|  |  |
| --- | --- |
|  | **Dalhousie Medical Students’ Society****AGM Minutes for 03-05-2017****5:30 pm – 7:30 pm**Halifax Location: Tupper A Saint John Location: Room 105 |

*Mike M. voting proxy for Marissa L., Courtney G. voting proxy for Mary P.*

Present: Chad P., Saif S., Mike M., Sam A., Matt Le., Brent Y., Samantha L., Warda L., Mike V., Kit M., Kelcy M., Ola K., Nathan F., Patrick H., Jake B., LeAnne R., Chad L., Matt Lo., Sarah T., Yolanda E., Henry A., Alexandra T., Melissa P., Courtney G., Linda, Meghan P., Brianne R., Sarah L., Alexandra H., Caitlin B., Gordon S., Emma B., Niko M. Landan M., Jordan T., Tess R., Robert D., Devon O., Anna D., Kevin R., Sam B., Rosa K., Kathleen S., Emma G., Laura F., Leanne D., Sarah B. Priya K, Michael M.

1. **Call to order**
2. **Approve agenda**

Motion to approve agenda by CG, seconded by SB, motion carried

1. **Approve of last meeting’s minutes**

Motion to approve last meeting’s min by CG, seconded by SB, motion carried

1. **Approve Officers’ reports**

Motion to approve Officer reports by CG, seconded by SB, motion carried

1. **Question period**
2. **Unfinished business**

none

1. **New business**
	1. **Intro to DMSS Annual General Meeting:**

*Sam Armstrong*

*Review of Powerpoint on how DMSS meetings run.*

* 1. **Motion: Approve proposed changes to the Constitution and Terms of Reference (see attached)**

1) Be it resolved that formatting and grammatical changes be allowed to be made to ToR if they are accepted at AGM

2) Be it resolved that changes reflected in the Constitution be allowed to be made subsequently to ToRs to ensure the ToRs align with the Constitution if the Constitution is accepted at this AGM.

*Mike MacGillivary*; *Robert Dunfield (re. new DMNB positions)*

***MM****: The constitution was presented at last meeting, March 27th.*

*Review of changes to the constitution.*

***MM****: Rock Solid Award - changes capture what is actually happening in DMSS. For all awards named after people, we have included some context of who the person is. Robbie Robertson Award - changed from Med 1 Elective (too difficult to assess) to recognize the best Platform Presentation on RIM Day. Ronald Stewart Award - Humanities Award. Bursary to be administered by the Financial Aid Committee, Presented at Euphoria following the Med 4 performance.*

***RD****: Comment: Something that we started NB this year was the “interest group of the year” award. Could we table that to the next AGM to write a ToR for this.*

***MM****: That could be voted on at any DMSS meeting, such as first one of the year next year. Pass on to the NB VP for next year’s council to bring forward.*

***MM****: Wanting to bring the ToR up to speed for the council members roles and responsibilities to make sure they are reflecting the positions. Incorporating DMNB positions into this document instead of stand alone DMNB document. Included the diversity and inclusion liaison and their duties. Put in Dalhousie University Senate Representative for the Faculty of Medicine. Changes in roles and responsibilities to reflect constitution. Reviewed these in the constitution: DMNB Treasurer already approved in a previous meeting (as were all the newly added DMNB positions this year). IT Officer Jr. does not serve a large purpose, will now only serve one year (DMSS IT Officer). The appointment of this position will be done by next year’s council through an application process. Clarification for which students will be sent to CFMS Lobby Day. Addition of the Past VP Medical Education - might want to add in more details for this position for next year. Additional responsibilities and details added to the Professionalism Representative role. New position: Dalhousie University Senate representative for Faculty of Medicine. Additional details will need to be added to this position. Position not currently active, but this is a place holder. Additional details for Curriculum reps, Class Elections Officer, and Convocation Representative positions. New position for DMNB - Skilled Clinician and Elective Rep in Med 1 and 2 in both NS and NB. Additional details for Euphoria Co-Chairs and FTHOI Co-Chairs. Election document edited to reflect what we actually do. Euphoria Charity Selection - not too much has changed. Interest Groups - roundtable of interest group leads has been discontinued. Interest Group - requirement for leads to attend the DMAA Gala. Standing Committees - ToR updated for leads of these committees.*

