

		<b>DATE</b>	May 8 <sup>th</sup> , 2014
		<b>ROOM</b>	PDCS Room 5
<b>CHAIR</b>	Dr. Katherine Stringer		
<b>MINUTE TAKER</b>	Mrs. Fatima Hammond		
<b>MEMBERS:</b>  <b>2013 - 2014</b>	<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>		
<b>PARTICIPANTS</b>	Dr. J. Gill, Dr. K. Stringer, Dr. N. Duggan, Dr. K. Au, Ms. A. Damil, Ms. K. MacLean, Ms. V. McInnis, Dr. D. McKay, Dr. C. Stone, Dr. J. Farrell, Dr. T. Lambert, and Ms. D. Keenan		
<b>GUESTS</b>			
<b>REGRETS</b>	Mr. W. Stokes (2014), Dr. T. Doyle, Dr. T. Delaney, Dr. D. Jones, Dr. S. Moffatt, and Dr. J. Leonard		
<b>MINUTES</b>			
<b>AGENDA</b>	<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
#1 WELCOME / MEETING START TIME	<ul style="list-style-type: none"> <li>Item #1</li> </ul> Dr. Stringer (Chair) opened the meeting at 1:00pm	<ul style="list-style-type: none"> <li>Call to Order</li> <li>Thank you to our New Brunswick hosts for welcoming us to your individual sites.</li> <li>Quorum in Attendance</li> </ul>	
#2 ADDITIONS TO THE AGENDA	<ul style="list-style-type: none"> <li>Item #2</li> </ul> Agenda	<ul style="list-style-type: none"> <li>Agenda Approved</li> </ul>	

<p>#3 APPROVAL OF MINUTES: May 8<sup>th</sup>, 2014</p>	<ul style="list-style-type: none"> <li>Item #3 Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Minutes from April 17<sup>th</sup>, 2014</li> <li>6.2 Disagreement with an ITER: No Flag exists within one45. Dr. McKay spoke with One45 staff while at the CCME in Ottawa and they consider it a low priority.             <ul style="list-style-type: none"> <li>The language on the ITER that reads “May” as opposed to “Will” be quoted exists to protect the student.</li> <li>How long does a student have between receiving an ITER and disagreeing with it? Right now there is no time limit.</li> </ul> </li> </ul>	<p><b>ACTION: Minutes Approved</b></p> <p>Moved: Dr. Craig Stone Seconded: Dr. Jasbir Gill</p> <p><b>ACTION:</b></p> <p>Change the Language on all ITERs to read “if you disagree with this ITER notify the UGME within 5 days”</p>
<p>#4 PRESENTATIONS</p>	<ul style="list-style-type: none"> <li>Item 4.1 MUN-PEI Update</li> </ul>	<ul style="list-style-type: none"> <li>No update to visit two days ago but looking forward to future PEI/MUN interaction. [McInnis, Stringer]</li> </ul>	
<p>#5 BUSINESS ARISING</p>	<ul style="list-style-type: none"> <li>Item 5.1 LIC</li> </ul>	<ul style="list-style-type: none"> <li>The concept of the Longitudinal Integrated Curriculum is a project that Dr. Stringer hopes to implement at some time in the future. [Lambert, Stringer, McKay, Gill, Stone, Farrell]             <ol style="list-style-type: none"> <li>Topic of frequent discussion during the PEI and NB site visits. What is the next step?                 <ol style="list-style-type: none"> <li>A complete and detailed proposal to be submitted to the UGMS later this month after which, if successful, can be submitted to Faculty Council. The last step would be to send it to SCUGS for the most rigorous reading.</li> <li>If it is approved at all MUN levels for implementation it must be submitted to CCME and CACMS</li> </ol> </li> <li>The core clerkship would become integrated over 48 weeks rather than comprised of 6 distinct rotations.                 <ol style="list-style-type: none"> <li>Timetable does not have to be overarching but can be tailored to local sensibilities.</li> <li>British Columbia has determined that administratively 4 students at a time is best but for students, 2 students in a location is ideal.</li> <li>A working group headed by Dr. Stringer will design the curriculum using input from the CDCs and all the core objectives must be met. The objectives will be subject to annual review.</li> <li>Assessment will be the most difficult piece to sort out.</li> </ol> </li> </ol> </li> </ul>	

