(C. C. Minutes Typed May 10th, 2013)

Minutes / Action Items - Clerkship Committee Meeting			
MEETING	CLERKSHIP COMMITTEE MEETING MINUTES		
CHAIR	DR. Jason McCarthy		
DATE	May 2nd, 2013		
MEMBERS: **2012 -2013**	*Dr. Jason McCarthy (Chair, Selectives Coordinator, Course Chair MED 7280)* *Dr. John Martin (CDC Pediatrics)* *Dr. Jamie Farrell (CDC Medicine)* *Dr. Tina Delaney (CDC Obstetrics/Gynecology)* *Dr. Craig Stone (CDC Surgery)* *Dr. Hubert White (CDC Psychiatry)* *Dr. Katherine Stringer (CDC Rural Family Medicine)* *Dr. Bryan Curtis (Electives Coordinator)* *Dr. Todd Lambert, Assistant Dean, New Brunswick – joins by teleconference* *Dr. Richard Wedge, PEI Representative(joins by teleconference)* *Dr. Donald McKay, Associate Dean, UGME* *Ms. Deanne Williams – Wellness Coordinator Student Affairs, designate for Dr. Scott Moffatt (Assistant Dean, Student Affairs)* *Ms. Sally Ackerman* *Mr. David Watton (student, class of 2013)* *Mr. William Stokes (student, class of 2014)* *Ms. Melody Marshall – UGME Coordinator* *Ms. Angeles Damil - Administrative Coordinator, New Brunswick* *Ms. Fatima Hammond* ***(Minutes Taped)***		
PARTICIPANTS	Dr. J. McCarthy, Dr. D. McKay, Ms. M. Marshall, Mr. W. Stokes, Ms. S. Ackerman, Dr. T. Delaney, Ms. D. Williams, Dr. J. Farrell, Dr. K. Stringer (teleconference), Dr. J. Martin, Dr. C. Stone, Mr. D. Watton, Dr. H. White, Ms. Fatima Hammond **Guest:** Ms. K. Zipperlen		
REGRETS	Dr. Curtis		
AGENDA	**ITEM**	**DISCUSSION**	**ACTION**
#1 WELCOME / MEETING START TIME	• Item #1 Dr. McCarthy (Chair) opened the meeting at 4:06pm.	• Call to Order • Quorum in Attendance	
#2 ADDITIONS TO THE AGENDA	• Item #2 Agenda	• Dr. McKay added 4.5: Clerkship Survival manual • Dr. Stringer added 5.7: MSPR Best Practice, and 5.6: Assessment and Grade Calculation. Would like to discuss how we convert "pass" into a numerical grade.	**ACTION:** Fatima will send Dr. White new forms.

#3 APPROVAL OF MINUTES: April 18th, 2013	• Item #3 Minutes	• Minutes from April 18th, 2013	**ACTION: Minutes Approved** Moved: Dr. J. Farrell Seconded: Dr. H. White
#4 BUSINESS ARISING	• Item 4.1 Update: Clinic Card Evaluation	• Katrin provided an update. • Clinic Cards from August 2012 to March 2013, nothing past March 22nd was included so that complete rotations could be looked at. Three tables were presented: o Table 1: Shows if students had at least one direct observation during their rotation. ▪ Average is 90% over all disciplines. o Table 2: Shows if there was narrative feedback on the card. ▪ Results were good. Surgery was the only one that was not as high with narrative feedback (52.8%). o Table 3: Shows if direct observation was by faculty. ▪ On the old version of the cards, there was no place to check off if the person filling out the card was a resident or faculty. The only indication was if the person signed R1, R2…etc. ▪ Katrin recorded names, so Dr. Peters and Dr. McKay could go to the database and look them up. • Dr. McKay: we know this table shows our weakness, and it is something to address. Data on the table is not accurate. • Table 3 will not be given to accreditors. • Katrin left meeting at 4:28pm.	**Action:** Fatima will send these tables to all APA's. Action: Dr. McCarthy will send the summary tables to the CDC's
	• Item 4.2 Update: Assessment Blueprints	• Dr. McCarthy attended the last SAS meeting and presented the blueprints there. SAS, on an ongoing basis, will scrutinize and assess them. • It was discovered at SAS, that the blueprints do not include program objectives.	**Action:** Update blueprints to include program objectives. Submit to SAS on an ongoing basis for review.
	• Item 4.3 Update: Meeting with Class of 2015	• Dr. McCarthy reported that the meeting went well	
	• Item 4.4 Midpoint Feedback Form (One45)	• Dr. McKay specified that this form only deals with required clinical experiences. We are going to be collecting T-Res data, so the notion would be to have a discussion about mandatory procedures.	**Action:** Find someone in the faculty of medicine who knows what self-reflection is defined as.

