

Minutes / Action Items - Clerkship Committee Meeting			
MEETING	CLERKSHIP COMMITTEE MEETING MINUTES		
CHAIR	DR. Jason McCarthy		
DATE	April 4 th , 2013		
MEMBERS: 2012 -2013	<p> <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) </p>		
PARTICIPANTS	Dr. J. McCarthy, Dr. D. McKay, Dr. H. White, Ms. S. Ackerman, Dr. J. Farrell, Dr. J. Martin, Ms. D Williams, Mr. D. Watton, Mr. W. Stokes, Dr. K. Stringer, Mrs. F. Hammond.		
REGRETS	Dr. T. Delaney, Ms. M. Marshall, Dr. T. Lambert, Ms. A. Damil, Dr. C. Stone. Dr. B. Curtis, Dr. R. Wedge		
AGENDA	ITEM	DISCUSSION	ACTION
#1 WELCOME / MEETING START TIME	<ul style="list-style-type: none"> Item #1 <p>Dr. McCarthy (Chair) opened the meeting at 4:15pm</p>	<ul style="list-style-type: none"> Call to Order Quorum in Attendance Dr. K. Stringer by phone at 4:21pm 	
#2 ADDITIONS TO THE AGENDA	<ul style="list-style-type: none"> Item #2 <p>Agenda</p>	<ul style="list-style-type: none"> Agenda Items Added Agenda Approved 	

<p>#3 APPROVAL OF MINUTES: March 7th, 2013</p>	<ul style="list-style-type: none"> Item #3 Minutes 	<ul style="list-style-type: none"> Minutes from March 7th 	<p>ACTION: Minutes Approved</p> <p>Moved: Dr. John Martin Seconded: Dr. Hubert White</p>
<p>#4 BUSINESS ARISING</p>	<ul style="list-style-type: none"> Item 4.1 Mock Accreditation Feedback 	<ul style="list-style-type: none"> ED-2: Clerkship Committee needs to provide examples for compliance with what is stated in database. [McCarthy] <ul style="list-style-type: none"> Review the standard as we have entered it in the database. It's in the "File_4_of_10", on page 10. You should be familiar with <u>a specific example</u> from your discipline in the context of our database entry. ED-21: We need evidence that students demonstrate by appropriate response to symptoms, diseases and treatments recognizing <u>cultural competence and belief systems</u>. [McKay, White, Stokes, Ackerman, Martin] <ul style="list-style-type: none"> Review your rotation objectives/assessments and attempt to find evidence of the same. Aboriginal Diseases, Sickle Cell Anemia, Addictions in Labrador, Tropical Medicine, Fetal Alcohol Syndrome. Make a report regarding this (notes, whatever you can muster) and send it to Sally Ackerman Disciplines have culturally diverse staff, CGQ's have students who self-identify as being culturally diverse. "the training environment is culturally diverse." Discussion of moving back to monthly meetings after accreditation, no decision made re: same. What is the precise definition of the relationship between the UGMS and the Clerkship Committee? The answer is being developed; Dr. McKay should be able to delineate this for us with precision at the next clerkship meeting. We need to have simple language describing this relationship. Although with Dr. McKay on the Clerkship committee, we are checking with the UGMS about everything. Advice given on accreditation interview; give a functional description of yourself to the accreditation committee. Introductions by membership to Mrs. Hammond ED-27: Evidence needed to show that direct observation of histories and physicals is occurring. An evaluation of clinic cards is needed. 	<p>ACTION ED-2: Dr. McCarthy will send the membership the links to all the key accreditation documents found on the Faculty of Medicine Website. Received: Friday April 5th, 2013</p> <p>ACTION ED-2: Review Question 8 and 9 from the CGQ.</p> <p>ACTION ED-2: Disciplines should be familiar with a specific example from in the context of our database entry.</p> <p>ACTION ED-21: Disciplines to compile a catalogue of evidence of ED-21 compliance and send to Sally Ackerman.</p> <p>ACTION ED-21: Sally Ackerman to collect ED-21 evidence reports and assessments from the Disciplines.</p> <p>ACTION ED-27: Create an assessment in all clerkship rotations that includes a faculty observed, student demonstration of skill taking a history and/or a physical examination of a patient, based on evidence supplied by Dr.</p>

