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|  | **Dalhousie Medical Students’ Society****Annual General Meeting - Agenda for 05-11-2016****6:00 - 9:00 pm**Halifax Location: Theatre A, Tupper BuildingSaint John Location: Room 105, DMNBTeleconference: 1-855-265-7143 **ext 19679** |

Proxies for absent: Matthew E (Alexandra T proxy), Jordan (Mike M proxy)

Present: Russell Christie, Justin Pyne, Jessica Pinkham, Lucy Soudek, Andre, Priya K, Colin B, Sarah T, Abi T, Scott, Alexandra H, Mike V, Mike M, Allison H, Kim N, Katie L, Alexandra T, Emily B, Marissa L, Sonja Rans, Luke Armstrong, Sarah B, Laura F, Victoria B, Henry Annan, Kit Moran, Rob Reddin, Brent Young, Matthew Lee, Leah Jones, Robert Dunfield

1. **Call to order**
2. **Roll call**
3. **Quick intro by Chair**

Amaris H:

* I wanted to give primer about how this is going to work
* Right now, incoming DMSS, for the voting members, you aren’t able to vote today. After this meeting, you are voting members. When asking for votes, I’d like this year’s current DMSS people to vote.
* I sent out a copy of Robert’s Rules. You don’t have to follow the exact wording, but if you have a question – raise your hand, press your button, and say “Point of Information” if you want to be very formal (otherwise say “I have a question”).

LA: How would you like NB to participate

Amaris H: Raise your hand or interject (I’ll look at the screen).

* These are common things to bring up:
	+ Point of Information (question)
	+ Point of Order (if conversation is going no where)
	+ Withdraw Motion (if you want to withdraw motion brought forward) or Point in Discussion
	+ Table a motion (if you don’t think it’s something appropriate to discuss today and then table it until September)
* For anyone who hasn’t been to one of these meetings, we’ll go through a motion, we’ll have someone on current DMSS to move motion, other person will second motion, we’ll discuss if a debate about the issue, and then the current DMSS members will vote -> Majority vote wins

Mike M: All members are allowed to vote in AGM except members of Class of 2020

Amaris H: So anyone from Class of 2020 can’t vote, but all current members can vote. Any questions as to how this is going to work? No, we’ll move on.

1. **Approve AGM agenda**
* Motion to approve AGM agenda – Russell, seconded by Justin
* Motion carries
1. **Dean’s Address - *Dr. David Anderson***

Dean Anderson:

* Congratulations to DMSS members for coming to end of academic year, exams are coming and transitioning to next year of study (realizing school is a lot of work)
* Congratulations to 4th year class – med students will be transferring to residency, part of their careers, and that’s all good
* I recognize that we do things on top of classes (volunteer, work on executives, attend committees, help out, etc). I’ve been impressed with how medical students interact in community, and it’s a pleasure to be able to work with all of you.
* Thanks Mike MM, outgoing President of DMSS. He has been great to work with. We meet on at least a monthly basis, sometimes more frequently than that. Mike is a strong advocate for issues, and we work together to try to help problem solve. I think Mike is also fair, and there are times where he will say that it’s something we can deal with as students and we don’t need your assistance (tries to problem solve and make things work). It’s been great working with Mike, and he’s represented your body well over the past year.
* Report:
	+ Our goal is to provide the best possible education experience for you in your training to become physicians. I hope you believe that and will continue to work with us to move forward with those opportunities. The latest endeavor that we’ve talked a little about is to create focus groups to give feedback addressing individual issues that are affecting your classes. Focus groups both here and Saint John to hear concerns of students and to really work to problem solve and try to improve the educational experience.
	+ Some issues that we have identified that we want to talk about that came through ISA led by Victoria Bentley. I want to state that, for Victoria, this has been a ton of work to put this together and I can’t thank you enough for the assistance that you’ve given and trying to make the medical student experience better. I want to be clear that as we have conversations about how we can improve things, the sole goal is to make things better. That’s what this is all about. I think that we want feedback and we want the opportunity to try to work with you to improve your student experience. If ever you feel that that is not what’s happening or you’re feeling stressed about providing feedback, that is something that I want to hear about and you can pass that along through your executive or you can contact me directly however you feel most comfortable about that.
	+ We’re doing a lot of work to prepare for accreditation in next February. We do think we’re in good shape and that Undergraduate program is very good (excellent teachers, excellent students). Work needs to be done and you’ll be hearing about the efforts to take to improve things before we get to accreditation. That continues to be on my radar as an important event.
* I’m coming up to the end of my first year as Dean. It’s been a fun and exciting year, and it’s been great for me to have been a little more immersed with student and have a chance to work more with the student body. We have been working on strategic planning for the Faculty of Medicine, and we’re pulling together a Strategic plan that we’ll complete next month. Many participated in the process and attended focus group presentations regarding Education, Research, and Service Engagement. After planning process, there will be implementation and participation of medical school classes. Student perspective, input and engagement are very important, and we value your involvement and thank those involved so far.
* There will be change within administration of medical school come July. Michael Teehan (current Student Affairs Head) is moving on to a position as Head of Department of Psychiatry. We are doing a review of our Student Affairs office, and we are interviewing for next head of Student Affairs. There are 9 faculty members that have applied for this position. That speaks highly of people’s interest in working with students. I have no doubt that we’ll have a superb assistant dean of Student Affairs for July, and NB Student Affairs Dean will continue in her role as well.
* On a personal note, I want to speak to Student Wellness. As some of you are aware, I’m president to a graduating class that made a gift to medical school around student wellness. Logistics of gift have been difficult to sort, but now done – providing $8000/year towards student wellness activities. It’s up to us how we spend the money. We will be accountable for it, but it is meant to be student led and what is important to us in terms of activities that support health, wellness, and well-being as opposed to something that we’re telling you what to do. Within our class, there was a lot of discussion about it and many didn’t support the model. However, this was the original model proposed long before I was dean. But it is a great opportunity for the classes to plan and hopefully do some very creative things to deal with wellness, both throughout medical school classes and around Maritimes. That will be ready to go, and for Sarah Tremaine, that’ll be at your disposal and I look forward to seeing what you guys come up with.
* I’d like to spend a second discussing communication. I’ve wanted to get out there and meet with students and get your feedback. We’ve done a few things. I think that there is room for improvement here, and the improvement is on my part on how to be more engaged and make sure you guys feel you have my ear and support and voice such. I am open to suggestions if there are things you want to say. I am going to carry on with having coffees and attending events as best as I can to get out and meet. I try not to take away from class time with announcements and such, but if you have suggestions about how better I can communicate, I’m happy to take that feedback.
* I’m very much looking forward to working with the new executive. Sarah, congratulations. Happy students are working to improve experience of the entire student body. I look forward to continue working with you guys in the next academic year. Good luck with exams, enjoy your summers, and I’d be pleased to take any questions if time allows. All the best.

