(C. C. Minutes February 7-13)

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| \#3 <br> APPROVAL OF <br> MINUTES: <br> Nov 29, 2012 | - Item \#3 Minutes | - Minutes approved from January 24, 2013 as circulated. | ACTION: Minutes Approved. |
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| \#4 <br> BUSINESS <br> ARISING | - Item 4.1 <br> ITER Revisions | - No update as Dr. D. McKay was absent |  |
|  | - Item 4.2 <br> Update: B2B Integrated OSCE | - Back to Basics integrated OSCE will not go ahead in April of 2013. Multiple issues, including: <br> - Difficulty organizing faculty meetings re: case development <br> - Lack of final approval for funding for the OSCE (overtime required to execute OSCE on short notice). <br> - OSCE Working Group will work towards planning OSCEs for the classes of 2014 and beyond. <br> - OSCE WG should be led by the course chair for MED 7280 (currently Dr. McCarthy), with the CLDC as a key strategic partner in execution of these assessments. <br> - Options re: OSCE scheduling discussed at committee Option 1: <br> $\checkmark$ Total: 3 OSCEs <br> $\checkmark$ i.e. OSCE at core mid-point and core end (formative/summative, respectively. Committee also open to two summative OSCEs for core) <br> $\checkmark$ OSCE in $4^{\text {th }}$ year (i.e post CaRMS) <br> $\checkmark$ The Committee considers the $4^{\text {th }}$ year OSCE as the most important OSCE to execute in clerkship. <br> Option 2: <br> $\checkmark$ Total: 2 OSCEs <br> $\checkmark$ i.e. OSCE at end of core and end of $4^{\text {th }}$ year | ACTION: <br> Establish Dates: Doctor McCarthy to look at scheduling changes to the clss of 2015, perhaps 2015 (with student consultation). <br> Determine CLDC capability for executing 3 OSCEs per clerkship class, and any funding issues. <br> Dr. McCarthy to re-establish OSCE WG. <br> Dr. McCarthy will inform UGMS re: any changes to MED 7280 as a result of SuperOSCE development |


|  |  | The Committee chose Option 1 unanimously. <br> - OSCE Working Group will be tasked with: <br> 1. Case Development <br> 2. OSCE Grading, Audits, Remediation and Reassessment Decisions for the Clerkship Committee <br> 3. CQI for OSCE development and delivery <br> 4. Talent Management, e.g. faculty development <br> 5. On the ground OSCE execution |  |
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|  | - Item 4.3 <br> Update: 21-Month Clerkship Track | - Still in progress | ACTION: <br> Aiming to have questions and answers document uploaded to One45 by early week of Feb 11th |
|  | - Item 4.4 <br> Update: Schedule Med IV: Class of 2014 | - Exploring integrating an OSCE prior to releasing Med IV schedule | ACTION: <br> KIV |
| \#5 <br> NEW BUSINESS | - Item 5.1 <br> Scheduling OSCEs: <br> Classes of 2014, 2015 | - Refer to 4.2 |  |
|  | - Item 5.2 <br> Assessment ReDev: <br> Witnessed (Complete) <br> $\mathrm{Hx} / \mathrm{Px}$ | - The Committee is unclear re: the LCME standard ED-27. The Committee asked Ms. Ackerman to help them determine whether the requirement is for a witnessed 'complete' History and Physical, or a Focused Hx and Px . <br> - The Committee stated is view that they believe a Focused History and Physical is more relevant to the training of an MD than an undifferentiated complete Hx and Px . However, they are open to alternate interpretations from an accreditation point of view. | ACTION: <br> Ms. Ackerman to report to the committee re: whether ED-27 demands a complete or focused (i.e. clnically pertinent) History and Physical. |