***ST****: Wellness Committee does not include the Med 1 Reps on this document. It’s in the ToR so we can make the amendment.*

***MM****: Constitution documents: some adjustments to which members are able to vote. Addition last year of 5.5 new votes from new DMNB positions. Some adjustments made to ensure the per capita votes per DMNB and Halifax are balanced. Addition of Past VP External - change from the previous split of Jr. and Sr. VP External Roles. Changes to the General Duties of Executive regarding collaboration with students at MUN Medical School. Changes and revisions to who is sent to CFMS Conferences. Helps in the instance that our funding is reduced (as this happened to MUN this year, however is a small chance for us).*

***KM****: Question, is the motion for just this one time to make the changes so that the constitution is reflected in the ToR.*

***MM****; Just this one time. I just want to make sure we haven’t missed anything in the ToRs that are present in the Constitution. But if we do, for example, the weekly mixers in the VP Internal position description, if I didn’t have that in the ToR but in the Constitution, just want to make sure I can make that change so they both reflect it.*

***KM****: Okay, the ToR is supposed to be a more detailed document to flesh out the terms in the constitution. Shouldn’t allow someone to change the ToR to just reflect the constitution, because over time can get changes that change the wording of things.*

***MM****: Yes, I understand that this could happen, but just want to make sure that for next year they are reflecting each other.*

***KM****: Not sure why you necessarily have to have this, though I understand why you want to have this.*

***SA:*** *Do we want to amend that motion, or keep it as it is?*

***MM****: Let’s just toss it.*

***SA****: Keep with the motion for grammatical errors. (listed below).*

*Motion for Constitutional and ToR changes:* Be it resolved that formatting and grammatical changes be allowed to be made to ToR if they are accepted at AGM

Motion to approve Constitutional and ToR Changes by MM, seconded by KM, motion carried.

SA: Thank you to Mike and Robert for all the work on this.

* 1. **Motion: BIRT the DMSS recommends Wellness Week be reserved for events run by the wellness committee, and that interest groups do not hold events during this time.**

*Meghan Plotnick*

***MP****: My motion is about wellness week. For some background: money for wellness week from the Class of ’83, as I believe they had a member of their class who committed suicide, so they all came together to donate money for a wellness week. $8,000 is reserved every year for wellness week - and on top of that, it is am important part of our curriculum, and is important to accreditation. In Halifax, it was a very successful week, but there were events that were not as well attended because of events other interest groups held at the same time (ex. internal medicine event, which was a really interesting event!). Frustrating for the committee, and a waste of the money given to us for the week. Goal of this motion or vision is not to totally stop interest groups from holding events that week, but for the events to be more focused on wellness or for them to be in collaboration with us. I’m open to any advice from other people on how we can implement this!*

***RD****: Just a comment on how things worked here in NB. I also want to point out the difference between saying that interest groups cannot have events at all, compared to what you said about working with them. In NB, we had lots of interest groups fill in events (ex. the smoking cessation committee held an event on working with people to quit smoking and advocating for smoke free campuses in NB). It was a great event and the wellness committee didn’t have to plan it. I recommend re-wording the motion to potentially be specific to Halifax if that was a big issue or to work with the wellness committee.*

***MP****: If they (the interest groups) wanted to use that money if it is a wellness week related event, that is another perk.*

***MM****: I agree with this, and also think Rob made a good point. Potentially could add in “do not hold non-wellness events”, it would give us best of both worlds*

***LD****: I think a good way around that, and I agree it would be inappropriate to have other interest group events that week, could be to say all events have to be approved by the wellness committee to ensure things don’t overlap…could hold an event at a time that there is no wellness event.*

***PK****: Perhaps the communications officer can facilitate? Especially if they get an e-mail about a room booking during that week, as all groups might not know this claus and then the VP Communication could inform them.*

***NM****: Sometimes not all the groups send us an e-mail or ask to be put in the calendar. Good thing to let everyone know in advance via email though.*

***KM****: Great proposal. Something that’s kinda been addressed: the wording doesn’t show if it’s a hard and fast rule, or just a recommendation. If the DMSS recommends it, the “do not hold” seems more like a rule. Should clarify this, so it is one or the other.*

