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|  | **Dalhousie Medical Students’ Society**  **Meeting Agenda for October 30, 2017**  **6:30-8:30PM**  Halifax Location: Room 2L7, Tupper Building  Saint John Location: Room 105, DMNB Saint John |

Attendance: Jake Blacklaws (JB), Patrick Holland (PH), Sarah Tremaine (ST), Emma Bartlett (EB), Caitlin Bennett (CB), Brianne Robinson (BR), Sarah Lane (SL), Sabrina Tang (STa), Nick Cochkanoff (NC), Kelcy McNally (KM), Melissa Power (MP), Michael Mackley (MMack), Ola Kajetanowicz (OK), Ilana Walters (IW), Yolanda Evong (YE), Dominique De Waard (DW), Dennis Curry (DC), Ryan Densmore (RD), Alysha Roberts (AR), Emma Leon (EL), Chad LeClair (CL), Fiona Warde (FW),

NB: Tess Robart (TR), Jordan Thorne (JT), Devin O’Brien (DO), Brynn Aucoin (BA), Kevin Russell (KR), Michael MacMillian (MMac), Samantha Bland (SB)

Mirimachi: Robert Dunfield (RD)

Fredericton: Mike MacGillivary (MM)

Agenda:

1. Call to Order & Welcome
2. Introductions
3. Approval of Agenda

Motion to approve agenda reports by PH, seconded by SL, motion carried.

1. Approval of Minutes from last meeting (Attached as a separate document)

Motion to approve minutes by ST, seconded by MM, motion carried.

1. Approval of Officers’ Reports (Attached as a separate document)

Motion to approve officer reports by OK, seconded by PH, motion carried.

MM: I’m a bit out of the loop on the DSU updates, maybe at the end of the meeting we can talk about it?

CL: It’s all in the news. But we can talk more after (what I’m legally allowed to talk about).

1. Message from Dean Anderson

Dean Anderson presented at the meeting. News about accreditation. Thank you to the DMSS, to participate in student governance additionally, very important to how the school runs.

**Accreditation**: Went through accreditation last February. Thank you to those who were involved with this. Review was very positive. Status we received was basically “full accreditation”. This means they won’t be coming back to visit us until 2024. This is a broad overview. There are 12 standards, 11 are fully satisfied, ready to go. One of the 12 standards we are meeting, but are classified as requiring monitoring by the accreditors.

Within those 12 standards, there are 94 elements we are expected to fulfill. Gives an idea of the complexity. Of those 94 elements, 8 of them we were felt to be meeting the criteria, but the accreditors wanted further information to demonstrate the success of the initiatives. Termed “satisfactory with monitoring”. This means there is stuff going on to meet the standard, but they want to see more data that proves that the accreditation standard is being met. One standard we were judged unsatisfactory (1/94). This is one they will pay particular attention to. I will run through each of these, as they directly relate to student/student affairs.

Satisfactory with monitoring:

1. Regarding diversity. Issue there is primarily around diversity in leadership of the medical school. Not so much the medical student body, as we are doing quite well in the diversity of the student body. Senior leadership level, paucity of women in dept. head roles. I need to address this as Dean, that will come back to work on with the accreditors.
2. Service Learning: work you all do to give back to the community. Mandatory part of the curriculum. It is a new program, they wanted to see some data on the programs we are setting up. Ensuring we are doing the work. This is one where work is underway, but they wanted more data before taking us off monitoring status.
3. Pre-clerkship curriculum around core subjects. Biomedical courses, social science courses, and how well these prepare you for clerkship. This comes back to a survey (a lot of the info here is survey data) that students do at the time of graduation. As a part of accreditation a survey was done. Potential to do a better job with some of the pre-clinical courses.
4. 2 issues both judged needing some work regarding one specific clerkship course in one specific location. I won’t say more than that, not helpful to identify course and location to deal with the concerns that were raised.
5. Final 3 all directly relate to student issues: career advising, personal counselling & the wellness programs, financial aid/debt management counselling/general topic of student debt. Lots of activity going on, accreditors wanted more info, making sure the students are happy and benefitting from the work done/success of these programs.

