

Clerkship Committee Meeting		DATE	October 17 th , 2013
		ROOM	PDCS Room 5
CHAIR	Dr. Jason McCarthy		
MINUTE TAKER	Mrs. Fatima Hammond		
MEMBERS: 2013 - 2014	<i>Dr. Jason McCarthy, 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 Taped)		
PARTICIPANTS	Dr. J. McCarthy, Dr. J. Gill, Dr. K. Au, Dr. C. Stone, Dr. T. Delaney, Ms. S. Ackerman, Dr. J. Farrell and Dr. MJ. Smith by Teleconference.		
GUESTS	Ms. Diana Deacon, MESC and Dr. Jennifer Harris, Course Chair MED 7000		
REGRETS	Dr. S. Moffat, Dr. D. McKay, Ms. A Damil, Dr. T. Lambert, Dr. K. Stringer		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
#1 WELCOME / MEETING START TIME	<ul style="list-style-type: none">Item #1 Dr. McCarthy (Chair) opened the meeting at 4:13pm	<ul style="list-style-type: none">Call to OrderQuorum in Attendance	
#2 ADDITIONS TO THE AGENDA	<ul style="list-style-type: none">Item #2 Agenda	<ul style="list-style-type: none">Agenda Item Added; 5.5 Surgical Education Rotation GuideAgenda Approved	

#3 APPROVAL OF MINUTES: Sept. 19 th , 2013	<ul style="list-style-type: none"> Item #3 Minutes 	<ul style="list-style-type: none"> Minutes from September 19th 2013 	ACTION: Minutes Approved Moved: Dr. Jamie Farrell Seconded: Dr. Craig Stone
#4 BUSINESS ARISING	<ul style="list-style-type: none"> Item 4.1 Assessment: Grading Rubrics 2013-14 	<ul style="list-style-type: none"> Dr. Delaney arrived 4:19 Ms. Diana Deacon of MESC worked with the CDCs and their APAs to transfer the historical grading (2009-13) of students to the current year (2013/14) and then transfer those grades to the legacy 5 point system. [McCarthy, Deacon, Farrell, Ackerman] <ul style="list-style-type: none"> The process was individualized to each Discipline This is the first year without remediation for NBMEs and the result is that students who performed poorly on the NBME (all but RFM has one at the end of rotation) end up with a Below Average as their Final Grade. It was agreed that the issue is to identify the weak student. Who are the students with a Pass Below Average, this is necessary to know for each discipline, because it triggers the Promotions Policy. It was agreed that the percentage weight of the NBME will continue to be lowered as new items are added to the assessment portfolio. Dr. Harris arrived 4:25 	ACTION: Each Discipline will endeavour to add additional Evaluation tools to their assessment portfolios. ACTION: Each Discipline will meet with Ms. Deacon from MESC in the next two weeks Discipline Coordinators to re-evaluate the weight of each Evaluation component in their assessment roster and bring forward their grading rubrics; the report will be reviewed at the November meeting.
	<ul style="list-style-type: none"> Item 4.2 ED-27: Witnessed Hx/Px & Mini-CEX 	<ul style="list-style-type: none"> A discussion took place regarding the Disciplines' compliance with this accreditation standard. [Smith, McCarthy, Gill, Delaney, Stone, Farrell] <ul style="list-style-type: none"> A question was asked; "do all Disciplines have a Faculty witnessed evaluation and a tool to prove it?" <ul style="list-style-type: none"> Internal Medicine is working on it. Family Medicine is working on it Each cohort is a new course and therefore it is possible to introduce a new evaluation tool with each new group. The tool has to be approved by UGMS in advance. 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. A mini-CEX would identify clinically weak students. 	

	<ul style="list-style-type: none"> Item 4.3 ED-30: Timely Summative Feedback 	<ul style="list-style-type: none"> CDCs were reminded that the Final grade must be submitted no later than 6 weeks from the final day of the rotation. [McCarthy] <ul style="list-style-type: none"> At the time of the meeting it was 2 weeks since the end of the first offering of Obstetrics and Psychiatry First rotations of Family Medicine, Surgery and Pediatrics ending the next day, October 18th. Pass Below Average can be more effectively responded to. 	
	<ul style="list-style-type: none"> Item 4.4 ED-31: Midpoint Formative Feedback 	<ul style="list-style-type: none"> All Disciplines were encouraged to use the Mid-Point Evaluation as an instrument to identify any student having a hard time on the core rotation. There is a structure in place to help such a student either academically or through the wellness program offered by Student Affairs. [McCarthy] 	ACTION: Follow up with Disciplines to see if Self-Reflection item is being implemented by the disciplines.
	<ul style="list-style-type: none"> Item 4.5 Clinic Cards: Review & Update 	<ul style="list-style-type: none"> Disciplines were asked to identify the customizations of their printing requirements for daily and weekly Clinic Cards considering the new and original versions. [Farrell, Hammond, Delaney, McCarthy] 	ACTION: CDCs to email the UGME identifying their printing requirements.
	<ul style="list-style-type: none"> Item 4.6 ITER Review and Approval 	<ul style="list-style-type: none"> Presented to members at the September meeting: 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 [McCarthy] <ul style="list-style-type: none"> Dr. Stringer had identified an issue with the Family Medicine ITER. 	ACTION: ITERs Approved Moved: Dr. Jamie Farrell Seconded: Dr. Tina Delaney
	<ul style="list-style-type: none"> Item 4.7 Meeting Times, Fall 2013 	<ul style="list-style-type: none"> Dr. McCarthy will continue to hold the meeting on Thursday as there are but a few meetings remaining in his term. The most popularly chosen day (Wednesday) is when UGMS convenes. [McCarthy] <ul style="list-style-type: none"> Input from Student Affairs is a necessary component of the Clerkship Committee Student input is a necessary component of the Clerkship Committee 	ACTION: Mrs. Hammond to speak with students and Student Affairs regarding attendance or sending a delegate.
#5 NEW BUSINESS	<ul style="list-style-type: none"> Item 5.1 Clerkship Preparation Course 2014 	<ul style="list-style-type: none"> Dr. Harris made a pitch to the CDCs for their involvement in the 2014 Clerkship Preparation Course. Specifically, she asked for the CDCs to create an interactive session that gives pre-clerks a look at what it is like to be a clerk on rotation in a specific Core Discipline, beyond the 10 minute talk they give during Orientation to the lottery. This workshop could include, but is not limited to, what the expectations for action are, what a consult is, what an order sheet is, include Residents in the teaching 	ACTION: CDC's will write to Ms. Hammond expressing interest by October 21, 2013.

