



# Clerkship Committee (CC) Minutes

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## Clerkship Committee (CC)

### APPROVED

Tuesday April 15, 2025

12:30 pm to 2:30 pm

Meeting via Zoom

**Attendees:** Drs. K. Busche (chair), S. Bannister, A. Bromley, K. Darcus, M. Davis, J. Desy, L. Harper, W. Harris-Thompson, J. Haws, T. Killam, H. Kim, T. Lohmann, S. McLeod, R. Ram, A. Ramaliu, M. Sohn, T. Wong, C. Zavitz, Ms. A. Adel, Ms. N. Begert, Ms. C. Horwood, Ms. M. Hsu, Mr. M. Paget, Ms. T. Pander, Ms. K. Sutar, Ms. S. Tai, Ms. G. Taneja, Ms. J. Wang, Ms. D. Jean (admin)

**Regrets:** Drs. S. Coderre, A. DiNunno, G. Gelfand, F. Jivraj, N. Johnson, K. Lafreniere, S. Lopushinsky, M. Mintz, S. Pancic, A. Ritter, E. Ruka, M. Thompson, J. Vantanajal, Ms. S. Facchini, Mr. E. Guo, Mr. S. Ivaturi, Mr. V. Joe, Mr. J. Kreutz, Ms. S. Leskosky, Ms. A. Randhawa, Mr. R. Sanguinetti, Ms. D. Stanojevic

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### 1. Welcome and Thanks

The meeting was conducted through Zoom and was called to order at 12:34 p.m. by Dr. K. Busche (Chair). Dr. Busche welcomed everyone to the meeting and thanked everyone for being able to attend. He added that both Drs. Harris-Thompson and Sohn were leaving their respected Clerkship Director positions, and these openings are both in the process of being posted and hired. He thanked them for their continued work for our students and wished them the best in their future endeavors.

### 2. Approval of Meeting Agenda –Passed unanimously.

### 3. Approval of Minutes from March 4, 2025 – Passed unanimously.

### 4. Standing Updates

#### 4.1 Student Reports

Ms. Adel informed the committee that the Class of 2027 have completed Unit 6 and are now on Spring Break, adding that it is roughly the halfway point of Pre-Clerkship which is bringing excitement to the class. UCLIC applications have opened and there are quite a few interested students. She added that there have been ongoing information sessions for Clerkship hosted by Dr. Busche and the SAW-Hub with more to come, which is answering a lot of questions for the students and have been found helpful so far. Ms. Adel included that the Class of 2027 students have received their placements for week two of their Career Development Week, and awaiting the placement for the third and final week.

#### 4.2 Undergraduate Medical Education Committee

Dr. Bromley informed the committee that there has not been a meeting, or motions passed since her last update, but included that after the first iteration of the CaRMS Match there were 12 unmatched students and that the second iteration is coming up on April 17, 2025 so the office is anxiously awaiting to see the results. Dr. Bromley added that the expansion project for the Lethbridge campus is currently largely focused

on the Pre-Clerkship curriculum and people at this time, with some Clerkship items falling into place including the posting of the Clerkship position which expects to be hired within the next six months.

#### 4.3 RIME Pre-Clerkship Committee Update

Dr. Busche updated the committee in Dr. Weeks' absence. The update included that Unit 5 went well, and that Unit 6 has just ended for the Class of 2027 where they are now on a Spring Break before starting Unit 7. In addition, it was noted that there have been fewer issues with preceptor recruitment this year which has been good for both the learners and the preceptors. Students are also continuing to work on scholarly projects, family medicine clinical experience placements, and their community engaged learning sessions with different community partners. Dr. Busche added that after feedback and discussion from the first iteration of RIME that there were ways to better structure Block 3 and included that for the Class of 2027 Block 3 has been rearranged for better efficiency, these changes include some reordering of session types through the week for better integration and spirality. This change also freed up a week at the end of Block 3, before final assessments, that can now be used to function as an introduction to the Clerkship which is currently being called Launchpad Week. This week will be used for sessions that will include practicing presentations, low fidelity simulations, an introduction to higher fidelity simulations, and include AHS orientation and an introduction to Clerkship session that is put on by the SAW-Hub that brings in current Clerkship students to talk to the incoming class about how Clerkship works, some information and tips for a peer-to-peer teaching session. Dr. Busche included that by adding the Launchpad curriculum that there are hopes to help ease some anxiety for the students around leaving a traditional school-like learning style and curriculum and then going into a hands-on clinical learning style.

