

## Clerkship Committee

### Minutes

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**DATE & TIME:** Thursday, January 11, 2007 at 4:0 p.m.

**PLACE:** Undergraduate Medical Education Boardroom

**PRESENT:** Dr. D. Boone (Chair), Drs. K. Tompkins, J. Harris, H. White, G. Sherman, A. Drover, P. Gardiner, R. Tabrizchi, M. Raju (Coordinator, Medical Education, NB), V. Curran (Invited Guest), Ms. M. Kent, Ms. V. Griffin, Ms. S. Ackerman and Ms. A. Bennett (Acting Student Representative)

**APOLOGIES:** Drs. M. Wells, B. Curtis, L. Dawson, Ms. J. Young and Mr. S. Butt

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#### Review of Minutes of December 14, 2006

This matter was deferred to the next meeting.

#### Business Arising

##### **Leave Policy**

This matter was deferred to the next meeting.

##### **Update on T-Clerk**

Dr. Boone advised that the template for the clinical curriculum has been passed on to t-clerk and they are currently in the process of attempting to incorporate the information into a menu that will make sense to our students. A further report regarding this will be presented at the next meeting.

It was also noted that students have been directed to enter their clinical experiences into the t-clerk program but not a lot of this is being done. Once the new menu is in place it should be a little easier for the students with regards to entering the information and as well, the information tracking will be possible for discipline coordinators, etc.

Dr. Tompkins noted that there are some issues with regards to students not having palm pilots or having Macintosh computers which cannot access the t-clerk website. As well, students have

issues with not being able to use the terminals on the floors because there aren't enough units with internet access and those that are available are usually occupied.

Dr. Boone felt that this situation may have to be reconsidered if it becomes a problem. The options may be to provide palm pilots to the students, to have more computers with internet access or to add internet access to the existing computers. He will also approach the programmers for t-clerk with regards to having the program accessible on Macintosh computers.

### **Accreditation Standards**

For information purposes with regards to the clinical curriculum, Dr. Boone reviewed the deficiencies that were identified by the accreditation team and what is being done to address them.

### **Program Evaluations**

It was noted that discipline coordinators should have received from the Program Evaluations Subcommittee, the student evaluation of their rotation. Members were reminded that it was a requirement that they document a response to PESC on the form that has been provided.

Dr. Boone noted that the resolution of the issues raised in the feedback will be the responsibility of the Clerkship Committee with some guidance from PESC. He will contact each discipline coordinator on an individual basis to discuss some of the issues that were identified.

### New Business

#### **Inter-professional Education Objectives**

Dr. Curran was introduced to the Committee and he reminded members that the Inter-professional program, which has been funded by the government, has developed a number of interdisciplinary modules and learning programs and is trying to promote and foster inter-professionalism as part of practice settings so students can learn about the roles, etc. of other professionals on the site. As part of this a document has been developed that identifies common competencies and it has been sent to all faculties and schools that are part of this program. They have been asked to review and adopt this as part of their learning objectives that are already in place.

Dr. Curran noted that he would answer any questions that members had and requested that this Committee approve and adopt the competencies as well as present them to the UGMS Committee for adoption.

Dr. Boone noted that it was his understanding that under the new structure if the competencies are approved by UGMS, implementation will be expected as a directive from that Committee. He

felt it would be worthwhile presenting them at UGMS in the current version without approval from this Committee.

Dr. Curran agreed to do this.

Dr. Boone noted that members may only be able to offer a list of what currently confirms with the document but these things are being implemented now in some form but if they are to be more visible, extra support will probably be required to help with the extra work.

Dr. Curran advised that, if necessary, it was possible that support may be available through his office for discipline coordinators requiring extra help to provide this information and they should contact him as soon as possible. Additionally, any feedback would be appreciated.

It was noted that another activity currently being undertaken is profiling the type of inter-professional activities students are currently being exposed to, therefore, a survey is being administered to discipline coordinators who were asked to please take the time to complete and return it. The survey is also available on-line. This activity is being administered across the province and well as in all of the applicable schools and faculties involved. It is hoped that a profile can be developed with regards to what is happening and what students are exposed to at different sites.

The final activity noted by Dr. Curran was the development of a draft preceptors handbook for review and feedback. He proposed that this be distributed to preceptors as an introduction to inter-professional learning and he will follow up with Dr. Boone to address any issues.

