

Clerkship Committee Meeting		DATE	January 16 th , 2014
		ROOM	PDCS Room 5
CHAIR	Dr. Katherine Stringer		
MINUTE TAKER	Mrs. Fatima Hammond		
MEMBERS: 2013 - 2014	<i>Dr. Katherine Stringer, 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. Norah Duggan, CDC Rural Family Medicine</i> <i>Dr. David Jones, Selectives Coordinator</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>		
PARTICIPANTS	Dr. K. Stringer, Dr. N. Duggan, Dr. C. Stone, Dr. T. Delaney, Ms. S. Ackerman, Dr. J. Farrell, Dr. MJ. Smith, Dr. J. Leonard, Mr. A. Dalton (2015), Dr. D. McKay, Dr. S. Moffatt, Dr. K. Au, Dr. T. Lambert and Mr. C. Dwyer (2014)		
GUESTS			
REGRETS	Dr. J. Gill, Dr. R. Wedge, Mr. W. Stokes,		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
#1 WELCOME / MEETING START TIME	<ul style="list-style-type: none"> • Item #1 Dr. Stringer (Chair) opened the meeting at 4:00pm	<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 	

<p>#3 APPROVAL OF MINUTES: January 16th, 2014</p>	<ul style="list-style-type: none"> Item #3 Minutes 	<ul style="list-style-type: none"> Minutes from December 19th, 2013 	<p>ACTION: Minutes Approved Moved: Dr. Mary Jane Smith Seconded: Dr. Norah Duggan</p>
<p>#4 BUSINESS ARISING</p>	<ul style="list-style-type: none"> Item 4.1 ED-27: Witnessed Hx/Px & Mini-CEX (addressed after item 6.3) 	<ul style="list-style-type: none"> To settle the matter of each discipline undertaking a Witnessed History and Physical compliance with accreditation standard ED-27, Dr. Stringer asked each Discipline Coordinator to confirm their compliance and the manner in which compliance is documented. [Stringer, Duggan, Farrell, Delaney, Smith, Stone] <ul style="list-style-type: none"> a. The question was asked again; “do all Disciplines have a Faculty witnessed evaluation and a tool to prove it?” <ul style="list-style-type: none"> Dr. Farrell of Internal Medicine just finished the current cohort’s Hx/Px as part of a formative Mini-CEX. Dr. Duggan of Family Medicine has preceptors documenting Hx/Px as a formative assessment. She is inputting more RFM centered points for the preceptor to check. Dr. Delaney of Obstetrics Gynecology has faculty observed Hx/Px completed at the Gyne-Onc clinic and uses the clinic card as documented proof. Dr. Stone of Surgical Education uses the oral exam structure for the Mini-CEX as a formative assessment tool. This means that a student completes two, one for Ortho and one for General Surgery. Dr. Smith of Pediatrics currently uses a formative Mini-CEX and plans to implement a Summative one next year. Dr. Gill (not in attendance) has identified in previous minutes that the Faculty witnessed Hx/Px occurs for each student as part of the summative Final Clinical Exam. There is also a documented formative assessment tool. Delaney arrived 4:13 pm 	

