|  |  |
| --- | --- |
|  | **Dalhousie Medical Students’ Society**  **Meeting Minutes for 09-01-2017**  **6:00 pm – 8:00 pm**  Halifax Location: Room 2L7, Tupper Building  Saint John Location: Room 105, DMNB Saint John |

Present: Sam A, Leanne D, Sarah L, Sarah B, Chad L, Marissa L, Meghan P, Niko M, Courtney G, Sarah T, Mary P, Mike V, Brent Y, Russell C, Priya K, Henry A, Rob D, Emma C, Rosa K, Matthew Le, Matthew Lo, Patrick H, Intekhab H, Landan M, Tess R, Anna D, Mike M, Alexandra T

Proxy: Sarah T for Saif

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

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

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

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

1. **Approve Officers’ reports**

Motion to approve Officer reports by PH, seconded by ST, motion carried

1. **Question period**

none

1. **Unfinished business**

**a. Motion – Independent Student Analysis Data (see below)**

*Sarah Tremaine*

ST: The purpose of the ISA was to collect student data for accreditation purposes, and our document that we put out is public access. Our raw data is not currently public access, and it shouldn’t be. I was approached by Unit Heads in RIM and ProComp specifically to see if they can have access to the ISA raw data for the purposes of improving curriculum. That is where this motion comes from. It would only grant access to faculty unit heads and UGME and only for purpose of approving curriculum.

SA: Any questions for Sarah about that? None?

RD: Will they only have access to the questions that pertain to them?

ST: We can ensure that. RIM only have access to RIM data and ProComp only have access to ProComp data. That makes sense.

WHEREAS the Dalhousie faculty of medicine seeks to improve curriculum based on student feedback

AND

WHEREAS the ISA data provides valuable information in regards to the student perspective of the current medical school curriculum

BE IT RESOLVED that the DMSS supports the use of the relevant Independent Student Analysis data by UGME and Unit heads for the purpose of improving curriculum.

Motion to approve by ST, seconded by LD, all in favour, motion carried

1. **New business**
   1. **DSU Rep – change in voting starting in 2017**

*Mary Purcell*

MP: Last AGM at the DSU, they changed how voting is going to happen with counsellors on that committee. This was already done this year, and we weren’t up to date how it occurred. DSU election is going to vote in those members (ie. our DSU seat will be voted by DSU Elections). Henry will no longer run the election for the DSU position. Only Med students vote for the DSU Med rep (whether we declare it online, not sure, I’ll ask at Wednesday’s meeting). Applicants apply through DSU and not through medical school, so I can take on advertising that (applications process). It will be a more onerous process than our process (go to more meetings, more speeches, etc). If no one does apply, it is written in the Policy that the DMSS can pass on a nomination to the DSU and they will appoint them to that position. Not sure how we should do that contingency nomination (ie. people put in blurbs, voted as Council or Exec, etc). It should be figured out before the end of the year. I’ll know the dates on Wednesday of the DSU election.

RC: The DSU tends to make things complicated for us, but they do provide our health plans. It seems silly for med students to apply to them, do a speech there that med students won’t attend to watch, and then vote on them. What if we made an internal policy not to have students nominated that way and then just go to the contingency plan like we’re doing now? We can’t stop anyone from putting name forward. Realistically, <10% of student body votes in the DSU elections, and I feel more vote in the DMSS elections and we get a better representative.

MP: The reason was because they reorganized things. The Commerce and Management seats were combined (Commerce Society is much bigger than Management society), so they didn’t think it’d be fair to elect them independently and they thought it’d be better to do it together.

CG: Any way to move back in DSU interests in future years? At their SGM or AGM? I’d be surprised if someone had an issue to change it back to a way that works best for our society.

MP: I’ll ask at the meeting or meet with them after the meeting. A lot of Community seats are elected the way they used to be elected, but Faculty level societies are elected this way now. It’s also the first year this is happening.

ST: Did you talk to any other societies?

MP: No.

RC: It could also affect Dentistry students similarly to us.

MP: Maybe I’ll ask the Dentistry Rep.

* 1. **Finances – confirming funding for wellness events via class of 1983, andwhere are the DMNB student fees going?**

*Robert Dunfield*

RD: I don’t know how much help this will be if Saif isn’t here. We’ve decided with Meghan that NB will have access to the Class of 1983 Wellness funding so we have access to Wellness funding for Wellness Week. I want to confirm that we have a solid plan to make that happen every year. I can speak with Saif about this at another point. Another question, I don’t know how much NS pays for student fees, but we pay $180 UNB student fee. Recently, we went to a UNB meeting, and we spoke to them about the possibility of having that money refunded like how DSU refunds DMSS fees. NB didn’t realize that happens and it is $40 more than what UNB students pay for their own student fees. There is no clarification about where the money is going.

