

CUMMING SCHOOL OF MEDICINE

Pre-Clerkship Committee (PCC)

APPROVED - Minutes

Friday, March 15th, 2019

Present: Drs. Kevin Busche (chair) Hanan Bassyouni, Nancy Brager, Sylvain Coderre, Philippe Couillard, Erika Dempsey, Ms. Sue-Ann Facchini, Dawn Goodyear, Ms. Tabitha Hawes, Heather Jamniczky, Rahim Kachra, William Kennedy, Murray Lee, Ms. Shannon Leskosky, Peter Lewkonio, Mr. Arjun Maini, (Ms. Lily Oakenfold), Mr. Mike Paget, Wayne Rosen, Kim Smyth, Philip Stokes, (Guest: Dr. Alison Brown)

Regrets: Drs. Fariba Aghajafari, Billie Au, Laurie-Ann Baker, Adam Bass, Heather Baxter, Edwin Cheng, Janeve Desy, John Fagnou, Andrew Grant, Martina Kelly, Patrick Lee, Kerry McBrien, Leanna McKenzie, Dan Miller, Jadine Paw, Renee Perrier, Jaime Schachar, Anthony Seto, Wendy Tink, Pamela Veale, Ian Wishart

Dr. Busche called the meeting to order @ 12:40 p.m. and thanked members for attending. Members introduced themselves and Dr. Busche welcomed Alison Brown who assisted Dr. Kachra with the RIME.

1. Approval of Meeting Agenda: The agenda was approved.

Moved by Mr. A. Maini. Seconded by Dr. P. Stokes. Unanimously approved.

2. Approval of February 8, 2019 Minutes: The minutes were approved with the minor revision of Pg. 2. Item 6.2, last line should read: "Dr. Busche thanked Drs. Seto and Bassyouni for the idea and presentation." With this amendment, the minutes were approved.

Moved by Dr. P. Lewkonio. Seconded by Dr. P. Stokes. Unanimously approved.

3. Standing Updates: UMEC: No new report to date. **Clerkship:** No report to date. **SEC:** No report to date.

3.1 Academic Technologies Update: Mr. Paget reported that VERA went live. Logbooks have returned. He noted that faculty can now access their Faculty Performance Review, which will be valuable for their upcoming ARO's. This helps streamline information to faculty for dissemination of information and yearly completion of payment contracts will no longer be required.

3.2 Student Reports: Students suggested that an email be sent to students in expectations of what to think about in the future Match and a platform for electives. This is as a result of the 22 unmatched students this year and the effect it had on all the students, with misinformation and some panic. There will be a session for students about electives in June and there is a session devoted to the Match as well.

4. Old Business: None.

5. Course Reports

5.1 Course II: Dr. Lewkonio presented the pre-circulated Course II report for October 29 to December 20, 2018.

Changes planned for future include a new Rheumatology Unit Chair, with small group preceptor notes update. This will facilitate more discussion. Podcasts for neuro anatomy. Cardboard case review which will integrate cases with topic review for in-person discussion. Take home midterms will be eliminated; consideration will be given to returning to summative TBLs. This will need to be reviewed and approved by SEC. . Anticipated challenges: Peripatetic exam moved to last week, which will result in both the peri and exam scheduled in the same week. Update radiology podcasts. Recruitment is a big challenge in orthopedics. Alteration of exams will include having small exams for rheumatology and dermatology. Nominations for Behind-the-Scenes Awards are: Kristy Ward, UME Program Coordinator, Lian Willetts and Heather Jamniczky of the Anatomy Lab.

The Course II report was accepted.

Moved by Mr. M. Paget. Seconded by Dr. M. Lee.

Unanimously approved.

Dr. Busche thanked Dr. Lewkonio for the report and his work. **Action:** Drs. Busche and Coderre will follow-up with Division and Department regarding recruitment.

5.2 Course VII: Dr. Philip Stokes presented the pre-circulated Course VII report for January 7 to 28th, 2019.

Changes planned for future include: Incorporate transgender patients into small group cases (student led initiative), incorporate cannabis issues into small group cases, incorporate CDMs into small groups, and exam revision and hardening. There is concern that everyone passes almost every year. Questions should be re-examined on exams. Staffing all clinical core groups continues to be a challenge.

Repeated theme from student feedback notes that 6 hours of clinical correlations may be too much in a short course. Dr. Stokes recommended that the course's length is at its' minimum length. Students noted the positive effect for the coming class of having the exam before the winter holidays (Christmas) instead of after. It was suggested and agreed that a unified set of objectives regarding family violence be reviewed with Course II and Course VI.

Nominations for Behind-the-Scenes Awards will be forwarded at a later date.

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

The Course VII report was accepted.

Moved by Dr. W. Rosen. Seconded by Dr. P. Lewkonio. Unanimously approved.

Dr. Busche noted the vast amount of positive feedback from students on both of the Course II and Course VII; this was particularly striking for clinical core. This is not isolated to these two courses; in virtually every course report, clinical core teaching is universally described as a strength.

