

Minutes / Action Items - Clerkship Committee Meeting			
MEETING	CLERKSHIP COMMITTEE MEETING MINUTES		
CHAIR	DR. Jason McCarthy		
DATE	September 19 th , 2013		
MEMBERS: 2013 - 2014	<i>Dr. Jason McCarthy, Chair, Selectives Coordinator, Clerkship Coordinator</i> <i>Dr. Mary Jane Smith, 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. Jasbir Gill, CDC Psychiatry</i> <i>Dr. Katherine Stringer, CDC Rural Family Medicine - joins by teleconference</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>Dr. Donald McKay, Associate Dean, UGME</i> <i>Dr. Scott Moffatt, Assistant Dean, Student Affairs</i> <i>Ms. Sally Ackerman, MESC</i> <i>Mr. William Stokes, student, class of 2014</i> <i>Mr. Andrew Dalton, student, class of 2015</i> <i>Ms. Carla Peddle, UGME Coordinator</i> <i>Ms. Angeles Damil, Administrative Coordinator, New Brunswick - joins by teleconference</i> (Minutes NOT Taped)		
PARTICIPANTS	Dr. J. McCarthy, Dr. D. McKay, Dr. K. Au, Dr. C. Stone, Ms. C. Peddle, Dr. T. Delaney, Ms. S. Ackerman, Dr. J. Farrell, Dr. MJ. Smith, Dr. J. Martin, Dr. K. Stringer, Mrs. F. Hammond.		
REGRETS	Dr. J. Gill, Dr. T. Lambert, Mr. A. Dalton, Mr. W. Stokes.		
AGENDA	ITEM	DISCUSSION	ACTION
#1 WELCOME / MEETING START TIME	<ul style="list-style-type: none"> Item #1 Dr. McCarthy (Chair) opened the meeting at 4:21pm	<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 Items Added; 4.10 Yukon update, 5.2 NB Site Visit, 5.3 Recruit PESC Representative, Change 4.9 to read 5 point Internal Grading System Agenda Approved 	

#3 APPROVAL OF MINUTES: May 16 th , 2013	<ul style="list-style-type: none"> Item #3 Minutes 	<ul style="list-style-type: none"> Minutes from May 16th 	ACTION: Minutes Approved Moved: Dr. Craig Stone Seconded: Dr. Tina Delaney
#4 BUSINESS ARISING	<ul style="list-style-type: none"> Item 4.1 Welcome Drs. Au, Gill, Leonard and Smith 	<ul style="list-style-type: none"> Welcome. [McCarthy] 	
	<ul style="list-style-type: none"> Item 4.2 ED-27: Witnessed Hx/Px & Mini-CEX 	<ul style="list-style-type: none"> ED-27: In a previous meeting an evaluation of clinic cards was agreed upon, as currently UGME misses the mark on ED-27. The editing process was undertaken over the summer break. [Martin, McCarthy, McKay, Delaney, Ackerman] <ul style="list-style-type: none"> a. The clinic cards were made more explicit by asking whether the student was observed during the history and/or physical, and whether the observer was faculty or resident. Our card now covers ED-32 Narrative Feedback. b. We still need to <u>introduce an assessment</u> into clerkship rotations that includes a <u>faculty-observed</u> Hx/Px, with the student demonstrating their findings. This assessment will be based on the current, exemplary, Psychiatry mental health assessment and needs to at least have un-graded, formative documentation. c. Despite our agreement Re: faculty observation, we know this is not done on a consistent basis in all rotations. In addition, the Grad Survey asks students if they did an Hx/Px that was observed by faculty. Some students answer no. A mandated Mini-CEX would provide the structure to <u>prove</u> completion in addition to diversifying a Disciplines' assessment tools. d. Dr. Stone believes the CEX could replace the oral exam in Surgery and Dr. Delaney is pleased that the CEX is Customizable. Ms. Ackerman offered the services of MESC to meet with each Discipline on the development of their own individual Mini-CEX. 	ACTION ED-27: Diana Deacon, MESC to contact each Discipline Coordinator to arrange a meeting RE: customizing the CEX format to each discipline's assessment needs. ACTION ED-27: Each Discipline will bring forward their customized CEX to the UGMS Committee for review and approval.
	<ul style="list-style-type: none"> Item 4.3 ED-30: Timely Summative Feedback 	<ul style="list-style-type: none"> The process to be used for compliance on the 42 day submission requirement for Summative ITERS was discussed [McKay, McCarthy, Martin, Stone, Smith] <ul style="list-style-type: none"> a. Dr. Stone personally phones the preceptor who has yet to complete an ITER by the 4 week mark. 	