EC: I spoke to Pam, admin at DMNB, to discuss where student fees are going. We are also paying a student service fee (which is more than I paid as a UNB SJ student). Somehow, it is tied to a government agreement between NB and NS that nobody has tracked down (likely very confusing). If anyone knew of anything, maybe Mike or Russell have any idea about it?

RC: I’ve never seen it come from that stream, but I do know that the SJ students get a lump sum of money somehow from Halifax campus. I know last year, when setting up DMSS positions, there was a lot of talk about money and funding, about 10-12,000 per year that went into that pot. Perhaps that is where the money comes from. Luke may know.

EC: For our Internal money as NB, we have the DMNB admin which subsidizes us with a lump sum of money to travel between NS and NB (money we use for our interest groups). In talking to admin and Saif, we do not get money directly from DMSS Halifax to DMNB DMSS. It’s very confusing and we’re trying to figure out where money comes from and where it goes to. I’m letting people know that it is confusing and if you knew anything more that would be helpful for us. It’s like admin loaning us money every year. We don’t keep any surplus if we do have any. From what I can find, we really haven’t received money from DMSS Halifax to us but that’s not to say we’re not supported by DMSS since DMSS funds both of us but money doesn’t come through all of the time.

RC: Check with Luke because at one point there was lots of money in the account before.

EC: While we have all of this money, it’s money admin gives us and not through a revenue stream from sponsors or some DSU reimbursement fees. We don’t have to pay it back because they’re doing it on an equitable campus (we subsidize people to travel to and from Halifax for different events).

RC: I don’t think it matters where the money comes from as long as it covers all the events. When DMNB was set up, there was agreement to fund societies there. It’s definitely something that could and should be looked into to ensure it is equitable.

EC: We’re just trying to figure out if anyone knows anything more.

RD: Overall we’re not sure where the student fees are going so we wanted to see if anyone knew anything and to let us know.

EC: Thanks!

* 1. **Motion – Ellen’s Law (see below)**

*Robert Dunfield*

RD: Recently, over the Christmas holiday, a friend of mine (avid cyclist) past away to a road accident. We have created this initiative to allocate for 1 m law called “Ellen’s law” in NB. It requires motorists that pass away from cyclists to give them 1 m as they pass. Many petitions and advocacy events are taking place. Recently, the NBMS has thrown support behind the law, particularly in line with their plan to make NB one of the top 3 healthiest provinces in the country in the next 10 years. Recreational transport is a big way to do that. I wanted to see if we could get official support from the DMSS to add that much more weight behind the initiative.

MM: This is a great idea to advocate for more cycling lanes in NB and everywhere else. Anything we could do to put that forward is a great idea.

**Rob Dunfield:**

This is a movement that arose over the Christmas holidays after the passing of a rising cycling star, Ellen Watters, who was 28. Ellen unfortunately passed away due to severe injury from a motor vehicle collision, who hit her from behind.

Ellen's Law is a movement to advocate for legislation that requires motorists provide cyclists with one metre of space when passing. There is currently no safety legislation in NB that protects recreational transportation enthusiasts, and this would be a solid step in the right direction. At the very least, it will bring an awareness to the issue of distracted driving and motor vehicle safety with cyclists.

The New Brunswick Medical Society has recently endorsed this movement, and it aligns with their "top 3 in 10" campaign, which aims to bring NB into the top 3 healthiest provinces within the next decade. It is my hope that support for this legislation will only continue to grow, and that the DMSS would be willing to officially throw their support behind the potential law as well.

Therefore, BE IT RESOLVED THAT the DMSS officially support the advocacy for legislation of Ellen's Law to occur in NB.

Motion to approve by RD, seconded by RC, all in favour, motion carried.

* 1. **Motion for in camera discussion**

*Henry Annan*

Motion to go in camera discussion by HA, seconded by CG, motion carried.

Motion to go out of camera discussion by HA, seconded by MV, motion carried.

