

CUMMING SCHOOL OF MEDICINE
Pre-Clerkship Committee (PCC)

APPROVED - Minutes
Friday, June 1st, 2018

Present: Drs: Billie Au, Hanan Bassyouni, Nancy Brager, Ms. Kathryne Brockman, Chris Brown, Kevin Busche, Martina Kelly, Mr. William Kennedy, Patrick Lee, Ms. Shannon Leskosky, Peter Lewkonja, Kerry McBrien, Leanna McKenzie, Ms. Lily Oakenfold, Mr. Mike Paget, Wayne Rosen, Anthony Seto, Phil Stokes, Pamela Veale, Dhea Wallace-Chau

Regrets: Drs: Fariba Aghajafari, Laurie-Ann Baker, Adam Bass, Heather Baxter, Edwin Cheng, Sylvain Coderre, Philippe Couillard, Melinda Davis, Erika Dempsey, Janeve Desy, Sue-Ann Facchini, Dawn Goodyear, Andrew Grant, Heather Janniczky, Rahim Kachra, Murray Lee, Dan Miller, Travis Ogilvie, Jadine Paw, Renee Perrier, Lothar Resch, Jaime Schachar, Wendy tink, Ian Wishart

Guests: Drs. Sarah Weeks, Deirdre Jenkins, Ian Walker, Ms. Gillian Liston

Dr. Busche called the meeting to order @ 12:34 p.m. and thanked members for attending. Members introduced themselves.

1. **Approval of Agenda**

The Agenda was approved as circulated.

Moved: Dr. P. Veale. Seconded by: Dr. P. Lewkonja

Unanimously approved.

2. **Approval of May 4th, 2018 Meeting Minutes**

The March 16th meeting minutes was approved as circulated.

Moved by: Dr. W. Rosen. Seconded by Dr. D. Wallace-Chau

Unanimously approved.

3. **Standing Updates**

3.1 Committees: UMEC: Dr. Busche reported that UMEC will meet soon and to discuss results from the Curriculum Task Force, regarding (among other things) more time for Clerkship from the Pre-Clerkship, including recommendations from both Clerkship and Pre-Clerkship Committees. **Clerkship:** Clerkship is implementing appreciation letters to their preceptors. Dr. Veale noted their need for time in clerkship which will tie in with the UMEC meeting, noting some available options if they would receive 2 weeks or more. She noted that it has been difficult to obtain an accurate handle on student workload, despite surveys and tracking, therefore, they are currently doing a 'real time' audit for three weeks on all rotations. **SEC:** Dr. Busche noted that Dr. Travis Ogilvie will be stepping down as Director of SEC, and Dr. Janeve Desy will be the new Director of SEC and attending PCC.

3.2 Academic Technologies' Update: Mr. Paget reported they are completing the award recognitions which are copied to Department heads and Division heads. This will liaise with ARO, ITER counts, Associate Dean Letters.

3.3 Student Report: Mr. Kennedy noted the Class of 2020 is currently in Course IV and it is a stressful time due to lack of time for wellness and planning for CaRMS. Planning for Clerkship Electives is currently active. Ms. Brockman noted they had met with Dr. Lothar Resch, and the students sent out a survey on what people thought about pathology specifically to their perspective on what they receive in pathology from all the courses and what their experience is. Dr. Busche noted that Dr. Wayne Woloschuk could assist in this respect as he is well versed in how to obtain the correct data, dependent upon the questions asked. He asked to see the results of the survey, when completed. Dr. Busche thanked the students for their report.

4. **Old Business**

4.1 Course Hours: Dr. Busche noted the ongoing discussions surrounding providing more time from pre-clerkship to clerkship. He noted that one week was already provided by reducing the time in the clinical blocks of AEBM which will move one week to clerkship. He stated that at the next UMEC meeting, Dr. Coderre will present three options to UMEC. If the changes are approved, it will begin this year and pre-clerkship will provide four weeks to clerkship. The proposed choices will be voted on at UMEC and they are:

A. To remain with the status quo, with one week provided to clerkship (from AEBM – Med 440);

B. To provide four weeks; one week from AEBM (Med 440), two weeks that come from ICP and Integrative; two courses that could be compacted together and run together for a week at a time, in two places, or 2 separate courses each running for a week, and one week coming from summer electives. The final week would come from summer electives which would be shortened from 4 weeks to 3 weeks.

