

Phase 4 Clerkship Committee Meeting		DATE	November 18, 2015
		ROOM	PDCS Room 4
CHAIR	Dr. Norah Duggan		
MINUTE TAKER	Ms. Sandy Williamson		
MEMBERS: 2015 - 2016	<i>Dr. Katherine Stringer, Clerkship Coordinator (on sabbatical)</i> <i>Dr. Norah Duggan, Acting Clerkship Coordinator</i> <i>Dr. Tina Delaney, CDC Obstetrics/Gynecology</i> <i>Dr. Jatin Morkar, CDC Internal Medicine</i> <i>Dr. Craig Stone, CDC Surgery</i> <i>Dr. Jasbir Gill, CDC Psychiatry</i> <i>Dr. Lyn Power, CDC Rural Family Medicine - joins by teleconference</i> <i>Dr. MaryJane Smith, CDC Pediatrics</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. Angela McGibbon, Regional Med Ed Coordinator (New Brunswick) - joins by teleconference</i> <i>Dr. Tom Laughlin, Assistant Dean, New Brunswick - joins by teleconference</i> <i>Dr. Shannon Curtis, Undergraduate Coordinator PEI - joins by teleconference</i> <i>Ms. Carrie Barlow, Clerkship Coordinator PEI - joins by teleconference</i> <i>Dr. Donald McKay, Associate Dean, UGME</i> <i>Dr. Scott Moffatt, Assistant Dean, Student Affairs (on sabbatical)</i> <i>Dr. Paul Dancey, Acting Assistant Dean, Student Affairs</i> <i>Ms. Sally Ackerman, Accreditation Manager</i> <i>Mr. David Jerome, student rep, class of 2016</i> <i>Ms. Chelsea Ash, student rep, class of 2017</i> <i>Dr. Rose Mengual, Discipline of Emergency Medicine</i> <i>Dr. Jennifer Harris, Discipline of Anesthesia</i> <i>Dr. Sahar Iqbal, Practice Continuum Course Chair MED 8750</i> <i>Ms. Carla Peddle, 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. Norah Duggan, Dr. Craig Stone, , Dr. Jasbir Gill, Dr. Jatin Morkar, Dr. MaryJane Smith, Dr. Keegan Au, Dr. Jennifer Leonard, Ms. Chelsea Ash, Mr. David Jerome, Ms. Sally Ackerman, Dr. Sahar Iqbal/Dr. Lyn Power/ Dr. Tom Laughlin/ Dr. Shannon Curtis/ Dr. Rose Mengual (by teleconference)		
GUESTS			
REGRETS	Dr. David Jones, Dr. Kath Stringer, Ms. Carla Peddle, Dr. Don McKay		
MINUTES			

AGENDA	ITEM	DISCUSSION	ACTION
#2 THE AGENDA	<ul style="list-style-type: none"> Item 1 and 2 Call to order and Agenda 	Agenda approved.	Agenda approved Moved: Dr. Gill Seconded: Dr. Stone
#3 APPROVAL OF MINUTES: Nov. 18/2015	<ul style="list-style-type: none"> Item 3 Minutes 	<ul style="list-style-type: none"> Minutes from October 15, 2015 approved. 	Minutes Approved Moved: Dr. Gill Seconded: Dr. Laughlin
#4 PRESENTATIONS	<ul style="list-style-type: none"> Item 4.1, NB Update Items 4.2, PEI Update Item 4.3, MUN-NB/PEI site visit update October 14-15 	<ul style="list-style-type: none"> NB: Job description for an additional MUN admin is progressing, now there will be Ms. Damil, Ms. Irene Knowles, and a new position to add to Memorial representation. Template for Class of 2018 has been received and is fine, same template as last year, looking to 2017 for an LIC roll-out. French-language training for pre-clerkship and clerkship. We share resources with Sherbrooke and Dal. Dr. Laughlin has met with Michelle Landry (Associate Dean NB for Sherbrooke) re: LICs, looking at Moncton, and Bathurst also an option. NB residents do receive training to teach our students, as per accreditation requirements. Royal College Representatives Andre Boucher and Claire Touchie coming to Dal to talk about EPAs, Dr. Laughlin will report back. Their EPA descriptors are shorter. Discussion re: EPAs following Dr. Iqbals' query re: assessment: EPAS are not a scale, pre-entrustable is not a fail, rather it indicates the student is on the path to "entrustable", we need to find out where the students need to improve rather than an assessment piece. Dr. Laughlin will try to get a seat at the table with the Medical Council of Canada and is also having a meeting with Eric Levesque with the Department of Health. PEI: deferred until later in meeting when Dr. Curtis then joined by teleconference: There is opportunity to tap into PEI specialists for core surgery or ortho, names of Dal faculty are needed. 	