		<p>A mutually understood definition is required. An action plan is needed, specifically, Surgery and Obs/Gyn must have revised plans in place. [Stokes, White, Martin, Farrell, McCarthy, McKay, Stringer]</p> <ul style="list-style-type: none">a. We have agreed on a definition of 'direct observation': a <u>faculty member directly observes</u> the student taking a history and doing a physical exam. The student should demonstrate the findings.b. Despite our agreement re: faculty observation, we know this is not being done on a consistent basis in all rotations.c. We will be <u>introducing an assessment</u> into clerkship rotations (e.g. surgery, obs/gyn stick out from national averages for lack of compliance) that includes a faculty-observed history and physical examination, with the student demonstrating their findings. This assessment will be based on the current psychiatry rotation practice, which has met with great success.d. We will be making the clinic cards more explicit by asking whether the student was observed during the history and/or physical, and whether the observer was faculty or resident.e. Increased observation is coming, we need to be pro-active. <ul style="list-style-type: none">• ED-31: Consider changing One45 form to include modifiable field to show when student informed of result of Mid-Point Feedback. [Martin, Farrell, McKay, McCarthy, Stringer]<ul style="list-style-type: none">a. Saskatchewan has two dates; an information exchange date and a submitted date.• ED-8: Mock accreditors are not convinced of our compliance with ED-8 comparability across sites. Especially concerned about student complaints between HSC and SCM. Need evidence that student evaluations are reviewed, problems identified and acted on. This evidence must take into account concerns and performance among sites. Mock accreditors wondered why, for example, the Int. Med. Ed. committee added people from each site to the committee. Was this an indicator of problems? [Farrell, McKay, Martin, Ackerman, Watton]<ul style="list-style-type: none">a. Representatives from each site were added as a pro-active measure for sub-committee, automatic dissemination of information.b. Every discipline ought to receive and respond to actionable items received in PESC Annual reportsc. Dr. White gave an example of how his discipline deals with monthly	<p>White, Psychiatry</p> <p>ACTION ED-27: Dr. McKay to take the lead on updating clinic cards to make them more explicit. Specifically who was the faculty or resident performing the observation and did the observation include a focused history or a physical or both together. Will get approval from the disciplines.</p> <p>ACTION ED-27: The Student Assessment Subcommittee (SAS) will review clinic encounter cards at the next meeting.</p> <p>ACTION ED-31: Dr. McKay to lead the change in One45 to add a field to indicate when a form was completed, especially on the Mid-point Review ITER.</p> <p>ACTION ED-8: Sally Ackerman, Cathy Peyton and Dianna Deacon will look at discrepancies between SCMH and HSC by looking at student evaluations in Surgery and Internal Medicine. Sally will also look for discrepancies in student performance (in Surgery) between the SCMH and HSC site. Received April 9th, 2013</p> <p>ACTION ED-8: Each Clerkship Core Discipline will <u>establish PESC and SAS reports as</u></p>
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		<p>clerkship issues and student progress at the departmental meeting as a standing item.</p> <p>d. Dr. McKay asked members to consider the question “What do I think students will say is the greatest problem with clerkship rotation X”</p> <p>e. Meeting with Yr. 4 students Monday may 6th at noon with the accreditors. Accreditation interview at 10 or 2 for clerkship committee. Pre-clerkship possibly Tuesday.</p>	<p><u>standing items on their Undergraduate Educational Committees.</u> These committees will <u>establish action items</u> around any actionable items in these report(s).</p> <p>ACTION ED-8: Disciplines to develop an action plan to deal with the answer to the self-reflection question posed by Dr. McKay. Provide data as evidence.</p>
