

CUMMING SCHOOL OF MEDICINE

Pre-Clerkship Committee (PCC)

APPROVED - Minutes

Friday, September 13th, 2019

Present: Drs. Adam Bass, Hanan Bassyouni, John Bertram, Kevin Busche (Interim Chair), Ms. Karen Chadbolt, Melinda Davis, Erika Dempsey, Janeve Desy, Ms. Sue-Ann Facchini, Ms. Suzanne George, Ms. Tabitha Hawes, Martina Kelly, Ms. Shannon Leskosky, Tara Lohmann, Mr. Arjun Maini, Kerry McBrien, Leanna McKenzie, Ms. Lily Oakenfold (Admin), Mr. Mike Paget, Lothar Resch, Anthony Seto, Ki Smyth, Ms. Alexander Thomas, Dr. Phil Stokes

Guests: Dr. Anila Ramaliu, Family Medicine, Ms. Gillian Treacy, UME Program Coordinator

Regrets: Drs. Fariba Aghajafari, Billie Au, Laurie-Ann Baker, Nancy Brager, Chris Brown, Edwin Cheng, Joyce Chu, Philippe Couillard, John Fagnou, Dawn Goodyear, Andrew Grant, Rahim Kachra, Murray Lee, Patrick Lee, Dan Miller, Chris Naugler, Ms. Laura Palmer, Jadine Paw, Renee Perrier, Jaime Schachar, , Clark Svrcek

Dr. Busche called the meeting to order @ 12:35 p.m. and thanked members for attending. Members introduced themselves.

1. Approval of Meeting Agenda:

Moved by Dr. A. Bass. Seconded by Dr. L. McKenzie. Unanimously approved.

2. Approval of June 7, 2019 Minutes: The June 7th, 2019 minutes are approved.

Moved by Dr. K. Smyth. Seconded by Dr. L. Resch Unanimously approved.

3. Standing Updates

3.1 Other Committees: UMEC: Dr. Busche reported that UMEC will be meeting next week. **Clerkship:** Dr. Busche reported that the second year class is being introduced to Clerkship and work is underway to implement the new clerkship schedule and format. **SEC:** SEC will be meeting on September 27th.

3.2 Academic Technologies: Mr. Paget reported there is a brand new Blackbook website (<http://blackbook.ucalgary.ca>). AT is working with Dr. Yan Yu and the students to link Black Book schemes to the relevant material in the Calgary Guide. Development of recruitment is occurring in OSLE and as a result, UME Program Coordinators can recruit from the Vera project for their courses. This will remove Signup Genius and assemble all teaching opportunities in one place based on physician department, payment eligibility, master teacher status and good standing.

3.3 Student Reports: Class of 2021 reported things were running smoothly overall, and are in the midst of ranking their sites for clerkship rotations. Ms. Haws noted that the UCLIC orientation will be presented in two weeks. Mr. Maini noted that the final exam for Course V is next week. Application for electives is ongoing and stressful. There is an AFMC working group to try to make things better for the application for electives. Dr. Busche elaborated, noting that students must apply through the AFMC Electives Portal, and that each elective that is applied for carries a cost, which may or may not be refunded if the elective is not available. It is a huge costs for students; there is a working group led by the Associate Dean from McMaster reviewing this. Students from the Class of 2022 reported they will be having their Course I mid-term next week.

4. Old Business:

4.1 Year 2 Schedule Reorganization: Dr. Busche reported that the students had recommended a change to the schedule in year 2 of the pre-clerkship in order to provide a better running schedule and to provide a break in the summer in Year I. Dr. Busche explained that the timetable for Year I as it stand currently:

- Course III, break, Course IV, ICP/Integrative, Electives, Course V to VII, with AEBM and Medical Skills running parallel.
- Proposed: Course III, ICP/Integrative, Electives, Course IV, break, Course V to VII. The first drawback would be that Course IV would end the first week of July and this may be difficult for recruitment of preceptors at that time. The other issue is that this would put the pre-clerkship electives in April, meaning that all three classes would be in the clinical environment at one time and there is not enough capacity for this. Peds and Obs & Gyne are already at capacity. Therefore, this suggestion was rejected. It was noted that Electives are a mandatory course and can be seen as a bit of a break from classes. This would require ICP and Integrative to change significantly. Dr. Bass indicated that it would be difficult to run Course IV during the summer, and it would be extremely challenging for students who would be going to electives in either Internal Medicine or Family Medicine as they will not have been taught about electrolytes, etc. prior to their elective experiences. Mr. Paget noted that with some changes to the pre-clerkship schedule, clerkship could start one

week earlier which would allow every student to begin clerkship with a mandatory clerkship, then electives, which would assist with career exploration by moving elective decisions later for the students. He suggested that perhaps electives could be pushed to a later time which would change the elective capacity. He noted that clinical capacity increases during CaRMS interview weeks because there are no clinical clerks on the units. Preclerkship electives could be at this time. He suggested that the clerkship schedule be discussed in liaison with any proposed changes to preclerkship schedules. Dr. Stokes noted that running Course VII earlier in the summer may be more difficult in procuring preceptors at that time, but could be possible. Students suggested having a break in the summer would assist in alleviating burn out for the students.

