

CUMMING SCHOOL OF MEDICINE
Pre-Clerkship Committee (PCC)

APPROVED - Minutes
Friday, October 12th, 2018

Present: Drs. Adam Bass, Hanan Bassyouni, Heather Baxter, Ms. Kathryne Brockman, Kevin Busche, Philippe Couillard, Erika Dempsey, Janeve Desy, Ms. Sue-Ann Facchini, Andrew Grant, Ms. Tabitha Hawes, Heather Jamiczky, Martina Kelly, Mr. William Kennedy Murray Lee, Patrick Lee, Ms. Shannon Leskosky, Mr. Arjun Maini, Kerry McBrien, Dan Miller, Mrs. Lily Oakenfold, Mr. Mike Paget, Jadine Paw, Lothar Resch, Jaime Schachar, Anthony Seto, Kim Smyth, Philip Stokes, Wendy Tink, Pamela Veale, Erin Weir

Regrets: Drs. Fariba Aghajafari, Billie Au, Laurie-Ann Baker, Nancy Brager, Sylvain Coderre, Dawn Goodyear, Rahim Kachra, Brian Kruger, Peter Lewkonja, Leanna McKenzie, Renee Perrier, Wayne Rosen, Ian Wishart

Dr. Busche called the meeting to order @ 12:35 p.m. and thanked members for attending. Members introduced themselves. Dr. Busche noted our new Faculty Representative, Dr. Kim Smyth and Dr. Jadine Paw, new Course VI co-Chair.

1. **Approval of Meeting Agenda:** Dr. Busche added Item 6.3 Time Tables.

The Agenda was approved as amended with the above addition.

Moved: Ms. S. Leskosky Seconded by: Mr. Mike Paget

Unanimously approved.

2. **Approval of June 1st, 2018 Meeting Minutes**

Dr. Busche noted that he had received some small recommended changes to the minutes but as it didn't change the meaning of the minutes, it was not changed, but he thanked Dr. Resch for his input.

The June 1st meeting minutes was approved as circulated.

Moved by: Dr. L. Resch Seconded by Dr. H. Jamiczky.

One abstained, remainder unanimously approved.

3. **Standing Updates**

3.1 **Committees: UMEC:** Dr. Busche noted that UMEC did approve the addition of voting rights for Mr. Mike Paget, Manager, AT, and Ms. Shannon Leskosky, UME Manager to PCC. He noted that the majority of the UMEC meeting was related to the changes with the addition of more weeks to Clerkship. **Clerkship:** Dr. Veale thanked the pre-clerkship for the steps that are being implemented in clerkship, by providing more time to clerkship. She noted they are reviewing how the additional four weeks will be structured. One vacation week will be provided in October before the rewrite period and the second week will be allocated to CaRMS interviews, so that this interview period will match up nationally (with three weeks for the CaRMS interviews). The revised curriculum structure will begin with the Class of 2021. The second big change will be moving to a four week rotation structure. This will result in more disciplines being seen prior to CaRMS cut-off and will permit all students to complete a family medicine block before CaRMS. This change should also allow all students to complete a rural rotation as well. Dr. Veale noted that longer rotations will be separated into two blocks which may be separated in time. She noted there will be two more weeks of electives, two more weeks in family medicine overall, and two weeks less in Internal Medicine overall. She indicated that it will take a year to figure out the logistics and structure. It is not certain how the exams will be structured, and SEC will be reviewing this. Dr. Veale noted that there will be some overlap with classes for some weeks. The option of using four weeks of elective time to allow students to do a four week international elective block is being explored with the Global Health program. Ms. Hawes (Class of 2021) indicated that the students are very excited about this initiative. Dr. Busche reminded members that this was initiated by the students in previous years. **SEC:** Pending next meeting.

3.2 **Academic Technologies' Update:** Mr. Paget reported that VERA is set to launch at the end of the month, which will provided us with a clear and complete record of our faculty which will assist with recruitment and reconciling teacher payments. He indicated that course leaders could begin to see how they recruit for their courses and how to recruit more strategically.

3.3 **Student Reports:** Mr. Kennedy (Class of 2020) indicated that they had just completed Course V. He had also surveyed the two classes for input to the physical exam changes, which will be mentioned later in the meeting. He noted they are preparing for clerkship and arranging initial elective blocks. Ms. Hawes (Class of 2021), noted they are nearing the Course I final and had attended their first career planning session with the SAW office. Dr. Busche noted they provide this session early in order to try and prevent the development of myths related to the CaRMS match and career planning. Dr. Busche noted that each single class only sees one iteration of the curriculum but there is still cross-pollination with information passed from class to class. The students agreed to plan a lunch hour session where student leaders and VP Educations from the Class of 2020 and Class of 2021, with Dr. Busche, would meet with the 2021 class to go over questions and answers

related to the recent curriculum changes, career planning, or anything else that might cross-pollinate from one class to another. Ms. Oakenfold can find a time in Dr. Busche's schedule in the near future.

