

CUMMING SCHOOL OF MEDICINE

Pre-Clerkship Committee (PCC)

APPROVED - Minutes

Friday, November 16th, 2018

Present: Drs. Laurie-Ann Baker, Adam Bass, Ms. Kathryn Brockman, Kevin Busche, Erika Dempsey, Janeve Desy, Ms. Sue-Ann Facchini, Andrew Grant, Heather Janniczky, Mr. William Kennedy, Patrick Lee, Ms. Shannon Leskosky, Peter Lewkonio, Mr. Arjun Maini, Leanna McKenzie, Mr. Mike Paget, Wayne Rosen, Anthony Seto, Kim Smyth, Philip Stokes, Wendy Tink, Ms. Erin Weir

Regrets: Drs. Fariba Aghajafari, Billie Au, Hanan Bassyouni, Heather Baxter, Nancy Brager, Edwin Cheng, Sylvain Coderre, Philippe Couillard, John Fagnou, Dawn Goodyear, Ms. Tabitha Hawes, Rahim Kachra, Martina Kelly, Murray Lee, Dan Miller, Jadine Paw, Renee Perrier, Lothar Resch, Jaimie Schachar, Pamela Veale.

Dr. Busche called the meeting to order @ 12:35 p.m. and thanked members for attending. Members introduced themselves. Dr. Busche noted our new Radiology Representative, Dr. John Fagnou.

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

Moved: Dr. P. Lewkonio. Seconded by: Dr. L.A. Baker

Unanimously approved.

2. Approval of October 12th, 2018 Meeting Minutes

Dr. Stokes noted that under Course III, it was noted that a maximum of 10% of the questions were permitted to be changed on exams, however, that now has been changed by SEC. This was not the current rule at the time of the minutes.

The October 12, 2018 meeting minutes were approved as circulated.

Moved by: Dr. W. Tink. Seconded by Dr. P. Stokes

Unanimously approved.

3. Standing Updates:

- 3.1 Other Committees: UMEC:** This committee will meet next week. **Clerkship:** Deferred. **SEC:** The rule for changing exam questions was discussed and Dr. Desy noted that more than 10% of questions can now be changed on exams from one year to another. This is due to the change on the way they do the MPL setting and it will adjust to any difficulty in the exam itself. It will also be compared from year-to-year to ensure consistency. Dr. Busche noted that Dr. MacLaughlin had reported last year at PCC about the new way we are setting MPL and pass limits (Hofstee Compromise Method) which is very student friendly. This will provide students a little more 'wiggle' room because the pass mark is now a standard deviation below the MPL which is more easily justifiable. It also allows for a clear process to offer academic support to students who are within one standard deviation of the MPL (above or below). The students can be enrolled in either a group or one-to-one mentorship curriculum program to boost their studying strategies. This begins with two podcasts; Self-regulated Learning and Methods for Improvement, a core document and a couple of surveys asking where they are in the self-regulated learning. They are asked to identify a couple of goals for themselves for the next course and to journal of their process of learning and to identify any other areas that they could work on to improve their study strategy. Their academic mentor subsequently completes a 'consult note' on the student with what they did before, what were their difficulties, and going forward what they will continue to work on. The mentor will then keep in touch with them to see how they are doing as the courses progress. Students requested for all students to have access to these podcasts and it was agreed that this will be made available to students.

Dr. Busche noted that the academic mentoring is not mandatory. Dr. Desy noted that once they proceed above the MPL in subsequent courses, they are no longer in the mentorship program, unless re-enrolled, if they wish or again fall within the parameters for enrolment in the program.

Dr. Busche noted, especially for the students, that in the Hofstee Compromise method, all of the calculations are rounded down. Therefore, in the calculation of the MPL, if the MPL comes to 61.66 the MPL is rounded down to 61. Similarly, when we look at the standard deviation for that exam, the pass mark might be 56.8, resulting in that pass mark being rounded down to 56. The student's grade also gets rounded down to the nearest whole number. Therefore, for example, if a student receives a 56.8 as a pass mark, that is rounded down to 56. This is being used with the Class of 2021 and will be set for all future classes.

- 3.2 Academic Technologies:** Dr. McKenzie and Dr. Au launched the pediatric portal for Course VI showcasing clinical resources.

- 3.3 Student Reports:** Mr. Kennedy reported that the Class of 2021 received their Course I marks, with positive feedback. Course II has begun with a peripatetic exam scheduled next week, and in conjunction with population health projects.

