



Clerkship Committee (CC)

Minutes

Clerkship Committee (CC)

APPROVED

Tuesday May 28, 2024

12:30 pm to 3:00 pm Meeting

via Zoom

Attendees: Drs. K. Busche (chair), T. Ayas, S. Bannister, A. Bromley, S. Coderre, K. Darcus, W. Harris-Thompson, A. Harvey, J. Haws, T. Killam, S. Lopushinsky, B. Meatherall, R. Ram, E. Ruka, M. Sohn, S. Wicklum, C. Zavitz, Ms. S. Facchini, Mr. S. Ivaturi, Mr. V. Joe, Ms. S. Leskosky, Ms. T. McNally, Ms. T. Pander, Ms. D. Stanojevic, Ms. S. Tai, Ms. J. Wang, Ms. D. Jean (admin)

Regrets: Drs. M. Davis, J. Desy, A. Di Ninno, G. Gelfand, N. Hardcastle, F. Jivraj, N. Johnson, J. Lubin, S. McLeod, M. Mintz, S. Pancic, A. Ritter, M. Thompson, J. Vantanajal, M. Walter, S. Weeks, Mr. M. Bondok, Ms. K. Fu, Mr. J. Kreutz, Mr. M. Paget, Ms. A. Randhawa, Ms. G. Taneja

1. Welcome and Thanks

The meeting was conducted through Zoom and was called to order at 12:32 p.m. by Dr. K. Busche (Chair). Dr. Busche informed the committee that Drs. Ayas, Harvey, Meatherall and Walter, are stepping down from their positions and thanked them for their work and dedication to the education of students and acknowledged that the positions will be open for applications for those interested soon.

2. Approval of Meeting Agenda –Passed unanimously.

3. Approval of Minutes from April 9, 2024 – Passed unanimously.

4. Standing Updates

4.1 Student Reports

Mr. Joe informed the committee that the Class of 2025 are currently on mandatory rotations with most of their electives being completed. Had a recent update meeting and have given tips for working on CV's and thinking ahead to CaRMS. Mr. Joe included that there have been some questions regarding student rotations following PARA guidelines for hours being worked by students and was informed that the students who have concerns about scheduling should reach out to Ms. Tai or Dr. Busche directly.

Mr. Ivaturi updated the committee that the Class of 2026 has recently had their Introduction to Clerkship Session and their Elective Orientation, both gave the students a great opportunity to learn more about clerkship and ask questions. He included that UCLIC interviews have begun with 37 applicants and 32 confirmed spots available for these students and the applicants will find out if they are in UCLIC prior to the Clerkship Lottery in early July. He informed the committee that the class is currently finishing up Unit 7, then preparing for Unit 8 and the Block 2 OSCE, which is followed by two weeks of career development and two weeks of vacation before beginning Block 3 in July.

4.2 Undergraduate Medical Education Committee

Dr. Bromley informed the committee that the next UMEC meeting will be held on May 30, 2024 and discussion points include annual reports from the sub-committees, research committee updates, and the review of the extended clerkship policy. Other updates included that the Deans went to Lethbridge for an information and planning retreat for the expansion campus which gave good insight to the planning processes in place and more about the community for this program.

4.3 RIME Committee Update

Dr. Busche gave the RIME Committee report on behalf of Dr. Weeks. This update included that the Class of 2026 is in Unit 7, with Unit 8 approaching which he indicated was only two weeks in length where they work through cases then the Block 2 OSCE, followed by Career Development and vacation weeks. There have been 14 new tutorial group facilitators hired with onboarding sessions ongoing, and a posting to come for a new communications lead which will begin in mid-July. The update from the previous committee meeting included the passing of the motion put forth by Dr. Bass for Block 3 to have the first Friday review session in each unit be optional for the students instead of mandatory. Dr. Busche added that the Class of 2027's start date is July 3, 2024.

4.4 Student Evaluation Committee Update

Dr. Harvey informed the committee that the SEC committee met on May 27, 2024 and the new item discussed was the Clerkship Exam Scheduling changes which will be talked about later in this meeting.

4.5 Research Committee Update

Dr. Harvey informed the committee that the work continues with the operation of the research portal, getting educational projects and the research matching portal for things outside of educational projects.

4.6 Curriculum Innovation and Oversight Committee Update

Dr. Harvey updated the committee that there are no reports to bring to the meeting but hosting the first meeting in June and the Terms of Reference has been finalized the forms in the process of being finalized before the meeting. He indicated that the meeting will be an overview of how things will run in the committee and will include test/practice cases for the committee to review.

4.6 PGME Update

Dr. Busche informed the committee upon Dr. Davis' absence that there are no updates at this time.

4.7 Accreditation Update

Dr. Busche informed the committee upon Dr. Mintz' absence that there are no updates at this time.

4.8 EDI Update

Dr. Busche informed the committee upon Ms. Taneja's absence that there are no updates at this time.

5. Arising from the Minutes

5.1 Selectives in Clerkship

Dr. Busche informed the committee that there is still work being done with the clinical departments to keep this moving forward. There has been no capacity confirmed at this time, therefore the feeling is that this will not be in place for the Class of 2026. Will continue to update with more information as it becomes available.

