

# EXECUTIVE REPORT



**Renée Pang**  
**VP Education**  
**September 2012 AGM**

## *Description of the Position*

The Vice-President Education oversees academic issues of national importance to Canadian medical students. This position leads and facilitates member-mandated projects designed to address student concerns, protecting student rights, and for improving current understanding of medical education. The VP Education plays an active role in enhancing current trends in curriculum design and is consulted by a number of different organizations and individuals. In return, the role is in dialogue with major associations involved in medical education, namely the Committee on Education and Professional Development from CMA, CaRMS, and the Association of Faculties of Medicine of Canada, to continually offer the student perspective on policy and curriculum decisions.

Highlights this year have included projects that have been REB approved and aggressively analyzed for potential trends regarding clerk duty hours and careers. The current VP Education portfolio has been extremely active throughout the year and research heavy. Additional highlights also include collaboration between the CFMS and the AFMC, as well as with CaRMS, which confirm this organization's status at the forefront of medical education research. The CFMS has also been active at the Royal College through the VP Education portfolio within the last year, a role that may have potential to be more involved as the HHR discussions progress.

## *Meetings Attended*

Sept 23-24	AGM 2011	Calgary
Sept 29	Transition meeting	Teleconference
Oct 2-3	CMA Committee on Education	Ottawa
Oct 6	NOGHE teleconference	Teleconference
Oct 6	DME Working Group	Teleconference
Oct 14-16	CFMS Exec meeting	Ottawa
Nov 4	DME Working Group	Teleconference
Nov 5	Clerk Duty Hours Committee	Teleconference
Nov 5	Strategic Planning Committee	Teleconference
Nov 5	Careers Committee	Teleconference
Oct 27-28	Canadian Electives Portal Management System	Toronto
Nov 17	Royal College of Physicians and Surgeons	Ottawa
Nov 18	CaRMS Board of Directors Meeting	Ottawa
Nov 20	Careers Committee Meeting	Teleconference
Dec 3	DME Working Group	Teleconference
Dec 11	DME Working Group	Teleconference

Jan 15-17	CFMS Winter Executive Meeting	Toronto
Jan 31	FMEC-PG Consultation Meeting	Ottawa
Feb 1	Scope of services working group	Teleconference
Feb 6	Lobby Day	Ottawa
Mar 1	Clerk Work Hours Meeting	Toronto
Mar 13	CFMS Executive Teleconference	Teleconference
Mar 19	CEPMS Governance Committee	Teleconference
Mar 21	CEPMS Policy Advisory Committee	Teleconference
Apr 13-15	CFMS SGM	Banff, AB
Apr 20	Royal College of Physicians and Surgeons	Ottawa, ON
Apr 20	CAPER, AFMC	Ottawa, ON
Apr 23-24	CMA CEPD Meeting	Ottawa, ON
May 18	Research and Data committee	Teleconference
Jun 1	CaRMS Board of Director meeting	Ottawa
Jun 15	Teleconference AFMC Resource Group	Teleconference
Jul 4	DME Working Group Teleconference	Teleconference
Jul 5	Clerk Work Hours Meeting	Kingston
Aug 9	CaRMS Matchbook Meeting	Teleconference
Aug 12-15	CMA Annual General Meeting	Yellowknife, NWT
Aug 24-26	CFMS Executive Summer Meeting	Montreal, QC
Sep 27-29	CFMS AGM	Winnipeg, MB

## *Portfolio Updates*

### *CLERK DUTY HOURS*

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Clerk Duty Hours has been an ongoing project since September, 2010. From the conclusion of the first survey, we concluded that clerks were working longer hours than policy indications. The longest hours were worked during general surgery and internal medicine rotations. This survey also indicated that almost half of all clerks had a poor grasp of their work hour policy. Several questions were raised at the end of this study. It was unclear why students were staying behind longer than they were supposed to, and we could not ascertain the impact of duty hours on their learning.