#### 4.4 Student Evaluation & Competency Committee Update

Dr. Busche updated the committee prior to Dr. Desy's arrival at the meeting. The update included at the March 31, 2025 SEC meeting, that there were two new motions approved one for Clerkship and one for Pre-Clerkship. The Clerkship motion which was approved was for a new remediation strategy for students who have had multiple failures of the same exam in Clerkship, which will have the student required to rewrite have an examination that will be specifically created to test the content that they were challenged with from their previous attempt on that exam. This will allow for a much more targeted remediation, especially with the new progress-based learning examination model. Dr. Busche included that the Pre-Clerkship item was to increase the number of novel questions that are used on the RIME examinations. He noted that initially all questions on an exam came from the CARDS decks that the students did in each unit, then there was an addition of up to 20% of novel questions added, and starting on July 1, 2025 there will be up to 50% of novel questions for each exam.

Commented [KB1]: Hey — just changed this so it didn't look weird that she then did the 4.5 update.

#### 4.5 Research Committee Update

Dr. Desy informed the committee that things are running smoothly for the research committee and there are no additional updates at this time.

#### 4.6 Continuous Quality Improvement/Curriculum Innovation and Oversight Update

Dr. Harper informed the committee that from the quality perspective there is work ongoing for the creation of the framework that will be used for the evaluation and quality outcomes perspective, once there are some outcomes, they will be presented to the committee. From the innovation perspective there is also ongoing work to make the curriculum map more functional both within Freshsheet and for the ability to use the map for the oversight process.

#### 4.6 PGME Update

Dr. Davis informed the committee that they are currently awaiting the results of the second match, which is on April 17, 2025, she included that there are currently 26 ministry funded seats available in family medicine, one in neuropathology and one in medical genetics. Dr. Davis added that the AFMC task force on

the final year of medical school has shifted into a working group to go through the recommendations given for implementation going forward, there will be some standardization from school to school and a lot will be recommended for implementation at the UME level and there will continue to be work on making these changes as time goes on.

#### **4.7 Accreditation Update**

Dr. Busche updated the committee in Dr. Mintz' absence. The update included that there have been some tasks sent out to some individuals in the UME office to start addressing and working on some of the elements that were flagged in the preliminary report. He added that even though the final report would not be distributed to the UME until July, there are still elements identified that will certainly make the final report and to start working towards their recommendations to improve things starting now.

#### **4.8 EDI Update**

Ms. Taneja informed the committee that there are new multifaith rooms available and included that there is one for different genders and one for females only. Ms. Taneja reminded the committee about the Foothills Community Pantry, where they now accept donations online to support this program. She included that there are no current updates with the mistreatment process, but going forward they will be providing more mistreatment education.

### **5. Arising from the Minutes**

#### **5.1 Clerkship Exams: Dates and Formative Experiences**

Dr. Busche informed the committee that the work continues with providing learning resources for the students writing the longitudinal Clerkship exam with not having completed all rotations in Clerkship. One of the resources recommended is to have the formative exams that have been used in the past for the students on rotation to be able to view and practice those exams to help prepare for the exam. The formative exam format will be converted and housed in CARDS to be used as study materials.

#### **5.2 Formative Exams**

Dr. Desy informed the committee that the exam team is collecting all the questions from the current summative exams which as approximately 350 questions that will be leftover which will include questions to be saved for rewrite exams and the rest will be put into three longitudinal formative exams that students will be able to access alongside the rotation specific formative exams as well. She added that this is not yet ready for rollout but ensured it will be ready before the first longitudinal exam in June.

