

Clerkship Committee Meeting		DATE	March 20 th , 2014
		ROOM	PDCS Room 5
CHAIR	Dr. Katherine Stringer		
MINUTE TAKER	Mrs. Fatima Hammond		
MEMBERS: 2013 - 2014	<p><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>Ms. Verna McInnis, Clerkship Coordinator PEI - joins by teleconference</i> <i>Ms. Kathy MacLean, Clerkship Coordinator PEI - 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. Melody Marshall, UGME Coordinator</i> <i>Ms. Angeles Damil, Administrative Coordinator, New Brunswick - joins by teleconference</i> <i>Ms. Dawn Keenan, Program Manager, New Brunswick - joins by teleconference</i></p>		
PARTICIPANTS	Dr. J. Gill, Dr. K. Stringer, Dr. N. Duggan, Dr. C. Stone, Dr. T. Delaney, Ms. S. Ackerman, Dr. J. Farrell, Dr. MJ. Smith, Dr. T. Doyle, Dr. J. Leonard, Dr. D. McKay, Dr. K. Au, Ms. A. Damil, Mr. C. Dwyer (2014)		
GUESTS			
REGRETS			
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 4:02pm	<ul style="list-style-type: none"> • Call to Order • Quorum in Attendance • Welcome to Tyna Doyle the incoming Discipline Coordinator for Pediatric Education while Dr. Mary Jane Smith is away for the next 10 months. 	

#2 ADDITIONS TO THE AGENDA	<ul style="list-style-type: none"> Item #2 Agenda 	<ul style="list-style-type: none"> Agenda Approved 	
#3 APPROVAL OF MINUTES: March 20 th , 2014	<ul style="list-style-type: none"> Item #3 Minutes 	<ul style="list-style-type: none"> Minutes not available for approval from February 20th, 2014 	
#4 PRESENTATIONS	<ul style="list-style-type: none"> Item 4.1 MUN-NB Update 	<ul style="list-style-type: none"> The NB Forum Program will be finalized soon. Working on additional Core placements for two full NB Templates and added RFM Placements, in a week or two most rotations will be confirmed. [Stringer, Damil, Hammond, Smith, Delaney] Dr. Leonard arrived 4:20pm Dr. Farrell arrived 4:25pm Dr. Duggan arrived 4:25pm 	<p>ACTION:</p> <p>MS. Damil to supply new information as it becomes available</p>
	<ul style="list-style-type: none"> Item 4.2 MUN-PEI Update 	<ul style="list-style-type: none"> Planning underway for May 6th, 2014 Visit to PEI. Delegates will include Drs. Stone, Duggan, McKay and Stringer. [Stringer] No representative online 	
#5 BUSINESS ARISING	<ul style="list-style-type: none"> Item 5.1 NB/PEI Visit, May 2014 	<ul style="list-style-type: none"> Planning underway for May 7-9, Visit to NB [Stringer, McKay, Duggan] <ol style="list-style-type: none"> The delegation will go to Moncton, Saint John and Fredericton. The Clerkship committee meeting for May will be scheduled for mid-day in Fredericton on May 8th, 2014 after which the membership will either travel to the forum in Woodstock or leave for the airport. Mr. Dwyer arrived 4:30pm 	
	<ul style="list-style-type: none"> Item 5.2 Rural Definition – Selectives Rotations 	<ul style="list-style-type: none"> No update 	
	<ul style="list-style-type: none"> Item 5.3 PESC Representative 	<ul style="list-style-type: none"> The Program Evaluation Subcommittee requires a representative in its membership, in addition to the Clerkship Coordinator, from the Clerkship Committee. [Stringer, Leonard, Ackerman] <ol style="list-style-type: none"> The membership asked questions about meeting times and frequency of meetings. The representative from the clerkship committee would provide thoughtful consideration to the data presented at each meeting. Otherwise there is no huge commitment of time. 	<p>ACTION:</p> <p>Dr. Stringer will send an email petitioning the membership for representation.</p>