C. Leaving summer electives at 4 weeks and shorten the spring break between 1st year and 2nd year, from 2 weeks to 1 week but

also with the same changes to Med 440, Integrative and ICP, thus creating 4 weeks for the clerkship. Dr. Busche noted that the pre-circulated time table was for Option B.

Dr. Veale noted there is an urgent need for 2 weeks in clerkship that is important to address for logistics in scheduling.

- The first priority would be: a week in October, which follows where the rewrites are, where CaRMS applications are due, and where there is an interruption in rotations for a wellness long weekend. This weekend was intended as a temporary measure originally. One of the weeks consolidates those things altogether.
- Second urgent week is to increase CaRMS interview period for UME students from 2 weeks to 3 weeks because the interview period is actually 3 weeks.
- Additional weeks would be utilized in one of 3 ways;
 - First option is to add two elective weeks, as we differ from other schools in Canada.
 - Second option is to develop at the beginning of clerkship an introductory mandatory rotation of some type. Currently students begin with electives, which is very significant in their CaRMS application timeline and many schools will not permit students to do electives unless they have completed a prior rotation in that discipline. This would be developed during the time the outgoing class is doing CaRMS activities, and the incoming class would be completing some mandatory activities.
 - Third option is to allocate more time to one of the disciplines that have consistently requested more time.

Dr. Veale indicated that the rotations are historically based on a six week block schedule which is historical and reallocation could be reviewed in this regard; perhaps using different rotation durations.. They could also potentially look at adding a different discipline to clerkship that is not currently represented. Some universities have mandatory rotations that the UME program does not have. Dr. Veale noted the Clerkship Committee has discussed all of these options. Students have requested another option for vacation, but this has not been discussed as yet. Dr. Veale thanked the members for making the effort to try to make this work to provide the additional weeks and recognizes that this is difficult.

Dr. Busche indicated he would like input from the members and he will bring forth recommendations to the UMEC on behalf of the PCC.

Concern was expressed that Integrative and ICP's decreased time would impact student learning. It was noted in a previous PCC meeting, with a fairly good argument, not to reduce Integrative. It was recommended to let it remain at two weeks.

Dr. Busche indicated that the short mandatory introductory rotation may include similar subjects to ICP and Integrative, where students would be in a supervised clinical environment. This would occur in January.

Mr. Kennedy noted that students entering into their first year, think about CaRMS and this impacts both classroom and outside activities. Therefore, he noted that the spring break is valuable to the students for wellness. This is the same for AEBM, some will want to utilize this for research. He is concerned about the option of time being taken away.

Upon a query, Dr. Busche noted that PCC is a sub-committee of UMEC and the decision will be made by UMEC. However, input from PCC is important as well. The Curriculum Task Force garnered information from all the classes (and from the CSM community at large) and their recommendation will be coming to UMEC also.

Ms. Brockman asked how the schedule would look if the proposal goes from a 4 week to a 3 week summer elective: would student do one three-week elective or two shorter electives? Dr. Busche noted that Dr. Coderre has met with the course chairs but does not know the answer to that particular question. She noted concern in reducing the career exploration abilities as well as the reduction from 4 weeks to 3 weeks and the opportunity go away for electives. She asked what other proposals were reviewed, and whether the numbered courses were looked at. She also noted that a month was added to Pre-Clerkship as the MD program now begins in early July instead of the end of July and suggested perhaps compressing that by one week and adding it to the schedule. Dr. Busche said he could bring that suggestion to UMEC.

It was suggested to ask for a two week option as the urgency to provide more was not conveyed previously, and/or remain with the status quo. Dr. Busche noted historically, students completed internship and the basic structure of how the time was divided was based on this. Now the Match process and residency training has become very different than what it was previously.

It was also agreed that a mandatory introductory rotation at the beginning of clerkship would help the students when they go to the electives. It was suggested moving some of the content in ICP to the introductory mandatory rotation in clerkship as it appears that

elements of this would be in the introductory mandatory rotation for clerks. Dr. Seto indicated that the possibility of running Integrative and ICP simultaneously may result in content overload for the students. He noted he had provided his input to Dr. Coderre and he is working with Drs. Coderre and Lee to see how to develop this option. Dr. Lee noted he sees the important value of having one week extra for preparation for CaRMS and the extra week for CaRMS interviews. He is open to different possibilities but cutting Integrative to one week will be difficult. He calculated that Integrative would be cut 30% and ICP 13% in the proposal, which is a concern. He noted he proposed to have one week at the end of June (2019) with Integrative and ICP running together and then another week in January of 2020.