		<ul style="list-style-type: none"> b. Dr. Martin has historically emailed the preceptor and CC.ed the Discipline Chair. Results have been achieved within 10 days of contact. c. The Discipline Chairs have agreed to contact a Preceptor, in writing, who has not submitted ITERs at 3 weeks past the end of rotation. d. At 5 weeks the Dean will write to the preceptor indicating that a letter will be placed on their file. e. General consensus is that this would be a major victory. 	
	<ul style="list-style-type: none"> • Item 4.4 ED-31: Midpoint Formative Feedback 	<ul style="list-style-type: none"> • Praise was given to all those responsible for compliance with ED-31. The hope is that success can be duplicated over a long period. [McKay, McCarthy, Ackerman] 	
	<ul style="list-style-type: none"> • Item 4.5 Clinic Cards: Review & Update 	<ul style="list-style-type: none"> • In order to meet accreditation standards the clinic cards must be reviewed every year by the Clerkship Committee and have it minuted. [McKay, McCarthy] • Next meeting will address the clinic card formatting needs of each Discipline. <ul style="list-style-type: none"> a. The new formatting put forward suits Family Medicine. b. The current card works for Obstetrics. c. Dr. McKay put forward that Disciplines can have a model and the card can be printed by the UGME, such that it does not use the Discipline budget. d. UGME office must be informed of any changes to cards because the Website, office staff and Handbook must be accurate. • Dr. Farrell arrived 4:35 • Dr. Stringer left at 4:45 	
	<ul style="list-style-type: none"> • Item 4.6 Mandatory Procedures Card: Review & Update 	<ul style="list-style-type: none"> • Some changes were brought forward on the updated Mandatory Procedures Card. [McKay, McCarthy, Stone, Martin] <ul style="list-style-type: none"> a. Dr. Stone asserts that the Handbook must be clear on the proper use of the card b. Completion of mandatory procedures can be discussed during Progress Committee. 	<p>ACTION: Bring Mandatory Procedures Card to UGMS</p> <p>ACTION: Ms. Peddle to make the Handbook language clear on the proper use of the card. Specifically, that each mandatory procedure must be completed three times over the year and not three times in each discipline.</p>

	<ul style="list-style-type: none"> Item 4.7 ITER Review and Approval 	<ul style="list-style-type: none"> Presented to members: YR3 Clerkship - Clinical Clerkship Final Evaluation Report, Clinical Clerkship Final Internal Grade Report, YR3 Obs/Gyn – Summative Clinical Clerkship In-Training Evaluation Report ITER, YR3 Rural FM - Formative Clinical Clerkship In-Training Evaluation Report ITER, and YR3 Rural FM - Summative Clinical Clerkship In-Training Evaluation Report ITER [Mckay, McCarthy] <ul style="list-style-type: none"> Consensus was that meeting with students is not applicable to delivering the final grade, as such could that section of the ITER (below the line) be removed or suppressed. Answer is that it cannot be suppressed or deleted. An answer of no must be filled in. When 100% of grades are in from preceptors on the Summative form, Coordinators can begin the filling in the Final Report. 	
	<ul style="list-style-type: none"> Item 4.8 ITER Self Reflection Implementation 	<ul style="list-style-type: none"> To meet accreditation standard ED-5A the Discipline Coordinator or designate will discuss the students' on-going self-reflection. [McKay, Martin, McCarthy, Smith] <ul style="list-style-type: none"> T-Res has a method for self-reflection. A preceptor can check the number of non-zero entries at Mid-Point through rotation. Doctors Delaney and Stone suggested a tick box on the Formative ITER to indicate a meeting took place with the student. Dr. Martin suggested a 250 word essay on being a health advocate on any of the patients encounter on clinic duty. 	ACTION: Create language for the Formative Mid-Point ITER that indicates a meeting took place and the student indicated self-reflection.
	<ul style="list-style-type: none"> Item 4.9 5 Point Grading System 	<ul style="list-style-type: none"> The grades of the current clerkship year need revision. Some direction is needed on how to transfer the historical grading of students to the current year and then transfer to the 5 point system. [McKay, Martin, McCarthy, Farrell, Stone] A matrix is needed to assist Coordinators in their decision of which students are truly "Outstanding." What numerical value denotes exceeds expectations. <ul style="list-style-type: none"> Exceeds expectations could be 100% and Fail could be a low number like 5%. What are the minimum acceptable standards and how should that be conveyed numerically. It would be possible to get rid of the outstanding designation for the 2017 class. Currently internal grading values are assigned to average, above average, pass, fail, pass below average in addition to the OSCE, the NBME. These 	ACTION: Ms. Ackerman will discuss with Ms. Diana Deacon of MESC, the assignation of internal values to the 5 point grading system. ACTION: Discipline Coordinators to re-evaluate the weight of each Evaluation component in their assessment roster and bring forward their grading rubrics. ACTION: Bring to UGMS for their