Unsatisfactory:

1) Student Mistreatment. Not one that I’m particularly fond of being labelled unsatisfactory. Main concern raised, came from questionnaire results. Inconsistency between student awareness around how to report mistreatment. That is a big deal, big concern, we have spent a lot of time addressing this. Very important that we address all these concerns and you are comfortable reporting this. Concerns around the knowledge of reporting. In these questionnaire results, students are asked specifically about harassment. There were positive responses to those questions by a minority (but significant amount) that the accreditors felt we need to address this and are conscious of this.

I think that nine things means there is work that needs to be done. I truly think there has been work done. Entirely focused on the benefit of the students, that is what we’re here to deliver, an excellent education at all levels. We will be doing more work to deal with these specific issues. We all have to submit a report in a year’s time to the accreditors to say how we’ve addressed concerns raised in each of these 9 areas. Some of this will come from grad survey. We will likely call upon our students to in some way help to have discussions about these areas, how we can address these concerns. Likely will be a need to resurvey the student body as a whole to get your perspectives on how things are going in each of these areas. The ask here today is to get a volunteer student from the Med 1 and 2 classes from each site, to help us work through these accreditation issues. We will likely reach out to more of these students, and will use student volunteers to help with this. This worked really well last year to have students engaged in this process.

Really a good news story. In 2009 ~20 of these elements we didn’t meet, and ~13 deemed to be unsatisfactory. This success precedes me, it is the undergraduate people, and the students who have really stepped up to make a difference. I really appreciate it. We all want to have an excellent medical school. By dealing with these 9 areas we will make this even better.

JB: How will students apply to volunteer for this.

DA: Contact Pat or Tess, then if lots of people apply, they can do the vetting and pick who they feel is most appropriate.

MM: Thanks for the update. Is it okay to disseminate this information? I know my classmates have been asking. It would be a relief to know that our degrees will mean something when we graduate.

DA: Yes, it’s fine to indicate we have full accreditation and a few things to work on. We will make this announcement, I have put it in the Dal News. I know in the news it might not be presented in this way, but we are quite comfortable dealing with the media in this way.

“**Short snappers”**:

-A number of you have attended the lunches that Pat has organized. I will be coming to NB for the Rocks and Roses on occasion with Jennifer Hall. Important for me to have a chance to chat w/ students and see how things are going and problem solve any issues. Monthly lunches, excellent conversation, would encourage students to come and come back to multiple lunches. Good so far, great attendance, nice to meet a bunch of different students. Anything we can do to improve communications I’m happy to do whatever we can.

-Are going to be starting a longitudinal integrated clerkship in 2019 in NS (CB). In NB, we know half the students do these integrated clerkship experiences. We are very excited about this. Start w/ 4 students, plan to roll out so that about a third of the class taking longitudinal integrated clerkships. Will probably take 4-5 years to get up to that goal.

-One issue I do want to highlight. Request about quality improvement. I have discussed this with Pat, and chatted a bit with Sarah T. Around financial accountability of DMSS. Every year the medical school gives DMSS a fair amount of money to do your student programs. Happy to do it, think they are wonderful programs, and it’s good to support them. The accounting practice around those particular programs, has not met what the appropriate standard. anyone would come and look at our finances would not be too happy with it. Hot topic right now with what’s happening in the IWK. There has been a crisis at the IWK about their leadership/management around this. Poor practice and accountability for finance. I am concerned about the same thing with student finances. Every year we go out looking for support for students from alumni for bursaries, wellness, etc. - if anything happened that those financial practices were questioned and alumni wondered what they are spending their money on, that is not a msg we want to send. Just want to tighten things up. Not to be punitive, or thinking that we’re overspending. Just need to have the receipts, invoices, to know the $ we’re giving are being spent on the activities intended. Had an accountant work with treasurers, and now putting into play better fiscal practice. Definitely think is in everyone’s interest. I think it will serve us all well in the future. I know there are some delays in getting reimbursed when you need to submit all receipts, but is just good practice to get into. I’ll continue to work with Pat on that, good practice in NB as well, just want us to be more fiscally responsible and accountable.

-Holiday season is coming. Invite you all to a holiday celebration. Every year I host a little afternoon events. I want to align this with your schedule to make easy to understand. Entertainment, a chance for you to interact with your professors, faculty, and other students. We are working on a date, somewhere between Dec. 4th-6th. We’ll pick one of those days and send out invites. Just want you to be aware - will be a late afternoon event.

Thank you for letting me come onto the agenda. Will likely be back again throughout the year.