	<ul style="list-style-type: none"> Item 5.4 ED-31: Mid-Point Formative Feedback – New Form 	<ul style="list-style-type: none"> The Mid-Point Review form has been changed to include the date on which the student had the review meeting and if “Student self-reflection activities were discussed?” [Duggan, Stringer, Farrell, McKay, Dwyer, Delaney, Gill] <ol style="list-style-type: none"> Dr. Duggan objects to the Yes/No format of the question regarding student self-reflection activities wherein no specific activities were assigned and there is nothing tangible to assess. Stating specifically that the rural family medicine preceptors having received no criterion on which to evaluate such abstract actions. She asked if there was no objectivity then what purpose does the question on the form serve. The other CDC’s perform the mid-point review themselves and use the question as a method to encourage self-reflective practice Dr. McKay stated that the question was a data collection instrument. Providing evidence of opportunities for self-reflective practice and encouragement of self-reflective practice New curriculum has self-directed active learning in Phases 1-3 in clerkship the question on the form is an easy method to see if they are still doing it. Self-directed active learning can be measured by checking for the number of times a student has made entries in T-Res. Zero entries is a prompt to the CDC that the student is not using T-Res properly and this can be discussed at the mid-point review. A discussion about appropriate times for experience driven self-directed active learning took place with examples given to Mr. Dwyer that included at the end of an Academic half day, at the end of rounds or at the end of a clinical procedure. Self-reflective practice is part of lifelong learning and professionalism. Dr. Au arrived 4:50pm 	<p>ACTION:</p> <p>Dr. Duggan to write some new wording for self-reflection.</p> <p>Dr. McKay to provide information to the membership about the data collection instrument.</p>
	<ul style="list-style-type: none"> Item 5.5 ED-30: Timely Summative Feedback – April 6th 	<ul style="list-style-type: none"> A reminder was given to the CDCs that April 6th marks the 6 weeks point since the end of all rotations on February 23rd. [Stringer, Delaney, Duggan] 	

<p>#6 NEW BUSINESS</p>	<ul style="list-style-type: none"> Item 6.1 Incomplete Grade on Summative ITER 	<ul style="list-style-type: none"> While an incomplete grade would be rare, a new Final ITER has been created for those few instances where a student has not completed aspects of their mandatory course work. [McKay] <ol style="list-style-type: none"> CDCs will not have to wait to fill in the final ITER and risk breaking ED-30 This would make record keeping more accurate. Once mandatory course work is completed by the students a pass can be entered and if they do not then the student receives a fail. 	
	<ul style="list-style-type: none"> Item 6.2 Summative/Formative Evaluation Definition 	<ul style="list-style-type: none"> According to the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee of Medical Education (LCME) a summative evaluation is only <u>the final grade</u> a student receives and anything before the final grade is an opportunity to improve performance which they call formative evaluation. [McKay] <ol style="list-style-type: none"> This is why the mid-point review is so critical for Accreditation purposes This is only with respect to core rotations and required courses. So even in a two week course it is important to know “how you are doing.” 	
	<ul style="list-style-type: none"> Item 6.3 Accreditation Secretariat 	<ul style="list-style-type: none"> The Accreditation Secretariat that visited recently was comprised of 2 CACMS representatives and one from the LCME. They came to address non-compliant and compliant with monitoring accreditation standards in a non-hostile manner. They came to help with the action plan documents drafted by MUN Faculty of Medicine. [McKay] <ol style="list-style-type: none"> Consistent monitoring of all standards is required so that one doesn’t “slip” back into non-compliance. Curriculum management structure has been reformed to create checks and balances throughout the phases and years of the program. PESC, UGMS and Clerkship/Pre-clerkship all have responsibilities. Each needing to be fully informed. Thus the chair of each Phase committee will sit at UGMS. Keep vigilant on ED-8, ED-27, ED-30, ED-31, and ED-44. The secretariat stated that they were deeply concerned that in NB and PEI that MUN students may be confused with Dalhousie students. How would the preceptor know which students are from MUN? <ul style="list-style-type: none"> o Our Clinic Cards, our evaluation form, our academic half day. o Important to address the distinction while in NB. 	<p>ACTION:</p> <p>Address the difference between MUN Learners and DAL students to the NB Coordinators.</p> <p>Draft a new version of the mid-point form that has yes as the default with the question: “I performed a faculty witnessed history and physical in the form a Mini-CEX,,”</p> <p>Dr. Stringer will approach PESC to ask that there only be 12 forms total of student required evaluation of Core activities.</p>

		<ul style="list-style-type: none"> ○ Have students identify themselves as MUN learners e. Do not want to quash collaboration by creating artificial separation between learners from multiple schools f. Likely a new person entitled “Interim Review Coordinator” will be hired whose main work would be accreditation. g. Everyone involved found the visit to be a positive experience. h. Discussion took place as to whether or not a student should be asked if they received a Hx/Px on both the Mid-point and Final ITERs while the memory was still fresh. It was mentioned that the common answer would be yes on the mid-point and no on the Final ITER. i. Dialog surrounding student evaluation of rotations and courses occurred. A problem was identified that students are being asked to fill out too many evaluations and thus the important ones are being diluted. For example, if an academic half day doesn’t go ahead a student is still asked to evaluate it. 	
#7 STANDING ITEMS	<ul style="list-style-type: none"> • Item 7.1 Medical Student Reports 	<ul style="list-style-type: none"> • Mr. Dwyer (2014) says “Life is good” 	
#8 ADJOURNMENT		Clerkship Committee Meeting Adjourned at 5:35pm	
Next Meeting		April 17 th , 2014	