#### Undergraduate Medical Education

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### Clerkship Committee Meeting Minutes APPROVED Tuesday, September 18<sup>th</sup>, 2018

Present: Drs. Kelly Albrecht, Mr. Parthiv Amin, Tim Ayas, Susan Bannister, Ms. Kate Brockman, Melinda Davis, Ms. Dory Glaser-Watson, Gavin Greenfield, Adrian Harvey, Jolene Haws, Rahim Kachra, William Kennedy, Ms. Shannon Leskosky, Ms. Gillian Liston, Ms. Emily Macphail, Mr. Mike Paget, Rithesh Ram, Thomas Raedler, Artan Reso, Mike Slawnych, Ms. Sarah Smith, Ms. Sibyl Tai, Pamela Veale, Sonja Wicklum

Regrets:

Ms. Na'ama Avitzur, Drs. Laurie-Ann Baker, Kevin Busche, Sylvain Coderre, Karl Darcus, Janeve Desy, Ms. Sue-Ann Facchini, Jason Fedwick, Gary Gelfand, Ms.Mariana Hofmeister, Farah Jivraj, Nicole Johnson, Martina Kelly, Kathryn Kenny, Michael Kwan, Irene Ma, Kevin McLaughlin, Jane McNeill, Suneina Mohan, Jimmy Vantanajal, Ian Wishart

### 1. Welcome

The meeting was called to order @ 12:35 p.m. Members introduced themselves, including Dr. Rithesh Ram who participated via teleconference.

### 2. Approval of Meeting Agenda

The agenda was approved, with order of agenda items changed.

# 3. Approval of Minutes of May 29, 2018:

The Minutes of May 29, 2018 were approved with the following spelling correction: from Ritesh to Rithesh. With this amendment the Minutes of May 29<sup>th</sup>, 2018 were approved. Moved by Ms. D. Glaser-Watson. Seconded by Mr. W. Kennedy Unanimously approved.

# 4. Arising from Minutes: As per the below.

#### 5. Standing Updates:

- a) Report from Student Reps: As indicated in below.
- b) Other UME Committees: Deferred, unless otherwise noted in below.

c) Academic Technologies: As indicated in 7a) and it was noted that 100% of students matched to their first rotation choice in the clerkship rotation lottery.

# 6. Clerkship Reports

a) **Obstetrics & Gynecology** – Dr. Kelly Albrecht presented her pre-circulated report on O & G, from the Class of 2018, which was deferred from the May 2018 meeting. Highlights included:

- O & G Clerkship Committee noted the membership, noting there were 4 meetings in 2017/2018 with resident membership.
- Overall objectives were reviewed and revised in 2016 and these will be revised for the Class of 2020.
- Expectations/objectives and references emailed twice/year. Communicated to site leaders for meetings.
- Current rotation structure is 6 weeks with track schedule as noted on pre-circulated slides.
- Student feedback for the Class of 2018 4.2. Previous year's student feedback percentage as noted.
- Strengths: Organization of rotation, teaching sessions, faculty and residents, balance of teaching and workload, breadth of exposure, good IPE exposure.
- Weaknesses and addressing issues:
  - Disconnect from preceptor schedule, however, not possible to have a preceptor rotation.
  - Too much OR/or not enough OR. OR days feedback is both equal to good and bad. No changes being made.

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- Busyness of rotation and lack of teaching from preceptors due to clinical volume. New CORE block of teaching for Class of 2020 being planned to assist clerks to be more prepared and able to participate.
- Students indicated not doing enough i.e. OR is more watching than assisting. Want more exposure to low risk obstetrics. Change to encouraging to participate with low risk in the whole rotation when on L&D.
- o Rounding. This will be changed meet with residents 7 am and round with residents on L&D days only.
- Evaluation slide as circulated with expectations.
- There were 4 unsatisfactory for reporting period with no appeals.
- Student work hours continue to do 6 calls in 6 weeks, details as circulated.
- Clerks work 2/6 weekends and try to give them 4 off.
- Comments on student work hours as noted.
- Changes: Upcoming year for the Class of 2019: No log book, updated workbook, formative OSCE added day 1, Cards replaced loss of chiefs at some sites. Many new cards created for 2018-2019 class. Addition of lecture and hands-on practice of pelvic examinations. CATs being done at site with small groups for next year. Utilizing clerkship budget differently, as noted. Block week planning underway for the Class of 2020.

