

| | | | |
|---|---|---|-------------------------------|
| Clerkship Committee Meeting | | DATE | April 17 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>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> | | |
| PARTICIPANTS | Dr. J. Gill, Dr. K. Stringer, Dr. N. Duggan, Ms. S. Ackerman, Dr. T. Doyle, Dr. J. Leonard, Dr. K. Au, Ms. A. Damil, Mr. W. Stokes (2014), Mr. A. Dalton (2015), Dr. D. Jones, Ms. K. MacLean, Dr. N. Dada, Ms. E. Larkin, Ms. V. McInnis | | |
| GUESTS | Dr. J. Harris | | |
| REGRETS | Dr. D. McKay, Dr. T. Delaney and Dr. C. Stone | | |
| 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 4:05pm | <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: April 17th, 2014</p> | <ul style="list-style-type: none"> Item #3 Minutes | <ul style="list-style-type: none"> Minutes from February 20th and March 20th, 2014 | <p>ACTION: Minutes Approved Moved: Dr. Jasbir Gill Seconded: Mr. Will Stokes</p> |
| <p>#4 PRESENTATIONS</p> | <ul style="list-style-type: none"> Item 4.1 MUN-NB Update | <ul style="list-style-type: none"> Working on the Agenda for the visit. Just one more Rural Family Medicine clerk to place from the class of 2016. [Stringer, Damil] | |
| | <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, Au, Duggan, McKay and Stringer. [MacLean, Stringer, Dada, McInnis] <ol style="list-style-type: none"> What are the barriers to 8 week core rotation in Rural Family Medicine? Site development will be key. | |
| <p>#5 BUSINESS ARISING</p> | <ul style="list-style-type: none"> Item 5.1 Clerkship Preparation Course June 2014 | <ul style="list-style-type: none"> The Clerkship Preparation Course Chair aims to provide relevant content to pre-clerks at a clerk level that covers information from a Discipline perspective as well as from a clerk perspective. [Harris] <ol style="list-style-type: none"> Small group sessions, whole group sessions from the Disciplines of Med, Psych, Peds and Obs on Monday June 20. Delivering “the role of a clerk on rotation.” Clinical cases, logistics of a day on a Discipline in addition to academics will be included. Opportunity for pre-clerks to ask discipline specific questions Later in the course, pre-clerks will be given the “clerk perspective” Dr. Harris wants to have all the material at a clerk level appropriate to their training as well as avoiding redundancy. The clerks doing the Med Careers session will likely contact the CDCs for material. Mr. Stokes suggested that the correct way to requisition tests, and how to fill in MRI forms or OR packages should be covered. Schedule will be ready for release soon. | <p>ACTION: Mr. Stokes to email Dr. Harris with a list of pearls of wisdom that should be covered at some point in the course.</p> |
| | <ul style="list-style-type: none"> Item 5.2 Back to Basics April 2014 Report | <ul style="list-style-type: none"> OSCE technically went off without a hitch. Students and examiners gave positive feedback and the grades were decent even without preparation by the students. [Leonard, Dalton, Stokes, Duggan, Stringer] <ol style="list-style-type: none"> The timing of the OSCE is still an issue. OSCE may not be useful in B2B because of its proximity to the MCC Part 1 exam which is written. The Pass/Fail aspect of this OSCE was well received. Students weren’t worried and thus more reflective. Maybe the OSCE should remain | |

| | | | |
|--|---|--|--|
| | | <p>formative and without required remediation and just be used for practice. The OSCE process may be the most important part.</p> <ul style="list-style-type: none"> c. It took 2 full days to run an 8 station OSCE for 65 students. d. Some of the B2B lecture content is legal, ethical, and medical examiner information, which would be more useful earlier in Clerkship e. Class was adamant that this not be scheduled during the CaRMS period. Mr. Dalton stated firmly that most students will not be in the province in the CaRMS period f. Dr. Leonard indicated that many other institutions only have 2 weeks for CaRMS interviews and that the 4th year schedule could be adjusted so that electives don't conflict with the OSCE. g. Mr. Stokes brought forward that the class of 2014 had some discussion around moving the OSCE to third year or move some vacation time. h. An alternative suggested was to move the Back to Basics Course to earlier in the year and have the OSCE tied to it earlier. It was also pointed out that sooner is better for ACLS certification i. Dr. Duggan made the point that Core rotations must be done before Back to Basics and it is good to have some electives completed before CaRMS j. It was suggested that an OSCE might fit in at the mid-point of third year. On February 23 all clerks were finished their rotations at the same time. k. A large number of the class of 2014 has responded yes to being contacted for follow up after they complete MCC Part 2 to survey them on how the 4th year OSCE prepared them for the part examination. l. Mr. Stokes said that he found the type of questions "really good" and useful. For example, a psychiatry question on alcoholism required the student to ask about mouthwash use and the student was required to think about "how do you approach a question you have never encountered" | |
| | <ul style="list-style-type: none"> • Item 5.3 NB/PEI Visit, May 2014 | <ul style="list-style-type: none"> • Planning underway for May 6-9, Visit to NB and PEI [Stringer, MacLean] <ul style="list-style-type: none"> a. The delegation will go to Summerside, Charlottetown, Moncton, Saint John and Fredericton. | |