	<ul style="list-style-type: none"> Item 4.2 ED-5A: Self-Directed Learning 	<ul style="list-style-type: none"> ED-5A: Life Long Learning and self-reflection. How do we assess and provide feedback on personal journaling and self-directed study. [Martin, White, McKay, Ackerman, Stokes] <ul style="list-style-type: none"> a. Student must provide explicit experience b. Review of prose is time consuming and who takes this responsibility c. P2P is set up for self-study. But what about the entire clerkship? d. Dr. White already includes a journal with anonymous reflections and it is reviewed by 3 MD’s, booklet reviewed by research team since 2009, good to proceed for another year. They have received 2 awards based on this part of their program. e. Dr. Martin directs his students to self-reflect. f. Could the weekly clinic card contain a self-study question? g. T-Res private notes changed to “personal Reflection” h. Mid-Point Evaluation could require evaluator to ask “Give an example of a (medical) problem you encountered in which you would like to know more... how did you approach this problem... what resources did you use... what did you learn” 	<p>ACTION ED-5A: We will add a check box (discussed, feedback given) and text field (narrative feedback) to the Mid-point ITER re: this item to ensure its completion.</p> <p>ACTION ED-5A: We will add a text field to the student’s (T-Res) form so they can input data re: self-reflection for review at the midpoint interview.</p>
	<ul style="list-style-type: none"> Item 4.3 Clinical Encounter Card Redevelopment, Evaluation 	<ul style="list-style-type: none"> Are the cards working for you? Should be evaluated by SAS How are we evaluating the cards, are we powering the formative ITER? [White, McKay, McCarthy, Stringer] 	

	<ul style="list-style-type: none"> Item 4.4 Clinical Encounter Card, F-ITERs and the MSPR 	<ul style="list-style-type: none"> It is very difficult to get the CEC back from the student [McCarthy, Martin, Farrell, White, McKay, Stringer] <ol style="list-style-type: none"> Can we make it mandatory? If yes make it part of the MSPR and/or mention it in the final ITER Dr. Martin has his students pass it in at the end of the week, as does Dr. White. Obs/Gyn and Surgery have designated individual people to pass it to (i.e. secretary) Dr. Stringer has students fax them in. Students should have 48 hours to submit the weekly cards. Dr. White asked for the cards to be discipline specific CEC should take less than 3 minutes to fill out. Get it filled out on the spot. Must be a weekly submission, or it is an irrelevant tool. Motion: Dr. Kathy Stringer - Allow discipline Coordinators to make the timely return of Clinical Encounter Cards MANDATORY. Responsibility of return is the students'. It will appear on the Final ITER as a professionalism issue. Dr. Hubert White seconds the motion with all members in favour of the motion. Dr. Farrell Left at 5:48 	ACTION CEC: Mention the clinical encounter card in the final ITER in the narrative.
	<ul style="list-style-type: none"> Item 4.5 ED-27: Building an assessment around a KPI 	<ul style="list-style-type: none"> Discussed earlier 	
	<ul style="list-style-type: none"> Item 4.6 Update: Meeting with the class of 2015 	<ul style="list-style-type: none"> A general discussion about upcoming events that should be taken into consideration when scheduling. [Stringer, McKay, Stokes, White] 	ACTION: Mrs. Hammond to schedule the meeting Post accreditation, between May 7 th -27 th (i.e. post Ped's and before blackbag)
	<ul style="list-style-type: none"> Item 4.7 Update: MUN-Yukon 	<ul style="list-style-type: none"> We have two students there one first year and one second year. We should create a presence there because it would be a great site for P2P, Surgery, Rural Family Medicine and any other Selective/Elective. [Stringer, McKay, McCarthy] We should send a team for a visit. 	ACTION: Move to KIV
	<ul style="list-style-type: none"> Item 4.8 One45 Changes 	<ul style="list-style-type: none"> Summative ITER to be filled out by the preceptor and The Final Evaluation Report to be filled out by the discipline. Forms to be activated in the morning. Viewed forms on the screen. [McKay, Martin, White] 	

	<ul style="list-style-type: none"> Item 4.9 NB Medical Education Forum 	<ul style="list-style-type: none"> May 31st, Miramichi Regional Hospital, members agreed that MUN Faculty of Medicine should have a delegate attend. [McCarthy, Stringer, McKay] Nomination: Deane Williams was appointed as a delegate in absentia. Dr. Martin agreed to collaborate with her. 	ACTION: Dr. Stringer will attend. She will contact Dr. Lambert to make plans and later discuss these with Dr. McCarthy .