		• Self-reflection data is also being collected on T-res. Dr. McKay had put a section on there to check out if they were indeed doing self-reflection. Dr. Delaney posed the question of how we might go about that. • Dr. McCarthy replied that if a zero appears on T-res, you can ask them if they are doing. We just want to show that we are discussing it with them. • Dr. Delaney would like to rake out the word "appropriate" when describing self-reflection. She says that it implies a standard or quality of reflection that they must engage in. Doesn't imply that we want a simple yes/no answer. • Ms. Hammond suggests we look to the broader university community to look for self-reflection assessment tools. She provides an example of the Faculty of Education. We need to find an un-biased tool that we can customize for our needs. • Dr. White provides an example from Psychiatry, that they have a self-reflection assessment in the form of a research project that they give students for several years. o Someone noted that this would be a great example to use at accreditation if asked about self-reflection.	The objective is to have a better idea of how to incorporate it into the rotations. **Action:** Figure out how to implement this in different rotations, bring back to next agenda.
	• Item 4.5 Clerkship Survival Manual 2012-2013	• It is an unauthorized manual for getting through clerkship. It is the second edition and some members questioned how long ago it was updated last. • Deanne stated that student affairs charge students $13, but it does not seem to have current and up-to-date information. • Mr. Watton said that he found it useful when he used it during clerkship, especially when it came to writing dictations. For the most part he said it seemed up-to-date to him. • Dr. McKay stated that he had a conversation with a visiting student who said it was very useful for them. They had said that there were things they had no idea about until they read the manual. • Suggestion that perhaps residents or students leaving clerkship, or currently going through can update it. We will need to investigate the copyright however.	**Action:** Look into getting residents, students coming up through clerkship, and students going through to update the manual and keep it current. **Action:** Student affairs will distribute copies of the manual to the committee. **Action:** The manual will be put as an agenda item for a future meeting.
#5 NEW BUSINESS	• Item 5.1 Mini-CEX Assessment Tool (ED-27)	• A handout of the form was distributed to the committee. • Dianna deacon is researching other tools used across the country, but CEX is at the forefront. • Dr. McCarthy said that SAS will help create a min-CEX that works for	**Action:** Request approval by UGMS anyway, for implementation at a later date. **Action:** Add this item to the next

		Clerkship. However we will need to let the UGMS committee know if we are using it for the upcoming clerkship in August 1013. • Possibility of pairing it up with standardized patients. This will increase reliability and would receive top marks for accreditation. Could produce one summative and one formative. • The mini-CEX could be put on One45, and replace an oral exam. • Someone suggested a future app be created for it. • Decided that this will be discussed further at the next SAS meeting.	meeting agenda.
	• Item 5.3 Yukon RFM and Surgery Rotations	• Dr. McCarthy reported that there is a MED II student going into clerkship from the Yukon, and would like to go back there to complete rotations. Would like to do RFM and surgery rotation. We currently have an MOU with the Yukon. The question is raised on whether or not the student will meet their objectives there. • Dr. Stone reported that Dr. Story, approximately aged 65, is the lone general surgeon there. Whatever he cannot do, is sent to Vancouver. He is very busy and does not work regularly but more sporadically. Dr. Stone worries that the student would not be able to see what they need to. o Discussed that site visits may be required. The MOU calls for regular site visit by appropriate people. • Student believes they are going but we will need to ensure the Yukon can take them.	**Action:** Dr. Stringer will contact RFM in Yukon, and Dr. Stone will contact Dr. Story in the Yukon.
	• Item 5.4 T-Res Workflow and Mandatory Procedures	• Dr. McCarthy: Option is to get a list of all mandatory procedures for every rotation on T-Res, or keep it pertaining to just your rotation. • Dr. Stringer would like to see the procedures that need to be done, reflecting the ones in her discipline. o Question was raised of if T-Res can record this data for viewing. • Dr. McCarthy will ask Steve Pennell to attend next meeting and discuss the feasibility of these requests.	
	• Item 5.5 Residents' Night Float System Impact on clerks	• Dr. Farrell reported that as of July 1st, 2013, there is going to be a new night float system for Internal Medicine. o Dr. Farrell described how the new system works. o New system will allow the resident to provide better feedback to the student during post-call. o Student will not be left without their night float resident during post call. That resident will provide feedback to the student.	