#5 BUSINESS ARISING	<ul style="list-style-type: none"> Item 5.1 Accreditation Report 	<ul style="list-style-type: none"> One Final Assessment was a few days late, however considering that revisions were made to the form and forms were sent out twice, with final only coming out in the last week, this was made note of and recorded for accreditation purposes. 	
	<ul style="list-style-type: none"> Item 5.2 Resident Participation in Medical Student Education 	<ul style="list-style-type: none"> Standard 3 indicates that students must participate in at least one required clinical learning experience working with a resident physician. In St. John's, there is ample opportunity to work with residents, but if rural much of the time, a student may miss this opportunity, but it would be nearly impossible for a student to go through core without working with a resident for 4 consecutive weeks, or possibly two weeks and two weeks. We need to put in place a system for centralized monitoring, assessed at the six month period during EPA monitoring. Cannot ask on the resident evaluation form, because it is anonymous. Student rep said that an e-mail with this question would be missed. When signing off on the Final ITAR, a mandatory question can be added, if student worked with a resident for 4 weeks. 	<p>Action item: Sandy to ask Adam to add a question to Final Report.</p>
	<ul style="list-style-type: none"> Item 5.3 ITARS, Clinic Cards, Final Assessment Report 	<ul style="list-style-type: none"> Final assessment is based on summatives, if student not given entrustable on both summatives in a given rotation like surgery, student will be listed on final as pre-entrustable. "Summary of student's progress" in Final: disciplines can do it the way they would like, either list each EPA with comments or summarize. ITARS are now finalized. Cards to be finalized with line indicating "minimum one EPA, maximum 4", more obvious on the card. Students know that all EPAs for a rotation need to be assessed, but sometimes not getting as many comments on certain EPAs. Some students don't know about QR reader, student rep said she will pass on the information, but most do know. Student rep also said that narrative comments really important and there is a need to stress this. Discussion around section on clinic card that preceptor "personally observe" student do a physical. Feedback related to some form of direct observation could be noted. (Dr. Duggan will work on wording and check with Dr. McKay.) Some direct observation is required for accreditation. 	<p>Action item: Sandy to order new clinic cards. Dr. Duggan to finalize wording for "direct observation".</p>

	<ul style="list-style-type: none"> Item 5.4 Faculty development 	<ul style="list-style-type: none"> Dr. McKay and Dr. Duggan working on cheat notes to help describe entrustable activities. 	
	<ul style="list-style-type: none"> Item 5.5 EPA Progress Monitoring 	<ul style="list-style-type: none"> Deferred. 	
#6 NEW BUSINESS	<ul style="list-style-type: none"> Item 6.1 Back To Basics 	<ul style="list-style-type: none"> For Class of 2016 one of the 2 weeks is BCLS and ACLS. Question whether ACLS is to remain in Back to Basics (Advanced Procedural Competencies) Can do BCLS online in a half day, but is expensive. We need equipment. Formative OSCE still in effect, no one felt strongly it should go. Is OSCE still necessary for the Class of 2017, or would a one day workshop on how to <u>do</u> an OSCE be a consideration? 	
#7 STANDING ITEMS	<ul style="list-style-type: none"> Item 7.1 Medical Student Reports 	<ul style="list-style-type: none"> Discussion around next year's selectives. Considered for the Class of 2017 non-core are - dermatology, intensive care and geriatrics. T-Res, how often are the students logging - to fulfill objectives for the disciplines, minimum of one each for IM for example, for pediatrics 50 encounters by the end. Concerns about anesthesia: would one full day be more beneficial? Students won't be penalized if they do not get all their IVs and other procedures. Patient handover also important. Dr. Duggan to touch base with Dr. Harris. Emergency NBME will not be cited on Dean's Letter. Students enjoying EM shifts. 	Action item: Dr. Duggan to touch base with Dr. Harris re: concerns with anesthesia.
ADJOURNMENT		<ul style="list-style-type: none"> Next Meeting: December 17, 2015 	