Questions: none

1. **Approve AGM 2015 meeting minutes**
* Motion to approve minutes by RC, seconded by Mike MM
* Motion carries

RH: I don’t know if you can approve last meeting’s minutes. You vote to approve on last year’s AGM minutes.

KN: You can find the last year’s minutes on DMSS website.

1. **Brief Year End Officers’ Reports**
* VP Internal - Justin
* Found myself in an unexpected role. Began planning Med Ball in July of 2015. Met early on with management @ The Westin to discuss our options.
	+ Organized all equipment, services, and any additional staff required.
	+ Brought on Henry Annan to assist with organizing the planning committee
	+ Secured numerous donations.
	+ Med Ball was a success.
* Attended regular DMSS meetings.
	+ Had Mike MacGillivary act as a proxy when I was unable to attend.
* Coordinated with Euphoria class representatives to come up with a plan of action.
	+ Sold over 750 tickets to the event and Raised $14, 150 for Camp Triumph.
	+ Worked with Scotia Bank, our main sponsor, who matched tickets sales up to $5000
* Will be working with Leanne Delaney over the next several months to assist her in transitioning into new role.
* VP External Sr – Matthew (delivered by Alexandra T)
* I acted as the senior CFMS representative and attended the CFMS 2015 AGM.
* I attended regular National and Atlantic CFMS teleconferences.
* I attended regular DMSS meetings.
* I was a member of the James Clarke Award Committee
* I supported the DMSS VP External Jr. as required.
* VP Education – Katie
* I represented students during curriculum and assessment development. I also served to ensure that a student perspective was not lost in deliberations on student academic progress.
* I sat on 9 committees including the Undergraduate Medical Education Curriculum Committee that oversees all curricula for years 1-4 and the Progress Committee that handles student academic progress.
* I also chaired a committee that allows students to voice concerns to administration.
* I am currently aiding the new VP of medical education as she learns how to fulfill this role.
* VP NB – Luke

***August to October 2015***

* DMNB Charity Golf classic organizing committee - arranged DMSS financing of tournament, managed registration and money
* Budget meeting – planning for DMSS DMNB money management with DMNB Treasurer
* Interest Group funding – assembled committee and organized official and transparent method of distributing funds to worthy student projects.
* DMSS focus group – consulted students on how the DMSS could improve engagement and function at DMNB
* Med Ball – organized transportation to Med Ball with DMNB admin
* Addressed concerns of listserv use – consulted DMSS council on the use of listservs across campuses
* Attended CFMS in Windsor, ON – represented DMNB at the CFMS Medsoc President’s Roundtable and general meeting
* Began consultations with council for DMSS improvements at DMNB

***November 2015 to January 2016***

* Began planning for Conference of New Brunswick Medical Education (CNBME) – assembled committee and opened dialogue with CFMNB
* Winter Interest Group funding
* Began planning Spring Thaw hockey game – assembled committee and hockey team
* Investigated student society fees paid by DMNB students
* Opened dialogue with Sherbrooke regarding sharing clinical skills materials – still underway
* Sat on Wellness Week planning committee – arranged speaker Magdalena Berger for Wellness Week
* Continued consultations on DMSS improvement at DMNB