Dr. Busche noted the principles to guide further thinking about schedule changes:

- a. Pre-Clerkship Electives: Before the students make their rotation choices in clerkship, have pre-clerkship electives earlier or by having electives later in clerkship which would result from shifting clerkship's start.
- b. Try to move the breaks to space them out better thereby optimizing student wellness, and trying to avoid dedicated teaching time during July/August as much as possible.
- c. Avoid having all 3 classes in the clinical environment at the same time.
- d. Avoid doing preclerkship electives prior to Course IV, as Course IV's student knowledge is relevant to the day-to-day medicine in many different areas.
- e. Clinical preceptor overload in the summer when they are in a reduced capacity and are stretched, therefore, try to avoid preclerkship electives in July/August.
- f. Shifting when clerkship starts and having a mandatory rotation first will not achieve all of these goals.
- g. Having just a weekend between Year 1 and 2 could be a problem for students who fail as there would not be enough time for rewrites, although they could be conditionally promoted to Year 2.
- h. It was noted that any change to schedules must be done before rooms are booked, the year prior to any changes.

Dr. Busche thanked members for their input and noted that this will be an ongoing process

4.2 Timetable Update: Ms. Leskosky noted that as the October PCC meeting was cancelled, she will send out the timetables for the members to review and advise her of any changes/corrections, especially noting when the exams are. They will then be approved at the November PCC meeting.

4.3 Anatomy Program: Ms. Leskosky reminded members that she is developing the calendar for the timetable now, which will include the next Anatomy Course, which will also be incorporated into the schedule. This will result in less course hours in course I, II, and III. Pathology teaching will move out of anatomy. The Anatomy Course will be longitudinal which will run parallel with other courses and much of it will be taught in podcasts.

4.4 Confidentiality Agreements for New Members: Dr. Busche reminded members that when new members begin on the sub-committees of UME Pre-clerkships, they are to sign a Confidentiality Agreement. These can be sent back to either Lily Oakenfold or Ruth Malus. He advised the new student representatives that communication should be sent to their student class, but to avoid where individuals are identified, for confidentiality and security.

5. Course Report:

5.1 Course IV Report: Drs. H. Bassyouni and A. Bass presented the Course IV Annual report (course dates – April 9th to June 21st, 2019), details attached with minutes. Highlights are attached, some of them as noted:

- Top 3-5 strengths: 1. Preceptors and teachers. 2. I-clicker review sessions 3. Office hours. 4. Rapid turn around time for quiz and exam results (thanks to UME). 5. Patient presentations.
- Top Challenges/Limitations: 1. More Choosing Wisely emphasis in future. There are few relevant choosing wisely guidelines for nephrology, therefore challenging to incorporate. 2. Endocrine section objectives need work as they are not aligned with lectures, this will be a big task next year. 3. Scheduling of complex topics as a single chunk was changed to be split up into blocks of time (i.e. 1 hour, 2 days off, then the related small groups). This was well received, therefore, this model will be placed on other modalities. 4. Pathology teaching ceased. Dr. Bassyouni had requested whether a pathologist could lead this, but to date, this has not been accomplished. As a result no pathology questions were tested on the peripatetic in the course. All pathology teaching was cancelled. Dr. Resch indicated he would assist Drs. Bassyouni and Bass in finding a solution. Anatomy needed more time and this will be discussed and coordinated. 5. Clinical core was different with no hospital teaching.
- Changes from Previous Year: Didactic teaching/lectures in some parts of nephrology were cut in half and interactive sessions were implemented with acute kidney injury, and the small groups related to this were rewritten by Dr. McLaughlin. As there was no negative student feedback, therefore it was perceived as a positive. This change will continue to be rolled out into other sections of the course. Introduced pediatric patient with diabetes which was received well. Cards were developed with thyroid, which received positive feedback. Some lectures were deleted.
- Future Plans: 1. In scheduling lectures and SG sessions, these will be grouped together, similar to the lipid section 2. Pathology lead and objectives will be improved. 3. Endocrine objectives will be improved. 4. Continued move to in-class problem-solving sessions with fewer lectures.
- Challenges: Pathology – small group of individuals. This will be reviewed with the help of Dr. Resch.
- Behind-the-Scenes Awards: Shauna Bonnett, Gillian Treacy, Mike Paget, Dr. Alex Leung, Dr. Kevin McLaughlin and Matthew Sobczak.