| | | | |
|--------------------|--|--|--|
| | | <ul style="list-style-type: none"> b. 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. c. Dr. Salamoun will be in the OR until 3pm at the Prince County Hospital but will be available for a meeting afterwards. d. At this time of year the drive should be fine. | |
| | <ul style="list-style-type: none"> • Item 5.4 PGY1 Prescribing – Preparatory Course | <ul style="list-style-type: none"> • As a result of the new PGY1 prescribing privileges, it is suggested that prescribing do’s and don’ts are covered in clerkship. [Stringer, Jones, Leonard, Gill, Stokes] <ul style="list-style-type: none"> a. Clerkship Committee members are asked to complete the prescribing module available on the College of Physicians and Surgeons website and provide feedback. If the module is insufficient what should be added. b. Dr. Leonard remarked that two afternoons and a morning were empty in the Back to Basics course and could therefore accommodate prescribing. c. Dr. Jones commented that do’s and don’ts of prescribing are now a national thing not just a program at Eastern Health. Even if it wasn’t changing it would still be good. | <p>ACTION:</p> <p>Ms. Hammond to email the module link to the membership</p> <p>Dr. Stringer to reach out to the Faculty at the school of Pharmacy for collaboration.</p> |
| | <ul style="list-style-type: none"> • Item 5.5 Assessment Blueprints | <ul style="list-style-type: none"> • Assessment blueprints must be reviewed annually. Thanks to all CDCs for working with Ms. Diana Deacon. [Stringer, Ackerman] | |
| #6 NEW BUSINESS | <ul style="list-style-type: none"> • Item 6.1 Leave Proposal | <ul style="list-style-type: none"> • A proposal to change the way clerks report their sick leave is in progress. [Stringer, Gill, Hammond] <ul style="list-style-type: none"> a. The change would affect who does what in the process of administering short term sick leave. UGME vs. Discipline. b. If the sick leave is less than three days, the clerk would report to their preceptor (unchanged) and the Discipline APA (unchanged). Under the revised policy the clerk would no longer be required to contact the UGME if the sick leave is less than three days. c. Longitudinal leave administration would remain the responsibility of the UGME. d. An explanation of why the discipline is involved in approving leaves (of any kind) was given. e. In concept it is ok. | <p>ACTION:</p> <p>Provide proposal to the Discipline Coordinators for their approval.</p> |

| | | | |
|--|---|---|--|
| | <ul style="list-style-type: none">• Item 6.2 How to Disagree with an ITER | <ul style="list-style-type: none">• The process by which a student disagrees with an ITER and how the Discipline responds needs to be agreed upon. [Stringer, Dalton, Duggan, Jones]<ul style="list-style-type: none">a. A One45 Flag is not attached to the *Are you in agreement with this assessment? One does not exist.b. Mr. Dalton reported that students have disagreed and come to him wondering why nothing happened.c. The process was identified as Student -> UGME CA -> CDC -> Preceptor -> CDC -> Student.d. Dr. Jones asked what happens when neither party agrees. For example the student request the comments be struck and the preceptor will not change them. Dr. Stringer confirmed that the preceptor is not required to change the ITER.e. Ms. Hammond provided history regarding MSPR time frame of ITER disagreement as the catalyst for creating this process.f. Dr. Stringer spoke about the role of the Elective and Selective Coordinators and their ability to strike comments from the MSPR if necessary.g. Mr. Stokes agreed that the process is better to have in place so that a student can know what will end up on their MSPR. Everything to be quoted unless it is blank. No formative comments to be included on MSPR. | <p>ACTION:</p> <p>Mr. Dalton will inform clerks that they should contact the UGME Clerkship Assistant after submitting their NO on the ITER.</p> <p>Dr. Stringer to ask Dr. McKay about the language of the ITER where it reads "May be quoted"</p> |
| | <ul style="list-style-type: none">• Item 6.3 Protected Academic Time | <ul style="list-style-type: none">• Dr. Stringer would like to use the student's 2 hour per week protected time for productive academic use. [Stringer]<ul style="list-style-type: none">a. During Core rotations it has been discovered that students in New Brunswick are signing in to their Academic Half Days online and then are working on other material.b. Mr. Dalton stated that most students are using the protected time for Doctors appointments and other personal meetings.c. Dr. Stringer proposes that students use this time to work on a structured self-directed learning activity. This would not be akin to a big essay.d. Dr. Leonard asserted that this concept would be useful for CME. We would be teaching them the appropriate behaviours on how to do this in their careers.e. Drs. Duggan Farrell and Doyle stated that this type of self-directed | <p>ACTION:</p> <p>Bring it up again at the June meeting.</p> |

