



## UNIVERSITY OF CALGARY

### Clerkship Committee Meeting Minutes

**APPROVED**

**Tuesday, February 27th, 2018**

*Present:* Drs. Susan Bannister, Kevin Busche, Sylvain Coderre, Melinda Davis, Gary Gelfand, Ms. Jane MacNeill, Ms. Lily Oakenfold, Mr. Mike Paget, Ms. Sibyl Tai, Amy Tan, Pamela Veale

*Regrets:* Drs. Kelly Albrecht, Mr. Parthiv Amin, Na'ama Avitzur, Tim Ayas, Laurie-Ann Baker, Karl Darcus, Janeve Desy, Ms. Sue-Ann Facchini, Jason Fedwick, Ms. Dory Glaser-Watson, Gavin Greenfield, Adrian Harvey, Farah Jivraj, Nicole Johnson, Rahim Kachra, Martina Kelly, Kathryn Kenny, Michael Kwan, Ms. Shannon Leskosky, Irene Ma, Emily Macphail, Mr. Yugmel Nijar, Rithesh Ram, Thomas Raedler, Artan Reso, Mike Slawnych, Ms. Sarah Smith, Mr. Thane Smith, Jimmy Vantanajal, Sonja Wicklum, Ian Wishart

#### **1. Welcome**

Dr. Veale welcomed members. Dr. Veale noted that Jane (Elizabeth) MacNeill will be taking over the support role for the Clerkship Committee beginning at the next meeting.

#### **2. Approval of Meeting Agenda:**

No additions/changes.

#### **3. Approval of Minutes from November 21<sup>st</sup>, 2017:**

No additions/changes.

#### **4. Arising from Minutes**

**a) Electronic Approval of Clerkship Student Handbook:** Dr. Veale noted the approval of the electronic Clerkship Student Handbook in January. She noted the absence request section and changes on page 8.

#### **5. Standing Reports:**

**a) Report from Student Reps:** Student representatives were not present at this meeting, as the Class of 2019 has begun their clerkship, and the Class of 2018 will soon complete their year.

**b) Other Ume Committees: UMEC:** Dr. Coderre reported that UMEC has approved Anatomy to be a separate course, taught longitudinally. This is due to the student survey results which indicate the quality of the teaching is excellent, but the quantity is not enough. This will impact the Class of 2022. UMEC also discussed the proposal to move the Well Woman content to the OG clerkship. Further discussion regarding this proposal is required. Dr. Coderre noted that the Curriculum Task Force will be providing a recommendation in regards to the curriculum distribution between preclerkship and clerkship. He noted that the preliminary report recommends a four to six week increase in clerkship. This will be discussed at the June UMEC meeting and recommendations will be forthcoming to the Clerkship and Preclerkship on how this will be accomplished. Dr. Coderre noted the ongoing discussions in regards to the reduction in the UME Budget, which will have to decrease the preceptor budget by 1 million dollars. Preceptors who teach more than 5 hours will be remunerated and hopefully this will result in preceptors increasing their teaching hours. Dr. Coderre noted he is still meeting with the departments and will have a communication to the preceptors soon. Mr. Paget presented the Clerkship Logbook proposal slides. He noted the Class of 2020 (with exception of UCLIC) will test out a pilot log book which has been compressed to collect the pertinent data required for accreditation. The current logbook collects too much data and is cumbersome. The motion to turn off logging of clinical presentations/procedures for a year to alleviate student burden and encourage participation in development of new logbook activities was accepted at UMEC. This was conveyed to the students. Each clerkship will be asked what they require in the new logbook.

**c) Academic Technologies:** Nothing new to report.

#### **6. Clerkship Reports**

**a) Anesthesia:** Dr. Davis presented the pre-circulated Annual Anesthesia Clerkship report for the Class of 2017. Highlights included:

- This is a two week rotation distributed in four adult sites – FMC, PLC, RGH, SHC.
- Includes 1 full day of classroom based teaching (from residents and acute care nurses, which always receives good feedback), and 2 half days with Course 8 and exam.
- Daytime work only.
- Students are provided with a binder and textbook, details as pre-circulated.
- Educational objectives include; cardiopulmonary physiology, pharmacology, preoperative assessment, fluid management, procedural skills (airway and IV access).
- Evaluation includes daily one45 evaluation – 7 daily evaluations must be sent. Logbook and MCQ exam.
- There was two unsatisfactory (both MCQs) with an end successful on rewrite. Some SPD's (professionalism – logbook and one45s)
- Students receive a 'yellow card' which includes; formative, guides bedside teaching, aligns with core document objectives. More recently it has had a reminder to ask for feedback added. It includes what is observed, the first three IV's, for example. The yellow card is scanned.
- **Strengths:** Scores – current year 4.1, past year, 3.8, two years before 4.0 Strengths also include organization, materials provided, lots of time for teaching, lots of opportunities for practicing skills, preceptors.
- **Weaknesses:** Different preceptors each day. It is not possible to change this due to the length of the clerkship (2 weeks) at this time. Variable interest in teaching. Unrealistic preceptor expectations. Some sites have IVs done in day surgery. Rotation is too short. Delay in completion of one45 daily evaluations. No 'midpoint evaluation'.
- **Changes/Challenges:** Dr. Chong has stepped down. Composition of clerkship committee is changing; have added ACH representation and resident membership. Review of objectives and written materials. Exploration of other learning platforms e.g Cards as opposed to logbook or yellow card. Issue with learner numbers, as there are half the operating rooms and brand new residents. Preceptors reported burnout. Preceptor understanding of MD program and clerkship objectives is lacking and this will be addressed by hosting citywide rounds on what context should be and what the students require.

Dr. Coderre suggested that GI could possibly assist in teaching IV's (& sedations) as every site provides about 60 cases/day. Dr. Veale thanked Dr. Davis for her report and work.