5.2 Mock Accreditation Follow Up

Dr. Busche informed the committee that the work for revising and updating the documents that were requiring edits is ongoing and there is still the potential to be reaching out to the Clerkship Directors for answers as questions arise from this process.

5.3 RIME Resources for Clerkship...Made Easy!

Dr. Busche updated the committee that there is work ongoing in continuing to catalogue and tag the resources in FreshSheet and once completed this will be able to help all learners learn through the various methods of content.

5.4 Regular Sendouts: Objectives, Duty Hours, Send Home at 11, Feedback Tips

Dr. Busche reminded the committee to ensure that all of the information that is needed to go to teachers and residents and other staff and faculty is being distributed when necessary.

5.5 Lockers/Study Space/Call Rooms – Regular Communications

Dr. Busche reminded the committee to ensure that the information is being updated and sent out when necessary.

6. New Business

6.1 Meeting Schedule 2024-2025

Dr. Busche presented the currently scheduled Clerkship Committee Meeting dates to the committee. He informed all that this has been circulated and will be sent out as a reminder to all again. He asked the Clerkship Directors that if they knew of any conflict for their presentation schedule to reach out and rearrange as necessary.

6.2 Clerkship Exam Changes

Dr. Busche informed the committee that there have been previous discussions in past meetings about some possible changes coming to the Clerkship Exams. He reminded the committee that each rotation has a content based exam that the students usually complete at the end of their complete rotations which often backloads the exams for the students and adding on any rewrites or deferrals at the end of clerkship more difficult for the students. Dr. Busche included that the evaluations team are bringing forward the idea of progress testing and informed the committee that Dr. Harvey will be presenting this idea.

Dr. Harvey presented the current challenges that come from the current evaluation model including exam timing, deferrals, accommodations, logbooks, EPAs, clinical time, and redundancy in assessments. The proposal from the evaluation team given is to have progress testing which would be three multiple choice exams delivered in two parts for each, these would have content from all rotations in each exam and would provide the use for Q4 weekly exams using CARDS for a learning tool for the students. Dr. Harvey included that the competency committee will continue to meet to move forward through any remediation including a longer remediation window and use the rotation blueprint for content. Each two-part exam will have approximately 160 questions with about 80 questions in each part to shorten the length of exam time for each student. He added that using this method there will be less redundancy in exam questions from content that can commonly overlap with other rotations such as Family Medicine and Obstetrics & Gynecology as an example. The challenges indicated through this evaluation model would be given solutions during the progression evaluation proposal some of these solutions included: pre-determined sequence and dates of exams, expiring windows of deferrals, reduce load of accommodations, mandatory CARDS could replace the logbook, rare EPAs can be collected during Course 8, no more MCQ exams leading to more clinical time, and shared blueprinting for the exam content. Dr. Harvey put forth the motion to the committee, 'Support in principle to explore centralizing MCQ exams with a committee developed blueprint and a progress testing model' and opened up for questions based on the report and motion presented.

Discussion included that the students for the Class of 2026 would be excited about this model of evaluation as this is the evaluation style they are used to in the RIME curriculum. Other discussion topics included the passing of the exam or with the ability of passing each area of medicine that is being evaluated, how the MPL will be set, what support will be in place for the students through competency, the processes if students need

to defer an exam for any reason, and what can be done if there is exam drop off if they are only needing to be satisfactory on one exam and do that early in the testing.

Proposal: Dr. Busche proposed to accept the Clerkship Exam Changes as Motioned by Dr. Harvey: 'Support in principle to explore centralizing MCQ exams with a committee developed blueprint and a progress testing model.'

First: Dr. A. Harvey
Second: Mr. S. Ivaturi
All in favour.

7. Clerkship Reports

7.1 Paediatrics

Dr. Bannister presented the Paediatric Report to the Committee. She included the overview and mission for the rotation and how it is structured. The overall student rating was 3.9 from 247 responses, down from the 4.2 rating the previous year. Highest rated included safe and secure at teaching sites, treated professionally and respectfully by staff, and able to see the types of patients required in the objectives. The lowest rated included having the opportunity to learn and perform procedures, core document being helpful, and use of problem solving schemes during the rotation. Strengths indicated by the students include supportive enthusiastic and welcoming preceptors and staff, exposure to a variety of settings and patients, and having hands-on ability to practice assessments with a good level of responsibility. Weakness noted by the students include the clarity around scheduling and expectations, heavy workload especially on ACH nights rotation, and not enough to do on ACH nights as there are two clerks scheduled. Strengths from the program includes preceptors and residents, meeting with clerks each week on rotation, core document, the ability to help students in distress, the passport, interprofessional simulation sessions and the objectives with resources. Challenges from the program included clerk absences, ensuring of adequate clinical exposure, students doing different rotations, assessment on ACH CTU admitting and nights, loss of the Lethbridge regional site two years ago still providing capacity challenges, and the 4+2 system for the rotation. Dr. Bannister presented the Paediatric Portal and the presentations that are on the portal that is a comprehensive tool for students to help access the curriculum content and enhance learning.

