

| Minutes / Action Items - Clerkship Committee Meeting | | | |
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| MEETING | CLERKSHIP COMMITTEE MEETING MINUTES | | |
| CHAIR | DR. JASON MCCARTHY | | |
| DATE | March 7 th , 2013 | | |
| MEMBERS: Clerkship Committee Names for UGME for 2012 -2013 | <i>Dr. Jason McCarthy (Chair, Selectives Coordinator, Course Chair MED 7280)</i> <i>Dr. John Martin (CDC Pediatrics)</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. Hubert White (CDC Psychiatry)</i> <i>Dr. Katherine Stringer (CDC Rural Family Medicine)</i> <i>Dr. Bryan Curtis (Electives Coordinator)</i> <i>Dr. Todd Lambert, Assistant Dean, New Brunswick – joins by teleconference</i> <i>Dr. Richard Wedge, PEI Representative(joins by teleconference)</i> <i>Dr. Donald McKay, Associate Dean, UGME</i> <i>Ms. Deanne Williams – Wellness Coordinator Student Affairs, designate for Dr. Scott Moffatt (Assistant Dean, Student Affairs)</i> <i>Ms. Sally Ackerman</i> <i>Mr. David Watton (student, class of 2013)</i> <i>Mr. William Stokes (student, class of 2014)</i> <i>Ms. Melody Marshall – UGME Coordinator</i> <i>Ms. Angeles Damil - Administrative Coordinator, New Brunswick</i> (Minutes Taped) | | |
| PARTICIPANTS | Attendees: Dr. J. McCarthy, Ms. S. Ackerman, Dr. J. Farrell, Dr. J. Martin, W. Stokes, Dr. D. McKay, Dr. T. Delaney, Dr. H. White, Dr. C. Stone, Ms. D. Deacon UGME: K. Murphy (for M. Marshall) | | |
| REGRETS | M. Marshall, Dr. B. Curtis, Dr. K. Stringer, Dr. T. Lambert, Dr. R. Wedge, Dr. S. Moffatt, Mr. D. Watton, | | |
| AGENDA | ITEM | DISCUSSION | ACTION |
| #1 WELCOME / MEETING START TIME | <ul style="list-style-type: none"> Item #1 Dr. McCarthy (Chair) opened the meeting at 4:15pm | <ul style="list-style-type: none"> Call to Order Quorum in Attendance | |
| #2 ADDITIONS TO THE AGENDA | <ul style="list-style-type: none"> Item #2 Agenda | <ul style="list-style-type: none"> Agenda Approved | |

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| #3 APPROVAL OF MINUTES: Feb 21 st , 2013 | <ul style="list-style-type: none">Item #3 Minutes | <ul style="list-style-type: none">Minutes from Jan 24th | ACTION: Minutes Approved. Moved: Dr. J. Martin Seconded: Dr. J. Farrell |
| #4 BUSINESS ARISING | <ul style="list-style-type: none">Item 4.1 Update: SuperOSCE Cases Handbook Revisions: ED-31 | <ul style="list-style-type: none">Not going ahead for classes of 2013, or 2014. May not go ahead for Med III year for class of 2015.Tried to develop new cases with faculty from various disciplines, but it fell through. Jason has recruited CLDC to help figure out if there are any cases where they have been developed for CanMED roles that are non-medical expert.Will have to get CLDC to go to whoever is working with the SuperOSCE and review the cases with the relevant discipline OSCE representatives to fine-tune and provide final approval for the cases. | ACTION: Dr. McCarthy will continue to meet with CLDC re: developing SuperOSCE cases. Dr. McCarthy will be asking the CDC's to identify potential OSCE developers within their division. |
| | <ul style="list-style-type: none">Item 4.2 ITER Changes on One45 | <ul style="list-style-type: none">Most of the changes discussed at the last meeting by Dr. McKay have been implemented.Dr. McKay raised the question of whether we should add a note in the final evaluation report about it being quoted in the MSPR<ul style="list-style-type: none">Adding a note "Comments may be quoted in MSPR"Want to add phrase "Did you or your delegate meet with this trainee and discuss the contents of the above report?"There are two groupings of forms. If we change it, it will change on a grouping of forms.<ul style="list-style-type: none">Questions of, do we want that phrase added on the year 3 Selectives/electives formGeneral consensus that it should be added | ACTION: Proposed changes to One45 ITER forms to be implemented. |
| | <ul style="list-style-type: none">Item 4.3 MSPR Best Practices: Electives ITERs | <p>There was a criticism that students had no access to their MSPRs, but their actual frustrations revolved around not having their 3rd year electives show up on the MSPR.</p> <ul style="list-style-type: none">74 electives did not get reported on the MSPR, 42 reported within 6 weeks of the MSPR release, so inclusion of these electives would be problematic. 29 of the unavailable elective ITERs were past the 6-week reporting deadline. There is no excuse for those 29 reports, this process must | ACTION: Dr. McKay needs to discuss with Adam Siscoe (HSIMS) if he can change the workflow, so the student can see whether the evaluation has been submitted or not. ACTION: |

