

<b>Clerkship Committee Meeting</b>		<b>DATE</b>	July 17 <sup>th</sup> , 2014
		<b>ROOM</b>	PDCS Room 5
<b>CHAIR</b>	Dr. Katherine Stringer		
<b>MINUTE TAKER</b>	Ms. Sandy Williamson		
<b>MEMBERS:</b>  <b>2013 - 2014</b>	<i>Dr. Katherine Stringer, Clerkship Coordinator</i> <i>Dr. Jamie Farrell, CDC Medicine</i> <i>Dr. Tina Delaney, CDC Obstetrics/Gynecology</i> <i>Dr. Craig Stone, CDC Surgery</i> <i>Dr. Jasbir Gill, CDC Psychiatry</i> <i>Dr. Norah Duggan, CDC Rural Family Medicine (outgoing)</i> <i>Dr. Lyn Power, CDC Rural Family Medicine (incoming)</i> <i>Dr. Tyna Doyle, CDC Pediatrics</i> <i>Dr. David Jones, Selectives Coordinator</i> <i>Dr. Keegan Au, Electives Coordinator</i> <i>Dr. Jennifer Leonard, Course Chair MED 7280</i> <i>Dr. Todd Lambert, Assistant Dean, New Brunswick - joins by teleconference</i> <i>Dr. Richard Wedge, PEI Representative - joins by teleconference</i> <i>Ms. Verna McInnis, Clerkship Coordinator PEI - joins by teleconference</i> <i>Ms. Kathy MacLean, Clerkship Coordinator PEI - joins by teleconference</i> <i>Dr. Donald McKay, Associate Dean, UGME</i> <i>Dr. Scott Moffatt, Assistant Dean, Student Affairs</i> <i>Ms. Sally Ackerman, Accreditation Manager</i> <i>Mr. David Jerome, student, class of 2016</i> <i>Mr. Andrew Dalton, student, class of 2015</i> <i>Ms. Melody Marshall, UGME Coordinator</i> <i>Ms. Angeles Damil, Administrative Coordinator, New Brunswick - joins by teleconference</i> <i>Ms. Dawn Keenan, Program Manager, New Brunswick - joins by teleconference</i>		
<b>PARTICIPANTS</b>	Dr. J. Gill, Dr. K. Stringer, Dr. N. Duggan, Dr. C. Stone, Dr. J. Farrell, Dr. Tina Delaney, Ms. Sally Ackerman, Dr. Lyn Power, Dr. Tyna Doyle, Dr. Don McKay, Dr. Verna McInnis, Ms. Kathy MacLean, Ms. Angeles Damil		
<b>GUESTS</b>			
<b>REGRETS</b>	Dr. Keegan Au, Dr. Dave Jones, Dr. Jennifer Leonard, Mr. Andrew Dalton		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
#1 WELCOME / MEETING START TIME	Dr. Stringer (Chair) opened the meeting at 4:15pm	Some time elapsed before quorum was achieved.	