1. CFMS Atlantic Rep Report

PH: Our Atlantic Rep, Victoria R., has a small update. They had their first CFMS exec. meeting. Things are going well. Nothing pressing to report. She will work with myself, Yolanda, and Henry about SGM plans for April.

1. Financial Report

KM: Update on where we’re sitting. Bank is at about $56,000. Net balance of cheques of $39,000. Have a few things incoming. Specifically: Pat got DMAA amount of $14,000. Waiting on that cheque, and another that we’ll be getting that as well. A lot better off financially.

1. Question Period

JB: Questions for Pat or other DMSS representatives.

FW: In reference to Dean Anderson’s request to help with accreditation. Any thought on how to put out that call, and how the decision process will be made?

PH: To be blunt, no. First time I’ve heard of it. But I’m open to suggestions.

JB: Any suggestions on the selection criteria.

PH: We can send out another call like we have for other positions (appointed). Motivation statements, and the exec looks them over. Can delegate to other positions, class council, vote, etc. - those are traditionally how we’ve done things.

MM: In the past when Dean Anderson has asked for students to do things, I’d either get things from my own council to do it (class councils from Med 1 and 2) or VP DMNB to do for Med 2’s, and Med 1’s would be members at large. Takes out a bit of the process of making selection criteria and a vote. Know you have reliable people in those positions to choose.

FW: Given that one of the issues at hand was a diversity based one, we could draw on a broader basis and not just from the leadership base. Then people who might not already be involved can have a voice in this process.

JB: Table that for now. Any other questions?

1. Old Business

JB: None.

1. New Business
   1. Budget & Terms of Reference (Kelcy McNally)

Motion to go in camera made by PH, seconded by KM, motion carried

In-camera session.

Motion to end in-camera session made by PH, seconded by KM, motion carried.

Motion to approve the budget made by KM, seconded by PH, motion carried.

* 1. Funding for Grad Class (Mike MacGillivary)

MM: Motion (on Officer’s Report document)

Background: Med4 Grad Week, have an event down at Oak Island, requires a down payment in the fall of each year. Only have $1500 dispersed to us from DMSS, as per our usual funding. Looking for extra $2000 so we can pay the downpayment, with the condition that we will pay back later this year (once CaRMS applications are in) and we begin fundraising.

Motion by Mike MacGillivary:

Whereas the Med4 class traditionally partakes in grad week activities at Oak Island,

WHEREAS this typically requires a downpayment,

WHEREAS the downpayment for the Class of 2018 is $2000,

BE IT RESOLVED THAT the DMSS loan $2000 to the Class of 2018 to pay this downpayment with the proviso that the DMSS will be reimbursed this amount when they start to fund raise (start of December).

BR: Can we put a more specific date? Are we fine leaving it as “start of December”?

JB: Mike, do you know when that might be?

MM: To be honest, I’m not sure. Would send out letters in early Dec., but don’t know when we’ll get it back. I’d say March 30th to be safe.

PH: This is something that happens every year. I feel very comfortable that they will ensure the money is given back.

BR: I trust that it will be, I would say that given our discussion about finances it might be wise to set a date.

ST: Let’s make a friendly amendment the motion to say “March 31st, 2018”.

Amended Motion:

Whereas the Med4 class traditionally partakes in grad week activities at Oak Island,

WHEREAS this typically requires a downpayment,

WHEREAS the downpayment for the Class of 2018 is $2000,

BE IT RESOLVED THAT the DMSS loan $2000 to the Class of 2018 to pay this downpayment with the proviso that the DMSS will be reimbursed no later than March 31st, 2018.

Motion to approve the motion made by MM, seconded by ST, motion carried.

* 1. Elections TOR (Sarah Tremaine)

ST: Small ToR change. last year at AGM, several positions voted in as permanent positions on DMSS, incl. several DMNB positions, and diversity/inclusion student liaison. Most documents were updated to include this. However, the elections document did not reflect this and caused some confusion. This has been updated to include student diversity and inclusion liaison. Also small change, we forgot to add DMSS Members at Large in fall elections (1 NS, 1 NB).

Motion to approve these changes ST, seconded by PH, motion carried. Approved.