Students were appreciative of O&G efforts to improve. Dr. Veale thanked Dr. Albrecht and the committee for their efforts

## 7. <u>New Business</u>

- a. Discussion About Additional Time to Clerkship
  - What Would we Do With Time
  - Clerkship Schedule Modules
  - Preliminary Ideas for Mandatory First Clerkship Rotation

Dr. Veale noted that UMEC had approved moving four weeks of time from preclerkship to clerkship. At the next UMEC meeting, Friday, September 21<sup>st</sup>, they will decide on how to allocate those weeks of time and asked the Clerkship Committee to provide recommendations. UMEC will make the final decision based on the recommendations. Dr. Veale indicated she would like to begin by reviewing the options with the membership's input, then open up for discussion. She asked members to consider two items: 1. what is the Clerkship program's preferred choice or choices, and 2. would any choice "break" their functioning rotation. She noted the allocation of two of the weeks has already been decided; one week time in October and one week added to CaRMS interview periods (increasing this from two weeks to three weeks). She noted that UMEC asked the Clerkship Committee to be careful of what will be recommended as they would like to see time created from the curriculum time and content and using it wisely. Dr. Veale went through each option, as distributed (and attached). That leaves two weeks to be decided upon, which are in the options, Option 1 to 6.

Dr. Veale projected some preliminary suggestions from Dr. McLaughlin regarding examination structure if the decision is to move to 4 week rotations (option 5) Dr. Veale noted that if the Clerkship rotation structure moves to 4 week blocks, SEC would review and make the decisions on the evaluation options.

Discussion ensued. Dr. Veale asked each clerkship program to provide the following answers to these questions for recommendations to UMEC: 1. Recommend a 4 week schedule rather than a 6 week schedule? 2. For the additional 2 weeks' time, use it for electives, "baby clerkship" or something else, and 3. Does any of the options break the functioning clerkship rotation? This would begin with the Class of 2021. Dr. Veale noted that whether the result is a 4 week block or 6 week block, there would be overlap in either case. Overlap times would depend on the calendar year, but would probably be a 2 week overlap or a 3 week overlap. She noted this can be minimized by allocating one class to electives but there still would remain some overlap. One of the overlap times would occur when the outgoing clerks are at CaRMS and the incoming clerks would be coming in at that time. How the overlap occurs within disciplines would be defined by each discipline. Mr. Paget noted that with the 4 week option, there would be 6 mandatory rotations ahead of CaRMS, vs. currently only 4 rotations ahead of CaRMS.

#### Course 8: Dr. Haws indicated that it would not impact Course 8.

<u>Internal Medicine</u>: Dr. Kachra noted that a 4 week block would de-couple the rotation. Exam perspective would be difficult as well. Dr. Slawnych agreed that reducing time on MTU would be the most challenging as it is important for students. Dr. Veale suggested 2 weeks in MTU and 2 weeks in selectives as a potential 4 week rotation in Internal Medicine. Dr. Kachra indicated a coupling with an elective may work.

<u>Psychiatry:</u> Dr. Ayas would like to retain the 6 week rotation in psychiatry, with the two weeks for child psychiatry and 4 weeks on adult psychiatry having just begun this, this past year. This builds upon the knowledge and de-coupling them would not go smoothly. He noted he agreed with Option 1 as he is aware that most students would like more elective time. However, any option would not break the rotation and if needed, could be worked through.

<u>Surgery:</u> Dr. Harvey indicated that in providing clinical elective time would assist in this rotation which would provide a mandatory rotation and for example, an elective as well. No option would break surgery. Ms. Glaser-Watson noted that it would result in a changed general surgery with no selectives, but the selectives could be handled in the elective period. She did note that if UCLIC was stacked in Block 1 or Block 8, this would be a problem.

<u>Class of 2019 Students:</u> Their preference is for Option 1, with Option 2 as back-up. Option 5 is a concern with two sets of clerks going through at the same time. Having those extra electives just before CaRMS is a good option. It was also suggested to proceed with electives earlier rather than later.

<u>Class of 2020 Students</u>: They support the 4 week block as they will have more rotations before CaRMS. They noted that they are concerned about the overlap time with the incoming and outgoing clerks and how this will be managed. They also suggested that organizing exams to ensure some kind of un-coupling would be better.