Ms. Brockman, Class of 2020 reported that they had just completed the mid-term for Course VI. She noted feedback from the class with concern that students were not permitted to practice physical exam techniques on other students, nor practice that in the medical skills centre. Dr. Busche noted this will be addressed in Item 4.1 Ms. Brockman noted the class is getting ready for clerkship.

4. Old Business

4.1 Physical Examinations: Dr. Busche noted the previous discussion at PCC to develop some physical examinations (PE) sessions to give the students more opportunity to practice PE skills, with some supervision, by preceptors. The plan was to have these as requiring students to pre-register so that we could ascertain the needed resources. This would occur during IST, so it would be completely optional in the weeks preceding the OSCE exam. This new development is proceeding and discussions are occurring as to how this will be developed. This was all in response to student concerns about the UME policy that does not allow students to examine one another (in both curricular and non-curricular time). This has been reconsidered and will likely change. The new policy will likely indicate that students may practice exam skills on one another, however, UME will strongly encourage that any such sessions (whether at school or elsewhere) include three or more students to try and promote student safety. The final wording will be approved after further discussion at UMEC and after vetting by CSM legal. Student representatives will have input to this at UMEC. Dr. Jamniczky noted that they are having trouble finding times for open labs in IST so finding times for PE sessions may be challenging. **Action: Dr. Busche noted this will be discussed further at the next PCC meeting, after the UMEC addresses this.**

4.2 Changes to the Curriculum Discussion: Dr. Busche noted that at the last meeting, there was an idea to have the two classes meet to discuss the changes to curriculum that have been made for the class of 2021.. Dr. Busche noted that we will be using a previously scheduled B2D2 lunch hour session for this, but have moved it from a small group room to theatre 4. The students have been promoting this. This meeting will take place Friday, November 30th @ 12:30 – 1:30 in Theatre IV and both Drs. Veale and Busche will be in attendance.

5. Course Reports

5.1 Introduction to Clinical Practice: Dr. Seto presented the pre-circulated ICP Course Report

- Course ran June 25 to July 5, 2018. Highlights include (details as circulated):
- This course comes after Course IV and prior to pre-clerkship Summer Electives.
- It attempts to prepare students for clinical rotations by learning and practicing knowledge, skills and attitudes relevant to all specialities. It has practical, hands-on session, with simulation, and role playing. The course is developed to be 'EPIC': engaging, practical, innovative and clear.
- Course breakdown this year is 40% workshops, 28% simulation, 20% lectures, 10% skills and 2% MedRec.
- Evaluation does not include an examination, however in-situ learning assessments are provided in all sessions. 5 course completion criteria (details as circulated).
- Course Pass 98.8% Course Failure 1.2%
- Overall student rating this year 4.22. Teaching average 4.35. Lectures 4.34 Small groups 4.38
- Strengths: EPIC (Engaging, Practice, Innovative and Clear) design, delivery and teaching and this will continue. Facilitators enjoy this course as they are set up for success with very detailed preceptor notes for each session. Teamwork emphasis, which will be continued implementing Team Scheme in materials. Strength is that there is no exam.
- Challenges
 - Course costs, Instructor to Student ratios changed to 1:15 (from 1:10). Solution: residents as teachers, and utilize the preceptor recruitment list.
 - FM/EM/IM focus with solution to add variety of clinical environments in cases.
 - Some sessions too long, or too short – continue to enhance facilitator notes to ease delivery.
 - Understanding the schedule – re-design appearance of schedule, add dedicated time during orientation.
 - Learner safety with clearer message on learner safety priority.
- Changes from previous year, as circulated.
- Changes planned for future:
 - Beep-Beep SIM – provide approach to certain on-call situations.
 - 1:15 Instructor: Student Ratio, rather than 1:10. Fewer preceptors needed, less cost, fewer room bookings.
 - Medical Education elective – give opportunities for residents to teach which helps fill teaching space.
 - Concurrent ICP and Integrative course part of the process resulting in increased clerkship time. ICP will now be split into two parts, each of which will be run in conjunction with Integrative. Part I will be prior to summer electives, Part II will be prior to clerkship.
 - Learner safety emphasis – student noted examples of unsafe environments in some simulations, learner safety is priority.
- Anticipated challenges:
 - Concurrent ICP and IG courses may increase student exhaustion, especially in context of recently finishing Course IV – plan is to reduce IPC course hours from ~ 40h to ~33h.