***MP****: I did struggle with the wording…”coordinate” might be a better approach, if it’s not vague.*

***LD****: Could say they have to be approved.*

***MM****: Make it a hard rule.*

***SB****: I’d be against making it a hard rule. Some things can come up such as speaker availability. For this year, Dr. Nadine Caron the first female Indigenous surgeon was in town, and we had to coordinate to work around wellness week. Were able to do it in this circumstance, but would not wanted to have to cancel an event if it was “prohibited” …perhaps have it to work with (the committee).*

***PH****: I recommend to propose a friendly amendment, “Be it resolved that events during wellness week be coordinated with the wellness committee”*

*Motion to amend from PH, seconded by MM. Motion carried.*

***LF****: How do you plan on enforcing this? Interest group leaders won’t be reading this.*

***MP****: I thought that the communications officer could send out an e-mail to all groups in advance as a reminder. Then also if they e-mail to put in the calendar. It might not be perfect, but it will help.*

***LF****: Other comment - that to me it seems a little redundant to have this as something in there, as it’s more of a respect thing. If people are respectful - (such as) here in NB we try not to hold events when other people do.*

***MP****: It doesn’t happen here, I’m glad it does in NB, but we had lots of problems with it.*

***SA****: Wording changed.*

***HA****: I just don’t know if it is right. I get it, Wellness Week should be wellness events. I’m just nervous that all of a sudden we’re asking Interest Groups to go through the wellness committee to approve events. As Sarah said, sometimes events just happen with speaker availability, etc. Could change to “the DMSS discourages Interest Groups from holding events during wellness week”. Then when wellness week happens we can work through it, instead of a hard and fast rule.*

***MP****: Might be better, because there might be some relevant events to wellness week. Also with the funding for some of these Interest Group events, we can help, it would be nice to be involved. Of course if a speaker is coming in, and that’s the only time.*

***HA****: Then you need to forcibly coordinate. Seems like a weird power balance.*

***PK****: Doesn’t have to be that wellness week trumps that event. It just means that wellness week says that it should happen, and we can plan around (the IG event) and not have a big wellness week event that time too. Just a claus.*

***HA****: What if down the road the committee decides to use that power?*

***KM****: Point of order: Yes, one problem is we won’t absolutely block. But, the DMSS does control room bookings to some extent and has some power to stop groups from hosting at that time. Also, DMSS spends a lot of money on this. It’s silly to have a “low budget/can do any time” event taking 100 students from wellness week. Can make more neutral language if that’s an issue. Instead of “approved” could say “in conjunction”. Less of a power over the Interest Group and makes it more friendly to Interest Groups. It is a good motion the way it was intended.*

***MP****: I agree.*

***ST****: Alternate possibility, this be placed on VP communications to send out e-mails in advance reminding people that wellness week is happening and that DMSS recommends interest groups hold events in other weeks. Again, if an IG sends a calendar request, again the VP Comm. can reiterate that. Not saying to those groups they're not allowed, but informing that many events are happening and we have funding support to ensure these are well attended.*

***MP****: Another reason why I think it’s reasonable. Only one week, and this year absolutely nothing was happening the week after. Unsure it was (necessary) during the one week I had this.*

***MV****: Same as Sarah.*

***MM****: Call a vote.*

***SA****: Kit proposed amendment, instead of “approve” use “conjunction”.*

*Motion by KM, approved by MM. Motion carried.*

*Motion:* Be it resolved that Wellness Week is reserved for events held in conjunction with the Wellness Committee. Motion by MP, seconded by MM, motion carried.

* 1. **Motion (see below) to support the Caregiver Accommodations survey results (see attached)**

*Matthew Lee*

***M.Le****: Not sure how much background to give, but it’s about giving caregivers accommodations during clerkship. I know doesn’t apply to Med 1’s and 2’s, but it affects a lot of people in our school. Some SAWLs reps and different people from the “parents in medicine” group have talked to student affairs to try and ensure there were accommodations around geographic locations near their families for as much of the year as possible. It didn’t go anywhere, but since there is a change in the Assistant Dean of Student Affairs, we wanted to reopen this can of worms because it’s important. Started with a survey and invited everyone from all 4 years. Thank you to everyone who read over it. Asking DMSS today to consider the fact that there aren’t any accommodations in the general sense for caregivers, and it is an acute issue, and we recognize that the diversity that caregivers bring to the class is valuable and that they face a lot of barriers (as stated by the survey). We’re looking for DMSS to support the results of the survey and to meet with the Assistant Deans of Clerkship and Student Affairs to discuss where to go from here using this data collected from the student body.*