<u>Obstetrics & Gynecology</u>: Dr. Albrecht reported that they would develop their program to make it work for the 4 week block, as it is better for students to be in a 4 week block. Concern was noted, however, that O&G do not have the capacity to have 40 students at the same time in an overlap, or alternatively, to have no students at any given time, in order to provide the best experience. Dr. Albrecht suggested that if the baby clerkship was to be the recommendation, it could be by Family Medicine.

<u>Emergency</u>: Dr. Greenfield indicated that he does not have an opinion on a 4 or 6 week rotation, that they would work with what is recommended.

<u>Family Medicine</u>: Dr. Wicklum indicated that this is an opportunity for students to get out to rural spots, even small city spots in pediatrics or psychiatry. She agreed that the 4 week blocks would give more rotations to the students prior to CaRMS. She did voice concern though with the baby clerkship suggestion that Family Medicine develop this, as this is the time they are very busy with interviewing residents. Nevertheless, whatever the outcome, they are willing to work with it. She did note that the need for a strong MTU skill is required for students and with 4 weeks exposure to rural, may help.

<u>Pediatrics:</u> Dr. Bannister indicated she felt it was great to break the standard mold and to be thinking creatively. She noted that a 6 week rotation is the easiest, 4 weeks would be challenging logistically with resident orientation, preceptor orientation, exams, etc. She indicated that the evaluation of each rotation will have to be reviewed and revised. She suggested another idea is to have surgery, peds, and psych, for example, in alternate rural urban small centres in Alberta and the students could choose, much like an elective. However, she noted that it is the medical school's responsibility to provide the best student education and it does make sense pedagogically and they would be more exposed to the rural sites. She indicated Pediatrics would figure out a way for a great experience for the students and would accept the 4 week block. She does not feel they need more elective time just to decrease anxiety around CaRMS, as students do well in matching. She suggested perhaps fanning out the students to smaller centres in Alberta, which would alleviate the overlap, such as electives. She also suggested perhaps having the 1 week off in April instead of October. This might address not doubling the rotations. Ms. Smith indicated that although going rural for some of these ideas is favorable, she noted concern regarding financial barriers in going to rural Alberta.

<u>UCLIC:</u> Dr. Ram noted that either the 4 week or 6 week blocks would not break UCLIC, least supportive of Option 6 with more vacation time.

Dr. Veale thanked the membership for their input and thoughts and summarized the input from Clerkship as noted below. She will bring these forth to UMEC for review and consideration:

- Advantages of the 4 week structure slightly outweighed the 6 week structure.
- One very strong objection from Internal Medicine, and two other rotation objections, but they will make it work if that is the decision from UMEC. Concerns were raised including the decoupling of some rotations.
- Preference for adding time to elective weeks with some support for baby clerkship and some other suggestions in the mix.
- Concerns that require fleshing out the overlap time very carefully.
- Students were not supportive of the end of year elective option.

Dr. Veale reported that she will provide the Clerkship with the recommendations from UMEC, after their review on Friday.

The following items were pre-circulated for updates to the membership and/or for information:

7b) Request for Physician Notes (message from Provost) pre-circulated.

7c) Evaluations for Possible Changes: This was addressed in 7a), with suggestions from SEC.

7d) Reminder regarding Confidentiality for Committee discussions (CaRMS)

**7e)** Introduction of new members/other announcements: Dr. Veale noted that both Adrian Harvey, Clerkship Director of Surgery, and Ms. Dory Glaser-Watson, Evaluation Program Coordinator Surgery, will be stepping down. They were awarded a certificate and acknowledged for their hard work in surgery. Dr. Veale thanked them for their efforts.

7f) Student Gold Star Wards for Preceptors: Dr. Veale noted these were nominated by the Class of 2018 for the preceptors in clerkship, as pre-circulated.

7g) Clerkship LOA's will be addressed at the next meeting.

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# 7h) Formative Exams as pre-circulated.

7i) Clerkship Committee Meeting Schedule with Reports 2018-2019 pre-circulated. If any discrepancies, please advise Ms. Jane MacNeill.

Meeting adjourned at 2:30 p.m.

Next meeting is Tuesday, October 30th, 2018 @ 12:30 – 2:30 p.m. in G737, HSC Bldg. (Reports due: Surgery, Internal Medicine)

lt/pv