	<ul style="list-style-type: none"> Item 4.2 ED-30: Timely Summative Feedback (addressed after item 6.3 and 4.1) 	<ul style="list-style-type: none"> The summative assessment MUST be in the student’s hands before day 42. [Stringer, Smith, Delaney, Stone] <ol style="list-style-type: none"> Dr. Stone stated that student input of T-clerk items cause a delay and result in a saved but not submitted ITER from the discipline. Dr. Smith stated that faculty compliance with a timely return is a factor in her discipline. She also asked what to do in the case of a preceptor who is off on sick leave. Dr. McKay asked that all CDEC’s notify the UGME if a faculty member cannot complete their evaluations so that an alternate solution can be planned. Dr. Delaney stated that at the formative evaluation the hold-up lays with students but at the summative evaluation faculty are often the issue in the delay. 	<p>ACTION: Students need to be made aware of their responsibility to submit their T-Clerk and evaluations of rotation/faculty or resident in a timely manner.</p>
	<ul style="list-style-type: none"> Item 4.3 ED-31: Midpoint Formative Feedback (addressed after item 6.3 and 4.2) 	<ul style="list-style-type: none"> Dr. Farrell asked the membership if their use of One45 document delivery and workflow is causing issue with the timely execution of Mid-Point formative feedback. [Farrell, Duggan, Delaney, Stone] <ol style="list-style-type: none"> Each discipline stated that the document workflow for their specific discipline is managed well. There is no problem with receiving mid-point ITERs at the same time as the summative ITER. Dr. Delaney arrived 4:15 	<p>ACTION: Dr. Farrell to communicate to Mr. Adam Siscoe of HSIMS regarding the scheduling of forms.</p>
	<ul style="list-style-type: none"> Item 4.4 3rd and 4th year Orientation Meetings 	<ul style="list-style-type: none"> CDC’s and UGME office to hold an Orientation meeting with the Class of 2016 students to prepare them for the Template Lottery intended for early February [Stringer, Duggan, Delaney, Dalton] <ol style="list-style-type: none"> Should happen after CaRMS (27th – 29th) because the Disciplines are busy with interviews. Dr. Delaney indicated that mid-February would not fit for Obs/Gyne. An evening session would be best. Clerkship, Electives and Selectives Coordinators and UGME staff to hold an Orientation meeting in January with the Class of 2015 students re: Selectives and Electives planning [Stringer, Au, Dwyer] <ol style="list-style-type: none"> Should happen after the Second year exam on the 27th. Mr. Dwyer will advise students that vaccinations and police checks are required. Dr. McKay arrived 4:20pm 	<p>ACTION: Mrs. Hammond to send out the dates to the membership as they become available.</p>
	<ul style="list-style-type: none"> Item 4.5 NB Visit 	<ul style="list-style-type: none"> The Site visit will now link to the New Brunswick Forum held on the 8th and 9th of May. [Stringer, Lambert, McKay] <ol style="list-style-type: none"> Dr. Smith will send her replacement while she is on leave. 	<p>ACTION: Mrs. Hammond to send out the new dates to the membership as</p>

		<ul style="list-style-type: none"> b. A Clerkship Committee meeting may be held in NB during the site visit. c. Dr. Leonard will not attend. d. Dr. Lambert spoke to the value of Discipline Coordinators speaking in person with the on-site preceptors and administrative staff to encourage open communication and define workflow. e. Dr. Lambert requested workshop participants for the Forum from the Disciplines. <ul style="list-style-type: none"> • Farrell arrived 4:30pm 	<p>they become available.</p>
	<ul style="list-style-type: none"> • Item 4.6 Back to Basics 	<ul style="list-style-type: none"> • Dr. Leonard provided an update on the planning taking place for the 2014 offering of the Course taking place March 31-April 11. [Leonard, McKay, Stringer, Dalton, Dwyer] <ul style="list-style-type: none"> a. This year an OSCE will be offered as a Pilot Assessment. Criteria for a Pass will be to attend and complete all the stations. Feedback will be provided to students at each station. Data will be gathered and used to assist in the further development/revision of an OSCE question bank. b. Dr. Leonard has engaged the CLDC staff to assist with the recruitment of examiners, development of questions and question checklists. c. Tentatively the OSCE is scheduled on April 2 and 3 for half the class on one day while the other half completes ACLS. The next day the groups switch. Alternately the OSCE could be held on Saturday April 5. d. Mr. Dwyer asked how a student would study for this type of assessment. He was advised that clerks would not be tested on technical skills, that the Can Meds Roles would be assessed. These are the things that they have learned over the past two years – how to act, how to approach things. e. Dr. Stringer instructed that the Clerks would receive a thorough explanation of the expectations for the OSCE during the introduction on the first day of the course. It was agreed that this would alleviate the fears of the class. • Further discussion took place around the incorporation of a formative OSCE midway through year three of core clerkship and another at the end of that year. Remediation would be accommodated for this assessment. A summative OSCE could then be held at the end of fourth year to enable students to prepare for the LMCC part II. 	<p>ACTION: Dr. Leonard to meet with Mrs. Hammond and Ms. P. Mullins-Richards of the CLDC to enable long term planning.</p>