| | | | |
|--|--|--|--|
| | | <p>learning activity is already in place in Family, Internal and Pediatric Medicine with chip cases, modules which are not corrected and of a formative nature.</p> <ul style="list-style-type: none"> f. Training could be given on how to evaluate papers. Mr. Stokes asserted this would have a valid use. g. Dr. Stringer asked the CDCs to consider how this time would be used in the current curriculum with an eye to how white space time would be governed in the new curriculum of Phase 4. h. Dr. Duggan stated that in post-grad the residents are given 26 questions a week and must quickly find information on one question. i. These self-directed learning activities would give substance to the tick box on the Mid-Point Review ITER. | |
| | <ul style="list-style-type: none"> • Item 6.4 On-Call Policy | <ul style="list-style-type: none"> • There is no home-call policy for how close in number of minutes that a clerk must be to the Hospital. [Au] <ul style="list-style-type: none"> a. There was a misunderstanding between a clerk and a resident on a snow storm evening. b. Dr. Duggan commented that during adverse weather, what normally takes 10 minutes may turn into half an hour. c. Although Eastern Health does not have an umbrella policy, nationally and provincially the average is 15 to 20 minutes. d. Dr. Duggan proposed that “a clerk must stay in the hospital while on-call if they cannot return to the hospital within a twenty minute period or as required by the discipline.” e. Post-call language to be updated in the handbook. Student can give this to the preceptor. If there is an issue the CDC should be contacted. | <p>ACTION: Adopt Proposal made by Dr. Duggan</p> <p>Moved: Dr. Keegan Au Seconded: Dr. Jasbir Gill</p> <p>“a clerk must stay in the hospital while on-call if they cannot return to the hospital within a twenty minute period or as required by the discipline.” Will be added to Orientation literature and The Handbook</p> <p>Dr. McKay will work on the language to describe post-call responsibilities.</p> |
| | <ul style="list-style-type: none"> • Item 6.5 Class of 2017 – 81 Students | <ul style="list-style-type: none"> • Capacity issues are imminent with the class of 2017 with a count of 81 students. [Stringer, Duggan, Au, Doyle] <ul style="list-style-type: none"> a. Dr. Duggan has issues with the double cohort in the summer months especially for securing Family Medicine preceptors. Surgery and Peds also have double cohort issues b. External learning sites must be spun as opportunities for being first assist on procedures. | <p>ACTION:</p> <p>Each discipline to investigate and propose a template that would outline maximums in each cohort in addition to using resources in a consistent manner.</p> |

| | | | |
|-------------------------|--|---|---|
| | | <ul style="list-style-type: none"> c. Dr. Stringer asks that each CDC draft a plan on where each student should go. d. Dr. Au suggested that each discipline determine the maximum and minimum cohort sizes to establish consistency. | |
| | <ul style="list-style-type: none"> • Item 6.6 LIC | <ul style="list-style-type: none"> • The concept of the Longitudinal Integrated Curriculum is a project that Dr. Stringer hopes to implement in PEI at some time in the future. [Stringer] <ul style="list-style-type: none"> a. The core clerkship would become integrated over 48 weeks rather than comprised of 6 distinct rotations. b. This would only be available as an option with 4 students to start. Only about 10% of the class would ever take part, never 100%. c. The proposal needs to be sent to UGMS and Faculty council for approval. | |
| #7 STANDING ITEMS | <ul style="list-style-type: none"> • Item 7.1 Medical Student Reports | <ul style="list-style-type: none"> • Mr. W. Stokes (2014) says “Living the Dream” • Mr. A. Dalton (2015) asked if a student assigned to St. Clare’s could sign in on line from a St. Clare’s classroom for HSC based teaching rather than make the drive, deal with parking. <ul style="list-style-type: none"> a. Mr. Stokes commented that Dr. Wells has paid for 4 Residents to share a cab on teaching days. • Mr. Dalton asked how a student would go about getting access to mandatory procedures and/or asking for access to learning experiences. Some students are shy. <ul style="list-style-type: none"> a. The cohort dynamic is sometimes a problem with the “keeners” getting procedures and the “shy”ones feeling disadvantaged. b. There are lots of opportunities and it is the student’s responsibility to ask. | <p>ACTION:</p> <p>Mr. Dalton to email me a proposal for Dr. Stone to review regarding On-line sign in for teaching sessions.</p> <p>Mr. Dalton to approach Dr. Farrell regarding shy student’s access to procedures.</p> <p>Clerkship Preparation Course can address “how to ask for learning experiences/exposure to procedures” in the portion of the course entitled “learning in a clinical setting.</p> |
| #8 ADJOURNMENT | | Clerkship Committee Meeting Adjourned at 5:40pm | |
| Next Meeting | | May 8 th , 2014 | |