

		<b>DATE</b>	June 19 <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>	<p><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, MESC</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></p>		
<b>PARTICIPANTS</b>	Dr. J. Gill, Dr. K. Stringer, Dr. N. Duggan, Dr. C. Stone, Dr. J. Farrell, Dr. Tina Delaney, Dr. Jennifer Leonard, Dr. Scott Moffatt, Ms. Sally Ackerman, Mr. Andrew Dalton, Dr. David Jones, Dr. Lyn Power, Dr. Tyna Doyle		
<b>GUESTS</b>	Dr. Rob Boulay		
<b>REGRETS</b>	None.		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
#1 WELCOME / MEETING START TIME	<ul style="list-style-type: none"> <li>5.1 LIC Presentation</li> </ul> <p>Dr. Stringer (Chair) opened the meeting at 4:00pm</p>	<ul style="list-style-type: none"> <li>Meeting commenced with Dr. Boulay's LIC presentation</li> </ul> <p>Dr. Boulay described LIC's as a patient-centred evolutionary process to expand clinical teaching sites especially in rural areas. Evidence that LIC students are more generalist, that LICs boost staff morale and teaching capacity, with the hope those students will</p>	

		<p>return to the community. Having only one orientation also a positive. Negatives: a lot of scheduling and start-up phase work. Still, LIC students “hit the ground running” on the first day. DMNB has 1 LIC site at present – Miramichi, URV due to begin in August 2014, Moncton August 2015.</p>	
#2 ADDITIONS TO THE AGENDA	<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</li> </ul>	
#3 APPROVAL OF MINUTES: June 19, 2014	<ul style="list-style-type: none"> <li>Item #3 Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Minutes from May 8<sup>th</sup>, 2014</li> <li>Question about Prescribing Course</li> </ul>	<p><b>ACTION: Stringer to send Farrell link</b></p> <p><b>Minutes Approved</b></p> <p>Moved: Dr. Norah Duggan Seconded: Dr. Jamie Farrell</p>
#4 PRESENTATIONS	<ul style="list-style-type: none"> <li>Item 4.1 MUN-PEI Update</li> </ul>	<ul style="list-style-type: none"> <li>No updates, technical difficulties prevented NB/PEI from connecting.</li> </ul>	
#5 BUSINESS ARISING	<ul style="list-style-type: none"> <li>Item 5.6 P2P (Progression to Postgrad)</li> </ul>	<ul style="list-style-type: none"> <li>(Jones) Like an LIC - but a fourth year option, 12 wks of selectives all at once in one place. Program has been a pilot, at the evaluation stage now. Keep P2P competency-based or no? PEI confirmed. 3 students set to go to Waterville, GFW and PEI, 33% increase from last year! Plan to get P2P approved as an option by this summer, Jones to sell.</li> <li>(Power) suggestion: Connect with Family Interest Research Group, Rural Medicine Interest Group; ask to be put on their agenda. P2P a step beyond LIC, self-selecting learners have more initiative. 2 students in Goose Bay and 1 in Burin.</li> <li>(Stringer) and students in Grand Falls and Upper River Valley.</li> <li>(Jones): Wouldn't have it mandatory, but offered as an option. Evaluation cumbersome, scheduling heavy, but can be flexible.</li> </ul>	<p><b>Action: Jones to sell P2P at orientation, get up in front of a class, or Clerkship Prep Course (numerous volunteers willing to share lecture time)</b></p>
	<ul style="list-style-type: none"> <li>Item 5.2 Accreditation Summary, ED 30 and 31</li> </ul>	<ul style="list-style-type: none"> <li>Resistance to early returns on ITERs, same people every time (Farrell).</li> <li>Dr Farrell will ensure 6 week time limit is met</li> </ul>	