***MM****: Thanks for taking that on with your committee. A few scenarios that come to mind: I can’t imagine being a parent in clerkship, that being said, looking at it from a specialty driven perspective, if I was in a track with lots of parents and we were all going for emerg., there is only one spot in Halifax per 3 week iteration. There is no chance for a student in that track to get into that spot without being a parent. Only thing I can think of in a one-off year of lots of parents in one track with competitive specialties.*

***ST****: I do think in that situation, the caregiver would choose if they’re willing to sacrifice that to be in same location.*

***PK****: FYI to meeting with faculty: In residency you do away rotations in rural areas. Whether it happens in clerkship or residency, it’s going to happen. What’s to say your kid is more important than my partner or my sick parent.*

***M.Le****: One of the strengths of the survey is that it does capture some of those nuances like caring for a sick parent, those situations, etc. We tried to make it very balanced. There were some people who had opinions as to what Mike said (to have it not based on specialty, purely geographic), we did try to make it very balanced. Some pros and cons in how you could grant these accommodations.*

***MM****: Building on Priya, in Med 4 people go all across the country, another thing they might throw your way.*

***M.Le****: That’s also in there. It’s an important learning opportunity to travel outside of the city. People proposed a “minimum” amount of time spent outside of what they’re home is. Things we are prepared to discuss in this meeting.*

***SA****: Do you want to vote on the motions separately or combined.*

***M.Le****: Combined.*

Motion to support the Caregiver Accommodations survey results by M.Le., seconded by CG, motion carried.

**Motion Details re. Student Diversity & Inclusion Committee Survey:**

WHEREAS the DMSS recognizes the importance of student diversity in enriching the medical school experience;

WHEREAS the DMSS recognizes that parents and caregivers in medical school provide diverse perspectives which are of benefit to other students;

WHEREAS the DMSS recognizes that parents and caregivers in medical school face additional and unique challenges, especially during clerkship;

WHEREAS the Student Diversity & Inclusion committee has surveyed the Dalhousie Medicine student body regarding accommodations for primary caregivers during clerkship;

WHEREAS currently being a primary caregiver of a person without an acute or grievous illness does not meet requirements for accommodations during clerkship;

BE IT RESOLVED THAT the DMSS supports the Student Diversity & Inclusion Committee in meeting with the Assistant Deans of Clerkship and Student Affairs to discuss both the results of the Caregiver Accommodations Survey and how the accommodations process might be altered;

BE IT RESOLVED THAT the DMSS endorses the findings of the Caregiver Accommodations Survey and supports granting accommodations for primary caregivers, in a manner that considers the unique situation of each applicant.

* 1. **Motion: Terms of Reference DMSS equity & land acknowledgement statements (see below)**

*Brent Young*

***BY****: This is a motion to approve an addition of ToR to the DMSS portfolio. Might be some constitutional scholars who know if I can do this today…Would like to talk about it.*

***MM****: Can we put it forward as a policy paper? Flesh it out a little more? Not sure if we would put this on the ToR. Similar to the professionalism policy paper, this would fit well like that.*

***KM****: ToR is usually about procedures. This is more like a policy statement of how DMSS should behave, and doesn’t lend itself well to ToR.*

*Can we amend the “tradition” to “traditional”?*

***BY****: Done by some Med 1’s, Gordon do you want to speak to this?*

***GS****: Our committee felt that where our class does not reflect the typical Atlantic Canadian demographic, we want to make sure we support diversity and have a statement saying that.*

***MM****: There are a couple lines in the constitution that have a few things in this (regarding race, religion, country of origin, sexual orientation). This does flesh it out a little better.*

Motion to approve the ToR DMSS equity & land acknowledgement statements by BY, seconded by MM, motion carried.

**Proposed DMSS equity & land acknowledgement statements:**

**Equity Statement**

The Dalhousie Medical Students Society acknowledges that as future physicians we are in a privileged position to advocate for our community and its members; as such we have a responsibility to show leadership on the issues of equity and social justice. Together we strive to create an environment that welcomes diversity, and promotes inclusion – with full respect for human dignity and individuality.

