wording on T Res be reviewed regarding entrustability for the 3 levels.</p>	<p>Action: D. Stokes to review language for coaching tips and review language on defining entrustability and options to change language.</p>



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	<p>Mentioned that it was preceptor dependent. F. Paulin iterated entrustability at that level of training would only assess the current encounter. Explained language on clinic cards. Noted that the objective is not to get all clinic cards in at the beginning but by the end of Phase 4. Reaffirm how language is to be interpreted and clarify how language and entrustability is defined and how that information is communicated to students and disciplines. D. Stokes mentioned coaching tips, perhaps language can be changed. Deacon can check scales to see what can be done.</p>	<p>Action: Deacon can check scales to see what can be done.</p>
<p>6.3 Accreditation Update Information</p>	<p>We were reminded that there is still work to do. Updates on accreditation elements and any identified issues that need work. A review of the data (from final ITAR) for each element followed. Students are getting the needed exposure and accreditors look at data related to real patients as opposed to simulation. Perhaps some procedures that may not be achievable should be not be noted as mandatory or required. Cited a couple of examples of mandatory procedures that are hard to get – i.e. NG tube placement. D. Murphy suggested issues with T-Res and data coming from it. Mentioned paper cases – Murphy disputed data on spreadsheet and data isn't necessarily showing what is happening on the ground. T. Hierlihy mentioned maybe preceptors/disciplines use same data entry tool. Questions arose as to why we even still use paper and that it should all be electronic. F. Paulin mentioned that form name be changed to summative not formative, should be</p>	<p>Action: K. Zipperlen to follow up with B. Kerr</p>

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	<p>representative of what it actually is. Should there be a formative in ObsGyne. D. Murphy mentioned that the volume is not feasible. The mid-point meeting is formative and takes time. Duplication is a lot of work and D. Murphy thought formative is mandatory. Anything over 4 weeks, needs to have formative assessment. D. Deacon mentioned it is an operational thing that can be worked on.</p> <p>Follow up with B. Kerr on tracking of clinical experiences, ensuring that at least 80 % of students are getting that experience and that it is all documented. Monitoring of mandatory procedures, that students get chance to do this during core – perhaps some procedures should be declassified as mandatory and it should be controlled within core. Timeliness of summative assessments – we can achieve that. A lot is just tweaking processes and use of tools. B. Kerr proposed to review on annual basis.</p>	<p>Action: B. Kerr to review on annual basis.</p>
<p>7 Business Arising</p>		
<p>7.1 Template Working Group Update</p>	<p>Asked whether an extension to the Anesthesia core rotation can be considered after student K. Everard looked at data across Canada. Stated that other areas were given extra time. Hesitancy is with too many learners and not enough site/preceptors. Suggested to bump it up to 5 days, preferred by most. Explored possible considerations with time coming from other disciplines such as Surgery after speaking with C. Smith, awkward for Surgery. D. Murphy mentioned that perhaps ObsGyne might be an</p>	<p>Action: B. Thiessen to follow up with C. Smith.</p>



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	avenue to explore, with R. Tracey specifically mentioned Neonate (Peds) as another option.	
7.2 Review of Terms of Reference	Tabled to next meeting.	N. Duggan
7.3 Class Presentations – Orientation to Core / Electives Selectives	Tabled to next meeting.	N. Duggan
9 Next Meeting	January 16, 2020	Motioned: F. Paulin Seconded: R. Tracey
10 Adjournment	Adjourned at 6:25 pm	