



Undergraduate Medical Education

Clerkship Committee Terms of Reference

Approved by Curriculum Committee: February 22, 2018

Lead Writer: Dr. A. Winthrop

Revision: February 15, 2018

Effective Date: February 15, 2018

Part I: Mandate and Responsibilities

Mandate

To provide oversight and leadership for the development and implementation of the clinical clerkship courses (hereafter referred to as the Clinical Clerkship) consistent with accreditation and current educational standards, and in accordance with the relevant policies and procedures of the School of Medicine.

Major Responsibilities

The Clerkship Committee functions under the authority of the Curriculum Committee, which has oversight for all curricular aspects of the MD program, including review, approval and dissemination of policies and procedures relevant to the overall UGME program.

1. Oversight and development of operating principles necessary to guide the structure and delivery of the curriculum of the Clinical Clerkship.
2. Oversight and development of operating principles for the delivery of student assessment in the Clinical Clerkship.
3. To liaise with relevant UGME committees to promote an integrated curriculum.
4. To ensure compliance with and provide content material for all of the following elements of the accreditation standards that pertain to Clinical Clerkship:
 - 6.2 Required Patient Encounters and Procedures
 - 6.4 Outpatient/Inpatient Experiences
 - 6.5 Elective Opportunities
 - 8.6 Monitoring of Required Patient Encounters and Procedures
 - 8.7 Comparability of Education/Assessment
 - 8.8 Monitoring Time Spent in Educational and Clinical Activities
 - 9.1 Preparation of Resident and Non-Faculty Instructors
 - 9.3 Clinical Supervision of Medical Students

Specific Functions

1. To oversee curricular design and objectives of each clinical clerkship course.
2. To make recommendations to the Curriculum Committee with respect to course objectives and content.
3. To provide the curriculum of the Clinical Clerkship in accordance with the policies of the UGME Teaching Learning and Integration Committee (TLIC).
4. To provide student assessment in accordance with the policies of the UGME Student Assessment Committee (SAC).
5. To liaise with pre-clerkship and clerkship curriculum Unit/Course Directors and Intrinsic Role Leads to ensure implementation of an integrated curriculum.
6. To provide membership to the Curriculum Committee, TLIC and SAC.
7. To participate in course and faculty evaluations in accordance with the policies of the Course and Faculty Review Committee (CFRC).
8. To participate in program evaluation under the guidance of the Program Evaluation Committee (PEC).

Part II: Membership and Chairmanship

Membership

Voting members

Clinical Clerkship Course Directors (or delegate) *Ex officio*

Student Clerkship representatives (Years 3 and 4) – one vote per class *Ex officio*

Director, Clinical Clerkship (in case of a tie vote) *Ex officio*

Non-voting members

Clerkship Curricular Coordinator *Ex officio*

Director, Regional Education *Ex officio*

Corresponding and non-voting members

These members will receive agendas and minutes from the Clerkship Committee, but will not be expected to routinely attend meetings:

Associate Dean, UGME
Clinical Clerkship Course Program Administrators
Educational Developer
Assessment Consultant

Additional ad hoc guests may be invited by the Chair as necessary to conduct the meeting or committee functions.

Responsibilities of Members

All members will participate actively in the committee by:

- Reviewing all pre-circulated material
- Attending at least 70% of the meetings, including retreats
- Participating in working groups and retreats, as required
- Communicating committee activities and decisions as appropriate

Term of Membership

Appointed members will normally serve a three-year term, renewable once.

Chairmanship

Duties of the Chair:

1. To chair all Clerkship Committee meetings
2. To be responsible for the approval of meeting minutes before dissemination for approval
3. To develop the agenda for all meetings
4. To implement Committee decisions
5. To represent the Clerkship Committee at the Curriculum Committee and to ensure that recommendations for significant changes in the Clinical Clerkship will be brought forward to the Curriculum Committee for ratification in accordance with committee standard policy
6. To ensure discussion items and decisions are carried through with appropriate mechanisms for follow-up
7. To orient new committee members

Part III: Meeting Procedures

Frequency and Duration of Meetings

There will be 8 meetings per year and 2 retreats (June and Nov/Dec); additional meetings may be arranged at the call of the Chair.