		<ul style="list-style-type: none"> a. The development of an OSCE is being implemented based on student recommendations delivered to a committee chaired by Ms. Ackerman b. MUN Faculty of Medicine graduates used to place nationally in the top marks on LMCC Part II. Now MUN places in the middle of the pack. <ul style="list-style-type: none"> • Dr. Stone and Dr. Moffatt arrived 4:50 	
<p>#5 NEW BUSINESS</p>	<ul style="list-style-type: none"> • Item 5.1 LIC 	<ul style="list-style-type: none"> • Dr. Stringer led a discussion around the creation of a Longitudinal Integrated Curriculum for future third year Clerks. [Stringer, McKay] <ul style="list-style-type: none"> a. Nationally the LIC is growing in popularity. Most of the interest is in other disciplines outside of Family Medicine. b. Communication has begun with our partners in New Brunswick and PEI to set up an LIC in Summerside, PEI and in Miramichi, NB in addition to at sites in Newfoundland. Likely the task will take up to two years to formalize the objectives, assessments procedure and workflow processes. c. Dr. Stringer indicated that an LIC would require the full involvement of the Clerkship Committee and asked for volunteers from the disciplines. CDC's were encouraged to name a representative for their discipline. MESC and Student representatives will also be required. No objections provided from the membership. d. Moncton will be a Dalhousie LIC by this Fall. e. A proposal must be sent to UGMS by September/October to attain approval in principle before it can progress Faculty Council and SCUGS. f. Mr. Dwyer asked if there was much interest this year in P2P, and inquired why there was no interest in the past year. It was stated that a focus group was convened to determine the root of the lack of interest and their findings were used to communicate to the incoming group of students. g. Drawbacks of an LIC include: a student loses the structure of a rotation start and end date – currently in third year a student has their schedule arranged through the lottery process with specific dates for each rotation; assessments would be more challenging to plan – NBMEs are discipline specific, as opposed to an evaluation that assesses progress within multiple disciplines; unique assessment tools will require development. 	<p>ACTION: Clerkship Committee membership to spread the word and begin recruiting volunteers for the development process of the LIC</p>

		<ul style="list-style-type: none"> h. The membership was informed that Student reports upon completion of LICs are positive and the research suggests that an LIC graduate does the same if not better on the LMCC. In addition, the LIC has a deeper quality in a student’s performance record that has not been shown to exist in a standard MSPR that can at times appear disjointed. For example, Candidate A may have 3 references from their 4th year electives of 2 weeks in duration whereas Candidate B has a report from an 8-10 month long rotation. Furthermore a student can follow patients through the circle of care. i. LIC sites will allow the Faculty of Medicine to increase capacity in certain centers with an eye to the Phase one class that has 80 students. <ul style="list-style-type: none"> • Dr. Au arrived 5:00pm 	
	<ul style="list-style-type: none"> • Item 5.2 School Closure 	<ul style="list-style-type: none"> • There was a great deal of confusion within the clerkship student body as to the closure of Memorial University January 6, 7, 8, 2014 and the impact of that closure on their requirement to attend clinical rotations at Eastern Health sites. [Dalton, Dwyer, McKay, Farrell, Smith, Delaney] <ul style="list-style-type: none"> a. The Vice President of the University made the decision to follow energy conservation measures. The closure was not due to personal safety for weather reasons or an emergency. The student handbook cannot cover all special circumstances. b. Mr. Dalton sent out a message to the third year students on Sunday January 5th, 2014 and Dr. McKay sent emails to the third and fourth year classes the next day. Dr. McKay Thanked Mr. Dalton for his action. c. CDCs reported that most students attended by the second day (January 7th, 2014.) d. Dr. Delaney reported the most absences and was perturbed that despite receiving information through their class rep on Sunday night students still did not report for duty. Some students behave unprofessionally in their correspondence with her. e. Another issue was that UGME and Discipline support staff were off due to the MUN closure and could therefore not provide assistance to the students or CDCs. Furthermore, the APA and the CDCs did not know that Dr. McKay had sent out emails to the classes as they are not on the list-serve. 	<p>ACTION: Ms. Jane Stevens, Secretary to the Associate Dean will put the CDC’s on the list-serve.</p>