<p>#2 ADDITIONS TO THE AGENDA</p>	<ul style="list-style-type: none"> <li>Item #1 and #2 Agenda</li> </ul>	<ul style="list-style-type: none"> <li>Call to order.</li> <li>Agenda Approved – (5.7 Farewell to Dr. Duggan on hold until the fall, transition in effect for Family Medicine Discipline Coordinator)</li> <li>Accreditation discussion/educational directives to start meeting, Ms. Ackerman (new Accreditation Manager) distributed action plan.</li> </ul>	
<p>#3 APPROVAL OF MINUTES: July 17, 2014</p>	<ul style="list-style-type: none"> <li>Item #3 Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Minutes from June 19, 2014</li> <li>Dr. McKay noted he gave regrets for June 19 meeting.</li> <li>Dr. Jones has not marketed P2P yet, as per previous action items, to continue as an action item.</li> <li>OSCE status still not approved.</li> <li>Prescribing Course handed over to Carla Dylan and John Hawboldt.</li> <li>Item 6.1 Surgery Assessment to be discussed at this meeting in 5.3.</li> <li>Dr. Gill’s “descriptor” idea was proposed at SAS meeting, pilot project to start in Psychiatry.</li> </ul>	<p><b>Minutes Approved</b></p> <p>Moved: Dr. Norah Duggan Seconded: Dr. Craig Stone</p>
<p>#4 PRESENTATIONS</p>	<ul style="list-style-type: none"> <li>Item 4.1 and 4.2 MUN-NB/PEI Update</li> </ul>	<ul style="list-style-type: none"> <li>No update from NB</li> <li>(Dr. McKay) Dean’s office formalizing arrangements for Ed-44 purposes, we do not have an on-paper agreement yet, NB MUN reps will have official appointments.</li> <li>PEI, no update except P2P moving forward.</li> <li>(Dr. Stringer) PEI’s Eileen Larkin had budget concerns re P2P placement. (Ms. MacLean) leaving that with us. Ms. MacLean asked about housing for student. Dr. Stringer responded. Usually an apartment, sometimes shared, not an on-call room.</li> </ul>	
<p>#5 BUSINESS ARISING</p>	<ul style="list-style-type: none"> <li>Item 5.0 Accreditation Discussion</li> </ul>	<ul style="list-style-type: none"> <li>(Dr. McKay) MUN having a limited visit Jan 2015 focusing on only those areas where we were found non-compliant or compliant with a need for further monitoring. Fac. of Med. had to present an action plan. Action grids reflect:</li> <li>ED-8: (compliant but have to be vigilante) we have to ensure comparability at all sites, so a faculty member in NB knows who is a MUN student, so students get all same objectives and assessments. UGME making a laminated card with clinical experiences. UGME also making retractable lanyards for students.</li> <li>ED-44: Medicine has to provide services: Pam Forsythe in St. John, Bonnie</li> </ul>	<p><b>Action:</b> CDCs to review clinical experiences forms for new card and report back. Sandy to e-mail them.</p>

		<p>Boone in Fredericton, Sylvie in Moncton, for need for medical or health concerns. Dr. Stringer questioned status for PEI, but reps only needed after a six month stay.</p> <ul style="list-style-type: none"> <li>• ED-27: Dr. McKay needs to know that everybody is ensuring that students are getting witnessed physicals and history taking exposure, (Mini-CEX).</li> <li>• ED-5A: Devise independent learning opportunities in Clerkship, self-directed activities and learning plans. Psychiatry and PEDs doing this, later formalizing it in other disciplines. Also Family Medicine half days have some amount of independence within assigned topic guidelines.</li> <li>• Morning Reports, clerks present cases from night before, at St. Clare's less formal (Dr. Farrell), at HSC more didactic, put faculty in the room with clerks at 8 in the am.</li> <li>• ED-30 and ED-31: Summative ITER, we need to make sure at orientation (should be written) that students are responsible for submitting material on time. ED-31: Sandy to discuss Standard Operating Procedures with APAs.</li> </ul>	<p><b>Action item:</b> Dr. Farrell to work out a simplified evaluation structure for Morning reports.</p> <p><b>Action item:</b> Sandy to discuss workflow for ED-31 with APAs.</p>
	<ul style="list-style-type: none"> <li>• Item 5.1 Accreditation Summary, ED 30 and 31</li> </ul>	<ul style="list-style-type: none"> <li>• Fifth week, PEDS, RFM, SURG. (Williamson)</li> <li>• Tending to go to the maximum time. (McKay)</li> <li>• Same doctors who are late. (Farrell)</li> <li>• We are at 100%, need to stay vigilante. (McKay) ED-30: Now recording the date the meeting with student occurred. ED 31: Mid-point, who is using paper? We need the date of the meeting. Everyone using electronic now. For this year, we will collect paper and electronic, to show mid-points are being carried out in a timely manner. For new class, make sure CDCs tell the students about mid-point, in written orientation materials.</li> </ul>	<p><b>Action item:</b> Documentation: CDCs to ensure that we can show students are getting info about mid-point, and then hand in materials to clerkship and PESC.</p>
	<ul style="list-style-type: none"> <li>• Item 5.2 Back to Basics/OSCE</li> </ul>	<p>On hold, for next UGMS meeting, July meeting was cancelled.</p>	
	<ul style="list-style-type: none"> <li>• Item 5.3 Surgery Assessment Map</li> </ul>	<ul style="list-style-type: none"> <li>• (Stone): Dr. Stone met with Vernon Curran (SAS), Surgery still has 60% of assessment on NBME, Stone suggested try 40%. And other four 15% each, or ITERs 20% and 20%. 10% for each of the mini CEXs. Curran suggests not making ITER's more than 10%, because they are subjective.</li> <li>• (Stringer) ITERs assess ability to apply knowledge in a clinical setting.</li> </ul>	<p><b>Action items:</b> Stone to touch base with Vernon Curran. Stringer to e-mail Leonard copy of DOP.</p>