|  |  | - Either way, it is possible to create an assessment tool around this very important competency. <br> - The committee requires clarification prior to developing an appropriate tool for assessing the clerkship competency of being able to do a history and physical. |  |
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|  | - Item 5.3 <br> Assessment ReDev: SelfDirected Learning | Discussed the possibility of changing T-Res to allow for student directed reflection on the required clinical encounters. Dr. Martin suggested an application for entering self-reflection information; this app is offered through the RCPSC. | Dr. McCarthy to examine whether selfreflection can be mapped into T-Res |
|  | - Item 5.4 <br> Assessment ReDev: $3600$ | - 360s: feedback re: workplace performance (information from individuals all around their work environment). e.g. staff, resident, fellow clerk, nursing, allied health professional, patient, etc. <br> - Pros/Cons discussed <br> - Pros: a powerful tool to assess multiple CanMEDS competencies that can be difficult to evaluate using other tools , such as Professional, Collaborator, Advocate. <br> - Pros: would complement or eclipse the ITER woth respect to quality of feedback to the student <br> - Cons: Difficult to execute throughout the entire clerkship program. Expensive. Educational development required for all participants in the 360 process (e.g. nurses, patients). <br> - Cons: If not executed properly can be detrimental. <br> - Cons: Non-faculty may be hesitant to offer critical comments re: clerks (cultural tendency) | Action: Move to KIV |
| \#6 <br> Standing <br> Items | - Item 6.1 <br> Medical Student Reports | W. Stokes: <br> - Students stating that UGME giving multiple answers to similar questions. <br> - Students looking for a face-to-face question and answer period with Clerkship Committee membership re: electives, selectives, remediation, vacation <br> - Noted problems with inconsistency in the clerkship handbook | ACTION: <br> William to send Doctor McCarthy a list of possible questions from the class of 2014 <br> Doctor McCarthy to setup a face-to-face meeting between the class of 2014, the electives coordinator and selectives coordinator. |


|  | D. Watton: <br> - Issues surrounding Selective applications and the timeline for returns | Ms. Marshall confirmed that updated information re: Clerkship Handbook will be available online by week of Feb $11^{\text {th }}$ |
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| - Item 6.2 <br> MUN-NB Update <br> (Lambert) | - In the absence of Dr. Lambert the MUN-NB update is deferred to next meeting. |  |
| - Item 6.3 <br> MUN-PEI Update <br> (Wedge) | - In the absence of Dr. Wedge the MUN-PEI update is deferred to next meeting. |  |
| - Item 6.4 <br> Accreditation 2013 | $\bullet$ |  |
| - ITEM 6.5 NBME Re-write | - Communication should be given to students stating that an NBME Re-write will not omit a failed first attempt from MSPRs <br> - The utility of a voluntary NBME rewrite was discussed. It was proposed that voluntary rewrites should be disallowed. | ACTION: <br> Students will not be permitted to voluntarily re-write an NBME for core clerkship rotations. Approved. <br> Moved: <br> Dr. J. Martin <br> Seconded: <br> Dr. T. Delaney |
| - Item 6.4.1 <br> ED-27: Direct <br> Observation of Student <br> Performance | - See item 5.2 |  |
| - Item 6.4.2 <br> ED-30: Formative and Summative Ax | - Dr. McCarthy is still seeking a routine report for the Cerkship Committee re: timely feedback and monitoring of ED-30. <br> - Ms. Ackerman indicated that she has ED-30 data from 201112 <br> - The committee asked for Ms. Ackerman's assistance in obtaining routine reports for the committee. | ACTION: <br> Ms. S. Ackerman to email HSIMS report re: final grade timeline to the committee <br> Ms. S. Ackerman will inquire of Adam Siscoe re: 2012/13 data |
| - Item 6.4.3 <br> ED-31: Mid-Course and Clerkship Feedback | The committee reports that this is being done at all distributed and local sites | Remove from agenda. |


| \#7 <br> ADJOURNMENT | Clerkship Committee Meeting Adjourned at 6:00pm |  |  |
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| Next Meeting |  | February 21, 2013 @ 4pm (PDCS) |  |