	• Item 5.6 Assessment and Grade Calculations	• Carried over to next meeting.	
	• Item 5.7 MSPR Best Practice	• Carried over to next meeting.	
#6 STANDING ITEMS	• Item 6.1 Medical Student Reports	• Mr. Stokes: A student, who did Anesthesia elective in the summer of second year, was wondering if they could transfer it to an elective. o Dr. McCarthy stated that in general, no. Especially if you are not in the 21-month clerkship, because Selectives are a 4th year course and are post-core. o He would be willing to consider any requests from students re: this matter, especially in extenuating circumstances. • Discussion of how a selective is not appropriate to do before core. o For example, a surgery selective should not be done before student has done Surgery Core. o General consensus from CDCs is that core must be completed first, before Selectives. • Mr. Watton asked about the purpose of the Back to Basics Course. o Dr. McCarthy stated that it will be carried forward to the next meeting. • Dr. McKay reported that Pre-Clerks were concerned that library hours are being trimmed. Extended hours are being implemented tomorrow. Question of if this will appeal for 3rd and 4th years. o Mr. Stokes said it would appeal more to 3rd year. Study space is the biggest concern. • Dr. McKay: We are going to be collecting data regarding usage patterns, to see who is using it when. PESC and SAS will review it.	
	• Item 6.2 MUN-NB Update	• No update.	
	• Item 6.3 MUN-PEI Update	• No Update.	
	• Item 6.4 Accreditation 2013:	• Will stokes was not listed for the lunch with the survey team. He confirmed that he will be attending the lunch but not the tour. • Dr. McKay advised members to position name card well in front of them when meeting with the accreditors.	

		• It was discussed that everyone must be available between 9am-10:30 am on Wednesday the 8th of accreditation for potential call-backs. The accreditors must be done their report by 11:30am. • Everyone must go to Room 2860, 10 minutes before their session to register, and then they must go to room 2862 for debrief after their session. • Discussion of the accreditation team members: o Chair: Dr. Miller, Internist and cardiologist. o Secretary: Dr. Thibert writes the report. o Dr. Sanfilippo, Echo Cardiologist o Dr. Barzansky, Cell Biology o Mr. Bosco law, Class of 2014 Medical Student. He does have a say in the report and may write parts of it. o Dr. Montreuil, Psychiatrist • There are 3 observers. They will see our accreditation through. o Dr. Zanten, Health Studies, USA Observer o Dr. Nystrup, European Observer o Dr. Hodgson, Canadian Observer	
	o Item 6.4.1 ED-5A: Self-Directed Learning	• Moved forward.	
	o Item 6.4.2 ED-34: Clerkship Committee – UGMS Relationship	• A handout outlining the Clerkship Committee-UGMS Committee relationship was provided to the committee and discussed. • Dr. Farrell asked about implementing Simple (an assessment tool). o Discussion how many meetings will be needed for implementation. o Committee will have to go through SAS.	
	o 6.4.3 Clerkship Comm. And the Curriculum Map	• At the Mock Accreditation, they asked how the curriculum map is used. UGMS will need to look closely at it and ensure there are no redundancies or overlap. • Dr. McKay stated that he has used it often lately, and brings it up on the screen. o Looked at the Back to Basics purpose briefly. o PSP o Using a core rotation as an example, shows that all objectives and	**Action:** Committee to tease out ½ day objectives to meet the new curriculum. **Action:** Request feedback from individual NBME exams.