* 1. **Motions re. Student Diversity and Inclusion Committee**

*Brent Young*

BY: I have 2 motions. The first is about the use of the MCAT for Admissions process. A graduate student has explored the idea of using MCAT as admissions tool and how it represents a barrier for people from different rural or cultural backgrounds where they may not have the finances or experience writing standardized test. This position was approved by our Committee to present to Faculty Council on January 17th with Graduate Student rep. I was hoping to have DMSS support to give it extra push.

MV: To clarify, this is a proposal to eliminate MCAT for entry to medical school?

BY: The proposal is to examine whether it is appropriate for Dalhousie applicants to use (ex. language barrier, rural barrier, etc). It is meant for Dalhousie Medicine to look at.

MV: Questions will be brought forward to a Faculty Meeting?

BY: I also hope to present to the Social Accountability Committee and ideally Dr. Rideout? It is to see if we should look at this. There was an Admissions Review, and that review is available to Faculty Council members, and apparently these points weren’t addressed at it.

MV: Have you discussed if the requirement should be specific to seats designated to different populations? Good idea.

ML: I was at a Curriculum Meeting that there was no way to get rid of the MCAT. The main reason is not for a good score but to ensure people meet the basic criteria to enter medical school ready for curriculum.

RC: It is good for 5 years, but then you forget about it…I think this is a great idea, and it is a large barrier that we should try to get rid of.

PK: Just to clarify, I know the Foundations course is so short because they are trying to fill in gaps on what was covered on the MCAT and what will be needed to start medical school. We could argue that perhaps we could make Foundations a bit longer and that could counteract how we need the MCAT, but I know they had a meeting to see how to change Foundations based on the new MCAT.

LD: I agree that is why they create Foundations the way they do. However, the requirements are very low for the MCAT currently. You are spending thousands of dollars to get low scores on a test that is worth very low on your application score. They are not setting high standards about the knowledge you need to know.

MP: As a backup plan or something else, Brent, maybe there are funding options or other things to make it more equitable.

BY: These are things we need to discuss further. There are funds available for certain segments of the population, but it’s hard to identify that for everyone. It’s a huge topic and that is why it needs to go down to a formal review and not just briefly discussed at a curriculum meeting.

ML: Just be prepared for these counterpoints.

ST: Everytime students bring this up, the Faculty has been incredibly resistant to listen to another perspective. Having a written document supported by the DMSS will at least force them to create a discussion.

RC: I’m pretty sure we have the lowest cutoff score but we still finish 1st or 2nd on LMCC exam and it’s not like those low scores mean we are accepting poor students.

HA: Brent, to clarify, this is a motion for the Faculty of Medicine to answer 4 questions, correct?

ST: This is a motion to support a document written by Brent and the SDIC regarding the MCAT.

HA: That’s not what the motion says necessarily…Have you tried asking the questions with resistance?

BY: Yes, many avenues in which we had this conversation. This is a way to ensure we have DMSS support.

HA: I think it’s great that they should answer these questions. I’m not sure if this motion is asking more than us supporting you to bring this to the admin.

ST: Do you want us to put a motion for DMSS to support the Position Paper?

BY: Yes we can modify it. It’s more to see what to expect from other people.

HA: To Russell’s point, Dal may be the lowest, but other schools have lower standards too. At recent SGM Montreal, the CFMS supports the removal of the MCAT for admissions.

MM: Brent, fantastic work. Faculty may come back with what other tool will be used to measure how students will ensure they want to do medicine. Maybe going in the meeting with some other avenue we could provide.

BY: I definitely agree and that is something that came up in informal discussions. I don’t necessarily think it’s the best argument, but we’re prepared to discuss it with them.

**MOTION DETAILS**

**Brent Young:**

**Motion 1**

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

WHEREAS the DMSS recognizes that only 33% of respondents to the Independent Student Analysis (2016) feel that their medical class is diverse with respect to socioeconomic status;

WHEREAS the DMSS recognizes that the MCAT® has an unknown impact on prospective medical students from lower socioeconomic backgrounds and rural communities;

BE IT RESOLVED THAT the DMSS supports the Student Diversity and Inclusion Committee’s position statement in seeking a response to the four questions outlined in [*SDIC Position Statement – MCAT®* *(December 2016)*](https://drive.google.com/file/d/0B5HBj8XLBGBhYjI4LVI5S2V0cDg/view?usp=sharing).

Motion by BY, seconded by CG, motion approved.