		<p>internal values are at the discretion of the clerkship coordinator.</p> <ol style="list-style-type: none">However on the transcript it merely states Pass/Fail. It is the MSPR that provides numerical or narrative value.Can give each ITER in the assessment roster a different weight. Formative and Summative need not be equal.Passing the Summative ITER is mandatory, regardless of any other mark. For example, if Neonates gives a failing grade, the student would fail the entire rotation. However, Internal Medicine does not consider low performance on a 1-2 week portion of the rotation to cause a failure of the entire 12 weeks. Disparate views exist among members.Students need only be told by the end of the first week of class what aspects they will be graded on not what the pass mark is. At present a 70% is a pass mark in Peds, while a 65% is the pass grade in Internal Medicine. There is still time to adjust these values for uniformity if it is desired. <ul style="list-style-type: none">McCarthy left at 5:30Dr. McKay Chaired the rest of the meeting	<p>consideration, whether the failure of one subcomponent (one ITER) would cause a failure in the entire discipline rotation, regardless of the duration of the rotation (6-12 weeks in length.) What is their unified understanding of ITERs.</p> <p>ACTION: Check the language in past minutes to see if “A student will Fail the rotation if they Fail an ITER.</p>
	<ul style="list-style-type: none">Item 4.10 Update: MUN-Yukon	<ul style="list-style-type: none">There is an M.O.U. and in it the Yukon has to make clinical training space available. Dr. McKay had a conversation with Carla Scott. [McKay]<ol style="list-style-type: none">Students complete two week blocks in the Yukon, for a total of six (6) weeks in their first two years.MUN was chosen based on its rural outlook.There are hurdles towards implementing a core experience in its entirety in the Yukon. Specifically a lack of permanent doctors and infrastructure. While Family Medicine is a viable rotation as would be Surgery offered out of Whitehorse, significant development is required before implementation.A possibility would be a longitudinal integrated experience offered out of Whitehorse. This requires further investigation.	
	<ul style="list-style-type: none">Item 4.11 MUN MSPR Standardization	<ul style="list-style-type: none">Dr. Delaney seeks clarification on what model is preferred for the Dean’s letter. Marks included or none provided in addition to the narrative. [Delaney, McKay]	<p>ACTION: Get consensus on the Dean’s Letter format. Identify the different models.</p>
#5 NEW BUSINESS	<ul style="list-style-type: none">Item 5.1 Meeting times, Fall	<ul style="list-style-type: none">Can the meeting be moved to a Monday? Dr. McCarthy has class this fall on Tuesday and Thursday. Friday is not an option for most of the	<p>ACTION: Put out a call for the best day,</p>

	2013	members. Dr. Smith has clinic on Monday, Wednesday but could make it to meetings after 5:30pm [McKay]	and proposed dates.
	<ul style="list-style-type: none"> Item 5.2 New Brunswick Site Visit 	<ul style="list-style-type: none"> A fall trip to teaching sites in New Brunswick is needed, perhaps in late October. [McKay] <ul style="list-style-type: none"> Travel on Wednesday, with a stay on Thursday and Friday Coordinate with Ms. Damil and Dr. Lambert 	
	<ul style="list-style-type: none"> Item 5.3 PESC Representative Recruitment 	<ul style="list-style-type: none"> Dr. Hubert White's resignation has left the Clerkship Committee representative on the PESC Committee vacant. The seat will need to be filled. [McCarthy, McKay] <ul style="list-style-type: none"> Meetings are once a month. Meets at Lunch and runs on time. Discusses program performance. 	
#6 STANDING ITEMS	<ul style="list-style-type: none"> Item 6.1 Medical Student Reports 	<ul style="list-style-type: none"> Dalton and Stokes sent their regrets 	
	<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 	
#7 ADJOURNMENT		Clerkship Committee Meeting Adjourned at 5:45pm	
Next Meeting		October 17 th , 2013	