*February to April 2016*

* Advertised and executed DMNB Spring Thaw hockey game – successful event with money raised going to CMHA-NB
* Co-chaired Conference of New Brunswick Medical Education (CNBME) – Attendance of nearly 90 New Brunswick medical students learning skills and engaging in NB-relevant issues
* Passed motions through DMSS securing proportional representation on DMSS council and expanding DMSS positions at DMNB
* VP Communications - Kim
* Thanks everyone for a great year on DMSS.
* As VP Comm I worked with Tyler to update the DMSS webpage, conducted the name tag and white coat order, attended all meetings to record minutes and contribute any communications-related issues.
* I initiated a regular newsletter to improve the transparency of meetings and kept the calendar and room-booking needs of the students met.
* Additionally, I managed the DMSS email, Facebook and online short term housing offers. We are currently considering developing a policy with UGME regarding communications with students and additionally research dissemination which I am currently responsible for.
* Best of luck to Niko next year - we have already begun the transition and I know he will do a great job!
* Past Pres - Russell
* “On retainer” to assist Mike with anything required over the year, specifically related to policy and decision making, as well as moral support. -> Appreciated the support all year, Russ! Thanks!
* Chair of constitution committee (convening after AMG)
* Assisted with gold and silver D award selection
* Will present gold and silver D awards at upcoming Grad Gala (Class of 2016)
* Attended CFMS AGM in Windsor Ontario (Sept, 2015) as past president DMSS
* Liased with UGME as required
* Attended UMECC, Med 1/2 and Med 3/4 committees as required
* Attended progress committee meetings as required
* DSU Rep – Alexandra
* I attended bi-weekly Dalhousie Student Union meetings, as well as monthly Academic Committee meetings on behalf of Dalhousie Medicine.
* I met with the DSU president to better understand our new 'Direct2U' health coverage plan.
* I also relayed our concerns about the new CHEB library to the DSU Vice President Academic and External.
* Member at Large – Sarah T
* Developed widely successful weekly Med 1 Newsletter
* Organized Med 2 pre-exam potlucks
* Decorated the Lounge for the Med 4 Christmas party
* Undecorated the lounge several months after the Med 4 Christmas party(sorry)
* Attended all DMSS Meetings
* Sports & Wellness – Colin
* Organized Dal Med’s trip to MedGames 2016
* Organized Dal Med’s participation in Intramurals
* Ordered Dal Med Intramural/Med Games t-shirts
* Organized Med/Law Cup
* Member of the Wellness Week Organizing Committee
* Member of the CFMS Wellness Committee
* Attended CFMS Annual General Meeting as a member of the CFMS Wellness Committee
* Hosted or helped facilitate various students events (Harvest Hackfest, Med Olympics, etc)
* Attended DMSS Meetings
* Attended Student Affairs meetings with our Wellness Liaisons
* Attended Doctors Nova Scotia Professional Support Program Meetings
* Participated in bid to host CFMS AGM in Halifax
* Bus Pass Rep
* Humanities – Abi
* Member of selection committee for Artist-in-Residence
* Member of selection committee for Gold-Headed-Cane award winner
* Helped organize the Celebration of the Humanities Conference with the Medical Humanities
* Attended DMSS meetings
* Organized Dinner with Docs fundraiser for the Medical Humanities
* Global Health Liaison Srs – Allison, Sofia
* Ran the highly successful pilot of the Global Health Living Library
* Represented Dalhousie at the CFMS AGM in Windsor Ontario
* Participated in national meetings with GHLs
* Chaired the Global Health Initiative and promoted improved communication with global health minded interest groups
* Ran monthly global health hangouts, which were well received
* Successfully ran the first Dalhousie Global Health Week
* Research Rep – Michael

None…

* Library Rep – Saptarshi
* Sent out a form to the NS and NB students to elicit their feedback on library services. Feedback will be collated and presented to the Health Sciences Library Committee meeting in June 2016
* VP Finance – Jordan (delivered by Mike MM)
* Tried to keep Mike from sinking the ship
* Collected money
* Liaised with officials from BNS to ensure our accounts were being managed correctly
* Disseminated cheques
* Maintained ‘the books’
* Disseminated both Fall and Winter IG Funding
* Budget: to be made privately accessible to DMSS members at a later date once budget is finalized.
* President – Mike MM
* Thank you all for your hard work this year! Pleasure working with you all! Special thanks to all those who let me bounce ideas off them this year. Best of luck to Sarah Tremaine - she’s going to do a fantastic job!
* Accreditation
	+ Helped assess ISA survey
	+ Helped analyze ISA data
	+ Helped disseminate results of ISA to students, faculty and admin
		- The latter three were mostly handled by Victoria Bentley
	+ **Prepared student mistreatment report for the Dean (using both ISA and CGQ data)**
	+ Participated in a Faculty Data Collection Instrument (DCI) Sub-Committee
* Alumni
	+ Attended Alumni meetings (4X)
	+ Procured funding for new lounge kitchen
* Awards (DMSS)
	+ Helped determined funding bodies for DMSS awards given at Med Ball
* Canadian Federation of Medical Students
	+ Attended Annual General Meeting and Spring General Meeting
	+ Helped Coordinate dispersal of National Wellness Survey
	+ Helped write letter to CACMS regarding the onerous student participation in the accreditation process (especially with respect to Independent Student Analysis - ISA)
	+ Participated in monthly CFMS teleconferences for Med Soc Presidents from across the country
* Dean’s Office
	+ Identified students to sit on various committees
	+ Met with Dean and Assistant Dean UGME on bi-weekly basis
	+ Worked with Dean on issues that affected Dal Med at the start of this school year
	+ Worked preliminarily with O-Week leaders for Class of 2020 to encourage more inclusive Orientation Week
	+ Worked with Financial Manager of Dean’s Office to secure funds for ad hoc student travel and Lounge kitchen reno
* DMSS Documentation
	+ Edited Constitution
	+ Edited Terms of Reference
		- Council Members Roles and Responsibilities
		- Facilities
	+ Created Terms of Reference
		- Thanks to contributors and editors of all these documents
* DMNB
	+ Attended First Light Ceremony
	+ **Aided in documentation regarding expansion of DMNB positions on DMSS**
* DSU
	+ Pursued funding opportunities for DMSS
	+ Evaluated health plan of DSU in comparison to that of DNS
	+ Worked with Presidents of other health care professions on trying to get permanent space for spirituality at the Carlton Campus (most likely in the CHEB).
* Education
	+ Attended on Med1/2, Med3/4 and UMECC Committees when necessary.
	+ Vouched for student concerns regarding the Electives Portal to National student representatives
* Financial
	+ **Negotiated with Student Affairs Office that they take on financial burden of Lifestyles Nights for Interest Groups (3K)**
	+ Cancelled outdated phone and cable services
	+ In process of retrieving money from dormant accounts that are affiliated with DMSS
* Gold and Silver Ds
	+ Ran selection of Gold and Silver Ds for the Class of 2016.
* Library
	+ Helped field student concerns regarding the CHEB study space
		- Liaised with library personnel
	+ Worked with Facilities Management to ensure quiet study space was available in Tupper in case space provided in CHEB was not sufficient
* Lounge
	+ **Helped design kitchen reno**
	+ Met with design team and facilities management to ensure student input on kitchen reno
* Progress
	+ **Prepared document regarding exam procedures**
	+ Vouched for student concerns regarding quality and fairness of exams
	+ **Negotiated with UGME to have only names of persons with multiple marginal passes or failures on exams appear on screen when exams are being evaluated by progress**
* Research
	+ Helped institute new funding deadlines for calls for funding applications for research-related travel for students
* Wellness
	+ Helped organize Wellness Week
1. **Unfinished business**

Amaris H: I don’t think there was any unfinished business from last month’s meeting that wasn’t going to be brought up at this meeting anyway.