BY: This motion is slightly different, with regarding to the Multifaith, Mindfulness and Spirituality Space. We discussed this at the AGM, and I am in contact with the Student Affairs office. The Space Committee denied our joint request saying that no space was available. I wanted DMSS support to designate use of a Tupper tutorial room after class while we acquire this space. Student Affairs suggested we collaborate with other Health Professions to find a space, but right now we don’t have a space. Right now, they have to walk to the hospital closest to them to find space.

RC: Why is the IWK space not ideal?

BY: I don’t use a space like that myself. It’s just difficult when using it multiple times a day.

SA: Any survey gaging student interest?

BY: I got a response from 15 or so people indicating how we need a space and how they’re surprised we don’t have a space.

HA: Will it be Brent as DMSS collaborating on this?

BY: Yes I will.

RC: Do we have the space to take out a tutorial room?

BY: I’m not sure.

LD: I support the room but don’t agree about a tutorial room being used for that. It’s not a calming space, and I’m not sure if this room always blocked off during exam season how fair that would be.

MV: I’m not sure if tutorial room is the best. Are there set hours or people need to pray more often than others? Maybe there may be a room in the new Kellogg Health Sciences library? It’d be better to find a designated room for it.

CL: Will this solve the problem when it takes place after hours? Also, we put a Prayer room in the SUB when I worked there, and an issue we had was that we got a big mess and complaints about bathroom next to it (people washed their feet in the sink).

BY: There is a shuffling going on in the CRC. If there’s nothing in the CHEB or the Library, we’re hoping it will be incorporated into the new Student Affairs office, but then it wouldn’t be used by other Health Professions, etc. Most other prayer spaces on campus do incorporate the necessities.

RC: I can’t support this because it is an interim solution. It is a nice space for us that we should try to hold onto. We’ve fought battles for the lounge, and I hope that tutorial rooms are protected space for us. If we designated tutorial room for it, then I wonder what else people will ask for. I worry that interim space will become the permanent space.

LD: Can we divide it into two? I support the first part but not the second part?

ST: Can we move to create two motions?

BY: It is difficult because people who would actually use this room aren’t able to defend their point.

AT: Do you know how many people would use these rooms after hours requiring the space?

BY: Good question. Upper limit that we’ve seen on surveys has been 15, but I don’t know what the real number would be. We may need to do or see what happens.

AT: Before we put a cut-off for after hours for studying, I think we should get an actual number for after-hours need. Risk versus benefit for people who need to study versus pray.

ST: There will be more people who need it as a study space, but Brent maybe you can take this back to get more info and ask questions (particularly in regards to foot washing and other necessities and why these 15 people feel the tutorial room is the best solution at this point) and maybe bring it back.

BY: The issue is that there is no space at all. Right now, every group has said it is not their priority.

HA: Other options are 2L-10.

RC: Maybe Nursing owns it?

CG: Just two questions. I understand permanent space should be open to all health professions but I assume most are allowed coming. Would tutorial room be only for medical students?

BY: I think just medical students since we have card access.

CG: Secondly, the purpose of the room would be for all students. If we are thinking of a wellness space, in the SUB, it was nice to have a quiet space for people to go. If we think of it more as a general room, perhaps others could benefit from a space like this as opposed to just focusing on its use for one purpose.

RC: The Green room, the room beside the computer room, is almost always empty after hours since faculty use it. I wonder if we could use that room.

BY: That room came up in discussions with Student Affairs but it wasn’t appropriate if Faculty used it in the evenings.

MM: There’s also the room near the washrooms, the DMAA office, and there was rumour about moving DMSS office over there. Not sure what is going on with that room. I think it’s done by a door locked.

CG: It seems like we have a lot of issues with the Space Committee. If general opinion is that tutorial rooms aren’t the best idea, is there anyway to go back to the Space Committee? A student rep on the Space Committee? I think we should push it to their priority. If it’s a priority to us, we should support it being a priority for them.

BY: We can take out the second point (updated below):

**Motion 2**

WHEREAS the Student Diversity and Inclusion Committee has been working with the Student Affairs Office to identify a protected Multifaith, Mindfulness, and Spirituality Space in the Tupper Complex;

WHEREAS the Faculty of Medicine Space Committee has denied a formal request for such a space in the Tupper Complex at this time;

BE IT RESOLVED that the DMSS will collaborate with other health professions to acquire a permanent space in the Collaborative Health Education Building for this purpose.