6. New Business:

6.1 RIME Presentation: Dr. Kachra presented the RIME (Reimaging Medical Education). Dr. Kachra noted that Dr. A. Brown, Mr. Paget, Dr. N. Sharma and himself developed the RIME recommendations. This took 16 months and focus was on what can we do better and what can we improve. Highlights included:

- The RIME committee observed and sat in on many hours of lectures (120+), and small groups (12). They gathered information through 180+ interviews, 9 focus groups, 289 comments from the Wishing Well (from the Curriculum Review Task Force, with the question posed to the CSM community: what would you change in medical school, if you could) and over 300 insights from students, faculty, master teachers, administrators and course chairs.
- They began by utilizing Design Thinking process.
- Themes included anatomy, assessment, career development, clinical experiences, scheduling, learning resources (both 3rd party and CSM), professionalism, lecture content, lecture delivery, longitudinal courses, small groups and business.
- a consideration of the degree of effort and the magnitude of effect for all proposals; these range from ‘quick wins’ to major projects
- and ideas that would be implemented would be prototyped with an iterative process.
- Quick Wins included:
 - Practice questions; Suggestion: Each lecturer provides 4 questions after each lecture. Two are considered for inclusion in exam bank and two are provided to student for practice questions.
 - Weekly Cards – mandatory cards (5-10) that are to be completed weekly – 20-40% current material; 60-80% previous material.
 - Rolodex (structured shadowing). A single interface where clinicians and students can list their availability for taking on learners. Opportunity to link in IPE.
 - Mentorship Model: Match students with faculty based on Career Value Factor profile, and allow for a re-match after year one.
 - Longitudinal electives; maintain physical exam, pro skills and communications. Move objectives from global and population health, well physician, ethics, AEBM into the numbered courses.
 - Two types of longitudinal electives based on credits; 1. Clinically-oriented: QI, global health, patient safety, clinical medicine, research. 2. Humanism: Humanities in medicine, history of medicine, socially vulnerable populations, advocacy work.
 - establishing a weekly ‘rhythm’: Students cannot plan their time and there is no regularity to anyone’s schedule. Do lectures have to be a hour? Year 1 had 13 days with 6[^] hours of lecture (2018); Year 2 had 12 days with 6[^] hours of lecture (2018); small groups less than 24 hours after topic lecture
 - start med school with med school.
- The Overhaul
 - Each clinical presentation will have an owner (Clinical Presentation Owner – CPO). The owner will; curate 3rd party content, authors the deck of Cards and relevant MC questions, curates links to relevant papers/CPG’s, co-owned by a generalist and a specialist (with a med-ed background). CPO judged on: Their alignment, student performance, responsiveness, student evaluation.
 - Lectures would be replaced by reading package provided before active learning sessions. Case-based discussion with check points for voting (i.e. iClicker). Results direct the discussion, with students allowed to go down the wrong pathway (to help overcome premature closure). Results of voting made available to students individually after the active learning sessions to allow for reflection on their decision making process.
 - Small groups would debrief, summarize, ask questions, and explore other paths.
 - Other components – un-marry the numbered courses, longitudinal electives, with rhythm.
- Summary:
 - Our current curriculum is not giving students a reason to come to lecture or small groups.
 - We do not own the curriculum.
 - What are the consequences of not doing this?
 - Dr. Kachra noted that there is no single solution with other schools moving towards no lectures.
 - they decided not to touch on anatomy.
 - some of the things done in one course, were completed differently in another course.
 - students indicated they came to lectures for the sake of the preceptor and only opportunity to talk to friends, not to come to learn.
 - Students can obtain information in other sources and learning online.
 - Students reflected that lecture content was either too much or too little.
 - He noted in speaking with the Master Teachers, their opinion that collaborative teaching is often lost.
 - Small groups were viewed as ineffective for the Master Teacher’s time and students agreed that their time was also ineffective.
 - The majority opinion was that small groups and lectures are not working. Perhaps the small groups morph into discussions.

Discussion ensued. Dr. Kachra suggested that a CPO (Clinical Presentation Owner) assigned to a topic would provide continuity. He noted that the ‘quick wins’ would be less resource intensive than the overhaul, which may require a five year plan. Questions as to how students learn was discussed. Dr. Busche noted that this overhaul could be considered to be like competency based medical education which should be better than what we have now, but it cannot be proven without spending a large amount of time and resources. Question arose as to whether the end goal is to have more engaged studentship or better physicians. Concern was noted that do we distinguish what students like or for what is good for them and will medical school develop a person into the best physician. It was suggested that if small groups are not working, that this be addressed in the beginning of small groups re; how to lead or indicate they do not know how to do this. Dr. Coderre asked where does the four “P”s fit in (pedagogical, practicality, political, and philosophical). He noted it appears to be more pedagogical in the long term but it may not be practical. He noted that from a practical and political point, it would be difficult. Dr. Kachra noted there is no evidence that how medical education is being performed now is the best. He noted it is all dependent on what the group wants to do.

Dr. Busche thanked Dr. Kachra and committee for all the work on this project. He asked whether this presentation could be recorded for those who were absent. Further discussion must be devoted to this,. He suggested Dr. Kachra repeat this presentation in a session or two over

the next few weeks. He also noted he could develop a summary with quick points.

6.2 CaRMS/Match Review: Dr. Coderre noted the different process this year from CaRMS that provided the students who were unmatched, the choice to permit UME to know the day before the match, so that UME could call them to discuss the result. This year there were 22 unmatched students, which is the highest number to date. He noted there are approximately 200 unmatched students across Canada, with U of C and Montreal in the 20's. 15 of the 22 unmatched students provided permission for UME to know the results the day before. Dr. Coderre noted he was proud of UME and SAW's response to students. The second iteration is for April 10th and submissions were sent as of yesterday. He provided a slide presentation on the data with comparison to other universities. He noted that the resident surveys indicate a consistency over 15 years regarding the quality of our graduates. He noted that the first round of the Match is only with the Canadian students, but the second round is with both Canadian and international students in many provinces, but not ON and AB. He noted that with the extra time allotted to clerkship for the current class, every student will be able to complete their family medicine prior to CaRMS deadline. Dr. Busche thanked Dr. Coderre for his report.

Dr. Busche thanked members for their participation.

Next Meeting: Friday, May 3rd, with Next Reports due: Family Medicine and Integrative. Meeting adjourned @ 3:10 p.m.

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