RH: You mean from last year’s AGM.

Amaris H: Anything from last year’s AGM?

RC: Point of information, there was nothing carried over from last year’s AGM?

1. **New business**
2. Presentation
	1. ISA Results (overview) - Victoria Bentley

VB: Briefly, in spirit of transparency, ISA is a document, student-led review of MD program going to be made available to accreditors when they visit us. It is weighted heavily, and they’re going to red flag everything we red flag. During our Mock Accreditation, this was weighted heavily as well, which got us scared. Everyone had chance to answer and contribute to ISA. It was not designed by faculty. We used both Mandatory question list and Dalhousie-specific questions (ex. how NB is integrated into Halifax campus, some things about our experience), and then we looked at all the questions. Many were statements that you could strongly disagree all the way to strongly agree (5 options). If >70% agree or strongly agree, area of strength; 60-70% is borderline area; <60% is area for improvement. If you put in N/A, it does make results not look as good. We are trying to disseminate information (spoken to faculty, dean, anyone), and we’ve done some additional analysis aside from the basic analysis. We’ve looked at year by year specifics (ex. 4th years versus 3rd years versus 2nd years etc -> ex. are RIM objectives more clear for 1st years versus 2nd years). We’ve looked at site specific analysis to capture what NB things. We’re trying to come up with some recommendations and have more focus groups, and then put document forward. Kit has agreed to help with the next steps.

* There was a 70% response rate. Demographics were indicated. We had many areas of strength, and we had opportunities in surveys to provide info.
* Diversity was something as a potential area for improvement, but hard to tell if you don’t know if your class was diverse.
	+ Lots of comments – given what Maritimes, seems like it was well represented. Others said they didn’t know, others said we’re lacking certain groups. It is something that accreditors have picked up on.
* Student representation was largely an area of strength.
* Student-faculty relations had scheduling changes, email communication and responsiveness flagged.
* Student services and student life had a lot of strengths – students largely felt that they were treated with respect, adequate safety and security (which is important). Accreditors brought up what happened in September whether we felt safe or not, and this survey was sent out after all that happened so students felt safe.
	+ Students did not all agree that academic advising or counseling was adequate or career counseling services. As things have changed and faculty responded to ISA, things have been changed. It’ll be important towards the end of summer to resurvey focus groups about these key issues. Mental health services have increased with Doctors NS counseling services after survey was sent out.
	+ Mistreatment is something accreditors focus on. It is unacceptable and picked up on during Mock Accreditation. 44% of students were strongly agreeing with policy of mistreatment and only 41% know how to report mistreatment, but we’d like to do this again since everyone should know.

Mike M: We’ve sent out a way to safely report if you’re mistreated or having a good day. All info is shuttled to Student Affairs Dean and kept in a safe spot. If you want to complain to move forward, you must identify yourself. Usually, information can be de-identified and put there for safekeeping. Check those out please.

VB: No student should feel they can’t report mistreatment.

* + Cost of tuition and living through medical school was something raised.
	+ Comparing medical experience from one site to the next, it’s important information for satellite campuses to see experiences. Some issues with SJ specific lectures or province-specific content missing. That feedback has been raised.

KL: Quick point of clarification about reporting system. Will there be a link to that on our DMSS website, or how can students access it?

Mike M: A link will be put up. Once everything is updated for the year, we’ll ask Tyler or Scott to put it on the website in a convenient location.

VB:

* + Asked students about learning environment and facilities – largely satisfied with their experience
	+ Libraries was surveyed but must be done again.
	+ Students want more guidance when choosing electives and their projects, and they thought there weren’t as many electives in areas that they’d like. It’s something we’d like to work on.
	+ Dal students like Skilled Clinician and like the framing lectures. Med 1 felt there could be more. Areas for improvement were Med 2 and 3 OSCE.
	+ Dal has a strong research programs. 75% of students had research experience before med school. Some issues with RIM – data has shown us what each year says, and there is a trend of improvement in program which is promising. Many comments about RIM.
	+ Interprofessional education – felt there were many opportunities to participate but perhaps less value in this education.
* All data is available. Air your grievances now before the accreditors show up. Reflect what is in the ISA and what student populations believe. Provide your personal anecdotes and personal experiences, but we want you to represent student body. ISA document provides a huge breakdown about how students feel about different things.
* Focus groups and town halls will be very important to get everything out in the open. A huge thank you for everyone who has helped me with this. Document will be made accessible to us.

Andre: What are repercussions should we not pass accreditation this year?

VB: In order to be in medical school, school must be accredited by standard body. It is very important and makes sure your MD is real. It is a cumbersome process, but don’t think of it as fulfilling accreditation. Think of it as a process to help medical school. If you don’t mean accreditation, you’re put on probation to then have some time to fix the things that are red flagged. If that were to happen, the medical school would certainly be very quickly fixing the different things that needed to be fixed and then it’ll be lifted.

HA: Can you explain, if you have a concern, that may not be reflected in student body but still very valid, what do you do?

VB: One person being mistreated is totally unacceptable. If you have an accessibility issue, also not acceptable. Representing student opinion means to know what was in the ISA document and then you can offer a balanced review. Certain things the school has to meet (ex. you have to get to your class even if in a wheelchair and if you don’t that’s not acceptable).

Starting in September, I’d like to meet with the Med 1 class to explain accreditation. Dal has a website (Dal Med accreditation), and faculty put together a timeline, section for what is expected of students, etc.