	<ul style="list-style-type: none"> Item 4.10 Assessment Blueprints 	<ul style="list-style-type: none"> McCarthy found four. No Peds, No Obs/Gyn [Martin, McKay] 	ACTION: Dr. McKay to check if he has them
	<ul style="list-style-type: none"> Item 4.11 MSPR Best Practices 	<ul style="list-style-type: none"> Sample MSPR from Alberta shown on screen. The discussion of contents summary, MUN awards, student research projects, remediation, professionalism, reformatting, chronological order and additional content were discussed. [McKay, White, Watton, Martin, McCarthy, Stokes] Students had strong objections to the inclusion of numerical averages on the Obs/Gyn portion of the MUN MSPR. It is the only discipline to include it in the report. Alberta has an option for students to opt out of a narrative from a discipline. Dr. White is not in favour of this. 	ACTION: Dr. McKay to discuss the removal of numerical averages from the Obs/Gyn portion of the MSPR at the request of the students, changed to a narrative. ACTION: Dr. McKay to reformat the MSPR to include a chronological order of information.
#5 NEW BUSINESS	<ul style="list-style-type: none"> Item 5.1 Clerkship Committee Terms of Reference 	<ul style="list-style-type: none"> On authority of the UGMS, Dr. McKay would like for the Terms of Reference for the Progress committee and the clerkship committee to be reviewed by the membership and adopted as soon as possible so that Clerkship and Pre-Clerkship will be similar. [McKay] 	ACTION: Dr. McKay to send the committee the Terms of Reference Received: Friday April 5 th , 2013
	<ul style="list-style-type: none"> Item 5.2 Clerkship Survival Manual 	<ul style="list-style-type: none"> Not discussed this week 	
	<ul style="list-style-type: none"> Item 5.3 UGME Feedback Session 	<ul style="list-style-type: none"> A student approached Mrs. Hammond about the need for students in the class of 2014 to have a question and answer meeting to air some concerns about the delivery of service from the UGME Office. It was agreed that such a meeting take place with the students and that Mrs. Hammond, Ms. Marshall, Dr. McCarthy and Dr. McKay would attend but that we should also include HSIMS to address the questions related to One45. [McCarthy, McKay, Martin, Hammond] 	ACTION: Mrs. Hammond to schedule a meeting with the class of 2014 UGME Staff and a representative from HSIMS, maybe CDC's as well.
#6 STANDING ITEMS	<ul style="list-style-type: none"> Item 6.1 Medical Student Reports 	<ul style="list-style-type: none"> Dr. McKay says that we are liberal with the viewing and feedback with students viewing the MSPR. We allow students view it twice. Other locations have no feedback protocol in place[Watton, McKay, Hammond, Stokes] 	ACTION: Students to contact us if they know of any ITERs that exist but not yet entered.

		<ul style="list-style-type: none"> Outstanding Elective Evaluations. Students should track their ITES. Email, phone calls have to happen to track down missing ones. 	ACTION: Have to get submission of ITES from disciplines down to <42 days
	<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: 	<ul style="list-style-type: none"> No further information to add 	
#7 ADJOURNMENT		Clerkship Committee Meeting Adjourned at 6:40pm	
Next Meeting		April 18 th , 2013	