- 1:15 Instructor: Student ratio (less opportunity to give feedback and easier to fall behind in lesson plan) – the plan is to streamline effects of this by revisiting all lesson plans to streamline the delivery and include buffer time.

Dr. Seto noted three goals:

1. Have happy students, happy facilitators, happy administration with everyone satisfied with the experience of the course from all fronts.
2. Learner safety as a priority.
3. Making sure the course is as EPIC as it can be.

Dr. Busche thanked Dr. Seto for his work and presentation of the ICP course, noting that he has worked with Dr. P. Lee in combining the two courses of ICP and Integrative and has spent an inordinate amount of time with the scheduling of this course.

There was discussion around remediation in ICP, which has no exam. For Part I, students who do not complete required assignments (and therefore fails the course), they have to complete online professionalism modules. If the same student doesn't complete the assignments in Part II (thus failing the course), this will require a presentation at SARC (as the student will have two unsatisfactory courses. If a student requires remediation only in Part II, they will complete the modules.

If a student misses a session in ICP due to an excused absence or flex time, they must complete a make up assignment within 72 hours. Upon a suggestion, Dr. Seto said the course does not touch on privacy issues in regards to clinical practice and he suggested that perhaps this could be included in another course, or provided online, due to limitation of time permitted in the ICP course. Dr. Busche noted that privacy issues are provided by AHS modules.

Mr. Kennedy noted the low response rate on the student survey, and he noted this might be due to student's absences on their electives. He suggested to perhaps have this student survey open prior to the last session. Dr. Seto indicated that they could do this in Part II, but the Part I sessions end in small groups, so they would have to ask the preceptors to ask the students to fill this out prior to leaving.

Dr. Seto noted that the new Behind-the-Scenes Award for ICP has been awarded to: Ms. Nicole Ertle, Nursing; Dr. Katie Lin, Resident, Emergency Medicine; Dr. Steven Liu, Resident, Emergency Medicine.

The ICP Report was approved as circulated.

Moved by Dr. L. Baker. Seconded by Dr. P. Lee

Unanimously approved.

5.2 Pre-Clerkship Summer Elective Course: Dr. Baker provided the pre-circulated Summer Elective course, for Class of 2020 with highlights as noted below.

- The Summer Elective Course is the opportunity for student to explore beyond the core curriculum, with sample disciplines for career choices
- MDCN 402: is 4 weeks (July – early August second year) and is a pre-clerkship elective.
- Clerkship Electives is 8 week electives at the beginning of the clerkship year; 4 additional weeks throughout the clerkship year for a total of 12 weeks at present; increasing to 14 weeks for the class of 2021.
- Students evaluated by ITER – student must pass.
- Preceptor rating of 4.5 (up from 4.4). 95% of students felt this experience helped with career choice.
- The Electives Committee is comprised of 30 individuals and meet at least once/year. They will review the impact that reducing the summer elective from 4 weeks to 3 weeks will have.
- Resources include Elective Coordinators, Course Chair, Orientation session (7 months prior to the Elective start), OSLE/Medical Electives Catalogue, Student Portal: Universities provide updates, Student Representatives, International Health Program Office, Immunization Nurse.
- For the Summer Electives for the Class of 2020: Total # of students = 163, Total # electives = 306, Total # of weeks = 656 Clinical was 648 weeks (303 electives), Research was 8 weeks = 3 electives.
- The majority of summer electives are in Calgary, as there are a limited number of schools that accept pre-clerks. Class of 2020 saw: 63% in Calgary; 15% in Alberta, 14% elsewhere in Canada, 7% in the U.S., and 2% international. The international pre-requisites require a number of mandatory sessions, such as immunization, infectious disease safety issues, and boundary issues in regard to global health and these are very well received by the students and continue to evolve. The boundary issues in global health is related to students working within their level of training and not being pressured to work beyond this level which have occurred in developing countries. There have been situations where students worked in developing countries without adequate supervision or asked to do procedures that they have not been trained for previously.
- Course evaluations are reviewed. Preceptor evaluations are reviewed and any issues are flagged by Dr. Busche.
- Key components: Electives must reflect a minimum of two different CaRMS disciplines over 16 weeks (preclerkship/clerkship). Discussions to move towards three different CaRMS disciplines, have been ongoing for the last

decade, however, no decisions to change this has been made to date. A minimum of 2 week blocks are encouraged, however some electives are only one week. Significant global health experience opportunity in pre-clerkship and all international health electives must be approved through the global health office. This includes risk management for the U of C.