1. Motions:
2. Constitutional Reform - *Mike MacGillivary*

Mike M: Nothing groundbreaking in the Constitution. If anyone has an issue, vote against.

Article V, Section 1 – Membership of the DMSS is not limited by age, gender, race or religion

Article V, Section II – Global Health Liaison (GHL) Sr.

Article VI – Insertion of DMSS

Article VI, Section III - Elections Process – to make sure to have people at Spring General Meeting to be attending the meeting and thus pushing election week one week back to be able to attend.

* + - Election Results – President should be reviewing with Chief Returning Officer
		- Appeals – look in DMSS Terms of Reference: Elections
		- Section 4- Impeachment: Recommendation of DUS – “Active members of the DMSS may be considered for impeachment if he/she”

RC: It’d be nice to have guidelines about how to vote, and it seems that we took it out with the wording

Mike MM: It came up at the end with “General members will vote on the motion of impeachment by secret ballot”

* + - Adding “Impeachment will occur with a vote of 50% + 1 of Council voting to impeach” under “General members will vote…”

PK: Does that mean DMSS President will be responsible for taking attendance at each meeting?

KN: VP Communications will record all the names of people present at each meeting.

Mike M: Anyone on council can call for impeachment, then President will call meeting

KM: What specifically was not line with DUS that must be changed?

Mike M: Nothing here said how they’re going to be voted, and they liked 50+1, not >2/3, and wanted to add it at end of document.

RC: I don’t understand why they’re asking us to make these changes now. I’d be tempted to leave it, slip it through next year, and see what happens.

Mike M: That’s fine with me as well. Any objection to making that friendly amendment? Noted. (*Removed changes from Section 4* except changing DMSS Executive to “DMSS Council”

KM: You’ve changed from society to DMSS, and these constitutions are worded for a specific reason. Article I defines what society is, using society on purpose throughout document rather than DMSS on purpose.

Mike M: I was confused all year. Society and DMSS are one in the same. That’s synonymous (Society is not Dalhousie Student Union).

KL: For individuals of student body that may not be as well versed in this stuff.

* + - Mike M: Article XII
			* President
				+ “Shall participate in monthly CFMS “President’s Round Table” conference calls
				+ Removed Everest Project role (instead for Sports and Wellness rep)
				+ Removed overseeing annual sale of DMSS clothing (job of Member of Large now)
				+ Added holding key to DMSS storage room
			* VP Med Ed
				+ Dalhousie Medical Research Fund has gone to the Research in Medicine portfolio

KL: In same role as President, and I’ll send you this edit, it should indicate “participation at monthly meetings of Academic Roundtable of CFMS”

Mike M:

* + - * + Removed role of DMSS second hand book sale and survey of textbook use, add LICD, CASP< and PFEC meetings
				+ Removal of holding key to DMSS office
			* VP Internal Affairs
				+ Removed DMAA Board of Directors position
				+ Removed responsibility for Lifestyles in Medicine program
				+ Changed “bar” to “lounge” in documentation
				+ Removed Charity Auction role
				+ Will not hold key to Medical Student Lounge
			* VP DMNB
				+ Already voted on at previous meeting
			* VP External Affairs
				+ Removed holding key to DMSS office
				+ Changed PARI MP to Maritime Residents Doctors
			* VP Communications
				+ Changed name from Secretary to VP Communications
				+ Added organizing, at request of DMSS President, student participations in meetings with administration and faculty of Dalhousie Medical School
			* VP Finance
				+ Added locker rentals to be complete by September 15 each year
			* DMSS Chairperson
	+ Shall organize and chair DMSS meetings, both monthly and Annual General Meeting, in accordance with Robert’s Rules of Order.
		- Shall invite the Executive, Council, and non-voting advisory DMSS members to meetings at least 2 weeks in advance of the meeting.
		- Shall book videoconferencing rooms (Halifax and Saint John) and add meeting dates to the DMSS Calendar by contacting the VP Communications.
		- Shall remind the Executive and Council to RSVP, send in officer reports, & add items to the meeting agenda at least 1 week in advance.
		- Shall invite the student body via DalMedix e-mail lists with a minimum of 1 week of notice before meeting.
		- ~~Shall remind all students that additions to the agenda can be made up until three (3) days before a meeting, after which no other additions can be made.~~

KM: You can’t amend agenda at the meeting if this point stands

RC: Probably cleaner just to strike it

* + - Shall finalize and have meeting agendas approved by the DMSS President two (2) days in advance of a meeting.
		- Shall distribute meeting agendas to the student body at least 48 hours before meeting.

8. Shall coordinate with the VP NB to organize food for both campuses.

* + Shall cast a vote in the event of a tie within council.
	+ Shall be an advisory member of council.
		- Mike M: Affiliated organizations
			* CFMS meeting is Spring General CFMS meeting and consists of outgoing (holds one of 2 votes) and incoming (votes in absence of outgoing President) Presidents as well as outgoing and incoming Vice Presidents External, and outgoing Global Health Liaison Sr or Junior
			* DMSS representation at CFMS meeting consists of President (holds one of two votes), VP NB, VP External (one of two votes), VP External Junior (votes in absence of Vice President External Senior), and Global Health Liaison Senior

Allison H: Can it be noted that it is both NB and NS reps?

Mike MM: Added

HA: Can you add from either NS or NB for Global Health Liaison for Spring General meeting?
Mike MM: Added

* + - Mike M: PariMP is changed to Maritime Resident Doctors

Motion to make these changes in Constitution, moved by Russell, seconded by Allison

Motion carried.