4. Faculty Rep Position: As noted earlier, a sub-committee had chosen the new Faculty Representative, Dr. Kim Smyth and she was welcomed to PCC.

5. Course Reports

5.1 Course III: Drs. Daniel Miller and Andrew Grant presented the pre-circulated Course III report (attached?). Dr. Miller noted that the course has run steadily with no large changes. Highlights included:

- Overall student rating 3.82; last year 3.98; two years 3.74
- Student rating from daily surveys 4.06; last year 3.95; two years ago 3.9
- Strengths: Small groups. Clinical correlation. Pediatric CV Pathology Lab. Harvey simulation. Instructors. Review lectures. Organization.
- Weaknesses: Evaluations – perception that exam questions not well linked to what was taught. Pediatric CV afternoon – require breaks. Labs – restructuring labs to be more case-based. Consistency in ECG teaching. Many of these will be reviewed and revised, as noted in the slides.
- Changes in past year: Re-vamped the ECG examination. Cardboard offered as optional 'online' office hours. ACLS flipped classroom. Updates to Respiriology small groups.
- Problems/solutions: Core recruitment; Course chair and department head reviewed different ways for recruitment. Timing of peripatetic exam; this will be resolved when the new anatomy curriculum occurs. Respiriology pathology lab rated low. ENT anatomy lab poorly rated. Lecture/Exam correlation; reminders to students that the exam is based on the lectures. Planned exam topics/questions will be communicated to lecturers. Exam questions will continue to be reviewed and updated.
- Changes planned for next year: Peds CV patient presentation. Perhaps increasing the worth of the ECG exam. Update of introductory pathology lab. Update of ENT anatomy lab to be upper airway anatomy lab. Streamlining of lung cancer lecture to minimize repetition. Updating remaining resp small groups. Plan to incorporate ABG cards (developed by Course IV) as a resource for students.
- Challenges: Preceptor recruitment. Course III workload with AEBM being offered simultaneously for the first time.

Discussion ensued on the use of Cardboards as a format for 'online office hours' and it was suggested that perhaps it could be made available for all courses, if the Chairs were willing to do this. It was noted there are limitations on how many characters could be used in each submission. It was noted that some questions are better answered in face-to-face office hours by some courses, as the answers are long for difficult questions. It was suggested to utilize fellows for these questions; although acknowledged they would need coaching to keep the content at an appropriate level for pre-clerkship students. It was agreed to have some kind of tool that provided consistency between courses related to questions from students on. **Action:** Dr. Busche will follow-up on this and advise all the courses how this could be used as a consistent way of communicating and how Cardboard works.

Mr. Kennedy suggested that the communication could be continued into clerkship so that the students would see the previous questions/answers. Students noted concern in Course III inconsistencies among objectives, for example, what is taught vs what is examined in the content of the exam. Dr. Busche noted that they try not to include in examinations any more than 10% new questions at a time as the validity of questions must be tested. Ms. Desy noted that there has been on occasion more than 10% change to exam questions, as this is not a rule, just a guideline. She noted that they are hoping to map each exam to the exam objective topic and blueprint. Dr. Busche reminded all course leaders that if they are developing significant changes in their courses, and reviewing how to change teaching with a novel approach to education, the effects of the change should be studied.. Dr. Busche noted that Dr. McLaughlin is a great resource on how to do this type of academic activity.

It was moved to accept the Course III Report.

Moved by Dr. P. Couillard. Seconded by Dr. P. Stokes.

Unanimously approved.

Dr. Busche thanked Drs. Miller and Grant for their report and work.

5.2 Course IV: Drs. Hanan Bassyouni and Adam Bass presented the pre-circulated Course IV report (attached?), which ended in June, 2018. Highlights included:

- Overall student rating summary 3.82. Student rating from daily evaluations current year is 4.06, with lectures, small groups and clinical core percentages as noted, with comparison to other years. Dr. Bassyouni indicated that the rating had decreased the year before due to change of permitting review of prior years' podcasts.
- Strengths: Instructors, review sessions and office hours, course leadership and IPE component of the diabetes patient interview.
- Weaknesses: Too much information in too little time. Course organization of topics. Peripatetic exam was changed. Lack of clear pathology course lead resulted in unclear objectives and expectations for the pathology portion. Acute kidney injury and glomerulonephritis sections considered confusing, given the complexity. Clear objectives for endocrine units (diabetes

and pituitary) updated/developed. Diabetes core interview had mixed feedback and some students asked for a traditional core experience; this is not feasible given the small number of endocrinologists.