**b) Pediatrics:** Dr. Bannister provided the pre-circulated Annual Pediatrics Clerkship report on the Class of 2017. Highlights included:

- Overall ratings; Class of 2017 (UME report) 3.3 – (Peds report) 3.9 [Class of 2016 – 3.5; 3.8 respectively] [Class of 2015 – 3.3; 3.7 respectively]
- Rotation is a six week rotation, with the majority of students completing three weeks at ACH CTU, PLC, Regional. Academic Half Day is provided weekly. Formative exams – online, and OSCE. Passport is provided for students to fill in and staff must sign off on it. This must be handed in at the end of the rotation. Final MCQ exam.
- **Strengths:** ED rotation, community peds rotation; preceptors, residents; ACH CTU; handbooks; simulation sessions (which include nursing and RT's).
- **Weaknesses:** ACH CTU – rounds, hours too long. PLC – lack of structure, too many learners. NICU – too long a rotation, hours too long. Not learning procedures. Not observed doing physical exam, however, the passports indicate they are. Passports are not a favourite by some of the students, however it is an accreditation requirement. Not doing peds ED.
- **Changes for Class of 2017:** Core doc was reorganized and improved. One page information sheet sent to preceptors/residents. Updated Peds Passport. Developed recommended resident teaching topics to address gaps in knowledge identified on final exam. Academic Half-day was reorganized. Added in weekly update session with Clerkship Director. Changed clinical presentations to update to the canuc-peds. Developed more detailed objectives for each of the clinical presentations and identified 'best' resources for each of the 29 clinical presentations. Medicine Hat and Red Deer clinical sites were discontinued. UCLIC schedule includes 2 weeks NICU, 2 weeks ACH sub-specialty.

• **Changes for Class of 2018:** Students will complete one week of NICU. 50% more will do Peds ED (one week each). PLC inpatients/newborn is a two week rotation, paired with community peds for one week. Cards are being developed for each of the 29 clinical presentations. Cancelling formative OSCE. New rotation for UCLIC – three weeks ACH CTU, one week sub-specialty. Students have requested an increase in exposure to peds emergency and after requesting this for the Class of 2019, this was denied due to lack of capacity for additional learners in the area. Drs. Coderre and Veale suggested they could follow up on this request specifically regarding SHC and Dr. Bannister agreed. Dr. Bannister noted that Cards are being developed across the country, with thanks to Mr. Paget. Mr. Paget noted the vast amount of work by Dr. Bannister in leading 17 schools to make Cards. They are all peer-reviewed. Dr. Bannister noted for the new year, everything will be on OSLER, vs. handouts. Students fill in a one page rating of preceptors and the results are returned to the preceptors the same week. The preceptors are very pleased with this process and feedback. Dr. Bannister noted that no one has failed this year, which is unusual. An exam meeting to review the exam will be completed and questions may change. She noted that requests were made to lower the MPL however, if the question is good, this is not viable. However, the teaching could improve. Dr. Veale thanked Dr. Bannister for her report and work.

## 7. New Business

**a) New FM Clerkship Director:** Dr. Veale noted Dr. Amy Tan will be stepping down as Family Medicine Clerkship Director. She thanked her for her work and input to the Clerkship Committee, with an Award of Excellence Certificate. Dr. Tan noted that Dr. Sonja Wicklum, will be replacing her. Dr. Wicklum is from Family Medicine and has expertise in chronic disease and indigenous health.

**b) Student Feedback regarding Preceptors – Revised Form:** Dr. Veale noted the newly revised form that was reduced in length after factor analysis of the previous form. She noted that it is now the same as the preclerkship bedside feedback form, which will result in combined feedback to preceptors (only released if minimum of 3 students provide feedback). Mr. Paget noted that this form would also replace any outlier forms, i.e. in Family Medicine and Anesthesia. Dr. Tan indicated she will take this back to DLRI for Dr. Doug Myhre to review. Dr. Veale asked if there is anything extra to add from DLRI, to let her know.

**c) Clerkship Faculty Appreciation Letters:** Dr. Veale noted that these were based on two categories; Teaching Contribution, and Significant Behind-the-Scene Contribution. Each clerkship had to identify up to 10 individuals who made important contributions to the clerkship. She noted many of the recipients were thankful for the letters. A suggestion provided by Mr. Paget, in regards to adding clerkship to the student led Faculty Appreciation night, was accepted by the students for next year's event.

**d) Program Coordinators Portfolios and New Position:** Dr. Veale noted the pre-circulated changes to these portfolios, due to a new position created to support examinations. A Program Coordinator accepted this position, and therefore, the remaining clerkship/courses were divided among the remaining coordinators.

**e) Observation of Histories/Physicals (Accreditation Response):** Dr. Veale noted the presented slide of the percentage of students with preceptor ITERS indicating history taking and physical examinations that were observed, which was at 100% or very close to. These numbers were added by block.

**f) Clerkship OSCE:** Dr. Tan requested whether UME could consider having the family medicine clerks do their exam on Friday, as travelling in for the exam and back to clinical duties in their rural placements is difficult. **Action:** Dr. Veale will note this for next year's Clerkship OSCE and put in a request to the Exam Coordinators. However, she noted that it would also depend on electives and requests from other rotations as well, as not all can be scheduled on the Friday.

**g) Next Year's Meeting Dates:** Dr. Veale noted that due to the low attendance the last two meetings, she will survey the members to see if Tuesday can remain the day to conduct Clerkship meetings.

The meeting adjourned @ 1:50 p.m.

**Next meeting is Tuesday, April 24th, 2018 @ 12:30 – 2:30 p.m. in G750, HSC Bldg.**

/lt – edited by Dr. Veale