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| | | <p>improve.</p> <ul style="list-style-type: none">• Some Issues:<ul style="list-style-type: none">○ Some students listed more than one preceptor. There is a need to educate students that they can list only one○ There were wrong email addresses given to UGME/One45 for preceptors. HSIMS did not inform of emails that bounced back• Discussion of a change in the process. Where the student is still responsible, but the UGME can help facilitate. May require a change in communication medium | Consider changing communication strategies. For example, consider making phone calls to remind preceptors to complete and submit evaluations |
| | <ul style="list-style-type: none">• Item 4.4 Handbook Revisions and Additions | <ul style="list-style-type: none">• ED31, Information regarding all core clerkship course is not in the handbook• Information about midpoint feedback is not there<ul style="list-style-type: none">○ At midpoint of rotation there will be a meeting with discipline coordinators and feedback will be given• Med 7280 (Back to Basics), Progression to Post-grad (P2P) and Med 7270-73 (Selectives) are not there• Handbook is now online and the 404 error is no more. | |
| | <ul style="list-style-type: none">• Item 4.5 Update: Self Directed Learning in T-Res | <ul style="list-style-type: none">• Discussion of possibly adding the opportunity of self-reflection to be incorporated into T-Res<ul style="list-style-type: none">○ Can change words “Private Notes” to “Personal Reflection”, and make it private to protect any confidential patient information.• Discussion of journaling vs. reflection. Some disciplines (example: Anesthesia) ask students to journal their experiences• There is a question of whether or not we need to track it, and if it should be mandatory.<ul style="list-style-type: none">○ How will it be tracked and who will track it?○ Is the use of time stamps indicated for tracking and utilization monitoring purposes? | ACTION: Dr. McKay and Ms. Ackerman will meet to discuss if the self-reflection material needs to be monitored, and if so, how.. |
| #5 NEW BUSINESS | <ul style="list-style-type: none">• Item 5.1 Class of 2015: Meeting with upcoming Clerks | <ul style="list-style-type: none">• Cannot Deliver and OSCE in 2015 in the middle of Core because of the residual presence of the MED III-IV system. B2B is a 4th year course, therefore it cannot be delivered mid – core (which is 3rd year). | ACTION: Need to arrange a meeting with class of 2015 to tell them what the rotations are and answer any questions about clerkship |

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| | | <ul style="list-style-type: none"> William - Suggested sending a sheet around to students to say Yes or No, whether they want to be in the 21-Month track Can consider a calendar change it to include an OSCE (creating a new course), or putting it in Back to Basics (4th year) | |
| | <ul style="list-style-type: none"> Item 5.2 New Brunswick Medical Education Forum: May 31, 2013 | <ul style="list-style-type: none"> Mariachi Hospital, NB Themes: <ul style="list-style-type: none"> Medical Education in Rural Areas Distributive Education Challenges and Solutions They are asking someone from MUN (a faculty member) to give a workshop at the conference. The proposed topics: <ul style="list-style-type: none"> Longitudinal Approaches to learning, Competency Based Assessment Research in Medicine and Medical Education Integration of national Accreditation for Undergraduate and Postgraduate Education Development of Faculty Curriculum Learners Perspective on Education in Rural Areas Physician Well-being Medical Education in Aboriginal Opportunities and Ideas | ACTIONS: <ol style="list-style-type: none"> Dr. McKay will double check if there is funding for someone to attend this forum. If there is funding, information about the conference needs to be distributed to faculty to see who is interested in giving a workshop at this forum |
| | <ul style="list-style-type: none"> Item 5.3 MCCQE I Prep Course | <ul style="list-style-type: none"> Jason will ask SAS and PESC to add this course to their review s. Discussion of need for review to determine any changes or improvements made to the Course. <ul style="list-style-type: none"> There is some confusion of course objectives and how time allocations for disciplines are determined. This could fall under PDCS as external people often attend the sessions. | ACTION: Dr. McCarthy will talk to PDCS about taking over this course and optimize it for future years. Possibly have it tracked in terms of student performance, and do environmental scans. ACTION: Should review MCC mark ¹ s in Progress Committee, if possible, when they are released. |
| | <ul style="list-style-type: none"> Item 5.4 MUN-Yukon | <ul style="list-style-type: none"> Received emails from Dr. Bob Miller. There are students from the Yukon who are funded to come to MUN. Looking to develop clinical rotations up there, particularly in the area of Family Practice, but there is interest in developing rotations in all core disciplines. | ACTION: Drs. McCarthy and McKay will meet with Dr. Miller to discuss this further |

