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## Undergraduate Medical Education Committee (UMEC)

### Approved

March 1, 2024

1:00 – 3:00 PM

Meeting took place via Zoom

**Attendees:** Amy Bromley (Chair), Adam Bass, Carol Hutchison, Dan Zuege , Taj Jadavji, Mike Paget, Donna Slater, Shiva Ivaturi, Kim Meyers, Dan Miller, Adrian Harvey, Kerri Martin, Rabiya Jalil, Sharon Litton (Admin)

**Regrets:** Marcy Mintz, Kevin Busche, Janeve Desy, James Fewell, Jason Kreutz, Clark Svrcek, Naminder Sandhu, Sarah Weeks

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### 1. Call to Order

The UMEC meeting took place via Zoom and was called to order @ 1:04pm by Dr. Amy Bromley.

### 2. Consent Agenda – Approved

Approval of Minutes from December 15, 2023 – Motion: D. Slater: Approved

### Business Arising from December 2023 meeting:

- **Flex Day Policy** – Amy Bromley presented the changes to the Flex Day Policy on behalf of Sarah Weeks. The new curriculum has events that are only half day, therefore the policy needed to be updated to match. The students will be allowed to take ½ flex day rather than the full day in the previous policy. There will be 6 flex ½ days per student per pre-clerkship block, which means throughout 18 months the students can take 18 half days as there are 3 blocks. There has also been an increase in the number of students approved per session (20 students on any half day). Discussion was opened to the committee and it was suggested the wording be clarified for which sessions can be missed ( i) and j) in the policy. “Flex days cannot be used to miss educational sessions in Family Medicine, clinical encounter, community engaged learning, and in person collaborative practice events”. The second suggestion was to limit the absences to 50% for small group ( h) in policy) Amy asked the committee to approve the Flex Day Policy as presented, with the two above suggestions to be included. Kim Meyers motioned to support the policy, Rabiya second it and the vote was tallied by Sharon via Zoom chat. Approved.

**\*\*Electronic vote March 15<sup>th</sup>**- In follow up to the meeting on March 1, as we work to implement the Flex Day Policy ***there is no current mechanism to monitor flex days for a small group to ensure 50% attendance, and as such this change will NOT be made in the policy.*** The communication accompanying the policy will be around acknowledging the impact of multiple absences on small group. The change in the wording of item j, regarding clarifying that Family Medicine Clinical Encounter, Collaborative Practice, and Community Engaged Learning are not permitted experiences to miss using a flex day, will be implemented. (9 votes AGREE; 0 DISAGREE)

- **Big 10 Objective:** Amy informed the committee that she presented the Big 10 Objectives at SEC in January for approval, but this was declined. The sub-committee for UMEC had been formed in December and they revised the objectives to align with the strategic plan for the Cumming School of Medicine. SEC has asked that number 3 of the objectives be revised with terminology referencing the equity aspect of medical education. Amy offered to take the revision to Pam Chu for her input and then communicate it back to UMEC for an electronic vote and then back to SEC to ensure the document is ready for the incoming class.

### **New Business**

- **EDI Committee TOR update: Deferred until next meeting**
- **Strategic Planning for Expansion:** Amy informed the committee that not only are student numbers increasing, but the expansion also includes the opening of the regional medical campus predominantly based in Lethbridge, with rural sites and Medicine Hat as well. The focus is creating parity between what the students are offered in Lethbridge and what is offered in Calgary. One specific topic is cadavers for anatomy, due to managing capacity for the lab, and preceptor recruitment. Other than anatomy there is also Community Engaged Learning, Interprofessional Collaborative Practice large group events, etc. that cannot be replicated in Lethbridge. Meetings and discussions are currently occurring to review curriculum, events, recruitment, capacity and find solutions to match the budget. Shiva Ivaturi with the Class of 2026 relayed concerns regarding clerkship and how Lethbridge would be able to feasibly support students in regards to shadowing or rotations. Amy ensured Shiva and the committee that the budget has been planned for hiring of preceptors and sufficient infrastructure in Lethbridge, Medicine Hat, Pincher Creek, Crowsnest Pass and other rural sites.