Dr. Busche indicated he would summarize the suggestions from PCC and bring it forth to UMEC. He will let the members know the outcome, as this is the last PCC meeting of the academic year and will not meet again until September 14th, 2018.

4.2 Faculty Rep Position: Dr. Busche will write an email regarding this topic to the members.

5. Course Reports

5.1 Medical Skills: Dr. Rosen presented the pre-circulated course report for Medical Skills I and II for the 2017-2018 year. Highlights included:

- This course is a multifaceted longitudinal course consisting of 7 units: Communication, Ethics, Global Health, Physical Exam (Well Woman/Well Man), Well Physician, Procedural Skills, and Collaborative Practice. Students learn the basics of clinical skills, ethics, professionalism, global health and IPE.
- Course breakdown of lecture, small group, review sessions, presentations, symposiums were noted as circulated.
- Evaluation criteria is complex, showing the different requirements, as circulated.
- Year 1 and Year 2 (Class of 2020 and 2019, respectively) In Year 1 – 3 Unsatisfactory, 3 rewrites in July (pending) Year 2 – 4 unsatisfactory, with 3 rewrites in April who passed, and 1 repeat of year.
- Student Ratings of Year 1 for overall was 4.08. Year 2 was 3.98, with details as circulated.
- Top 3 – 5 Strengths and Challenges/Limitations (details of description and solutions as circulated).
 - Dynamic, Strong Unit Leadership – complex longitudinal units.
 - Relevance to Clinical Practice – perception that some components are more valuable than others.
 - Medical Skills Centre and SP Program – poor process for student feedback.
 - Collaborative Practice – was well received.
 - Lack of communications content on core website.
- Changes from previous year: OSCE organization, Collaborative Practice joined the course, new leadership of Well-Woman Sub unit, ongoing update to each unit, new co-chair of Physical Exam – Dr. Patrick Lee.
- Changes planned for future: expanding core website, ultrasound, revise Well Woman and Well Man curriculum, innumerable updates to each unit; e.g. ethics, global health, CP, WP. Description and rationale as circulated.
- Anticipated challenges for future: Potential issues with new ARP recruitment, Well-Woman curriculum, course and unit feedback, change in coordinator and unit co-chairs.

Dr. Rosen noted that Dr. Anthony Chad will be moving on next year, and his responsibilities will be taken on with someone else. Dr. Busche asked if members knew of anyone that could take on this role, to contact him. Dr. Busche noted the large amount of time and teachers and complexity of this course. It was suggested that the Faculty Advocates for Student Mistreatment be advertised in the course. Dr. Rosen noted that the ultrasound has not been utilized as there are not enough preceptors to do this. Dr. Seto and Rosen will discuss this further, as ultrasound is being utilized more. Dr. Busche thanked Dr. Rosen for the work and report.

The Medical Skills I and II report was approved as circulated.

Moved by: Dr. P. Stokes. Seconded by Dr. D. Wallace-Chau

Unanimously approved.

5.2 Course VI: Drs. D. Wallace-Chau and L. McKenzie gave a presentation on the pre-circulated report for October 10th 2017 to December 14, 2017. Highlights included:

- This course covers obstetrics, pediatrics, genetics, gynecology, breast health and some ethics related to course content.
- Course breakdown include lecture, small group, patient presentations, clinical correlation, simulation, review sessions and exams with percentages as circulated.
- Evaluation criteria – online formative MCQ – 0%, midterm written MCQ – 20%, summative written MCQ – 60%, peripartetic – 20%
- 2 students failed and passed the rewrite.
- Student ratings for the overall course was 3.43, with details as circulated. The rating was down from previously despite dedicated effort to improve the course.
- Top 3 – 5 strengths: Faculty, clinical core experience, clear objectives and fair exam questions for O & G, small groups for O&G

and Pediatrics. Description and future plans as circulated.