	<ul style="list-style-type: none"><li>• Item 5.3 Back to Basics (Leonard)</li></ul>	<ul style="list-style-type: none"><li>• (Leonard): This year 4<sup>th</sup> years did their OSCE during Back to Basics in April this year, end of clerkship.</li><li>• Plan to have 2 ideally 3 throughout clerkship years: first two formative OSCEs and final summative, but putting a summative OSCE two weeks before they graduate, what if they fail, no time to remediate, so plan is to move time.</li><li>• Class of 2015 will look the same as this year, 1 OSCE formative, you show up you pass, Sunday before Back to Basics.</li><li>• Class of 2016: initial suggestion was to have 3 OSCEs (2x formative in 3<sup>rd</sup> year and 1 x summative in 4<sup>th</sup> year), will have to have dates in place soon. Concern is no time for remediation.</li><li>• Options for Class of 2016: First OSCE when finished first 3 core rotations, February 22<sup>nd</sup> 2015: formative OSCE. (half way through core, based on the rotations done) When finished final core rotations, August 9, 2015, second formative OSCE. Can't put final OSCE at end of year (4<sup>th</sup> year, nobody wants to get back together as a class). Final OSCE: (for 2016) January 18 to February 12 2016 CaRMs interviews, 3 weeks (followed by 1 week vacation), then six weeks of selectives/electives. Some schools only give 2 weeks of CaRMS interviews. Bring students back at end of three weeks of CaRMS and do the OSCE, and maybe a week of Back to Basics, or expand and have two weeks of Back to Basics, and one week in January. (Or one week and one week) So, after CaRMS, an OSCE (February 13, 2016), then Back to Basics, need to consider cost to get out-of-province students back, MUN would have to pay for NB, PEI, Yukon students.</li><li>• Need approval from UGMS.</li><li>• Could be summative, wouldn't expect anyone to fail, tailor remediation to student.</li><li>• (Dalton): if the students know ahead of time should be acceptable for February 13<sup>th</sup> (after CaRMs). Introduce it early.</li><li>• (Duggan) Like T-Clerk, once you know you have to do it to get promoted.</li><li>• (Delaney) Why do first 2 OSCE's have to be formative, make them all summative. Summative at end of third year, and end of fourth year.</li></ul>	<p style="text-align: center;"><b>ACTION: Leonard to get UGMS approval</b></p>
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	<ul style="list-style-type: none"> <li>• Item 5.4 Prescribing Course</li> </ul>	<ul style="list-style-type: none"> <li>• (Stringer): Base it in clerkship, though residents doing the prescribing. FM residency orientation is doing a course in prescribing as well. No other residency doing this. Good to address it prior to residency orientation. Carla Dillon with School of Pharmacy and FM has a workshop prepared for FM orientation, will be able to adapt one to do in clerkship prep course in one hour. Dr Farrell also mentioned to Dr. John Hawboldt – Drs Dillon and Hawboldt to work on this together.</li> </ul>	<b>ACTION: Stringer to give Dillon and Hawboldt the dates for Back to Basics.</b>
	<ul style="list-style-type: none"> <li>• Item 5.5 Disagreement ITERs</li> </ul>	(Just to remind the students)	
	<ul style="list-style-type: none"> <li>• Item 5.7 Class of 2017 – 81 Students</li> </ul>	<p>Template: 10 students instead of 8 (10 going to NB, so does leave some space per rotation in NL). Suggestion to ensure peak times when preceptors are difficult to get are not filled to 10 eg. summer templates for FM - max. of 8 for some rotations</p> <p>(Delaney): Obs/Gyn developing sites outside (Clarenceville, GF, CB), have to be faculty before they can teach. Family practice does low-risk deliveries, hi-risk, family doctors have to agree.</p> <p>(Gill): Psychiatry also interested in sending to GF.</p> <p>(Delaney): 8 is the max.</p> <p>(Stringer and Duggan): don't forget NB and Charlottetown.</p>	<b>ACTION: Delaney needs info when NB takes students, get Angeles involved, Sandy to follow up?</b>

<p>#6 NEW BUSINESS</p>	<ul style="list-style-type: none"> <li>Item 6.1</li> </ul>	<ul style="list-style-type: none"> <li>(Stringer and Stone): SAS sent flag to UGMS re Surgery having much higher (60%) weighting of NBME in assessment. Pass mark for MED is 59, if you have average for everything.</li> <li>(Farrell). IM ongoing concern re weighting of ITER averages and pass mark assigned for rotation from Diana Deacon of MESC. Has made progress in education of preceptors re ITERS – still too many AAs.</li> <li>(Farrell): NBME is “the great equalizer”</li> <li>(Gill): Need to define the different levels on the ITER eg. the average student, requires a description of a minimally competent person. May assist with assigning of assessments on ITERS.</li> </ul>	<p><b>ACTION:</b></p> <p><b>Stringer and Stone to meet with SAS committee. Stringer to speak to this at next UGMS meet.</b></p> <p><b>Stringer to speak to SAS re: student descriptor.</b></p>
	<ul style="list-style-type: none"> <li>Item 6.2 New Member</li> </ul>	<ul style="list-style-type: none"> <li>Welcome to Lyn Power, incoming CDC for Rural Family Medicine, Dr. Norah Duggan, outgoing CDC, new Undergrad Director for Family Medicine.</li> <li>(Doyle): (Needs to be added to Committee list)</li> </ul>	<p><b>Sandy to put Dr. Doyle on list.</b></p>
<p>#7 STANDING ITEMS</p>	<ul style="list-style-type: none"> <li>Item 7.1 Medical Student Reports</li> </ul>	<ul style="list-style-type: none"> <li>(Dalton): Student lounge issues, EH staff using it</li> </ul>	<p><b>ACTION: Dr. Moffatt to look into it and e-mail Dalton.</b></p>
<p>#8 ADJOURNMENT</p>		<ul style="list-style-type: none"> <li>Next Meeting: July 17, 2014</li> </ul>	
<p>Next Meeting</p>		<p>July 17<sup>th</sup>, 2014</p>	