* 1. FMIG Funding (Emma Leon & Kelcy McNally)

EL: Hi, I’m Emma, and I’m the Junior Chair of FMIG. Kelcy wrote this motions with many WHERE AS’s. What we’re asking for is a short term loan for $1200. Usually we get all of our funding from NSHA. However, they have changed their funding practices, and there has been some miscommunication in getting it in, and the lady we need to submit it to is on vacation until mid-Nov. We have many events coming up, specifically our Fall Rural trip. Hoping to get part-time loan, and as soon as we get the money from NSHA, we will repay in 1 week. Confident we will have enough money to cover this.

IW: Is there concern at all you won’t get the money?

EL: No concerns there. Silly error with letterhead that meant we had to resubmit. It is a busy time for them, and we are not high priority. We will ensure this does not happen in subsequent years.

Motion by Emma Leon and Kelcy McNally:

WHEREAS the Family Medicine Interest Group (FMIG) organizes events for students to learn about career opportunities in Family Medicine;

AND WHEREAS the FMIG receives external funding from the Nova Scotia Health Authority (NSHA) for events hosted throughout the year;

AND WHEREAS the funding has not been received to date;

AND WHEREAS the FMIG does not have sufficient funds to host annual events such as the Fall Rural Trip.

BE IT RESOLVED that the FMIG requests a short-term loan from the DMSS to cover student reimbursements until funding from NSHA has been received;

AND BE IT RESOLVED that DMSS would reimburse students directly and invoice the FMIG for disbursements issued;

AND BE IT RESOLVED that FMIG will repay all amounts owing to the DMSS within one week of receiving funding from NSHA;

AND BE IT RESOLVED that total disbursements on behalf of FMIG shall not exceed $1,200;

AND BE IT RESOLVED that cheques shall be signed by DMSS executives who do not hold an executive position on the FMIG.

Motion to approve by CL, seconded by DW. Motion carried, abstention Kelcy McNally.

* 1. Hospice Halifax Fundraiser (Sarah Tremaine)

ST: Approached by resident, planning along w/ several other residents a Hospice Halifax Fundraiser. Wine tasting and food pairings night. Directed to a younger audience. Two asks: any med students who want to be involved in the planning. If anyone here wants to be involved, let me know. Also can disseminate to classmates who might want to be involved. Second thing, I said I’d ask a past DSU VP Finance about this: They are looking for funding in organizing the event. In the past they’ve heard that at other schools (MUN?), their student unions that have had bursaries and scholarships for this kind of event. Do we know of any DSU funding that can be arranged for this?

CL: Possibly, depends on how they package this. I am on the committee, can talk to you later about this.

ST: If anyone wants to get involved, chat with me.

1. Announcements

a. Student leave of absence policy (Pat Holland):

PH: Small committee with SAWLs reps form each class/campus. Also myself, Sports and Wellness, Past S&W, to clarify student leave of absence policy for pre-clerkship. Very productive meeting with Dr. McDonald and the Pam’s in NB. They are working on it with UGME. Should have a new policy after UMEC meeting next month.

2-3 days where you can take them off no questions asked, and clarifying the language around short term leave as opposed to “unplanned leave”, for mental/physical health or for appointments that are necessary (as our schedules aren’t too flexible).

b. Stuart "Robbie" Robinson Award (Chad LeClair)

CL: Award that we had called Stuart Robbie Robinson award. Robbie Robinson was Asst. Dean here in 70’s-80’s, professor of OBS/GYN. Did a lot of great work. Award in his name given to a Med1 student who did the best elective project, but we don’t really do elective “projects” anymore because of RIM project. Last year was tasked with hunting down the Robinson family, spoke to them over Thanksgiving, they have agreed to fund the award with the new terms put together by MM that the award will go to the best poster presented at the Dal RIM Research Day in the spring. Awards committee might take on, or we should determine who should get that award. When it is given out, depending on who wins it, it might be given out at Med Ball the next year (or earlier if a Med4??). We will sort this out, but we do have confirmation from the Robinson family that they will fund this, and are happy with that term. We will need to figure out from the Robinson family what we want to do to get this money (find them to get $100 each year, or have them give a lump sum that we draw from?). Executive can have that discussion, I can coordinate getting that money.