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| | <ul style="list-style-type: none"> Item 5.5 MED 7280 (Back to Basics): changes for 2013 | <ul style="list-style-type: none"> Jason sent a letter to Sean Murphy regarding changes to Back to Basics: <ul style="list-style-type: none"> Would like to make the course mandatory, and would like a requirement to pass ACLS to pass the course For 2013 we cannot make it mandatory, but must pass ACLS to pass the course. 2014: Can make attendance mandatory, if the committee deems it necessary. 2015: As per 2014, but add an extra week, post-CaRMs interviews, to execute a summative OSCE 2016: As per 2015, but add have two extra weeks for summative and formative OSCES. <ul style="list-style-type: none"> First week at mid-point of core Second at end of core | ACTION: Dr. McCarthy will inform the UGMS of MED 7280 Course Changes: <ol style="list-style-type: none"> 2013: must pass ACLS to pass the course 2014: as per 2013 2015: as per 2013, plus: add extra week onto the course (after CaRMS interview period) to deliver SuperOSCE 2016: As per 2015, plus: two extra weeks of the course to deliver a formative and summative OSCE during and immediately following Core. |
| | <ul style="list-style-type: none"> Item 5.6 Mock Accreditation: March 21st | <ul style="list-style-type: none"> Two weeks from now there will be a mock accreditation (21st and 22nd), the schedule is not finalized. There may be a workshop on March 18th from 4:30pm-6pm led by Dr. Peterson and Dr. McKay to explain what will be expected from the Mock Accreditors. | ACTION: When the date/time for the workshop becomes available, the members of the Clerkship Committee will be informed |
| #6 STANDING ITEMS | <ul style="list-style-type: none"> Item 6.1 Medical Student Reports | <ul style="list-style-type: none"> Nothing to report | |
| | <ul style="list-style-type: none"> Item 6.2: MUN-NB Update | <ul style="list-style-type: none"> No update provided | |
| | <ul style="list-style-type: none"> Item 6.3 MUN-PEI Update | <ul style="list-style-type: none"> No update provided | |
| | <ul style="list-style-type: none"> Item 6.4 Accreditation 2013: Item 6.4.1 <u>ED-27</u>: Direct Observation of Student Performance | <ul style="list-style-type: none"> Can be full focussed It has to be someone (Faculty) actually observing, watching the student do the history/physical Advisable to have faculty ask the Student to demonstrate their findings. Discussion of modification of clinic card. <ul style="list-style-type: none"> Suggestion of adding a tick box to say that it was faculty or a resident who observed Need to drive it to students that it should be faculty | Further discussion of clinic card at next clerkship meeting (April 2013) Further discussion of building an assessment around the KPI of ED-27. |

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| | | <p>that observes the H&P</p> <ul style="list-style-type: none"> Next meeting – will discuss developing a faculty-witnessed History/Physical in the form of an assessment within core disciplines | |
| | <ul style="list-style-type: none"> Item 6.4.2 <u>ED-30</u>: Formative and Summative Assessment | <ul style="list-style-type: none"> All CDC's are following ED30. One45 is not providing the required information very easily re: ED-30 compliance. The information going into one45 may be flawed, the One45 system itself may be flawed, or our requests for information are flawed, or some combination of these. In any case, we need to continue to work with HSIMS re: these issues . | Drs. McKay and McCarthy (et. al.) to continue to work with HSIMS and UGME staff to develop a dashboard for student performance |
| | <ul style="list-style-type: none"> Item 6.4.3 <u>ED-31</u>: Midcourse and Clerkship Feedback | <ul style="list-style-type: none"> Documented on One45 Need to determine if One45 has the ability to time stamped to make it more easily tracked | Continued efforts required through UGME/HSIMS to improve the process of passive collection of accreditation-sensitive material for the learner progress dashboard. |
| #7 ADJOURNMENT | | Clerkship Committee Meeting Adjourned at 5:06pm | |
| Next Meeting | | April 4 th , 2013 | |