

Phase 4 Clerkship Committee Meeting			DATE	September 17, 2015
			ROOM	M2M240
CHAIR	Acting 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. Sahar Iqbal, Practice Continuum Course Chair MED 8750</i> <i>Ms. Carla Peddle, Acting 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. Tina Delaney, Dr. Craig Stone, Dr. MaryJane Smith, Dr. Jennifer Leonard, Dr. Tom Laughlin, Dr. Jasbir Gill, Dr. Lyn Power, Dr. Jatin Morkar, Dr. Shannon Curtis, Ms. Sally Ackerman, Dr. Don McKay, Ms. Angeles Damil, Dr. Rose Mengual, Ms. Chelsea Ash (by phone), Mr. David Jerome, Dr. Keegan Au			
GUESTS	Dr. Jennifer Harris			
REGRETS				
MINUTES				
AGENDA	ITEM	DISCUSSION		ACTION
#2 THE AGENDA	<ul style="list-style-type: none">Item 1 and 2 Call to order and Agenda	Quorum achieved in time. Clarification requested for NBME failure reporting.		

#3 APPROVAL OF MINUTES: September 17, 2015	<ul style="list-style-type: none"> Item 3 Minutes 	<ul style="list-style-type: none"> No quorum for first part of meeting, later Minutes from August 20, 2015, approved. With slight revision to minutes: student reps acknowledged that the timing of the NBME was the best of the options presented. 	Minutes Approved Moved: Dr. Gill Seconded: Dr. Smith
#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: Admin support in NB may be increasing, another full time person, Angeles in Saint John and now Irene in Moncton. PEI: Dr. Curtis mentioned PEI is losing an admin person due to funding, Kathy MacLean, with no plans to fill the position. Carrie Barlow to continue as sole admin. MacLean's position had enabled previously unused sites to be used, and was also a P2P support. Site visit – MacLean's absence should have no implications for site visit. UGME's Carol Vokey in touch with Committee re: flight details. 	
#5 BUSINESS ARISING	<ul style="list-style-type: none"> Item 5.1 Accreditation Report 	<ul style="list-style-type: none"> Williamson mentioned that there is a final evaluation still to be submitted. 	
	<ul style="list-style-type: none"> Item 5.2 Going Outside the Portal, (discussed at end of meeting). 	<ul style="list-style-type: none"> The AFMC national portal is a centralized area, but students are able to make connections pre-portal and get rotations approved outside of universities; the preceptor must be licenced with the College. Desire for students to "go outside the portal". In this province UGME approval is necessary for patient contact; practice is the same in other provinces. "Going outside the Portal" still being revised upon investigation into what different provinces do. Portal challenges, the number of applicants has gone up, for us there are more Canadians applying. 	
	<ul style="list-style-type: none"> Item 5.3 ITARS Clinic Cards 	<ul style="list-style-type: none"> Do we have the expectation that in a two week block, feedback can be obtained on all EPAs? How to address? The need for a "not applicable" or "not assessed" option. Maybe limit to fewer EPAs, more direct about which EPAs should be worked on. Narrative ITAR is a lot of work. Peds ER, there is less in NB, need to have same assessment. 	

		<ul style="list-style-type: none">• Peds would like clinic cards which address ER specifically.• Potential for students to be selective when handing in cards.• A booklet sequentially numbered with carbon copies would negate this.• But APAs give out a certain number of cards, (however they can get more at UGME).• Students have lost good cards, and bad comments can turn into good ones when they are seen as “working on it”.• The spirit of the cards is to ensure feedback, but students may be more selective about who they ask. Trying to change the culture – they are not judgments; they are supposed to be coaching comments and document that an interaction has happened.• Wording on back of clinic cards need to change to reflect the same language as the ITARS. Entrustable Behaviours demonstrated, and describe coaching opportunities that would help the learner improve and how.• It is not that preceptors are not allowed to say entrustable, it’s just unlikely. Some students getting all entrustable.• All the EPAs have to be assessed, students need to know this.• Student rep said sometimes a preceptor will just put a line through all the EPAs, should they be concerned if all the EPAs are being evaluated on one clinic card? Trying to get focused comments for the EPAs – thus max 4.• Possibly make a little box with which EPA and a comment.• Anesthesia – Site coordinator collects the ITARS (which are on cards for an.) with descriptors.• More likely to get comments on pre-entrustable, but others only putting entrustable. What if the student is pre-entrustable and entrustable on a given epa in the same rotation (based on different blocks), if entrustable is the later comment, choose that?• With the booklet, students will have a record. But could lose it, and preceptor can see all comments.• Too much to make a change again already. Can do books for some (like EM)• Any others want it, please let UGME know.	
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	<ul style="list-style-type: none"> Item 5.4 Faculty development 	<ul style="list-style-type: none"> Dr. McKay has a PowerPoint the CDCs can use to talk to their disciplines, (NB needs to know as well). Students may have a hard time being pre-entrustable, too large a category, not bench-marked. Possibility to have categories to break down pre-entrustable: requires help with progress to entrustment, appropriate progress to entrustment, entrustable. Entrustable is early R-1. Or where they <u>should be</u>, so entrustable. Is pre-entrustable informative? Why change cards etc., just have faculty development. Clinic cards stay the same but change comments descriptors, preceptors need to be better informed. Dr. Mengual to share her link. Dr. Laughlin says Dr. Stringer's presentation link is working now. 	<p>Action items: Dr. McKay to send CDCs PowerPoints for faculty development.</p> <p>Dr. McKay to make more clinic card tutorials.</p>
	Item 5.5, NBME reporting	<ul style="list-style-type: none"> Students worried a failed NBME will appear twice, but it only appears once on the MSPR. 	
#6 NEW BUSINESS	None to report.		
#7 STANDING ITEMS	<ul style="list-style-type: none"> Item 7.1 Medical Student Reports 	<ul style="list-style-type: none"> New Core rotation not in T-Res. Some students getting a hard time when leaving OR to do anesthesia duties. Over-crowding in obs, there are two tracks, and over-lapping with selectives. Parking still an issue. Paying at the metre not good. Expected to move between sites throughout the day. Dr. McKay negotiated 60 spots, still 25 left. 	<p>Action items: Dr. McKay and Dr. Harris to look into T-Res issue. Dr. Harris says there is a technical skills log and log the card in the interim, Dr. Mengual says to continue to document as most is Emerg-related.</p> <p>Dr. Stone to look into surgery issue.</p> <p>Dr. Delaney is looking into obs.</p>
ADJOURNMENT		<ul style="list-style-type: none"> Next Meeting: October 15, 2015 	