Quorum

Quorum for the purpose of approving minutes or passing motions will be 50% plus one of all voting members, either present in person or via teleconference or electronically.

Meetings may be held in the absence of a quorum, but no decisions will be made.

Conflict of Interest

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. They can do so either by personal declaration at the beginning of a meeting or in writing to the Chair. They will be excused from any discussions regarding the matter in question. The declaration and absences will be recorded in the minutes.

Decision-Making

Decisions that establish procedure or policy changes, directions to other subcommittees or faculty members, and/or recommendations to the Curriculum Committee will be discussed in the context of specific motions, passed by a majority vote of members and recorded in the minutes. The Chair will aim to build consensus, if possible, but the final decision will be made by voting. Votes may be conducted electronically, if necessary.

Part IV: Administrative Support & Communication

Administrative Support

The Clinical Clerkship Curricular Coordinator will act as the permanent administrative support to the committee. Duties will include, but will not be limited to:

- Assisting the Chair with setting the agenda
- Scheduling of regular and supplemental meetings.
- Meeting with the Chair in advance of the meetings or as required to ensure appropriate follow-up and identification of relevant issues.
- Background research and information gathering relevant to committee functioning.
- Preparing and pre-circulating all meeting materials.
- Ensuring the minutes are taken, reviewed by the Chair, pre-circulated, and amended as necessary.
- Maintaining all committee records.
- Maintaining a log of action items and the status of action items arising from the minutes.
- Directing all communication to and from committee members to the Chair, and requesting direction for distribution.

Agendas & Minutes

Agenda and minutes of the committee meetings will be distributed to the committee members by the Clinical Clerkship curriculum coordinator. Minutes will normally be distributed electronically to all members in advance, and uploaded to the committee's MEdTech web site.

Reporting Relationship

The Clerkship Committee will report its decisions and recommendations to the Curriculum Committee. The Committee will produce an annual report of its activities to be submitted to the Curriculum Committee. That report will be written by the Chair and reviewed and approved by the committee before dissemination.

Part V: Evaluation

These terms of reference will be reviewed by the Clerkship Committee on an annual basis and as required.

Part VI: Policy References

The School of Medicine's policies are posted to
<https://meds.queensu.ca/academics/undergraduate/policies-committees>

Rules of Order

The School of Medicine's committees follow *Bourinot's Rules of Order*.
A summary of *Bourinot's Rules of Order* is available at:
<http://www.queensu.ca/secretariat/senate/rules-glance>

APPENDIX A

Consensus-Based Decision Making Rules for Building a Consensus

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but consider seriously what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and, therefore, someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony.
- Withstand the pressure to yield to views that have no basis in logic or the supporting data.
- Avoid majority voting, averaging, bargaining or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information -- so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and support it willingly.

APPENDIX B

CACMS Standards and Elements Effective July 1, 2018

6.2 Required Patient Encounters and Procedures

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills and procedures to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

6.4 Outpatient/Inpatient Experiences

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

6.4.1 Context of Clinical Learning Experiences

Each medical student has broad exposure to, and experience in, generalist care including comprehensive family medicine. Clinical learning experiences for medical students occur in more than one setting ranging from small rural or underserved communities to tertiary care health centres.

6.5 Elective Opportunities

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.

8.6 Monitoring of Required Patient Encounters and Procedures

A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

8.7 Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

8.8 Monitoring Time Spent in Educational and Clinical Activities

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

9.1 Preparation of Resident and Non-Faculty Instructors

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach or assess medical students are familiar with the learning objectives of the required learning experience in which they participate and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the delegated activities supervised by the health professional are within his or her scope of practice.