#### **5.3 EPA 0**

Dr. Busche reminded the committee that EPA 0 implementation in Clerkship was passed at the last meeting, and informed the committee that these will be implemented at the end of April so will only apply to the students in the Class of 2026. He added that to start this process these will only be able to be filled out by Clerkship Directors or Evaluation Coordinators. Once these have been worked through, potentially with the new Clerkship class they will be able to be filled out by any preceptor. Unlike other EPAs in Clerkship, these are not initiated by the student but by the preceptor to recognize any kind of exceptional contributions to medicine, self, or colleagues, or to identify any low level areas of concern that would not warrant an unsatisfactory ITER but that the preceptor would want to make note of. Dr. Busche informed the committee that he does have emails drafted to the Clerkship Directors and to the students to make them aware of this change to the Clerkship.

#### **5.4 Improving Student Feedback**

Dr. Harper reminded the committee that the conversation around how to increase student feedback was brought forward at the last meeting and is being presented again to go over the suggested changes and to acquire formal approval from this committee. Dr. Harper included that completion rates of feedback surveys

have been a problem with less than 34% of students responding and giving feedback in all Clerkship rotations, without sufficient data, evaluation and improvement of learning experiences are limited, she also added that feedback is an accreditation standard that was flagged and needs to improve. The proposal being brought forward is to pilot a trial of six months of mandatory rotation feedback completion for each student. Dr. Harper included that this shift would include access to the final summative ITER for each clerkship rotation being withheld until rotation feedback is complete or 21 days have passed, students will continue to receive written daily and midterm feedback and verbal final feedback. If the student does not complete their feedback within 14 days after the end of their rotation, they would get a reminder prompt from One45 and if still not completed there will be a follow up email from the UME, after the 21 day period ends the final ITER data would be available. Should a student have a failed final ITER (0.1% of all ITERs), they would have immediate access to the ITER. Considerations that were brought up previously include the student burden with survey fatigue, alignment with other medical schools, concerns around appeals, and the quality of feedback received. Dr. Harper spoke to these considerations and included that the survey has been shortened with very few questions so would not increase a large burden on the students, this proposed mandatory feedback model aligns with the other medical schools and their strategies towards mandatory feedback. Upon meeting with Dr. Desy and reviewing the policies, Dr. Harper noted that appeals aren't of concern as students will still receive their ITER if they do fail. Feedback quality as a concern if a student is being forced to complete the survey, they may just do it to do it, with the survey being a short survey there isn't a sense at this time that it will be an issue but will be monitored to ensure good and actionable feedback is being received. Dr. Harper informed the committee that this will be evaluated includes how many times that the 21 days expires versus getting feedback, there will also be engagement to the students to see how they feel after the pilot is completed, as well as engaging the Clerkship Directors for their feedback of this pilot to ensure that everyone is benefiting from this plan before making it permanent or changing it if necessary. The aimed implementation of this will be for the Class of 2026 starting towards the beginning of May.

**Proposal:** Dr. Harper motioned to approve a Six Month Pilot of the Mandatory Feedback Requirement, which includes withholding student ITERs for up to 21 days until completion of the survey block rotation feedback as it was presented today.

Second: Dr. J. Desy  
14 in Favour, 1 Opposed  
Motion Passed

## 6. New Business

### 6.1 Behind the Scenes Awards

Dr. Ramailu proposed to bring the Behind the Scenes Awards to the Clerkship Rotations presentation like there currently is in the Pre-Clerkship reports. The goal of this award is to recognize a support staff member for their hard work and dedication to the Clerkship rotation.

**Proposal:** Dr. Ramailu motioned to approve reinstating Behind the Scenes Awards that is awarded to one individual per year per Clerkship Rotation Annuals Report to recognize outstanding work for each.