### **3. Standing Items:**

**3.1 Pre-Clerkship Committee:** Amy Bromley presented the Pre-Clerkship report on behalf of Sarah Weeks. Report is attached. In summary, the legacy curriculum is no longer and the last PCC meeting is March 15<sup>th</sup>. The RIME (RPCC) committee has been meeting monthly since July but will soon be every 2 months. The next RPCC will have feedback from events, unit, focus group and faculty surveys from Block 1. This report/feedback will then be presented at the UMEC meeting in June. Communication using RIME is being limited/stopped as the new curriculum is in place and will be moving forward, and it isn't reimagining anymore.

**\*Mike Paget** presented a **summary of Block 1 Data** – thank you to the Exam Team, AT Team and all students, staff and faculty for continuous work and dedication. Lectures and preceptors: Legacy lecture hours were 293-RIME 104; unique preceptors 324 to now 147; Cards played per day were highlighted and shows an increase in use. Other specifics on shadowing, teaching by department, student wellness (SAWH) appointments, and IT issues were presented.

**3.2 Clerkship Committee:** Amy Bromley presented the Clerkship report on behalf of Kevin Busche. (Report attached)

The next Clerkship Committee meeting is March 5<sup>th</sup>.

**3.3 Student Evaluation Committee:** No report available – Janeve Desy not present.

**3.4 Student Reports: Class of 2024** – no representation

**3.5 Student Reports: Class of 2025-**

**3.6 Student Reports: Class of 2026** – Shiva Ivaturi presented the report for Class of 2026. He highlighted already mentioned topics; expansion questions and concerns, cards use, anatomy importance, and the class agreement to reducing the use of RIME to refer to Preclerkship curriculum in communication.

**3.7 Accreditation Update**

Dr. Marcy Mintz, not in attendance.

**3.8 Associate Dean's Report:**

Meeting was adjourned at 2:36pm and the next meeting will be June 14<sup>th</sup>, 2024.

### **Pre-Clerkship Update for UMEC March 1, 2024**

**PCC** - legacy Pre-Clerkship Committee has continued to meet approximately every 2 months to review course reports from the legacy courses and ensure we gain feedback from the Class of 2025 experience. The last PCC meeting is taking place in March 15th.

**RPCC** - RIME Pre-Clerkship Committee has been meeting monthly since launch in July 2023.

Over the first 6 months of RIME - the main discussions have been around trouble shooting - recruitment, communication to students and faculty, agility in responding to feedback. Our first Block report will be in early April - reviewing the all feedback from Block 1. This feedback includes: event based feedback, Unit feedback, focus group feedback (run by Dr. Harvey), faculty surveys and Block feedback.

A summary of the feedback will be presented at the next UMEC for review.

We are receiving feedback from learners that they are encountering some “anti-RIME” messaging while working in clinical environments from some preceptors. It is important we continue to communicate the “whys” of RIME as well as the positive metrics/feedback we have received even though it is still early days.

#### **Issues that were voted on:**

1. A request to change the RIME schedule to incorporate large scale IPE events. Although this was done for an event in September (the planning of which occurred prior to RIME) subsequent events were not approved unless they fell into the rhythm of the RIME schedule and were integrated into the learning objectives of the week. Directors are keen to incorporate IPE into the learning sessions planned - e.g. multi-disciplinary teams presenting in a large group session when the patient of the week suffers from chronic pain. Educators will still look for opportunities to invite learners to these events from different health professions.
2. A change to the timing of the Career Development Weeks for the Class of 2027 was approved. There remains a week in November (Block 1) and one week in July (next to two vacations weeks) however the third week was moved from July to June. This was done to increase capacity. Feedback from departments was that it was hard to have the pre-clerkships in the clinical space when there are new residents/fellows starting.
3. The timetable for the Class of 2027 was approved.
4. A proposal to release Cards decks in three week aliquots - one week prior to the first relevant week of content was approved.
5. All podcasts have close-captioning. Ms. Facchini worked tirelessly to make this happen.
6. Pre-unit weeks are largely asynchronous. However - in pre-unit weeks when the tutorial groups are changing student membership (start of Block 2, middle of Block 2) the Monday Tutorial group session will be in person to allow the group to get to know each other and strategize for success. If the Monday happens to follow or land on a holiday - the in person tutorial group would be on the Wednesday. Block 3 was never planned to have asynchronous weeks due to the structure and content of the Block.

## Clerkship Report

### Class of 2024

The class is currently in the rank order phase of CaRMS. Rank order lists have to be in by February 29, 1500ET. We've encouraged students to put a list in now (which they can edit up to the last minute). Match day is March 19. The Clerkship Committee did approve a motion brought forward by students to increase the amount of time off from clinical work around Match Day. Students will now be off from 1700h on March 18 to the start of their workday on March 20.

