

Chadbolt explained that there is potentially \$10,000 available for graduation funding. Survey response rates required to receiving funding support from UME for Graduation may be found in the policy. Dr. Busche added that it would be advantageous to inform students that student feedback on the end-of-course surveys contribute towards improving the curriculum.

Class of 2019 – Ms. N. Avitzur reported that her class is concerned with regard to the lack of time to prepare for the LMCC. She explained that the LMCC has an early start this year and there is concern among the students that they will not have enough time to prepare for the exam. Dr. Busche informed members that when he attended the MCC Undergraduate meetings this year, other medical schools are dealing with similar timeline issues. He explained that this is the first year of the LMCC running with an independent test center called Prometrics. If Prometrics is unable to provide sufficient capacity for all of our students to write the LMCC, then Prometrics will provide an alternate site called a burst site. Ms. S. Leskosky has contacted Prometrics to inquire about the location and capacity of the burst site. If Prometrics can accommodate all of our students in the latter portion of the LMCC examination-writing window, then the LMCC review course can run as it did before, in the first portion of the LMCC examination-writing window.

4. New Business

- a. **Clerkship Work Hours Policy** – Dr. Veale explained that the Work Hours Policy should be regularly reviewed as it is an accreditation standard (8.8) that dictates how effective policies and procedures about the medical students' time is implemented. Dr. Veale noted that we used to follow PARA, however it is not a specific enough set of rules nor are the students members of PARA. The Work Hours Policy was written in 2014 and revised in 2015 and 2017. Dr. Veale gave a power point presentation detailing the overall policy and its principles. The overall expectations [slides 3 to 5] were presented noting that the rotation order differs for each student. Dr. Veale noted the items for discussion [slide 6]. Dr. Veale reviewed some ongoing issues [slide 7] such as early starts (pre-rounding) and long days; survey results (class of 2018 – end of rotation surveys [slide 10]) and (class of 2019 – real time audit May 21 – June 10 [slides 12 and 13]); number of days in a row; and evening call versus overnight. Other topics that were discussed are minimum time between dismissal and return; limiting number of days in a row, and, overnight and driving. Observations and next steps [slide 14] were discussed. Dr. Veale reported that Pediatrics has made recent changes and thus the current details for this rotation will no longer apply (please see paragraph below). Discussion ensued among UMEC members regarding the Work Hours Policy.

The Pediatrics Clerkship Committee has recommended substantial changes for the class of 2020 [slides 15 and 16]. It was decided to remove 24-hour call from the Pediatrics rotation with the goal to decrease work hours, increase dedicated study time, increase clinical exposure and experience. The sub-goal is to improve consistency between the Peter Lougheed Centre (PLC) and the Alberta Children's Hospital (ACH) clerks' schedules. Thus the proposal is: two weeks of inpatients at the PLC (weekdays only, no call) and the third week of the inpatient component is an admitting evening shift at the ACH. Clerks at the ACH will continue with two weeks of days and one week of nights (with modifications). The night shift will be shortened by two hours (2100 to 0700). Weekend call will be changed from 24 hours to 12 hours. The evening float is 1700 to 2000 (during "day" weeks) remains but more as dedicated study time. Admissions prioritized to the evening admitting clerk so the float shift clerk may be dismissed early if not working on admission at that time.

Motion: Approve changes to the Pediatric schedule as outlined and proposed by Drs. Veale and Bannister (as noted in paragraph above). As well, approve input regarding the Work Hours Policy.

Motion: Mr. W. Kennedy

Seconded: Dr. A. Bass

Motion Passed (all in favor, none opposed, none abstained)

- b. **Update the Clerkship Committee TOR**- Dr. Veale presented the revised Clerkship Committee TOR in order to request approval. She explained that membership has been shifted around to reflect how the Clerkship Committee operates (one vote per clerkship, even if the Clerkship Director and Clerkship Evaluation Coordinator for the same rotation are present). As well, administrative team members (Ms. S. Leskosky and Mr. M. Paget) have been added as voting members, adjusting the quorum accordingly. Wording under the “duty” category “Receive and discuss feedback from faculty and students”, has changed slightly. As well, two new member have been added to include representation from DLRI and a Resident.

Motion: Approval for group of changes (as noted above) to the Clerkship Committee TOR, in particular the addition of the two positions (representation from DLRI and a Resident).