Motion by BY, seconded by MV. Motion approved

* 1. **Discussion: Results of focus group regarding funding and criteria for suspended student awards (Robbie Robinson and Ron Stewart Awards)**

*Mike MacGillivary*

MM: We had a sub-committee about 2 awards that weren’t handed out. Some funding interest in these, but before we approach the people who fund them, I wanted to go over the criteria of these awards. The subgroup that met thought that the Robbie Robinson award should be awarded during 4th year at the Med Ball and would look at the best researcher over 3.5 year career at Dal Med, something they can put on their CaRMS application, and they win $100 prize (keeping in line with the rest of the awards given out). The Ron Stewart Award was awarded to a person in the Humanities, awarded once in the late 90s but hasn’t been rewarded since. We thought it could be added to the Golden D and Silver D’s to recognize students who made a positive impact on the Dalhousie community over their 4 years at Dal. We are seeing if we should include it for other options or not.

ML: Now there is a new award for RIM in 4th year given at graduation. Not sure if that changes the research award? Maybe there is a better way to distribute it.

LD: Right now, at Med Ball, the 1st year award is the one that doesn’t have a name or prize attached to it (Rock Solid Award), while the others have prizes associated with them. If it is a $100 award, it could be attached to that.

CC: So this money is not donated yet and I have to go ask for it. They’re very excited that the award is named in Robbie’s name. I was told the Rock Solid Award is a joke. It was difficult to get nominations for that award after only knowing them for only a month to see how they contributed to student life. The award was meant to be dedicated to someone who did research.

MP: Can we make it a Med 3 research award? We have 2 years of RIM under our belt.

MM: It was originally for a Med 2 student that was awarded for completing their Elective project in a fashion that was exemplary compared to their classmates. The Med 1 electives have gone to 1 semester and elective projects have varied, it was difficult to quantify the merit of these products. Perhaps switching to 4th year with constrained parameters would let us award more fairly. Perhaps keeping it as a research award would be better, but we can hold the discussion here. I’ll discuss with the committee and will bring it up at the next meeting to see if we can prevent a tangent. Any objections or ideas about the Ron Stewart to make the $2000 part of the Golden & Silver Ds provided to Dalhousie med student leaders over the 4 year career at med?

ML: Is there any monetary component to the Golden Ds?

MM: No, it is just an award.

ML: I think supporting Golden Ds would be a good approach based on how I knew Rob Stewart.

MM: There is $2000 or so, and we could split it up like $500 for first Golden D or $200 to 350 for each Silver D and drop it down, etc.

ML: It is 3 Golden Ds and up to 10 Silver Ds awarded.

MV: For Robbie Robinson, we could do an award for top publication while in medical school? We can discuss it later.

MM: Would that go to a Med 4?

MV: Yes that may make the most sense.

RC: What if we give it to the person who wins Best Presentation/Poster at RIM Day? It means it’ll be faster.

MM: Great idea.

ML: RIM award is based on publication, so this seems like a better distinction.

CC: When do we present the award?

MM: Present that day and present at Med Ball even if they are in residency at that point. I’ll write that up for you, Chad, so you have something tangible when talking to them.

1. **Announcements?**
2. **Lounge Thursday Social (5-8pm)**

*Leanne Delaney*

LD: Next week, we’re opening bar from 5 to 8 every Thursday (in my mind) for casual drinks/chats between different years etc. I think it’s a good idea to promote inter-class socialization. Please spread the word.

1. **Clothing Order**

*Chad LeClair*

CC: Orders are due by the end of the day tomorrow. Try to get it in on the spreadsheet by the end of the day tomorrow.

1. **Wellness Challenge**

*Meghan Plotnick*

MP: Dal is participating in CFMS Wellness Challenge this year (the first time we have). Goal is to get Clerks and Elective students to participate as well. Challenge is simple with different themes each week. Try to get as many points as you can based on the challenges available that week. I’ve made a Facebook group for posts. There are cash prizes. The team of 4 that wins (1 in Halifax, 1 in NB) get $50 each to Lulu Lemon, MEC, or Sportchek. Schools get prizes for most participation. Clerks & elective students, if you can help promote this, that would be great.

1. **Doctors NS Student Engagement**

*Matt Lowe*

ML: Doctors NS has asked for any ideas for how to promote Doctors NS to students more.

1. **Student Inclusion and Diversity Committee**

*Russell Christie*

RC: Not sure when I’ll get to another DMSS meeting. I want to publicly thank Brent for his work on the Student Inclusion & Diversity Committee. I think everything has been going great!

1. **Adjournment**

Motion to adjourn meeting by ST, seconded by MV, motion approved, meeting adjourned.