All endeavors undertaken by the DMSS and its members are done so in a thoughtful manner, and are conducted without discrimination based on irrelevant personal characteristics that include, but are not limited to, race or ethnicity, religion or country of origin, colour, sex, sexual orientation, gender identification, age, physical and mental ability, or social class. Any form of discrimination and harassment will not be tolerated. Behaviors, actions, words or events – deliberate or otherwise – that marginalize, discriminate against, or create an unsafe atmosphere for any group or individual go against our principles of equity and will not be tolerated.

It is the collective responsibility of the DMSS and its members to foster an anti-oppressive environment that is inclusive, supportive, and welcomes discussion; in doing so we establish a culture of mutual respect that facilitates our mission of advocacy and leadership at the local, provincial, national and international level.

**Land Acknowledgement**

The Dalhousie Medical Student Society recognizes that the land we gather on is the traditional, ancestral, unceded territory of the Mi’kmaq people. The Mi’kmaq and Wolastoqiyik (Maliseet) people signed the “Treaties of Peace and Friendship” with the British in 1725, creating rules surrounding the relationship between the two nations. We acknowledge and respect their cultural heritage and relationship with this land.

* 1. **Financial Update**

*Saif Syed*

***SS****: A few things wanted to update on:*

*One thing about the budget for DMSS is that it rolls over at the end of June. Final update of finances is now, but I get to continue for a little longer. Started year off with balance of 38,588, projected to end with 45,769. Shout out to Sarah T. She did not build any kitchens. Understand where the money is coming from and going to.*

*Incoming from the DSU student registration fee, Deans office and DMAA.*

*Large outgoing from membership to CFMS and DNS, and interest group money as well.*

*Key learning for this year, working with Kelcy to move forward with 3 points of focus. Between this transition and next month, we are working on a 1 page document that outlines incoming and outgoing sources, to create a level of transparency. Also working on once that is developed and shared with NB, w can discuss equity of budget between campuses (big theme).*

*Other things, 1) every class council has a budget, and an account. When the graduating class graduates, that account has not closed. Lots of accounts out there in deep web of banks, with nobody manning them. DMSS money is in those accounts (upwards of a few thousand) need to close them and have the money returned (it could be kept in an separate account for reunions, etc.) and 2) Over last few years we set a $10,000 budget for interest groups. For this year to date only ~$3,000 has been requested. This is not atypical. It’s a large budget, but not enough people are requesting. Even once requested, not a lot of them are following though with all of their ideas. How can we better position DMSS and Interest Groups to to leverage these funds.*

***KM****: Thanks. Great what you’re doing on transparency being tangible for members. It is unusual to come to an AGM with no budget for people to look at. It is money of the members union (or society for this case). Would be good practice in the future to come with a budget where we can see where the money is being spent aside from these few facts. Good to have a visual and a breakdown sent out ahead of time.*

***SS****: Fair point. Bit of an issue with that for this year, will bring that up.*

***RD****: Question, do you have percentage of the fees from DSU that are reimbursed to DMSS.*

***SS****: Ran into some issues tracking that down.*

***RD****: Any dollars?*

***SS****: In total, return ~$44,000…Don’t have exact number, will get that to you.*

***RD****: Okay.*

***SA****: Any questions?*

***RD****: Comment: Saif thank you for hard work. Inherited a tough job.*

***MV****: Good point about the open bank accounts. Do you have an idea of how many exist.*

***SS****: A few. Mike looked into this last year as well.*

***MM****: Noticed a few statements, up to 6,000, from previous classes. At BMO, where we held financed before we switched to Scotiabank. Trying to look into this, but it is hard without people involved. I have reached out to past class presidents. Quite a few floating around.*

***SS****: Challenge becomes with the signing officers. It’s a challenge, but definitely something we can work out.*

***MV****: That’s a concern, as six grand is a lot of money. The next DMSS council should look at how to amend that. VP finance should approve that a bank account terminated after a certain amount of time.*

***SS****: Could be that the class treasure should return the money to DMSS at the end of fourth year. Kept in an account for reunions, etc. As for recovering this money, that is a more difficult thing…should get a statement from university to release that.*

***MM****: Another idea, have the DMSS control those class accounts, and have same thing as we do for Interest Groups - they request the money and then we refund. Money should be for the DMSS and not the classes in terms of who it belongs to. Prevents these accounts from floating around.*