In May 2012, a second, REB-approved survey was sent out to all CFMS member schools to address these questions. The results were very interesting. Of the students who took the survey, 77% were aware of duty hour policy. While the survey confirmed that students were staying behind longer than they should, they were motivated to stay more for professional reasons above any other reason. Professional reasons included continuity of patient care, helping out with the team. Students experienced the most fatigue during their internal medicine and surgery rotations, however, they did not necessarily feel like it decreased their performance. The most relevant finding, however, is that the areas in the student's life that were most negatively affected by their long work hours were their learning (81%), and their social relationships.

As clerkship is first and foremost a learning experience, these findings will be very relevant in ongoing curriculum design as medical students gain clinical experience.

### *Career Decisions in Medical School*

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Human Health Resources planning is the buzz word that is heard amongst governments, faculties, and professional organizations alike as young, newly trained physicians are struggling to find employment. However, career decision making happens early on in training happens much earlier on, in fact, it happens right in medical school. There is a paucity of information regarding job trend forecasting on a national level. In response to this lack of data, the CFMS has been pressuring stakeholders and policy makers to make job-trend data available.

The CFMS Survey is now REB-approved and ready for dissemination. These results will help guide faculties in directing their funding to resources that have the greatest impact in helping medical students make career decisions at different points of their training.

### *Distributed Medical Education*

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The findings from our 2011 Recommendations and 2012 literature review will be published. Every recommendation has been forwarded to the DME Resource Group, who have included several of them in their areas of focus. This group held their first meeting in Banff at the CCME in April 2012. Since then, the CFMS and the AFMC have been discussing a joint research proposal to create an index to measure distributed medical education in order to effectively compare recommendations between different sites and faculties. This tool is intended to improve implementation of recommendations including most of the 2011 recommendations from the CFMS review.

### *Matchbook 2012-2013*

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The Matchbook has two new sections added to it this year: a section on the second iteration and a section on the "Scramble". These changes reflect the results of the latest match during which 65 unmatched Canadian grads, 41 new grads, and 25 previous year grads. These new sections are intended to provide a more comprehensive overview of the complete matching process with both iterations and the events that take place after for unmatched candidates to complement current understanding of this process.

### *FMEC PG Project Implementation*

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The final recommendations for the Future of Medical Education (FMEC-PG) Project were announced on March 29, 2012. The VP Education has been invited to continue participating in the implementation plan. The committee structure is still being finalized.

### *Advocacy in Medical Education*

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This year, the CFMS seconded a motion at the CMA GC 2012 in Yellowknife stating that "the CMA believes physicians, residents and medical students should be adequately supported to attend

leadership and advocacy training.” This motion was unanimously passed in council without controversy. The spirit of the motion was echoed previously in the recent FMEC-PG recommendations by the AFMC, who recognized that they needed to promote leadership amongst residents to improve patient care. As various organizations see the value of advocacy and leadership, they will become increasingly recognized as an integral of medical curriculum.

### *Follow-up, vision, goals and recommendations for this position*

There are three areas where medical education and thus, this portfolio, will be inclined to grow. Firstly, the discussion of Human Health Resource planning is one where students can take an active voice and advocate for their futures. The Career Decisions Making Survey is an important part of the HHR discussion and should be sent out in the fall this year, as the issue remains topical and we will have something to enhance the content of that discussion. The discussions are happening; students should be proactive and embrace the upcoming change.

The second area involves social determinants of health. With the advent of Healthcare Transformation, this will become an area where students, and with the VP Education, can become strong voices for improvement of public health.

The third area involves leadership and advocacy. This is likely to make major curriculum changes throughout the country as the paradigm of medical education evolves. The changes are also palpable, which make this a lucrative area for work and research.

This position has become more interwoven and collaborative with professional and academic associations over the course of the year, and many new opportunities for partnership have evolved from these positive relations. I hope that the momentum will continue and that we continue to develop the connections in which we have invested ourselves so thoroughly.

### *Suggestions for improvement*

This position would benefit greatly from collaboration with other positions on the CFMS such as with the VP Advocacy and the NOGHE. Aligning specific projects that may allow for overlap would be helpful to articulate this symbiotic direction.

This position may also be re-mapped according to the strategic plan in order to prioritize projects appropriately to move forward.

A handwritten signature in black ink, appearing to read 'Renée Pang', with a stylized, overlapping structure.

Renée Pang  
VP Education, 2011-2012