



Pre-Clerkship Committee (PCC) Minutes

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APPROVED

Friday, March 15, 2024

12:30pm via Zoom

Attendees: Drs. S. Weeks (Chair), F. Aghajafari, S. Anderson, J. Bertram, A. Bromley, K. Busche, J. Desy, A. Harvey, J. Paw, A. Seto, K. Smyth, P. Stokes, L. Willetts, T. Wu, Ms. S. Facchini, Mr. V. Joe, Ms. D. Jean (admin)

Regrets: Drs. A. Bass, H. Bassyouni, V. Bhella, E. Cheng, E. Dempsey, J. Fagnou, R. Kapadia, M. Kelly, T. Killam, M. Lee, P. Lee, T. Lohmann, M. Mintz, J. Rizkallah, W. Rosen, C. Svrcek, Mr. M. Bondok, Ms. K. Fu, Mr. S. Ivaturi, Mr. J. Kreutz, Ms. S. Leskosky, Mr. M. Paget, Ms. A. Randhawa, Mr. M. Sobczak, Ms. G. Taneja

1. Call to Order

The meeting was conducted via Zoom and was called to order at 12:34pm by Dr. Sarah Weeks (Chair). Welcomed everyone, gave a land acknowledgement presented a short video on the athletic accomplishments from the Nations of Treaty 7, and thanked all for their attendance and reminded that this would be the last PCC meeting.

2. Approval of Meeting Agenda

Motion: Dr. K. Busche **Seconded:** Dr. S. Anderson
Agenda was circulated electronically for final approval.
All in favor

3. Approval of Minutes from January 12, 2024

Motion: Dr. S. Anderson **Seconded:** Dr. K. Busche
January 12, 2024 minutes were circulated electronically for final approval.
All in favor

4. Standing Updates

4.1 Student Reports

Mr. Joe informed the committee that the Class of 2024 are currently awaiting CaRMS match results the morning of March 19th and are relieved about not having any clinical duties and responsibilities that day. The Class of 2025 is having a good start to Clerkship on electives which will soon be followed by mandatory rotations. His update included that for the Class of 2026 the students would like to standardize deadlines times for all assessment pieces. Mr. Joe informed the committee that the VP Academics for the Class of 2026 will bring this item forward at an upcoming RPCC meeting when they are able to be in attendance.

4.2 Undergraduate Medical Education Committee

Dr. Bromley informed the committee that the biggest change to be approved was the change to the Flex Day Policy which will go into place on April 1, 2024. The Big 10 was brought back to the Strategic Education Council to review and update language and terminology that will be more aligned with the school's strategic plan. There has also been some education with different departments around the changes with the curriculum and the branding of RIME to help the students going out into clinical spaces.

4.3 Clerkship Committee Update

Dr. Busche's update included that the Class of 2024 Match Day is this coming week, the class will be finishing up their core rotations and exams in the coming month with some requiring remediation after that time. The Class of 2025 is currently progressing through their electives well and will be starting up their mandatory rotations after this month. Dr. Busche and the SAW-Hub did an Introduction to Clerkship talk for the Class of 2026 on March 12th. This usually takes place in May but it was moved up based on student request to give the students more time to process the information. The session was filled with great questions and discussions.

4.4 Student Evaluation Committee Update

Dr. Desy informed the committee that there have been no changes or updates to the legacy curriculum.

5. Course Reports

5.1 Anatomy

Drs. Anderson and Willett presented the Anatomy Report to the committee. The Class of 2025 was the first full in-person anatomy course (post COVID) which resulted in multiple continuous changes throughout. The course featured a flipped classroom approach through inquiry-based learning, longitudinal integration and increasing clinical correlation. Dr. Anderson indicated that the overall rating for Anatomy 300 was 2.95 with teaching being rated at a 4.10 and for Anatomy 400 the overall rating was 3.25 with teaching rated at 4.74. Challenges included; student preparedness for flipped classroom sessions and how to study, preceptor recruitment and consistency, coordinator support, the number of students in the lab at the same time, physical access to the lab and time allocation. Strengths included anatomy ecosystem, assessment updates to improve accommodations, anatomy faculty and clinical preceptors, CARDS with over 2.7 million legacy plays in both MDCN 300 and 400. There are no future changes noted due to the RIME curriculum.