	<ul style="list-style-type: none"> Item 5.3 MCCQE Results 	<ul style="list-style-type: none"> Dr. McKay discussed a portion of the MCCQE exam results which provides a 5 year perspective of how a discipline compares nationally. This report includes how MUN students compare to other Canadian Schools as first time test takers. [McKay, Farrell, Duggan, Dwyer, Stone, Stringer] <ol style="list-style-type: none"> Dr. McKay only handed out areas of concern not the complete package; this was done to indicate that there are some trends worth identifying. In 2013 students did not perform well in clinical decision making. While it is true that nationally all schools trended down, MUN performed lower than the usual Canadian Mean. Dr. Farrell inquired if students were being tested differently. The membership will be asked to identify where in our training does clinical decision making get addressed because UGMS will be looking for guidance as the Curriculum changes. Other shortcomings identified were related to areas that are no longer covered in our curriculum. For example, a question referencing diplopia likely tested poorly because we no longer cover Ophthalmology. Mr. Dwyer identified a number of subspecialties that are not covered in the curriculum offered at Memorial including ophthalmology, rashes and otolaryngology. Where should these deficiencies be addressed? Clerkship? Pre-Clerkship? The membership asked Dr. McKay to bring further material so they can make a recommendation. 	
	<ul style="list-style-type: none"> Item 5.4 Return of ITERs for Electives/Selectives (addressed after item 4.3) 	<ul style="list-style-type: none"> Dr. Farrell inquired as to what the responsibility of the Core Discipline Coordinators is as regards overdue Electives and Selectives ITERs. [Farrell, Stringer, McKay] <ol style="list-style-type: none"> Dr. Farrell asked what role does the discipline APA have in recovering overdue ITERs for electives and/or selective rotations. Currently the Discipline APAs are being emailed to ask for their assistance in prompting preceptors who have overdue summative ITERs. Dr. Farrell will help if asked but wanted to clarify his responsibility for these evaluations. It was clarified that Core Discipline Coordinators do not have direct responsibility for the return of fourth year Electives or selectives. 	

	<ul style="list-style-type: none"> Item 5.5 Head Evaluator Form 	<ul style="list-style-type: none"> Dr. McKay informed the membership that the evaluation structure in place for Electives and Selectives is not equal. Currently Elective rotations have a head Evaluator form and selective rotations do not. Oversight should be in place for both so that a MUN Faculty member has official grading responsibilities for all required rotations. [Au, McKay, Delaney] , McKay] <ol style="list-style-type: none"> Another issue that is incongruous is that a student can immediately view the result of a selective rotation when their preceptor completes the ITER but because of the current Head Evaluator form the Elective summative ITER is hidden from view until Dr. Au, the Electives Coordinator signs off. This causes students to perceive that the UGME is hiding their results. Additionally it does not allow a student to know if they can contact their preceptor regarding the completion of the ITER because they do not know if it has been submitted. Dr. McKay asked the membership if a head evaluator form ought to be implemented for both electives and selectives. The Membership agreed but added that the students must be able to see the summative ITER as soon as it is submitted. Mr. Dalton asked why pre-core elective ITERs have not yet been made available. The answer was given that the preceptors have not yet submitted them. It is the student’s responsibility to assist in tracking it down. Mr. Dwyer asked if a student could graduate if an ITER was not submitted for a rotation. A head evaluator could assign a Pass or Fail if correspondence was had with the preceptor to confirm that you were there. UGME is trying to get to a workflow efficiency where there are no crunch times around MSPR season and graduation. 	<p>ACTION: Put in place a head evaluator form for selectives.</p>
#6 STANDING ITEMS	<ul style="list-style-type: none"> Item 6.1 Medical Student Reports 	<ul style="list-style-type: none"> The Representatives look forward to hearing the dates for the respective orientation sessions. 	
	<ul style="list-style-type: none"> Item 6.2: MUN-NB Update 	<ul style="list-style-type: none"> The representatives look forward to the site visit and Forum. 	
	<ul style="list-style-type: none"> Item 6.3 MUN-PEI Update 	<ul style="list-style-type: none"> Nothing to Report 	

#7 ADJOURNMENT		Clerkship Committee Meeting Adjourned at 5:45pm	
Next Meeting		February 20 th , 2014	