Second: Dr. W. Harris-Thompson  
All in favour

## 6.2 Changes to Course 8

Dr. Haws presented the changes to Course 8, including the new name of Clerkship Clinical Skills going forward. She discussed the process for the update and changes which included a review of the evaluations from previous students and class years along with feedback from preceptors and UME and clinical faculty. Dr. Haws noted that some changes will be implemented immediately for the Class of 2026 and other changes will start in January 2026 for the Class of 2027. Resource considerations include minimizing additional cost by using new virtual technology, adding more Simulation sessions, providing advanced notice for new resource requirements, engaging more residents and fellows for in-person small group teaching. Dr. Haws noted that there will be no changes made to the summative assessment which will remain the Clerkship OSCE, mandatory attendance for the Class of 2026 will be 80% and for the Class of 2027 will be 100% mandatory attendance, with valid excuses being the only exception as outlined in the core document. The Associate Deans Test (ADT) exam for the Class of 2026 is recommended, as the exam was released late, for a good tool to prepare for the LMCC exam, and it will be a must complete element for the Class of 2027. Further assessment changes will include having more informal, formative assessments using EPAs during cases through the virtual/simulation EPA. The new structure includes scheduled time for CARDS review and/or independent study time, followed by two separate afternoon sessions that will have standardized patient cases, high-fidelity simulation, full code medical virtual simulation, procedural skills or infectious disease cases. The goal for the Class of 2026 is to complete all of the Clerkship Clinical Skills sessions prior to the Clerkship OSCE exam. Content removed includes all lectures, some standardized patient cases that are covered elsewhere and are low-yield, as well as some podcasts with high-yield ones still being available going forward. Modified content for the Class of 2026 includes updated simulation cases which include content updates and adding EPAs to each case, updated standardized patient cases which are reflective of recent guidelines adding EPAs removing low-yield cases and clarifying of the expectations for the OSCE and to practice the format of OSCE stations, and updated infectious disease cases by being scheduled at the beginning of clerkship which is high-yield for all rotations. New content being added this year includes full code medical simulation cases which has more than 200 cases using AI technology with a mandatory set of 12 cases to be done with protected time to complete during the Clerkship Clinical Skills course. Other new content includes two new simulation cases, more CARDS decks including ABG and ECG interpretation, and Ultrasound Basics has been added to the curriculum. Content being added for the Class of 2027 includes, new infectious disease cases, new simulation content, standardized patient content, podcasts, ProSkills session, and health equity content to be added throughout the existing curriculum. Discussion included the attendance changes and discussion around setting a minimum threshold with the excused absence by comparing to previous classes absenteeism from the course.

**Proposal:** Dr. Haws motioned to approve the adopted changes for Course 8, now Clerkship Clinical Skills, both modifications for the existing and new content to be rolled out over the next two classes as it was presented today, with the exception of being the attendance issues/ramifications which will be presented at a following meeting.

Second: Dr. M. Sohn  
All in favour

## 7. Clerkship Reports

### 7.1 Internal Medicine

Dr. Lohmann presented the Internal Medicine Report to the Committee. She included that the report data was gathered between September 2023 to February 2025. She reviewed the administrative structure, the rotation structure, and the overall objectives for the Internal Medicine rotation. Internal Medicine is broken down into two four-week blocks, one four-week block being on MTU and the other four weeks are selectives which can be a four-week block in ICU or broken down into two-week selective blocks in other subspecialties. Call requirements follow PARA rules, with the goal being four to seven on-call shifts per MTU block, and subspecialty call is extremely variable based on the subspecialty. During the reporting period 21 students were unsatisfactory on their MCQ exams, eight in the Class of 2024 and 13 in the Class of 2025, there were also six reappraisals five for the MCQ exam and one for an ITER. Dr. Lohmann informed the committee that there were 174 responses in this time period and the overall rating for the rotation is 4.14/5 which is steady with the previous few years but an overall improvement since 2019 and 2020. The highest rated components were that the students were treated professionally and respectfully by staff, had opportunity to learn and perform procedures, satisfied with the quality of teaching, received actionable feedback about performance, and a good balance of responsibility and supervision. The lowest rated elements include the satisfaction with administrative organization and the exam being reflective of the learning objectives. Strengths of the rotation as noted from the qualitative feedback from the students include having excellent residents, allied health team support is great, great team-based learning, great experiences with preceptors, strong teaching sessions, and amazing educators. Noted areas for growth include the orientation which includes emails being very overwhelming, should include more hospital processes, lack of orientation when the clerk block did not align with a resident block, and having more practical tips. Other areas for growth can include more dedicated time for teaching approaches to presentations and clinics were noted to be less organized and some preceptors not being as receptive to having clerks. There were three instances with mistreatment noted and they include one preceptor repeatedly made disparaging comments about Family Medicine and primary care, one preceptor did not want to have clerks because they slow them down in clinic, and one resident was felt to have a gender bias, there is follow-up from the rotation happening to review and create plans for these reported incidents of mistreatment. Resources include losing one MTU team at PLC where there can be an option to have GMU for extra clerks, preceptor recruitment challenges for half day teaching, and call rooms continue to be an issue for resources in Internal Medicine. Areas for improvement include streamlining orientation, reviewing and improving the half day educational content, and reviewing and maintaining the objectives throughout the rotation.