		<ul style="list-style-type: none"> <li>v. Which objectives can be met by non-specialists to decrease the number of hours of specialist teaching? This is to be determined.</li> <li>c. 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%.             <ul style="list-style-type: none"> <li>i. What kind of student would apply for this? Not just a family doctor. It is appealing to those who want to experience the whole circle of care as part of the bigger picture instead of being immersed in one topic at a time.</li> <li>ii. Some schools in Canada only offer LICs</li> </ul> </li> <li>d. Places are not decided as new locations could be developed in the future or join in at sites with DAL to take advantage of the “low lying fruit”             <ul style="list-style-type: none"> <li>i. There are potential preceptors and places identified in NL</li> <li>ii. Dr. Steeves in conversation yesterday stated that DAL was likely going to have Miramichi, Upper River Valley by the Fall and by next year Moncton as well.</li> <li>iii. If PEI and NB are very keen they can be first to accept our students.</li> <li>iv. What kind of community would be best? It could be anywhere, nationally LICs exist in communities of 1200 and in urban areas.</li> <li>v. How does a student stay in Burin for a year? In NL, a student might have to travel to obtain one or more objectives. Some difficulty could arise on where to place students that are not currently being used.</li> <li>vi. Contact with Residents is important during the clerkship years and is a requirement of Accreditation. Students will want this before CaRMS. Goose Bay, Moncton, Summerside and Grand Falls have Residents.</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>• Item 5.2 Accreditation Summary</li> </ul>	<ul style="list-style-type: none"> <li>• A brief summary of Accreditation points relevant to Clerkship where discussed at the meeting with greater detail paid at various sites during the visit. [Stringer, Farrell, Stone, Duggan, Gill, McKay]             <ul style="list-style-type: none"> <li>a. It is important to complete and document the Accreditation Standards being met for each rotation and each student. ED-8, ED-27, ED-30, Ed-31 and ED-44.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>Item 5.3 Leave Proposal</li> </ul>	<ul style="list-style-type: none"> <li>The process for students reporting sick leave needs improvement and the APA at the Discipline can play a greater role. [Farrell, Stringer, McKay, Duggan, Gill, Stone]             <ul style="list-style-type: none"> <li>a. 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.</li> <li>b. The University no longer requires sick notes for under 5 days of absence but due to the two week (12 day) rotation missing 3 days is equal to missing 25% of the rotation.</li> <li>c. Longitudinal leave administration would remain the responsibility of the UGME.</li> <li>d. A concern of the group is that students are improperly reporting leaves. A student may report to their Resident or their preceptor but by the time the form needs discipline approval Dr. Farrell is hearing about it a month after the fact and he was not aware of it in the first place.                 <ul style="list-style-type: none"> <li>i. Can we correct this with faculty development? no form, no leave</li> <li>ii. Can we correct this electronically? We already accept an email as verification in lieu of a signature</li> </ul> </li> <li>e. A concern of the group is: could a student be not reporting absences at all. Could a student routinely be missing 25% in 4<sup>th</sup> year especially. Only Emergency Medicine has a strict non-attendance policy for Electives/Selectives.                 <ul style="list-style-type: none"> <li>i. Could students be skipping off on Fridays and the preceptor is just trying to be nice.</li> <li>ii. Are we trying to “catch” the student who does this all the time?</li> </ul> </li> <li>f. This is a professionalism issue says Dr. Duggan. Word will get around and it would stop pretty quickly.</li> <li>g. Only the preceptor knows how many days a student was absent.</li> <li>h. Dr. Farrell makes the student call the preceptor.</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>Item 5.4 Incomplete Grade on Final ITER - Procedure</li> </ul>	<ul style="list-style-type: none"> <li>When a student completes the unfinished portions of their rotation the Discipline APA will notify the UGME APA of the completion. The UGME APA will then reopen the Final ITER and change the grade from</li> </ul>	

		incomplete to PASS/FAIL or Pass below Average as the case warrants. The UGME APA will contact the Clerkship Coordinator to provide an update on the status of the student. [Stringer]	
	<ul style="list-style-type: none"> <li>Item 5.5 Assessment Blueprints</li> </ul>	<ul style="list-style-type: none"> <li>Assessment blueprints must be reviewed annually. Thanks to all CDCs for working with Ms. Diana Deacon. [Stringer]             <ol style="list-style-type: none"> <li>Dr. McKay requests that a review take place of the mandatory procedures and clinical encounters before the end of 2014 Core rotations. The review must be documented and sent to UGMS.</li> <li>Mandatory Procedures are recorded in T-Res by each student using the honour system.</li> <li>T-res reports should be reviewed systematically and each CDC should communicate with their counterparts.</li> <li>Obtaining any of the requirements should not be a problem for students if they ask the nurses for opportunities.</li> </ol> </li> </ul>	<p><b>ACTION:</b></p> <p>Review Mandatory Procedures and clinical encounters before August 10, 2014 to determine if each student has met graduation requirements.</p> <p>Review Mandatory Procedures and clinical encounters in an annual review and send report to UGMS</p>
	<ul style="list-style-type: none"> <li>Item 5.6 Class of 2017 – 81 Students</li> </ul>	<ul style="list-style-type: none"> <li>Capacity issues are imminent with the class of 2017 with a count of 81 students. [Stringer, Duggan]             <ol style="list-style-type: none"> <li>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                 <ol style="list-style-type: none"> <li>Pedagogically Pediatrics rotations should be minimized in the summer</li> <li>RFM should implement a site development plan</li> </ol> </li> <li>Dr. Stringer asks that each CDC draft a plan on where each student should go.</li> </ol> </li> </ul>	<p><b>ACTION:</b></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"> <li>Item 5.7 PGY1 Prescribing – Preparatory Course</li> </ul>	<ul style="list-style-type: none"> <li>As a result of the new PGY1 prescribing privileges, it is suggested that prescribing do's and don'ts are covered in clerkship. [Stringer, McKay, McInnis, Farrell]             <ol style="list-style-type: none"> <li>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.</li> <li>Get students used to the blue pads.</li> <li>General consensus is that each Discipline should address prescribing and not leave it to Back to Basics for a 1 hour session</li> </ol> </li> </ul>	<p><b>ACTION:</b></p> <p>Dr. Stringer to reach out to the Faculty at the school of Pharmacy for collaboration.</p> <p>Dr. Farrell to liaise with Dr. Hawboldt</p>