		<ul style="list-style-type: none"> <li>• (Stone) Could have a super OSCE station, but awkward to implement. Curran recommending Dr. Stone implement a new assessment tool, DOP - Direct Observed Procedural Skills (from Univ. of Dundee).</li> <li>• (Stringer) Putting it in one discipline inappropriate, we are working on making ITERs better (with “descriptor” idea for example). Stringer liked the idea of 15%.</li> <li>• (Stone) Nobody fails min CEXs or ITERs. No correlation between NBME marks and students clinical performance. (Diana Deacon’s research).</li> <li>• (Stone) 40% for NBME and 15% for each of two ITERs and Mini CEXs.</li> <li>• (McKay) Dr. Jennifer Leonard to be involved, as DOP would be best used in the OSCE.</li> </ul>	
	<ul style="list-style-type: none"> <li>• Item 5.4 Disagreement ITERs</li> </ul>	Students are responsible to notify if they disagree, no way to flag in One45.	<b>Action item:</b> Put in orientation materials. Change text on form. Sandy to speak to Adam so it will go in form and gets put in Handbook.
	<ul style="list-style-type: none"> <li>• Item 5.5 P2P</li> </ul>	UGME has been contacted about funding. (Stringer)	
	<ul style="list-style-type: none"> <li>• Item 5.6 Independent Learning Opportunities ED-5A</li> </ul>	(handled during 5.0 discussion)	
	<ul style="list-style-type: none"> <li>• Item 5.7 New item, student’s accommodation.</li> </ul>	Dr Duggan met with preceptor because a Surrey placement had a student, where accommodation issue needs to be resolved, but will be an excellent site. Dr McKay trying to get student reimbursed for a fridge.	<b>Action item:</b> Sandy to remind Dr. McKay to follow up with Gary Peddigrew.
	<ul style="list-style-type: none"> <li>• Item 5.8 (Dr. Stringer added) Family Medicine Pamphlet/Leaflet/Clinic Cards</li> </ul>	Will UGME and Clerkship Committee endorse the pamphlet as educational tools to be given to every student. (Dr. McKay) Agreement with clinical experiences? (Stringer and Duggan) Yes. This could be family medicine’s “card”, Memorial specific.	<b>Action item:</b> Family Medicine to make pamphlet, will be ordered by UGME when clinical experience cards ordered.

#6 NEW BUSINESS	<ul style="list-style-type: none"> <li>Item 6.1</li> </ul>		
#7 STANDING ITEMS	<ul style="list-style-type: none"> <li>Item 7.1 Medical Student Reports</li> </ul>	<ul style="list-style-type: none"> <li>Student reps not present. But Dr. Stringer read a letter about a student who had to use a personal day for a specialist appointment that required travel to St. John's.</li> <li>(General Discussion) Is that not what personal days are for? If long term placement outside SJ, student should consider dates for specialist appointments pro-actively before leaving. Students to contact CDC or Student Affairs if requiring assistance changing appointments. If they have a chronic condition which they feel may affect academic performance, CDC/UGME/Student Affairs should be informed anyway. Acute events/requirements to be considered on a case to case basis.</li> <li>Leave in Special Circumstances should be clarified.</li> </ul>	<p><b>Action item:</b> Leave as is, future days should be checked with Dr. Stringer, leave in special circumstances to be considered as they occur.</p>
#8 ADJOURNMENT		<ul style="list-style-type: none"> <li>Next Meeting: August 21, 2014</li> </ul>	
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