Proposal: Dr. Busche proposed to accept the Paediatrics Report as it was presented today.

First: Dr. S. Wicklum
Second: Dr. B. Meatherall
All in favour.

7.2 Psychiatry

Dr. Ayas presented the Psychiatry report for his final time. He included the overview and structure of the rotation which includes 4 weeks of Adult Psychiatry and 2 weeks of Child & Adolescent Psychiatry. The overall rating was 4.34 which is a slight improvement from the year previous, there were no unsatisfactory students with no appeals. The highest rated included professionally and respectfully treated, felt safe and secure, and sensitive issues were discussed. Lowest rated included the opportunity to learn and perform procedures, use of problem solving schemes, core document being helpful, and the exam being reflective of the experiences and objectives of the rotation. The strengths given by the students include great preceptors, lots of exposure to patients and community, responsibility and opportunity to assess patients' appropriate autonomy. There were some mistreatment comments that include a negative encounter with an ER nurse,

patient mistreatment, and a preceptor that did not prioritize teaching. All of which were communicated and dealt with but one, which Dr. Ayas was only made aware of when the data was received for the report. The weaknesses included the core document not being useful, organization and orientation information being provided late with a desire for more orientation, comparative experiences, and that Child & Adolescent rotation is too short. He made note that Dr. Di Ninno initiated a deep dive into the core document and put together new blueprints to continue to improve the core document for the students. Concerns from the department include stretched resources, recruitment into the residency program, and preceptors are not on a GFT or APP model which leads the budget to be the top concern for teaching. Dr. Ayas included that a wellbeing and mental health study had been done with the medical students, with 27% reported a diagnosis of a mental disorder prior to medical school and 21% reported a mental health condition while at medical school most commonly being an anxiety disorder and/or depressive disorder, and 75% of students met the criteria for exhaustion. Dr. Ayas reminded the committee to be cognizant of the mental of the students through their learning as well.

Proposal: Dr. Busche proposed to accept the Psychiatry Report as it was presented today.

First: Dr. J. Haws

Second: Dr. B. Meatherall

All in favour.

7.3 Course 8

Dr. Haws presented the Course 8 Report to the Committee. She presented the outline of the course, the committee members, and the history of the course which was introduced in 2011 based on feedback from accreditation, graduate questionnaire's, with the purpose to fill the gaps of clerkship to integrate basic and clinical skills, improve clinical skills, and cover all the must see presentations. The course is run in 24 groups of 5-6 students in each session running on Friday afternoons for 9 total sessions. The course includes simulation, lectures and podcasts, procedures, small groups, and standardized patient cases. The examination is done through the Clerkship OSCE. For the Class of 2023 there were 9 Stations with students needing to pass 6 in order to be satisfactory, there was one unsatisfactory student who was satisfactory on the rewrite. For the Class of 2024 OSCE, there were 9 stations with students needing to pass 7, there were 5 students unsatisfactory, but all were successful on the rewrite. There was no data for the Class of 2023, and the Class of 2024 there were only 13 students who responded to the survey. The highest rated elements include simulation, small group cases and bedside ultrasounds. The lowest rated included standardized patient cases and lectures. Dr. Haws informed the committee that there is a proposal for the curriculum re-design of Course 8 for the Class of 2026, this will include road mapping of the RIME content to fill any gaps and review the MCC objectives and include EPAs to be formally evaluated during the course. She included that this re-design would get rid of all lectures, some of the old podcasts, physician health, advanced communication for conflict resolution, patient safety, and diagnostics and therapeutics. SIM, ID small groups, POCUS/Procedures, high-yield standardized patient cases, some high-yield podcasts, will all be kept through the re-design and to protect some time during Course 8 to do CARDS. The additions for the program would include goals of care conversations, breaking bad news, written and oral case presentations, courses on resiliency, more interprofessional education, and more pharmacology. SIM cases to be re-formatted to be EPA-based and more structure for the ultrasound sessions. She added that there has been discussion to start Course 8 earlier than before to address the topics that were previously covered in the Intro to Clinical Practice Course in the Legacy curriculum. Dr. Haws asked the committee about the re-design proposal she brought forth and opened for discussion with what the committee would like to see involved in the new Course 8 curriculum. Discussion included adding options for note writing when in clinic, filling in the gaps, and allowing for student feedback. Dr. Busche informed the committee that this re-design is still in the beginning stages and there will be more updates to come through this process.

Proposal: Dr. Busche proposed to accept the Course 8 Report as it was presented today.

First: Dr. A. Bromley

Second: Dr. S. Lopushinsky

All in favour.

7.4. UCLIC

Dr. Busche informed the committee that Dr. Ram had to leave the meeting and therefore the UCLIC report will be presented at the September meeting.

Dr. Busche thanked everyone for attending and for their discussion. He reminded the committee that the next meeting will be held on Tuesday September 24th where UCLIC and Surgery will present. He thanked everyone for their time and wished the committee a great summer.

Meeting adjourned @ 3:07 p.m.

Minutes by: Danielle Jean

Edited by: Dr. Kevin Busche