- Challenges/limitations: Examination and blueprint, teaching faculty, pediatric organization, unprofessional behavior of 1 or 2 O&G clinical core preceptors, evaluation of pathology content. Description and solutions as circulated.
- Changes from previous year as circulated.
- Changes planned for future: Drs. Schachar and Paw will be sharing the course Chair and Evaluation Coordinator positions for O & G. Launch of pediatric portal, lecture changes – new lectures in Peds, changes to uro/gyne and STI lectures, breast and gyne exam teaching, changes in exam weighting. Description and rationale as circulated.
- Anticipated challenges for future include: change in course leadership – Drs. Paw and Schachar taking over from Dr. Wallace-Chau. Small group preceptors for O&G, recruitment of faculty to teach, pediatric exam. Description and plan as circulated.
- Concluding remarks and goals: Improve quality and retention of gynecologic and breast exams; evaluation of pathology content; launch of pediatric portal, including new clinical approaches; improve quality of pediatric examination which will take time.

Dr. McKenzie noted more students went out to the community, which may be an issue if generalists are required in future (for budget reasons – community paediatricians are fee-for-service so will not be ARP or GFT). She noted that most comments were about the exam. It was a different exam than last year, but used all previously vetted questions from exam bank. However, acknowledgement that some were not written in a clinical vignette was noted. It was noted that pathology is taught but not sure if more or less content should be provided. Domestic violence and sexual assault lecture was incorporated. There are links on the website for students to review key conditions that they should know. At student's request, the final exam weighting will be 50%, not 60% Dr. Wallace-Chau noted it is still disheartening that only 30% of students show up at lectures. Evaluations are very important to faculty, which helps with recruitment. It was suggested to do Gyne, Obs, Peds. It was suggested that blueprinting was best to lump by topic not split by lecture. Ms. Brockman suggested to map lecture to topic and the chairs liked that idea. Mr. Paget suggested that the clinical presentations for all the questions which is what the blueprint should be based on the exam in theory, and Kerri Matthews could work with the Chairs on this. He also noted that clinical core feedback has been revamped for Course III and Course VII and the feedback numbers have substantially increased. It was suggested that domestic violence topics could be revisited by Course II, Course VI and Course VIII to ensure there is no repetition and also include the Emergency physicians on this.

Dr. Dr. Busche reminded the Course Chairs of the Faculty Advocates for Mistreatment. Dr. Busche thanked Dr. Dhea Wallace-Chau for all of her hard work over the years as Co-Chair of Course VI and presented a certificate for her years of service, as she stepped down. He thanked Dr. McKenzie for her work and also for the report from both of them.

The Course VI report was approved as circulated.

Moved by: Dr. K. McBrien. Seconded by Dr. W. Rosen

Unanimously approved.

5.3 Course VII: Dr. Stokes presented the pre-circulated Course VII report which ran January 2nd to 23rd, 2018. Highlights included:

- It is the shortest and most homogeneous of the numbered courses and the subject is very largely psychiatry, and includes the LMCC objectives on family violence.
- Course breakdown shows the percentages as circulated for lecture, small group, clinical correlation, patient presentations and review and exam. Lecture is the majority at 62%
- Evaluation criteria has a formative MCQ exam which is open throughout the course. The final MCQ exam carries 95% weighting. An assignment that carries 5% weighting, which is viewing a video, then writing a mental status exam.
- Course Pass over 99%, one student failed but successfully passed the rewrite and proceeded into clerkship.
- Student ratings for the overall course was 4.33. Other details are noted as circulated.
- Top 3 – 5 strengths: Preceptor quality, teaching to the level of a generalist and lectures.
- Top 3 – 5 challenges/limitations: Too short, Addictions lecture at too high a level, and six lengthy, closely argued, highly negative student comments about course and about psychiatry's failings in general. Solutions are as circulated.
- Changes from previous year, included 'Choosing Wisely' recommendations incorporated.
- Changes planned for future: increase gender diversity of patients in small group cases, welcome another elective resident to the course, resident will rewrite a small group, resident will incorporate Clinical Decision Making questions into some groups with rationale as circulated.

Dr. Busche thanked Dr. Stokes for the work and the report.

The Course VII was approved as circulated.

Moved by Dr. P. Lewkonja. Seconded by Dr. D. Wallace-Chau

Unanimously approved.