Motion null and void - see section VIII of DMSS Constitution

1. Terms of Reference: Interest Groups - *Mike MacGillivary*

Mike M: We’ve had this topic come up a lot at DMSS meetings. Thank you NB for helping us figure out funding for interest groups and providing guidance. I won’t go through the entire document. Purpose is to define a set of parameters by which DMSS Interest groups in Halifax may be established, renewed and funded. I made all changes that Kit and Rebecca suggested, so I appreciate the input. Going through, I’ve set out parameters by which interest groups are formed, renewed, and funded as well as who can be in charge of those interest groups. I felt interest groups have been getting out of hand, and it came down to point where if you go through budget again, of $16,000 given to interest groups, only $8000 has been used. Having $8000, though helps bottom line at the end of the year, takes away for students trying to plan out for interest group initiatives if they don’t have funds to do it. First part of document is interpretation of various interest groups. Specifically, new names for New, Returning, and Medical Specialty IG all made at the discretion of SIGC (Student Interest Group Committee). Decided it may be a good idea to have IG Executives Roundtable. Document goes through interest groups in general (including how they must hold at least 3 events per funding year, which is November 1 until October 31 – allowing for September and early October events to be funded, an important time for events to occur). Interest groups need to strive to have at least 10% (16 students) of pre-clerkship class size over all sessions for Halifax campus (SJ campus is under control).

KL: A question about “strive”
Mike M: It is ambiguous for a reason. Also application for applying for new or returning interest group. One thing to highlight is that application process is reviewed by SIGC, and if there is an issue with a decision made by that body, they can bring it back to DMSS President to then bring it forward to DMSS Council meeting (extra layer of transparency). Same goes for application of new interest groups. I’d like to highlight that a signature of support is needed from at least 15 medical students who are not IG executive (about 10% of student body to indicate enough interest in the group). Two executives are the maximum you’re allowed to have in one interest group. There is a lot of programming for some of them, but not need to have more than 2 executives per interest group. Hopefully this will have more people in Executive roles so that you can become an executive member on a different interest group. Costs must be known, as transparency has been lacing in this regard. Funding is not given to events if no relevant value of the experience (ex. no funding for food of executive meetings). See document for full highlights (including more information about what is being evaluated for when applications come in and then more follow-up about what happens behind closed doors during the meeting). Over 50% of interest group budgets were allocated for food, and many groups were underfunded because we had to spread it evenly so less budget on food means more funding for academic activity. If interest group had $250 dollar budget into DMSS but $125 was allotted for gifts for speakers, that will be taken into consideration if they can get their full funding.

KN: I’m curious about last point regarding Student Affairs office. For example, Parents in Medicine group, would they be funded by DMSS and not Student Affairs? How can they include Lifestyles nights?

Mike M: They can include Lifestyle nights in their original budget, which will allocate funding for that (ie. build into their regular budgets and not just medical specialties).

RR: Any funding for student initiatives that don’t fall under specific interest group?

Mike M: Very fair point, we don’t have that funding structure done yet. With number of people on SIGC, I’m hoping there’s enough diverse voices so that if someone comes up with innovative idea, this will be pushed forward.

RR: I think this will clean up the interest group mess.

Motion moved by Russell, seconded by Colin.

Motion carried.

1. Terms of Reference: Council Members Roles & Responsibilities - *Mike MacGillivary*

Tabling motion until September.

 Motion moved by Kit, seconded by Russell.

 Motion carries to table motion.

1. Terms of Reference: Facilities - *Mike MacGillivary*

Tabling motion until September.

Motion moved by Kit, seconded by Russell.

 Motion carries to table motion.

1. Proposal: Student Diversity and Inclusion Liaison position - *Brent Young*

ML: Thanks for sticking it out. I want to introduce this motion. It’s terms of reference for 1 year position called Student Diversity and Inclusion Liaison. Terms of Reference are adapted from similar things used to create DMNB positions for additional representation for them. Brent and I worked with Katie and Mike to address their concerns, make sure language is appropriate and put it all together. History behind position was when we started this committee several months ago as a reaction to things we’ve seen. Highlighted nicely in Victoria’s report regarding issues of diversity and inclusion at Dal Med. Our mandate is guided by social accountability statement by Faculty of Medicine. We are going through DMSS to make these changes. We think this role would be valuable in promoting what students and faculty identify as priority area. Looking forward into future towards accreditation, it lends additional weight to this type of role. This is a terms of reference, so we’re doing a 1 year trial period, and the role and whatever is perceived in that role will be reviewed by committee (is it a valuable experience, should it be continued, etc). Any immediate questions?

RC: I know we’ve spent a lot of time on this, and we’ve made the major changes that were addressed initially. I did see something that I’d like clarification on – Point B – “shall be appointed by the Executive Council” – what is the Executive Council?

BY: This is the DMSS Executive Council

KM: What do you see the role of this liaison being in terms of aiding in implementation of DMSS sponsored events (point e). There are people on DMSS council whose entire role is to be on some of these. That’s what they do, a big portfolio. To be on on all of them as a liaison for diversity, is that feasibility?

BY: More of a consultation thing, if anyone has questions about how to make events more inclusive. For example, we are planning to include Elephant in the Room conversation in Orientation Week this year.

KM: Would it be fair to have a friendly amendment to be shall be “advise” instead of “aid” in design and implementation of DMSS events (point e)

BY: I agree. (*Reads “*Motions related to student diversity and inclusion Liaison” (grouped all into one motion)).

Motions moved by RC, seconded by Allison H

Motions carried

C) Points of Discussion:

i. Using B00 numbers to cast votes in an election - are there other options? - *Mike MacGillivary*

 No longer to be discussed.

Ii. Multi-faith room on campus - *Saif Syed*

SS: It is on many campuses, including most public places across city. Anyone with religious, spiritual, etc background can go there. Used for mindfulness, meditation, and anything in between. I noticed we didn’t have one here and surprised me given focus on spirituality and mindfulness in medicine. There’s one at the IWK and one at the Multi-faith Room (about 2 blocks down). I spoke to Mike about it around the start of the year, and he made some efforts and reached out to Greg and also sent out email to general students to gauge interest. Only about 15 people responded said they’d use the room, so Greg said it didn’t justify permanent space on campus. We tabled it to discuss at a later point. I brought it up at the Diversity Committee a few weeks ago, and there was lots of support. I thought I’d bring it here to see what interest there may be here.