- A large number of Canadian medical schools declining pre-clerkship students, with the result of increased number of students seeking Calgary placements which result in higher resource demand locally.
- What's next: The Class of 2021 will move from a 4 week to a 3 week summer elective, as the additional week is being moved to the clerkship year. This is an advantage for the students in regards to CaRMs applications. This will result in more one week electives, or a 3 week elective, moving forward. The move is challenging for students who wish to participate in international elective experiences due to funding limitations requiring 4 week blocks. Ongoing work with the Global Health Office is continuing through UME to ensure students are well supported (and supported financially as possible) and know their options. Perhaps more students will do their international electives during clerkship. Work on other funding opportunities is also being explored.

Mr. Paget noted that for the Class of 2021, their clerkship lottery choices will come before the summer elective timing. Dr. Baker noted that the Clerkship Orientation will occur a little earlier as well. There is concern should a student miss 3 weeks of an elective due to an illness and how that will be made up. Dr. Busche thanked Dr. Baker for the hard work and report, noting that the report was completed in record time, as the survey results had only just been provided. Dr. Busche noted that Dr. Baker awarded the Behind the Scenes Award to Kristy Ward for her work overall in the elective program and her work in the summer electives. The second award was given to Michelle Krbavac, UME Immunization specialist, as she is a huge help as part of this group and often will assist students with any immunization issues.

The Summer Elective Report was approved as circulated.

Moved by Dr. W. Tink. Seconded by Dr. P. Lewkonja

Unanimously approved.

6. New Business

- 6.1 **Clinical Guidelines for Preclerkship Students:** Dr. Busche noted that there was an unfortunate incident with a student who had a negative experience in a clinical environment where he/she was asked to perform a procedure on a patient that he/she was not capable of doing. The student noted this to the preceptor, however the preceptor asked him/her to proceed. Dr. Busche noted there is a process for feedback to preceptors in such cases, however, there is a need to try to prevent this from happening. Therefore, a letter was drafted up which was reviewed with the student VPs of Education, who provided feedback. This letter has been distributed from Drs. Coderre and Busche, to everyone who is a preceptor in the Cumming School of Medicine. The letter asked preceptors to supervise appropriately in clinical environments with patients. Dr. Busche noted that students are in clinical environments to learn and are very aware of their responsibilities around patient safety and should a student advise a preceptor that they do not feel safe in performing a procedure, this should be respected. Dr. Busche noted that to reinforce this, when a student advises the UME of a shadowing event, this letter will be re-sent to the preceptor. Hopefully this process will be automated in the near future. Mr. Kennedy will ensure the students are made aware of this.
- 6.2 **Schedules of 2021 (Yr 2) and 2022 (Yr 1):** Ms. Leskosky noted she had sent these schedules out to the PCC membership, and there have been some minimal changes (Course II, Global Health). She asked members for approval of the schedule of Class of 2022 (Yr 1) (schedule for Class of 2021 (Yr 2) has already been approved. Mr. Kennedy suggested that the IST for December 12th and 13th be joined to permit a long weekend to study for the MCQ the next week. This is not possible due to the small group room bookings that are not able to accommodate this request.

The Schedule for the Class of 2022 (Yr1) was accepted as circulated.

Moved by Dr. A. Bass. Seconded by Dr. J. Desy

Unanimously approved.

- 6.3 **Big 10 Objectives:** Dr. Busche reminded committee members of the Big 10 Educational Objectives and encouraged members to review these on a regular basis. These objectives show what the UME is trying to achieve by the end of the three year curriculum.
- 6.4 **Certificate:** Dr. Busche noted that Dr. Brian Kruger has been the UME Radiology representative for PCC and acted as a resource to all of the courses, and has been an excellent teacher. He has now stepped down and therefore, will receive a certificate of appreciation for his work and support of UME. His position has been passed on to Dr. John Fagnou, Neuro-Radiologist. There will be some transition over the next year between the two.

Dr. Busche thanked members for their participation, enthusiasm and hard work, which makes the UME program one of the best in Canada.

Next Meeting: Friday, January 11th, 2019. Next Reports due: Course I, Course V

Meeting adjourned @ 2:12 p.m.

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