### **Presentation of Pharmacology Theme**

Dr. R. Tabrizchi was introduced to the Committee as the theme leader for Pharmacology. He advised that the clerkship and pre-clerkship curriculum had been examined for contact hours and if there was any doubt if a topic was covered, the course chair was approached for clarification and additionally, the Association for Medical School Pharmacology guidelines were also used. He noted the following:

- There are currently 88 hours of formal teaching in the current curriculum which was felt appropriate for medical school teaching.
- Two extra hours should be added to accommodate teaching of Anesthesia pharmacology and a letter of formal request would be written to Dr. Wells.
- One extra hour should be added to accommodate receptive pharmacology teaching and this should be done during the first year in Basic Science of Medicine I or II which will also be requested.
- Pharmacology teaching seems to be spread appropriately throughout the curriculum.
- In the clinical clerkship pharmacology is taught during the academic half-day sessions as well as in other areas.
- It is expected that most of the pharmacology teaching should occur before students enter the clerkship and it appears that this is being accomplished; of the 88 hours currently being taught, 13 hours are being taught in the clerkship and this does not include the 24 hours in the Back to Basics course.

- Urology pharmacology was not identified in the current curriculum but students have requested this and as a result, two hours of men's health have been added to the Back to Basics course.

Dr. Harris advised that one of issues from exit interviews is that students felt pharmacology should be taught later because they have no way to apply the knowledge if it's taught earlier. They would rather learn about it when they can actually apply it to a situation.

Dr. Tabrizchi stated that it would not be possible to provide pharmacology as a subject in clerkship because the students are not together as a class and therefore it could only be taught in groups which would be extremely difficult to achieve. He felt that when the lectures are given students can go back to their notes for reinforcement and the academic half-day sessions can also be used for reinforcement as well.

Dr. Tabrizchi noted that an official report will be made to Dr. Wells and any feedback from this committee will be reviewed as well.

#### Student Report – Class of 2007

##### **MUN Student Electives**

Ms. Bennett advised that there were four students from her class who had arranged to do fourth year rural rotations in India but there were some issues with their travel visas and they were unable to go. They will be asking for permission to split this rotation into two weeks and then one week and will also ask for a deferral of the last week.

Dr. Boone advised that the requests have already been received from the students in questions and he wondered what help is provided to students in general with regards to traveling internationally.

It was noted that most students will speak to Ms. Alivio in the UGME Office regarding travel requirements before attempting to make their arrangements and it is recommended that they contact the embassy applicable and not to rely on the advise of their travel agent.

Dr. Raju also noted that most of the embassy websites have this information readily available and it is quite accessible.

Dr. Boone advised that, after consideration, it was felt that these students will still be required to complete the four weeks of the rural rotation as required by the curriculum but the split will be accommodated as necessary taking into account the scheduling of the rotations and the interview time.

After some further discussion it was decided that information regarding international travel would be discussed and compiled at a future meeting and it would be printed in the Clerkship Handbook.

## **Student Performance Reports**

Ms. Bennett advised members that there was some dissatisfaction with the student performance reports by the four year class. Concerns were expressed in the following areas:

- The letters were not as good as those produced by other schools.
- There were spelling errors and typos.
- The letters were too standardized.
- There wasn't enough time to allow students to see the letters before they were sent to the CaRMS Office.
- Evaluations were not received in time to be put on the letters.

It was clarified that the student performance report is not a letter of recommendation but an outline of the students' academic performance.

After some discussion it was decided that Dr. Boone would discuss the issue with the residency directors at Memorial to get their point of view regarding the usefulness of the letters. The standardization issue will be discussed with Dr. Wells.

## **Promotions Policy**

Ms. Bennett wondered where things stand with the new promotions policy as some of her classmates have been inquiring and are expressing some concerns.

Dr. Boone related that the UGMS now has created an explicit statement regarding what the requirements for promotion are and this policy was devised from discussions with this committee regarding what had been done in the past with students who failed or were below average and was guided by the requirements of accreditation.

At this point members reviewed the document on the promotions policy that was provided for discussion.

It was noted that in the past if a student failed an examination by 1% it was recorded as a failing grade overall. One of that concepts being considered is instead of giving the student a fail, it would be considered as an incomplete instead. The student would be required to retest and if successful, they would be graded as a pass and the fail would not be recorded. This would only apply to national board examinations and only to those students who failed by 1%, and it would not be recorded in the student performance report.

After some further discussion it was decided that no changes were required to the current document and it would be added to the clerkship handbook as it currently is.

Some members felt that it might be time to reconsider the usefulness of the national board examination and it was decided that this matter would require further discussion at a future meeting.

Adjournment

There being no further business, the meeting was adjourned.

Darrell Boone, M.D., FRCSC  
Clerkship Coordinator

DB/mjm