KL: Thank you for bringing it. My concern with name “Multi-faith” room is that, for those who don’t have a faith, perhaps rename it to make it more inclusive. I would wonder about looking into space in the CHEB because it’s very possible that other health professions will have as much interest and if not more. If we can collaborate with other health professions to provide this with people who have interest in this.

SS: Originally it was described as mindfulness space, but I think it’s important to move forward as well. Mike tried something with CHEB but didn’t work.

Mike M: I met with Dean, and he suggested to get in touch with other presidents of other health societies. That has occurred, and it’s difficult to get mobilization on other health professions less dedicated to student governance. It is an area to move forward with CHEB as key piece, though there are plans in place to see what final 2 floors will look like (money not available yet). Follow up with new presidents of next year, and draft letter to university presidents or deans of health professions.

KN: I was stopped by Grad Students society, and they don’t fall under who we consider Health Profession societies. Remember they use this building as well, and they felt ignored by us. It’d be good to look into them and they seemed keen to work on a project and this could be something worthwhile.

SS: Is there space needed for this in SJ?

LA: There is a student health centre on UNB SJ campus that we have access to, no specific room in DMNB for this type of activity.

RH: DSU may be able to help you out. There is likely a Multi-faith room in Dentistry building, and there’s 2 presidents of Health Professions society on DSU you could contact with.

BY: One of our staff advisors spoke about this, and I was wondering if any approach to speak to them when speaking with Dean.

Mike M: Important to look at Dean and key faculty.

KM: It may be a good way to connect with students in other health professions who may be more keen to mobilize their student leadership (ex. DAGS). While inconvenient to go a block away for centre, it will cost a lot of money for university to make a room here. How will you justify that?

SS: Conversation is more preliminary at this point. When a room like this goes to other campuses, it was quite minimal cost (ie. just needs empty space, no furniture). One key is getting to critical mass and show need for it based on student population. It’s not inconvenient to go that far, but there is one established on each major campus and this is needed for both space and accessibility.

RH: We do have one at Carleton at Dentistry.

KM: If there is an empty room on this campus, it doesn’t cost anything. However, likely no empty room on this campus. If looking at CHEB, likely very expensive.

BY: When I was in Pharmacology, there were so many empty spaces for dusty equipment, so space argument is not a great one because space isn’t be used effectively.

RC: There is a mostly empty tutorial room across from study space upstairs (owned by a Research Lab but contains a single desk).

Mike MM: We tried that, but it’s occupied by a robust lab now (1-2 people).

KL: If you do get a lot of resistance and the space becomes an issue, keep in mind that there may be an avenue to make sure students know there is a space on Carleton campus even if not fully ideal. Also available in mean time.

PK: Important to do something for need versus promoting something. There’s a need here but also it promotes diversity, which would be indicative on the ISA

LJ: You said Greg said 15 people wasn’t a sufficient number. How many would be enough?

Mike M: Options were given but not great. Meeting room in basement available for certain times of day, but if it’s multi-faith space it’s very difficult to say that’s it. They’re willing to work in small space with those people, but no number of what would be a critical mass. For CHEB, likely need 100s of students, but with number of health professionals there, not an unreasonable number to strive for especially with diversity here at Dal Med and Tupper Towers already. Greg is important to speak to if room already exists. Other faculties must be involved if looking at CHEB.

RC: Good idea to look at Pharmacology. I heard rumor that Alumni Association office may be moving into a new space, so that is a good area for space.

Iii. Success factor for DMNB was President’s Fall visit. Sponsor trip in future to encourage future presidents to do the same? Other exec? - *Luke Armstrong*

LA: Not much to discuss, piece of advice for incoming counseling. Lots of success this year stemmed from Mike’s visit last September. Mike plays golf, and DMNB Golf Tournament was a natural time to come up. We’d be willing to sponsor a trip up for DMSS President and maybe who else wants to come up as a way to let student leaders on the campus and come up and visit (a good thing for next year’s council to sponsor a trip like that).

Mike M: Good news about cost, the faculty at DMNB payed for me to go to be at the First Light Ceremony. You can use that as a free trip up. Seeing campus first hand put a lot of context into difficulties that DMNB faces and maybe their successes (ex. small class sizes, personal nature of greeting in halls, etc). It’d be important to have this meeting and maybe whole Exec for Thursday/Friday classes. Dean and both campuses might be willing to put money forward towards that, a worthwhile investment.

MV: Great idea, and I was thinking a class trip to SJ (few rounds of golf, etc). I enjoyed being toured around campus, so we’ll plan that out.

ST: I want to say thanks for bringing this up. I’ll be coming up regardless if I have much funding or not. I wanted to say thanks.

KM: I wanted to say it’s a great idea. I know we wanted to come up this year, so good idea for next year.

RD: Sarah, that’s something we can discuss in a couple weeks time.

 Iv. Defunct DMSS Awards (i.e., financial backing is no longer existent)

Mike M: Not many DMSS awards get funding (those passed out at Med Ball). Two awards funded by external bodies – there are awards that have names without funding behind them. Would we like to rename these and fund them after the people named after them? The awards are called the James Clark Award, Robby Robinson Award, and the Wood-Stonehouse Award…etc

KL: This is something I’ve said before, but these are good awards to keep around. They recognize really good things in general in our student body, but definitely renaming them (even if interim it’s DMSS Funded award for this) in case funding doesn’t exist.

RR: Any idea why they’re named the way they are?

Mike M: One of them is a memorial award, but it’s again one of those things where how long do you keep award from what it’s named for. Looking at this, it’s something that $500 coming out from DMSS that was originally meant to be funded by person named award so it seems unnecessary.