- Plans: Incorporate more choosing wisely initiatives. Incorporate 'road map' lectures for complex topics. Having a formal pathology team lead. Complete the endocrinology objectives list. Lecture note documents for difficult topics. Cognitive Load Reduction Educational Strategy (CREST) – doing all electrolytes, acute kidney injury and other topics (if time). Try for triple problem ABG cards. Thyroid CARDS to be launched as well plus lipid, diabetes CARDS.
- Next year – new urology leadership. Review of peripartetic process to refine it. Flipping of topics or pre-recorded podcasts to be made available beforehand.
- 5 unsatisfactory, passed on the rewrites. 164 wrote the final exam.

Ms. Brockman (Class of 2020) thanked the Course Chairs, indicating appreciation for their work. They indicated that the individual patient presentations was positively perceived.

It was moved to accept the Course IV Report as circulated.

Moved by Dr. W. Tink. Seconded by Dr. H. Baxter.

Unanimously approved.

Dr. Busche thanked Drs. Bassyouni and Bass for their hard work and report.

6. New Business

6.1 **Short 2018 CGQ (Canadian Graduate Questionnaire) Review:** Dr. Busche provided a slide presentation on the 2018 CGQ Review. He noted these are ratings of specific items. For example, students were asked whether they had developed the clinical skills required to begin a residency program, and 100% agreed they had developed the skills. Each question surveyed the students resulted in a fairly stable response from year to year and from school to school. Dr. Busche noted that the topic relating to mistreatment of medical students, showed that we improved our process and that 95% of students are aware of the policies surrounding this topic. However, almost 70% of our students, at some point, indicated they had received some form of mistreatment, which spanned from public humiliation to something graver. He noted that they are educating the various clinical departments and divisions at their Grand Rounds. He noted that the number of students who complete a research project is a bit lower than the national average. He also noted that the debt that our students carry is slightly higher than the national average, this is likely explained by the fact that we admit a different population of students than other schools in Canada. If anyone is interested in receiving the slides, to advise Mrs. Oakenfold.

6.2 **PE Sessions:** Dr. Busche noted that there is a UME U of C policy on physical examinations. Students cannot be examined by preceptors, students cannot examine preceptors, and students cannot examine each other. Due to the privacy of the student's health or preceptor's health, risk of inappropriate behaviour between students (if they are permitted to examine each other without preceptors around), there are risks involved. He noted that while we want to think the best of everyone, problems could still occur. This policy was driving by the U of C legal counsel. Dr. Busche noted that he and Dr. Veale had discussed this further and given how this policy limits the opportunity for students to practice important clinical skills it is felt that it would be appropriate to provide time for practice physical examination sessions. This would be in a controlled environment, such as the Medical Skills centre, with preceptors and standardized patients. This would assist the students in practicing their physical examination skills. It would provide feedback to the students in a safe way and assist the students to know how to conduct the examination with constructive feedback. Dr. Busche noted that there would have to be a sign-up for the students to see how many would be interested, and preceptors and standardized patients would be recruited, which would cost money. Mr. Kennedy provided a slide presentation on the results of a recent survey of both the Class of 2020 and 2021. They indicated that most feedback for this was from the Class of 2021 and they are overwhelmingly positive in their response to the proposal of creating practice PE sessions. Students indicated that it would be best before the OSCEs and have about 1 to 3 sessions with either a core or smaller core groups. Times could be offered during IST, with a cut-off of signing up two weeks before. It was reiterated that examining must not occur outside of curricular time either, however, this cannot be policed. UME leaders will need to continue to work to make everyone aware of this policy. **Action:** Dr. Busche will set up a meeting with Drs. Patrick Lee, Luc Berthiaume (PE Unit Chairs) and Dr. Wayne Rosen (Med Skills Course Chair) to discuss the logistics further.

6.3 **Class of 2022 – Time tables:** Ms. Leskosky noted she will be sending out the Class of 2022 timetable and asked for feedback for any changes the members may require.

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

Next Meeting: Friday, November 16th, 2018. Next Reports due: Intro to Clinical Practice, Electives

Meeting adjourned @ 3:02 p.m.

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