**Proposal:** Dr. Busche proposed to accept the Internal Medicine Report as it was presented today.

First: Dr. S. Bannister

Second: Dr. J. Haws

All in favour.

### 7.2 Obstetrics & Gynecology

Dr. Harris-Thompson presented the Obstetrics & Gynecology Clerkship Report to the Committee. She included the administrative structure and members, the assessment structure and the breakdown of the rotation. Dr. Harris-Thompson included that the Class of 2025 was the first class that had only a four week block with two weeks focussed on clinic/outpatient care with a preceptor group and a clinic half day and two weeks focussed on inpatient care shifts including labour and delivery, triage, OR, and emergency gyne consultations while on call, she added that this transition to this new rotation structure was successful. The

overall rating for the rotation for the Class of 2025 was reported between October 2023 and December 2024 and had 73 responses and was rated at a 4.32/5. The overall rating for the Class of 2026 was 4.27/5 from 11 responses and this was reported for January and February 2025. The highest rated components were that the teaching met the learning needs, adequate administrative support, received actionable feedback about performance, appropriate balance of responsibility and supervision, had access to the experiences required as stated in the objectives, and experienced an inclusive and respectful learning environment. Strengths noted by the students included feeling safe and secure at teaching sites, teaching consistently a component of patient care, satisfied with the quality of teaching and being treated professionally and respectfully by faculty and staff. Feedback from students include that residents and preceptors were welcoming, helpful and great at teaching, the upfront teaching at the beginning of the block for orientation was helpful, and hands on clinical experiences provided variety with exams and procedures. Lowest rated by the students include the exam being reflective of the learning experiences and objectives, opportunities to learn and perform procedures, the core document being helpful and the satisfaction with the administrative organization. Feedback from the students include they would like more continuity with a smaller number of preceptors, organization and communication regarding expectations in clinic, rounding, scheduling changes and other expectations with things such as note writing, and having a variability in preceptors it was noted that most were excellent, but some students occasionally felt unwelcome by some that did not want to teach. There were six MCQ failures from 153 exams written, five have successfully completed the rewrite with one still pending and there were no successful appeals during this time. Current concerns include assuring timely feedback if there are identified concerns with knowledge by the midpoint, class size and capacity with the most challenging continuing to be the clinic space opportunities, addition of the Physician Assistant Program at SHC, ongoing budget cuts, and the want to make sure the clinical exposure is sufficient and knowledge retention sufficient to prepare for global exams and for future practice. Upcoming priorities and changes include learner materials being transitioned to CARDS, updating objectives and references through cross-referencing the RIME curriculum, and searching for a new Clerkship Director.

Dr. Harris-Thompson nominated Ms. Louise Gofton for the O&G Behind the Scenes Award for the 2024-2025 academic year.

**Proposal:** Dr. Busche proposed to accept the Obstetrics & Gynecology Report as it was presented today.

First: Dr. S. Bannister

Second: Dr. M. Sohn

All in favour.

### 7.3 Pediatrics

Dr. Busche informed the committee that due to timing of this meeting, that Dr. Bannister has offered to present her report to the committee at the June 17<sup>th</sup> meeting.

Dr. Busche thanked everyone for attending and for their discussion. He reminded the committee that the next meeting will be held on Tuesday June 17<sup>th</sup> at 12:30pm where Pediatrics, Course 8 (Clerkship Clinical Skills), and UCLIC will present.

**Meeting adjourned @ 2:50 p.m.**

**Minutes by: Danielle Jean**

**Edited by: Dr. Kevin Busche**