MM: Chad, thanks so much for doing that. Been a long time coming, don’t know if there was funding for this award ever. From my perspective the 2500 right off that bat would be the best bet. In regard to when to give out to students, I think there is a note in the ToR that if it;s a Med4 they’d give it out at grad, if Med 1-3 we give out at MedBall. They already have people who decide on the best poster at Research Day, so we can leave it to them instead of coming up with a committee.

c. Attendance at lectures (Melissa Power)

MP: Throughout the summer, start of year, in curriculum meetings, lecture attendance has come up a few times. Make students aware that these discussions are going on. As the year goes on, lecture attendance does drop off, esp. 8:30AM classes. If this trend continues, might be more discussions around how lectures are delivered. If you like how things are going, make sure you go to lectures and let your classmates know that these discussions are happening.

MM: Melissa, just wondering what their bugaboo is about students not attending lectures. What are they saying/options about alternatives, making lectures mandatory.

MP: Stemmed from a lecturer sending a letter expression frustration about delivering a lecture to a class of 12 students. Really just discussions about lecturers wanting to engage with students and want to have an audience. Talked about possibly changing how they are delivered, flipped classrooms, making lectures that are framing lectures for tutorials mandatory. No concrete plans made, just things that have been thrown around. If things cont. this way

MM: We’re paying 20,000 for tuition, akin to if I pay 15 for a movie and don’t go it’s my problem. Don’t see why we can’t choose to do what we want with money we’ve paid. And if we can get the same content online much faster at a more convenient time

CL: I actually was just wondering if that’s the only issue they brought up, in terms of not attending at all. What I’ve heard is concerns about lateness, and I’m surprised they are only concerned about ppl not coming at all as opposed to halfway through.

MP: Mostly just stemming from this letter from the lecturer outline his discontent.

PH: I think to further this, it was one lecturer, but he was a component head. Speaking on behalf of his whole department. It was near the end of the year. He was frustrated that things have changed, weren’t aware of how many ppl watched the lectures. Disconnect in communication. Little bit of change in generational learning. Most of them who went to Dal a long time ago, fond memories of Theatre A, want us to have that too.

FW: With them not aware of how many watch the lectures. Can we get a watch count from MedIT

MP: Were discussions about that. What they said was you can see the ppl watch the recordings, and see that a few days before the exam that amount skyrockets. Can’t determine who’s watching it (ie. 1 student watching it 3 times, or 3 students). not sure how specific they can get,

IW: Might be worthwhile to say that in our class (Med1) it’s been pretty good, unless it is a bad lecturer. Mostly been good, nobody comes for those that aren’t that good.

PH: At this meeting it also talked about amount of evaluation they get on lecturers or cases. There is no way for them to know unless they are filled out. Definitely helps if you do.

SL: This sounds like it was the regular curriculum. Has there been talk about those very optional not-testable lectures. Can be incredible low for things that are not testable and are right before exams. Are those things seen as separate, or in this same conversation?

MP: This conversation was the start of a component, and past students had advocated for this framing/intro lecture, and then had very low attendance. So for low attendance at other events has not been brought into the convo.

IW: I think feedback in important. But just telling people to do them might not raise the number of people evaluating. Maybe have clicker questions at the end of the lecture on those main questions.

d. CFMS Wellness Committee (Ola Kajetanowicz)

OK: Quick announcement. CFMS has a wellness committee, with a wellness person from each school. They are looking for 1-2 initiatives to work on for the year. Example: Meghan Plotnick worked on the LOA policy document, previous years a survey to all residents on resident wellness. When you apply, you can compare wellness in Anesthesia in BC, vs in Ottawa. If you think of any wellness initiatives that aren’t being met nationally or at Dal. Especially Clerks, we are always looking to target Clerks.

RD: Did they talk about the LOA policy and how that works, what’s involved/how long it takes to write the paper? Also what needs to be done to submit it?

OK: Meghan volunteered to be one of the people to lead that. Did a lot of research on LOA policies throughout different schools, got info from students on what they thought worked, didn’t work, compiled into a paper, voted at CFMS AGM this year, as a whole, CFMS agreed this was a policy that students were backing. Gives some leverage, when we go to the LOA policy meetings with our own UGME, we can say what Canada is doing, this is what students want, and what the CFMS is saying.

1. Adjournment

JB: Anything else?

FW: Follow up with Pat about LOA policy? Any talk about new policy with clerks, as this one focuses on pre-clerkship.

OK: I think this entire thing will extend to clerks. The Med 3 and 4 SAWLS were invited, we know it’s hard to make to the meetings, might have a separate meeting with them!

Motion to adjourn made by EB, seconded by OK, motion carried.