Motion: Dr. P. Veale **Seconded:** Ms. Kate Brockman

Motion Passed (all in favor, none opposed, none abstained)

- c. **Intro to Clinic Practice (ICP) Schedule** – Dr. Busche gave a brief update regarding ICP. He informed members that Dr. Anthony Seto (Course Chair for ICP) and Dr. Patrick Lee (Course Chair for Integrative) have come together as two joined half courses. Half of the two weeks of ICP and Integrative will be taught before summer electives and the other half of the two weeks of ICP and Integrative will be taught before Clerkship. This change is curriculum neutral and both courses have the same number of days covering the same material.
- d. **Academic Assessment Reappraisal Policy** and **Student Evaluations: Development and Maintenance Policy**
Dr. McLaughlin presented the two policies noted above (attached). With regard to the **Student Evaluations: Development and Maintenance Policy**, the explanation of the Hofstee compromise was added, as well there were minor changes in wording throughout the policy. The exam review, as well as how exams are released in Dolphin, was updated. With regard to the **Academic Assessment Reappraisal Policy**, Dr. McLaughlin explained the differences between the appeals process and the new proposed reappraisal process. The appeals process was described as being out of date, resource-consuming and intimidating for students and faculty. In fact, this process led to very few appeals each year. Dr. McLaughlin explained that an important justification for moving to the new reappraisal process is to increase the number of reappraisal, thus leading to an overall fairer process for students. Reappraisals would initially be presented to the committee in writing, and if deemed necessary, an in-person meeting could be triggered. Dr. McLaughlin commented that the Associate Dean could ask for a reappraisal, particularly in a circumstance where an examination grade has led to an appearance before SARC. Dr. Coderre commented that once the motion below is approved, there may be some minor changes to the Academic Assessment Reappraisal Policy from Mr. Zachariah; if so, Dr. Coderre will recirculate the Reappraisal Policy to the UMEC members. Dr. Coderre explained that our new policy is happening in conjunction with a university-wide review of every faculties’ appeals process at the U of C.

Motion:

- Accept Academic Assessment Reappraisal Policy with name change wording from appeals to reappraisal with the student making the request for the reappraisal. The Reappraisal Policy would open it up so others can make a request for a reappraisal (eg. Associate Dean would like to make assurances before taking a student to SARC). Dr. McLaughlin is awaiting “final wording” from Mr. Philip Zachariah (our legal counsel).
- Accept the Student Evaluations: Development and Maintenance Policy with changes stated above.

Motion: Dr. K. McLaughlin **Seconded:** Mr. W. Kennedy
Motion Passed (all in favor, none opposed, one abstained)

- e. **Clinical Correlation Policy (attached)** – Dr. Coderre explained that rule 11 - “Rules of Conduct” of the Clinical Correlation Policy has recently been modified and approved at the UME Management level. The modifications were reviewed by Mr. Zachariah and the class Presidents. The second paragraph of the rule has been revised.

Motion: Approve entire policy with modifications to Rule 11.

Motion: Dr. P. Veale **Seconded:** Ms. N. Avitzur
Motion Passed (all in favor, none opposed, none abstained)

Action Item: Dr. Coderre asked Ms. K. Brockman to inform students, via email, of the revised Clinical Correlation Policy, and to emphasize, in particular, Rule 11.

- f. **National Electives Proposal (attached)** – Dr. Coderre explained that in June 2018 the National Electives Proposal was discussed at UMEC. To recap, this proposal would affect our elective diversification policy. He reminded UMEC members that at that time, UMEC supported the modification to the elective diversification policy to limit the maximum number of electives in one CaRMS entry discipline to 8 weeks. UMEC approved this with the caveat that this only comes into effect once all 17 medical schools have formally agreed to this proposal. Dr. Coderre explained the AFMC UGME Committee met again in October, 2018, and at that time two medical schools were extremely concerned with limiting Internal Medicine and Pediatrics electives to 8 weeks. Dr. Coderre reported that after a great deal of discussion at the AFMC UGME Committee meeting, the Deans agreed to add the clause that allows students to do more electives in Internal Medicine and Pediatrics as long as they are entry level disciplines in the PGY4 match (eg. Nephrology). Dr. Coderre explained that in principal, we are willing to carry it further to PGME and learning groups. He also suggested that while the Internal Medicine, Pediatrics, and research amendments are less than ideal, the policy as a whole is better than the current situation (particularly for three-year schools) and provides a good starting point for further reassessment later. There was a great deal of discussion among UMEC members. Dr. Coderre informed members that once all 17 schools agree on the proposal, he will bring it back to UMEC.

Meeting adjourned at 3:05 p.m.

Next Meeting: February 01, 2019 in Room G384 from 1:00 p.m. – 3:00 p.m.