- Goals: 1. Introduce more CARDS and innovative learning strategies such as flipped classroom. 2. Incorporate Choosing Wisely more widely. 3. Continued Nephrology move to more interactive sessions and less lectures.

Discussion ensued on how to bridge the gap in regards to PSA teaching. It was noted that Urology recommends PSA testing for prostate, however, according to the Canadian National Task Force Guideline (<https://canadiantaskforce.ca/guidelines/published-guidelines/prostate-cancer/>), which is a body of many specialists, they do not recommend this. Dr. Kelly noted that in Family Medicine, they ask the students to try to use evidence-based medicine and make informed decisions and there are tools to assist in incorporating patients in making decisions. It was suggested that perhaps a debate on PSA screening and whether it should be ordered or not could be explored. Dr. Rosen noted that there are many controversial opinions in medicine, which is normal. It was suggested that perhaps the exam should provide more than one answer for this type of question, which would be correct for either answer or both. It was suggested that this topic could be explored in AEBM. Students noted that the schedule of Course IV this year was better than in the past, however, with Course III and AEBM at the same time, Course III was more of a struggle. There were also two exams on consecutive days (one each from AEBM and Course III). Students recommended that their experience would be markedly changed if the schedule was better integrated. Dr. Busche thanked Drs. Bassyouni and Bass and their Committee for their work and the presentation.

The Course IV report was accepted.

Moved by Dr. E. Dempsey. Seconded by Dr. L. McKenzie. Unanimously approved.

6. New Business

6.1 Disease Prevention & Health Promotion: Dr. Kelly introduced Dr. Anila Ramaliu, who has a background in public health and is trying to follow-up on the report on Disease Prevention and Health Promotion Task Force.. Dr. Ramaliu will work with the Course Chairs, to review the course teaching in what health promotion and disease prevention is in the courses and where the gaps are, and to provide content in those gaps. She noted she will write to the Chairs about this. Dr. Busche provided the background that the Medical Council of Canada has this on their blueprint, and many questions will be related to these subjects on the MCC part I exams. Dr. Ramaliu noted that most schools in Canada who do incorporate these two subjects, in an integrated system. Mr. Paget suggested that Dr. Ramaliu also speak to Dr. Janeve Desy in regard to exam questions that would pertain to this. It is a standard that universities should deliver.

6.2 Budget Changes/Impact on UME: Ms. Chadbolt reported that after a meeting with the Dean's office, with Dr. Naugler, they were advised to develop some plans for a specific budget cut. A directive to hold off on payments to Course and Clerkship leaders/preceptors was implemented and UME was directed to wait to communicate until final decisions were made on the implementation of budget decisions. A decision was recently made to move forward on payments to Course and Clerkship leaders, and agreement letters have been sent. There are no changes to preclerkship for this fiscal year. Ms. Chadbolt asked members to please advise their teachers to sign these agreements as soon as possible, to enable payments to be sent. Dr. Busche thanked Ms. Chadbolt for her hard work in working long hours to develop different financial plans to accommodate the request for budget cuts. He noted that the Cumming School of Medicine is in debt and with the change in government, it is not known what the provincial government will do. Dr. Stokes thanked Ms. Chadbolt for this positive outcome, and requested that in future, perhaps some communication could be released to let them know, at the minimum, that the payments were on hold until further notice.

6.3 Student Evaluations Info. Document – Clinical Presentations/Procedures: Dr. Desy reminded members to please look at the Clinical Presentation and Procedures document to ensure that they are covered in the courses. Mrs. Oakenfold will send them out again to the members (completed). She noted that ultimately this will inform a blueprint of the course exam content. She asked that if there are any missing to let her know.

6.4 UME Program Portfolios: Ms. Facchini noted there are a number of changes to the portfolios of the UME Program Coordinators as pre-circulated. Two coordinator positions are vacant, with one replacement by Aimee Newton to date. She asked members to review the changes. Dr. Busche noted that changes are made to even out the workload of the coordinators as best possible and balanced, and to be cognizant that the coordinators have multiple other job responsibilities at the same time.

Dr. Busche thanked members for their participation and hard work.

Next Meeting: Friday, November 15th @ 12:30 – 3:00 p.m. in Rm. G384 (October 11th meeting was cancelled). Meeting adjourned @ 3:10 p.m.

Submitted by L. Oakenfold – Edited by Dr. K. Busche