***CL****: Lots of ambiguity around this. DSU is very transparent about what goes to them and what goes back to groups in terms of fees. They should be able to give us a breakdown.*

***SS****: We were trying to figure out what we give and what NB students get back.*

***RD****: We only pay 10$ to DSU, reason we were still looking is that we pay UNB fees. We’re trying to have the same relationship with UNBSJ as you do with DSU, and are looking to have the info as a reference.*

***CL****: To clarify, the fees you pay to UNB, that could not be the amount that kicks back to you, just to the school. Could proposed to increase the amount you (DMNB students) pay to them to increase the amount that comes back to you.*

***SA****: Thanks Saif.*

* 1. **Discussion: Proposed relocation of VG services to Bayers Lake**

*Brent Young*

***BY****: Came across this. Any thoughts on the movement of VG services to Bayers Lake by 2020. It has a huge impact on our members and patients who need to access that facility. Is there anyone who is well positioned to have a relationship with government when these decisions are made? Ask if they have consulted students?*

***CL****: Students are one thing, do we know what the school’s role was? I would hope that if the school was contacted that they would give input that represents the students or reach out to us.*

***BY****: Unsure if the school has been reached out to. There is no student position to represent us on these points.*

***ST****: Students were never approached. Don’t know if Dean Anderson was, I would suspect no.*

***CP****: Halifax council was not approached about this, so they probably wouldn’t approach the students.*

***ST****: Even based on whats in the news, few healthcare professionals were approached. Even those who were, their voices were not heard.*

***SS****: This was a discussion at one of the local health boards. They were not consulted. Lots of issues around accessibility. Almost like the decision made without Halifax administration. They wanted to make it accessible for people who lived outside of Halifax and that was the primary consideration around this.*

* 1. **Discussion – Relationship with the Dalhousie Association of Graduate Students**

*Sarah Tremaine*

***ST****: Might pass this one to Pat.*

***PH****: We were approached last week by the Dalhousie Association of Graduate Students (DAGS) due to an unfortunate situation where they were regrouped within DSU. An MBA student is now representing them. They are looking to have more of a voice, and wanted to work with other student societies to do solidarity work. Not sure how we want to approach it, they don’t want a voting member on our council, but discussed having an ex-officio member at our meetings to liaise with them, or possibly a monthly meeting with the DMSS president.*

***MM****: 1) We’re not grad students, 2) I would say that I would go with latter option for their involvement. One-on-one presidents meeting rather than them coming to a DMSS meeting that are mostly Halifax centred - doesn’t make sense for them to be here. What will they be advocating for? Our meetings are long enough as is.*

***CL****: There is a long history of DSU and DAGS interactions. Looking at advocacy groups like CFS or CASSA, I know DAGS is trying to get onto CFS. I would think it would be better to coordinate through exec and not through another society (DMSS) that pays fees to DSU.*

***KM****: If they wanted someone to tag along to our meetings, they would not gain much from that. Even at a DSU meeting, not very appropriate for them to be with us. DSU recently went through a change with their constitution, lots of unhappy societies, but lots of MBA students are grad students. Not a lot in it for us.*

* 1. **Med 4 stats on RIM survey**

*Mike MacGillivary*

*RIM Survey Powerpoint Presentation.*

***MM****: I surveyed the Med 4’s looking at if RIM is superfluous and are students already doing research anyway. 54 ppl responded.*

*Looks at whether RIM is aligned with residency specialty you coveted.*

*Same things as what many people have advocated for, RIM is selected too early, not doing research that is really representative of what we want for CaRMS, doesn’t help much.*

*Other piece, “did you conduct extra research outside of RIM”. Good at giving exposure, 55% did research outside of RIM. Next question, did you present “outside of RIM” research at other conferences (62% said yes).*

*Looks like RIM is doing a good job. One or more publishable manuscripts outside of RIM (71%).*

*From this data: RIM selection of topic happens much too early. Could advocate this to the Deans office and UGME office. Haven’t had compiled data like this before. With the accreditors, they had contention with RIM and the student dissatisfaction; if we have some info on this to focus on in the future it might be helpful.*

***KM****: I think it’s incomplete because we don’t know the picture before RIM. It showed not many students took on research outside of RIM, but we don’t know what it was before? Were people doing more before RIM? Was it in their areas of interest? Need to see what was done with current R1’s.*