KM: For some of these historical awards, you’d be surprised that there are docs who’d be willing to back an award in a person’s name. I don’t know if you’ve pursued that possibility rather than stripping it off to highest bidder.

Mike M: Very fair comment. We’ve gone through Dean’s Office to figure out which awards are funded, but still not a lot of digging yet.

PK: We talked about the Elective Award – in the past, it was awarded in Med 2 for the Med 1 elective project. This year, we realized that it’s too hard to compare elective projects and we didn’t want it to become the focus of why people pick an elective project. It was originated before RIM, but now we have that avenue to prefer research. So that award is no longer going to be given out.

V. DSU Health Plan vs. Doctor’s Nova Scotia Health Plan - Mike MacGillivary

Mike M: Drug coverage is mainly through Direct2U plan right now (which

doesn’t work for any clinical clerk since it’s only 9-5 hours and in Halifax). For those in Med 1 or Med 2, going through DSU office or going through home, it doesn’t make sense if we don’t have access to use. We looked at Doctors NS plan, and we are currently not included on the plan. I’m asking if we’d like to be covered for it. Cost of their plan is $560 for singles and $1176 for family, but coverage on drugs, extended health coverage, dentistry, etc is far superior even though cost is double ($270 for DSU plan). It can also be picked up by any pharmacy.

RR: As DSU plan, we’re mandatorily enrolled in that as Dalhousie students, but then we’d have to opt out.

RH: You have to opt out by October, potentially later.

KL: This can be a little bit of a personal decision, so I wonder if there is an option for each individual to decide what works best for them. For some, $560 will be prohibitive, while others like myself need medications a lot and it’d not be prohibitive. I wonder if it’s possible to do both.

HA: Are you suggesting that Doctors NS Plan would replace DSU plan?

Mike M: Students would have opportunity to do DSU plan instead, but I want to see if 50-70+ students willing to do Doctors NS plan. NB, do you have something with NB Docs like this?

LA: I don’t think there is. I haven’t heard anyone mention it. Anecdotally, most people are covered through parent, and everyone else goes through DSU plan.

KM: I’ve been on DSU plan for a long time, and it’s not ideal. If you need it, it’s not useful. With Direct2U drug plan, it’s even worse. For people in NB, they’re basically getting nothing if they can’t get new drugs.

KL: As a health professional school, I have a hard time supporting the Direct2U model.

RC: Direct2U is garbage – if getting medications delivered, you don’t get counseling, it’s unsafe, there’s differences in terms of what’s in them, etc. Just to save money, it seems ridiculous.

Mike M: I wonder if you, Luke or Robert, could put together a similar thing to see if NB has a similar option.

LA: We’ll stay tuned on that one.

Mike M: From what I’m hearing, it’s worthwhile going forward and at least having the option for students.

RC: I’m on Maritime Residents Doctors board, and I’ll look into their drug coverages on there too.

Mike M: I’ve heard it’s an amazing plan from Leo, so thank you for checking into that.

Vi. Rising cost of tuition. How high does Dalhousie want it? What can we do about it? - *Mike MacGillivary, Russell Christie*

RC: This came up last year during my tenure as President and that tuition was

unilaterally raised 3% per year in Class of 2019. No need to have conversation

now, but next year, negotiations occur at upper campus to look at our tuition

(every 3 years). We’ve been told by Carolyn Waters to sit on Budget Advisory

Committee next year. It should be on our radar and we should fight to be on it

next year. It’s a large commitment but something that needs to happen or else it’ll

be raised unilaterally going forward.

KM: DSU Plan is looking at seeing how students can be represented on

committee, looking for representation across faculties on Budget Advisory

Committee for next year.

RC: If we could get a med student there (as our situation is different), last time it

was 1st year Arts student and 3rd year Business student (don’t have context of us

regarding debt, regarding lower SES students to enter medicine, etc)

RH: Follow up as soon as you can because the office has been known to forget

your email address and ignore these things.

Mike M: I’ve heard they’re going to $22,000 as their goal.

RC: I haven’t heard that, but instead it should be 75th percentile

C) Announcements:

I. Lobby Week was a success. Met with multiple politicians. DoctorsNS has contacted Transitional Health Clinic for Refugees to go forward with the billing code we were lobbying for. Hoping that Lobby Week will be an ongoing event in the future. - *Lucy Soudek*

HA: Lobby week happened. National Lobby Day has signature event with CFMS, so it was the first time in a long time for Dal to have it. We got to meet the Premier, different members of Cabinet, and NB had Lobby Day today. 60 students and politicians at school to show their support to end youth homelessness in SJ. There were about 15 politicians who participated. It’s great showing that events are going on in both campuses.

II. Accreditation - Hugely Important Time to Interact with Faculty and Admin and give feedback in small group setting. - *Mike MacGillivary*

Mike M: Dean sent out a call to get involved in accreditation of feedback process. Students, faculty and admin asked to tackle key issues identified on ISA as being efficient. Hugely important to have students here. If you give any feedback at all, this is the place to give it to determine if feedback is feasible or can work in collaborative solution moving forward. Check emails for Ann Weadon. Email office and cc myself and Victoria Bentley to see how many students are getting involved.

KL: Point of clarification, due date for sending in name was a couple days ago. Are they extending it?

Mike M: I’m assuming yes.

KL: Reps, please spread word of mouth to people around you. Encourage students that don’t feel heard or would like an opportunity to be heard.

Mike M: Dean looks for students who are less involved to give feedback since they’re the ones who may have chance encounters in hallways with accreditors.

1. **Question period**
2. **Discussion**

Mike M: Good luck to Sarah T and the rest of the Council next year. I know you’re going to do a good job.

Amaris H: Congrats to new DMNB positions as well.

Marissa L: A huge thank you to Mike who did a great job this year.

1. **Adjournment**

Thanks for a great year!