Proposal: Dr. Weeks proposed to accept the Anatomy Course Report as it was presented today

First: Dr. K. Busche

Second: Dr. K. Smyth

Anatomy Course Report was circulated electronically for final approval

All in favour

5.2 Course 6

Dr. Wu presented the Course 6 Report to the committee. Her update included the course overview, description of the course including; maternal health includes breast and pelvic health, labour and delivery, pregnancy, newborns, childhood, and adolescent medicine. The overall student rating was 3.36/5 indicating an upward trend in ratings from the previous years. Course strengths for OBGYN components included; able to speak about racism and its impacts, trans-inclusive material woven through course, and using family medicine teachers. The strengths from the Pediatrics component include clinical core preceptors, fair exam, and EDI inclusion. The weakness indicated from the OBGYN components was withholding small group preceptor guides (this was done deliberately with having the summary notes given to the students but not the preceptor guide and was noted that some students did not like that). There were no comments for weaknesses for the Pediatrics component, but Dr. Wu made note that the preceptor guides were also not given. Changes from previous course for OBGYN include small group summaries and a combined Pediatric and OBGYN EDI lecture. Changes for Pediatrics included some lectures being cut with the loss of a half day of lectures. These topics were either cut or podcasted instead. Additional changes were made to; small group summaries, and the weekly review was done more interactively and included the cut topics. Issues included wanting more lecture time and the breadth of material. Course results included 85% of students being satisfactory, 11% with mentoring and 4% unsatisfactory, with 3 rewrites remaining through reappraisal results.

Proposal: Dr. Weeks proposed to accept the Course 6 Report as it was presented today

First: Dr. S. Anderson

Second: Dr. A. Bromley

Course 6 Report was circulated electronically for final approval

All in favour

5.3. Integrative

Dr. Weeks presented the Integrative Part 1 and Part 2 Report on behalf of Dr. P. Lee. The report included the overview of the course being to help students integrate clinical knowledge, skills and attitudes and an opportunity to practice them in preparation for clerkship and beyond. The overall rating of Part 1 was 4.13/5 and Part 2 was 4.20/5. Strengths included passionate and dedicated preceptors, relevance of the course, and planning efforts from the UME coordinators. Weaknesses include preceptor shortages, and lack of longitudinal integrative training. All students were satisfactory with five requiring makeup time in Part 1 and 10 students requiring make up time in Part 2. The only change from the previous year of Integrative was some changes to the cases in Part 2.

Proposal: Dr. Weeks proposed to accept the Integrative Part 1 & 2 Report as it was presented today

First: Dr. K. Smyth

Second: Dr. K. Busche

Integrative Part 1 & 2 Course Report was circulated electronically for final approval

All in favour

5.4 Intro to Clinical Practice (ICP)

Dr. Seto presented the ICP-1 and ICP-2 Reports to the committee. The update included the history of the course. This current reporting year received ratings in ICP-1 of 4.79/5 and ICP-2 of 4.82/5. The increase in ratings came from lots of revisions and changes to the approach in teaching the course over the years. Overview includes preparedness for clinical environments for the students with a broad scope of topics including acute care approaches, teamwork skills, patient safety, communication skills and interpretation of diagnostic results. ICP-1 is held over the summer and has podcasts, Zoom small groups, in-person events including workshops and SIM, and online modules as components to the course. ICP-2 is in the winter and the components include podcasts, Zoom small groups, in-person SIM, and in-person lectures. In ICP-1 there were two students unsatisfactory (passed after remediation) and in ICP-2 everyone was satisfactory. The course strengths include high quality programming, facilitators, teamwork, multidisciplinary and multi-education. Limitations include tight scheduling to fit many sessions in a short time, inability to make-up SIM sessions for absent students, two standardized patients didn't show, five preceptors per course cancelled within the week of the course making larger groups and less facilitators to participate. The student manual was not being uploaded until the day before the event. Changes included infection and prevention control modules were updated, clinical documentation bonus slide, and new ICP finale items used in the last session. Most of the student comments surround the theme of wanting to incorporate or continue ICP into the RIME program.

Proposal: Dr. Weeks proposed to accept the ICP Course Report as it was presented today

First: Dr. S. Anderson

Second: Dr. K. Busche

ICP Course Report was circulated electronically for final approval

All in favour

5.5 Medical Skills

Dr. Rosen was unable to attend with the Medical Skills presentation therefore it was circulated to the committee for an electronic approval. The report indicated that the overall rating for all Medical Skills components averaged 3.5/5. Strengths included dynamic and strong leadership, relevance to medical practice, continued innovation, and open-mindedness with respect to evolving needs of medical students, increased thoughtful use of multimedia, continued excellence with the standardized patient program, and the OSCE evaluation process. Weaknesses noted in the report included; less engagement from preceptors and course leaders, complex longitudinal course with many moving parts and different components, and preceptor inconsistency in small groups. All students satisfactory on the MSII OSCE.

Proposal: Dr. Weeks proposed to accept the Medical Skills Course Report as it was circulated electronically for approval

First: Dr. P. Lee

Second: Dr. K. Busche

All in favour

6. Gratitude

Dr. Weeks expressed her gratitude to the committee members in attendance for their hard work and dedication to medical education and informed the committee that this is not the end but a new beginning for the UME.

Meeting adjourned at 2:32 pm