		aspect and how to complete an accurate Hx/Px. [Harris, McCarthy, Farrell, Stone, Delaney, Hammond]	
	<ul style="list-style-type: none"> Item 5.2 NBME Passing Grades, 2013-14 	<ul style="list-style-type: none"> Every year the clerkship committee looks at how the NBME influences the pass/fail of clerks overall. MESC compiled the grades from the last three years of NBMEs and arrived at the figure of 59% for a failing grade. [Deacon, Farrell, Delaney, McCarthy] <ul style="list-style-type: none"> The exam can be weighted any way the disciplines want within the overall evaluation roster. Failing the NBME will be noted on the MSPR 	ACTION: NBME Grades Approved Moved: Dr. Tina Delaney Seconded: Dr. Craig Stone
	<ul style="list-style-type: none"> Item 5.3 Rotation Template 2014 	<ul style="list-style-type: none"> The 2014 Core rotations template was brought forward for review. Discussion around site availability for New Brunswick locations took place along with mention that over a 5 year period the site capacity would be increased to 10 slots in New Brunswick. Students will also be provided with the opportunity to do longitudinal rotations in the second half of the 21 month Clerkship program. [McCarthy, Hammond, Delaney, Farrell] <ul style="list-style-type: none"> Further discussion will occur around Discipline specific site availability OSCE could be adopted in the calendar year when all of the rotations have a similar end date. ED-8 rotations must coincide. 	ACTION: 2014 Core Template Approved for Class of 2016. Moved: Dr. Jamie Farrell Seconded: Dr. Craig Stone
	<ul style="list-style-type: none"> Item 5.4 Rural Definitions 	<ul style="list-style-type: none"> How do we define Rural for Selectives rotations to meet graduation requirements? [McCarthy, Gill, Delaney, Farrell, Stone, Akerman, Au] <ul style="list-style-type: none"> The definition as outlined by the Dean of the Faculty of Medicine rules out <u>underserviced</u> areas that are within the One (1) hour commute to a major centre. For example, a village in India may be very close to a centre with over a million people but the medical resources available in that community may be less than in a Canadian rural town two (2) hours away from St. John's, NL. If another University considers an Elective/Selective rural but by our definition it is not, do we violate our own rule? The Faculty of Medicine at Memorial should consult with the Discipline of Rural Family Medicine at our own institution to make use of the resources they have to determine on a case by case basis if the rotation in question will meet graduation requirements. Students who wish to undertake a "rural" rotation will have to prove it meets graduation requirements. They should engage Global Health through Dr. Jill Allison and the Selectives Coordinator in addition to 	

		the CDC for Rural Family Medicine. d. The Clerkship Committee will act as a review body for student appeals to the above scenarios.	
	<ul style="list-style-type: none"> Item 5.5 Surgical Education Rotation Guide 	<ul style="list-style-type: none"> Dr. Stone describes the Handbook released by his APAs to students as the real guide to Surgery. [McCarthy, Stone, Delaney, Akerman, Farrell] <ul style="list-style-type: none"> Dr. Delaney has a similar one that is sent out a week before the rotation. All CDCs encouraged to adopt a similar framework for giving students information about their rotation. Dr. McCarthy reminded members that the website, Student Handbook and UGME ought to know of changes to literature to ensure students are getting the most accurate information. 	ACTION: Move to KIV
#6 STANDING ITEMS	<ul style="list-style-type: none"> Item 6.1 Medical Student Reports 	<ul style="list-style-type: none"> Dalton and Stokes Absent Chair noted that student involvement is paramount as they are voting members and the Clerkship Committee ought to always consider the student perspective. 	ACTION: Mrs. Hammond will make contact with the students to stress the point that either the class rep or their delegate is required to attend.
	<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 5:19pm	
Next Meeting		November 21 st , 2013	