		assessment methods are laid out. Also linked to MCC objectives so that students know what they are supposed to be getting out of a particular unit. o Must be mapped to MCC objectives so they are all met over the 4 years. • Discussion of academic half days. They need to be updated to reflect objectives and to help with the NBME. • Information has been requested from NBME but no answer has been received. • Someone raised the question of whether or not we have a research program to encourage students to take on projects. o Current program is being stepped up. A research go-to person will be identified for each discipline. o We still have the CIHR(?) money that is unused. Students report that we are not matching to their interests well in terms of research topics. o This could be a faculty driven initiative. Faculty can submit projects for funding and they can be distributed to students for interest. o It could be student driven where students pick a project and seem a faculty supervisor. o Must be advertised more.	
	o Item 6.4.4 Other Accreditation topics	ED-30 • Dr. McKay brought this topic up for discussion. It regards formative and summative feedback and he has done an evaluation of it because he has anticipated a problem with it for accreditation. • He presented data from our index year, 2011/12 and 2012/13 up to the mid-point. o In general, we did not do a great job in 2011/12, but we have been doing better in 2012/13. ▪ 2011/12 the median was 46. ▪ 2012/13 the median was 36 out of 42. • Dr. McKay requested data from each discipline and presents his findings, which are medians: o Internal Medicine – 36 (feels this may be a mistake) o Pediatrics – 33	**Action:** Dr. McKay will send coordinators 2011/12 and 2012/13 data for ED-30.

		○ Psychiatry – 25 ○ Surgery – 39 ○ RFM – 54 ○ Obs/Gyn – 40 (improving from previous years) • Dr. McKay requests that each discipline coordinator examine their own data, and when they see outliers or large numbers, to provide an explanation. He needs a fast response on this. • Dr. Stone would like to phone students to confirm dates of ITERS. Focus of Accreditation: • Curricular management will be a big focus, especially with the new curriculum. • Achievements and challenges • Contribution to achieving institutional objectives • Adequacy of resources and faculty • Advanced/speciality Selectives • Dr. McCarthy advises members to be honest when answering questions, and only provide information that they need to know. Frame negatives with positives. • ED 1-3: objective things: ○ How do we determine clinical encounters? ▪ Faculty reviewed ▪ Recorded in minutes from discipline committees ○ Curriculum committee ensures coverage oversight. • Dr. McCarthy advises to minimize future talk, things you are going to do. This can cause a distraction and unnecessary noise that the accreditors will throw back at you. Give them information they are looking for and provide them with quantitative info if/when possible. Other Items: • Dr. McKay: Because you are faculty members, you may be asked anything about Personal Development (PD) you receive, or is you attend conferences. Think of ways you keep abreast of teaching and your field. They also may ask about your pillars. • MS 31, 31A: Learning environment and student abuse: ○ Accreditors may ask about what you do when or if you have	

		students coming in with problems. Are you aware of the supports available for students? o Discipline chair should be notified of student problems. o Ms. Williams: PD around protocol is needed. We often refer to respectful workplace policy (MUN), MUN student code of conduct and Med student code of conduct o MUN is revising a new student code which may greatly affect us. It even talks of professionalism but it is not yet approved. This can be viewed through Student Affairs. o You must know who the go-to person is for crisis on site in remote locations. • Ms. Ackerman reports that the database has been updated and is a final version, based on feedback from Mock Accreditation. • Discussion of CanMED o Competency objectives guide curriculum. They are overarching institutional objectives. Everyone must think about how they helped achieve them. o They are different than core rotation objectives o The Assessment blueprint is mapped to CanMED roles. o The process is in place to review in SAS • CGQ and student reports are very important to identifying and remediating problems.	
#7 ADJOURNMENT		Clerkship Committee Meeting Adjourned at 6:38pm.	
Next Meeting		May 16th, 2013 at 4pm.	