		<p>although it therapeutics and pharmacology are natural allies.</p> <p>d. Dr. John Hawboldt a colleague of Dr. Farrell may be able to assist.</p>	
<p>#6 NEW BUSINESS</p>	<ul style="list-style-type: none"> <li>Item 6.1 NB Sites Discussion</li> </ul>	<ul style="list-style-type: none"> <li>In no particular order of importance. [Lambert]             <ul style="list-style-type: none"> <li>a. LIC                 <ul style="list-style-type: none"> <li>i. Miramichi (4 students)</li> <li>ii. Moncton (6 students) by next Fall</li> <li>iii. Coming year Upper River Valley (2 students)</li> <li>iv. This is in sync with their 40 teaching weeks in partnership with DAL</li> </ul> </li> <li>b. Improved preceptor recognition                 <ul style="list-style-type: none"> <li>i. Desire for more than a letter stating an “appointment to MUN</li> <li>ii. Increased welcome</li> <li>iii. Work with Med School, UGME &amp; PGME</li> </ul> </li> <li>c. Improve “formal presence”                 <ul style="list-style-type: none"> <li>i. ED-44</li> <li>ii. Sites stating disconnect</li> <li>iii. Increasing the number of clerks will help</li> </ul> </li> <li>d. Capacity                 <ul style="list-style-type: none"> <li>i. What is available for Core, for RFM</li> <li>ii. Process requests through Ms. Damil</li> <li>iii. At present Peds in Saint John is overcapacity</li> </ul> </li> <li>e. Electives in NB                 <ul style="list-style-type: none"> <li>i. Should they be a part of the National Portal. Dr. Lambert will take this point to the site directors.</li> <li>ii. Students apply to UGME who in turn sends the request to Ms. Damil. Otherwise a student can apply through DAL</li> <li>iii. Could a Calgary student apply through MUN for a New Brunswick based elective?</li> </ul> </li> <li>f. MUN student identification                 <ul style="list-style-type: none"> <li>i. Likely students will begin to wear a MUN emblazoned item.</li> <li>ii. Preceptors should also ask.</li> </ul> </li> </ul> </li> </ul>	<p><b>ACTION:</b></p> <p>Dr. Lambert to ask site directors if the New Brunswick Electives offered to MUN should be listed on the National Portal.</p>
<p>#7 STANDING ITEMS</p>	<ul style="list-style-type: none"> <li>Item 7.1 Medical Student Reports</li> </ul>	<ul style="list-style-type: none"> <li>No Report from Students</li> </ul>	
<p>#8</p>		<ul style="list-style-type: none"> <li>Mrs. Hammond gave kudos to New Brunswick partners regarding the</li> </ul>	

ADJOURNMENT		<p>return of ITERs. Students who complete rotations in New Brunswick never have an issue with being evaluated in a timely manner.</p> <ul style="list-style-type: none"><li>• Dr. McKay expressed his gratitude to Ms. Kathy Murphy, Mrs. Fatima Hammond Dr. Keegan Au and Dr. David Jones for their work in successfully having all ITERs submitted by preceptors by May 1<sup>st</sup>, 2014. This is a significant improvement over 2 years ago when there were approximately 450 ITERs outstanding.</li><li>• Thank you to the Hosts of the New Brunswick and PEI sites. We felt very welcomed.</li><li>• Clerkship Committee Meeting Adjourned at 3:00pm</li></ul>	
Next Meeting		June 19 <sup>th</sup> , 2014	