6. New Business

6.1 Student Advocacy: Drs. Jenkins and Weeks gave a brief overview of their responsibilities as the Faculty Advocates against Mistreatment. This came about from the 2016 accreditation student led task force which recommended a place for advocacy for the students.

The website: “A Safe Place” which is advertised on the first page of the MD program was demonstrated. Mistreatment constitutes any instance of discrimination, humiliation, harassment, inappropriate or unethical behaviour experienced or witnessed by a student that negatively impacts their learning environment. Dr. Jenkins noted that our numbers are high in comparison to some other schools and they are trying to shift that culture. She noted they are not advocating for students or faculty but advocating for a fair process. Meetings with students regarding whether they should report something, or the question whether something does constitute mistreatment, are held. It could be a debrief about a situation. Dr. Weeks advised PCC members that this resource is available. She noted that should they or any colleagues have concerns about a student or aware of something going on, they are a resource for them as well. It was noted there are a lot of complaints, but only if things become egregious or difficult, will it proceed to another level (talk to UME). It was noted that there is opportunity for collaboration, what can be learned from incidents. It was noted that many students and faculty did not realize how their behaviours are perceived and appreciate the feedback. Dr. Busche noted that more than 50% of our students will report that they are mistreated at some point in the 3 years of medical school. Some were subjected to sexual harassment. He noted that the office of the Faculty Advocates against Mistreatment are not part of or near UME, so there is a very clear separation between the two. Dr. Jenkins noted that timeliness is huge, because if a student comes forward and is not seen quickly, they may not come. Many students have gone for counselling, and then having to talk to the Faculty again is stressful again. She encouraged members that they should respond quickly, or the student may not want to proceed. Dr. Busche encouraged members that if they are made aware of something or know something regarding mistreatment, to call either Dr. Jenkins or Weeks. Dr. Weeks noted that the majority of students are motivated to come forward as they ‘do not want future students to deal with this’. Dr. Busche thanked Drs. Jenkins and Weeks for raising awareness on the topic of mistreatment of students.

6.2 Approach to Emergencies: Dr. Ian Walker, an Emergency physician and Director of Admissions in UME, noted that he had received requests from his Emergency colleagues that they would like to teach in UME. He noted he had a discussion with Dr. Coderre in relation to this. He noted there are a number of topics in the courses that provide an approach to emergencies, but they are not provided by the Emergency physicians. He noted that in recognizing there is an ownership of the lectures, he suggested that the Emergency physicians could be approached to co-teach in topics relating to emergency. Dr. Walker indicated he could be the point person for the courses that would require these physicians. Dr. Busche encouraged course chairs to consider this, and in co-teaching around patients requiring emergency intervention. It was noted that Emergency physicians are generalists and that there are few generalists for lectures. Dr. Busche encouraged members to look at their curriculum where this can be incorporated.

6.3 Course Chair Report and Student Comments: Dr. Busche reported that the student representatives had requested access to the Course Chair reports. This is the report from UME, which is the collection of all the feedback on teachers in the course, including day-to-day information and end of course survey (which asks broad questions). The report is formatted in two parts: Part I has the general feedback from the end of course survey; Part II includes all of the individual, specific student feedback on individual teachers. This information is compiled into a large package which is first vetted through Dr. Wayne Woloschuk who edits anything that may be inflammatory, then reviewed by UME Management, and subsequently sent to the Course Chairs. Upon asking the Course Chairs how they utilize this information, they all utilize it differently. Dr. Busche suggested that two versions of the course report could be compiled, the first would be the entire report (Sections I and II) which would go only to the course chairs. A shorter report with only Section I would be prepared that would be shared with the Course Committee (including student reps on that committee). He also reminded committee membership that all information discussed at the meetings remain confidential, as per the signing of the confidentiality agreement. |

6.4 Certificates: Dr. Busch noted (as above in Course VI) that Dr. Dhea Wallace-Chau will be stepping down as Co-Chair of Course VI and presented a certificate for her years of service. Drs. Jadine Paw and Jaime Schachar will be taking on this role. As well, he noted that Travis Ogilvie will be stepping down as SEC Director and Dr. Janeve Desy will be taking on this role.

Dr. Busche thanked members for their input and discussions.

Next Meeting: Friday, September 14th, 2018. Next Reports due: Course IV

Meeting adjourned @ 3:05 p.m.

Submitted by Lily Oakenfold - Edited by Dr. K. Busche