The clerkship OSCE was recently completed; marks should be coming out soon.

Interim meeting of the Competency Committee identified students who are behind on completing EPA assessments; data from previous years is used to identify students who are at risk of not completing all 43 required EPAs by the end of clerkship. Individual emails have been sent to all students in this situation.

### Class of 2025

Have completed one core four-week block at the start of clerkship and are now working through several elective blocks as well as the IPE/CEL weeks. Some interesting anecdotal feedback from one clerkship suggested a concern that the clerks on that first core block were not performing well; I reached out to all the other clerkships and this had not been identified in any other rotation. I suspect it was a combination of the particular clerks on rotation at one site and the fact that this is the first year in a long time when the clerks began with a core block (usually they begin with some electives) and so the preceptors were seeing clerks at a different stage (even a few weeks of electives would 'season' the new clerks a bit).

Had a lot of issues with booking electives. We tried using the AFMC portal to book home electives and it failed on two occasions (once completely, once partially — but even if it fails a portion of the students, that makes elective bookings unfair). So, we went back to our old email system, which has worked fine. Support from AFMC and the portal vendor was somewhat disappointing. We are still using the portal for booking visiting electives (has been in place for a couple of years now).

Dealing with some issues for visiting elective students (our students going to other schools). One issue has been with the requirement for clinical pre-requisites. While we've fought for individual students to be spared from these requirements, sometimes that is successful and sometimes not (even for the same elective!). AFMC UME Deans' Network is working to finalize a proposal to eliminate clinical pre-requisites nationally. The other issue has been with a third-party organization that has been contracted with several schools (I think five at present) to do the process of checking that incoming elective students have verification of things like vaccinations, police checks, N95 fitting, etc. They have made a number of errors and have charged students penalty fees for not having things properly completed...even when they were in fact correct. Subsequent to this, they haven't refunded those fees. In addition to making extra work for the students affected, Michelle (UME staff who takes care of this on our end) has had to do a bunch of extra work as well. I'll be bringing this up at the AFMC Clerkship Network at ICAM.

This class will have a shorter Obs-Gyne clerkship (reduced from six weeks to four) at the request of the OG educational team — will allow them to reduce the workload on their teachers. We'll be following feedback and evaluation results to ensure that there isn't a negative impact. For the time being, we have shifted those two weeks to elective time.

### Class of 2026

We'll be beginning the series of talks that we provide to the second year class on how clerkship works; the first one is March 12. I do a couple of these, as do the clerkship directors, the elective director and the AT manager (specific to the workings of the clerkship lottery process).

This class will hopefully be the beneficiary of a new rotation — 'Selectives'. This will be a two-week rotation where students will be given a choice from among a select group of clinical areas that currently only have students doing electives. These are groups that

don't have capacity to support a full core rotation but can have capacity for a slightly larger number of students. We're hoping for capacity for students in areas such as radiology, pathology, oncology, neurology (moving over from the IM clerkship) and a few others. We will need to engage these clinical areas to determine the available capacity in each area and hire a faculty director and a coordinator. This will give students a slightly broader exposure to areas of medicine and allow us some flexibility in other clinical areas (a small reduction in the number of students in other clinical rotations provides some much needed flexibility).

SAMP is moving forward; the exact timelines and numbers aren't set at this point. As a first step, there is a tentative plan to increase the number of students in UCLIC, specifically increasing the number in Lethbridge. I will be meeting with Rithesth (UCLIC director) and Aaron (DLRI) to look at this more closely. The challenge is that increasing the number of UCLIC students significantly impacts the rotation-based clerkship schedules. Each UCLIC student returns to Calgary for three four-week long rotations: pediatrics, surgery and IM. These blocks are scheduled in the first mandatory block and then in the final two blocks – mainly because most students will not have housing in Calgary that they can use if they were to come back to the city in the middle of their UCLIC time. It may be possible for some of the students to do these blocks in regional centres (Lethbridge, Medicine Hat), which would make the increase more feasible.

#### **Other**

Following the Mock Accreditation, we'll be working on a few things in the clerkship. Issues have been raised around call room availability, locker and study space in the hospitals, logbook completion (? paper logbooks to allow for more 'in the moment' completion), work hours issues and regular review of the clinical presentations assigned to each clerkship.