***MM****: Current R1’s, 60-65% did research in fields of their interest (elective, or in their Med 3 or Med 4 year to be competitive in CaRMS). Again, we don’t have the data question by question. For this I wanted to do a short survey, but I see it’s not complete.*

***KM****: Could look at CGQ data, if you want to look back a couple years.*

***MV****: Wondering, for people who said no to extra research, did you ask why?*

***MM****: There were no blank fields. I wanted to make it quick to get lots of data, which was why we got 54 people participating. I would be more than happy to do with the next class to get more detailed data.*

***MP****: Wondering if maybe one thing they’d be looking for if brought forward is what happens after? Are people more confident with research later? Compare to the R1 or R2’s to see how comfortable with research they are vs the RIM program students.*

***MM****: I think competency in research went up, would be nice to have it align more with your future career goals. Lots of us in Med 3 have chosen a project in Med 1 and are now really uninterested, and it’s affecting ability to do research in more impactful/interesting areas.*

***GS****: Did you get any satisfaction data?*

***MM****: Only data would be from the ISA, and Sarah could talk about the particulars. It’s been a while since I looked at it. It was data of satisfaction and was not broken into areas, just RIM in total. Research is on the low end of dissatisfaction.*

***KM****: ISA is out there with little bit of data.*

***MM****: Is it broken down in where the dissatisfaction lies?*

***KM****: Has data of how each class feels about the RIM program. Specific about the support for research activities. Also had free form comments, where people explained in detail reasons why they did not like the RIM program.*

***PK****: It might be nice if you’re going to go with complaints to have a potential solution at UGME. Example: Students picking too early, instead of choosing in January could choose in April. Need to have something concrete.*

***MM****: My angle was that I knew fourth years who did elective projects. Just thinking if students are publishing many things, or if they just had a manuscript and poster at end of year (regardless of it being RIM or electve) would that be sufficient? I do see how without RIM many students wouldn’t be exposed.*

***BY****: I don’t see here if students are doing extra research because of RIM or not? I don’t see this relationship. RIM was a good experience to pursue a simple research project, not doing to pursue interests. Having the pool of money for students to pursue is nice. If we’re asking to rearrange he RIM project, we need to still have something in place.*

***KM****: Go back to ISA. One thing that came up in comments is that people are happy that we have research opportunities supported but unhappy in how it’s done through RIM. Most significant area of unhappiness is that the expectations aren’t clear, these are improving with the years. If you’ve done research, not everything goes well, projects crash and burn, etc. Going forward could have more flexibility, for example you could present portfolio work. Might take a couple projects to showcase real research exposure.*

***MV****: These discussions were brought up at a few Dean’s Lunches. They showed a keen interest in making changes to the program. Good sign.*

***GS****: There are going to be substantial changes to how the first year material is rolled out. Probably other changes too. Love the idea of the survey, might be good to do each year for all the 2nd-4th years.*

1. **Announcements**
	1. **Brent Young: Student Diversity and Inclusion Committee (SDIC) - Have an annual report, should be in your inbox!**
	2. **DMNB Interest Group of the year**

*Robert Dunfield*

***RD: Started new award in NB, the DMNB Interest Group of the Year. Want to reward interest groups for putting on quality events. This year the winner was the Anatomy Interest Group (Laura F., Brendan P, and James F.) Put on mock bell ringers, etc.***

* 1. **VP External Resignation**

*Sarah Tremaine*

*This is a fortunate resignation, as I’m sure everyone knows, Henry this past weekend was elected as President of the CFMS. Incredibly fortunate to have such a strong Dal Med student and someone to represent Eastern Canada as the head of our national federation. (1st time in about 15 years that there’s been a Dal student as the head of CFMS). Because of this he says he might be busy next year and has put in his resignation as VP external. Based on changes to constitution, next year he would be meant to take on position of Past VP External (to support the new VP External, Yolanda.) So, since we think it’s important that Yolanda has good support from a senior student, what we’ll do is put out a call to student body for those who would like to apply to fill this role. Leave it to the incoming exec to choose this student. Thank you Henry for all your hard work!*

* 1. **Other Announcements?**

**MM:** Council did a fantastic job this year. Moved DMSS forward, shout out to Sarah for guiding the ship in the right direction!

1. **Adjournment**

Motion to adjourn by LD, seconded by ST, motion carried.

