Medical Undergraduate Society

Council Meeting minutes - December 3rd 2018; 7:00 PM

Date	MSAC	IMP	NMP	SMP	Call-In # 1-877-792-2770
Dec 3 2018	VC Room	RJH 246 MSB 107 VGH 1908	UHNBC 5011 NHSC 9-374	KGH 228 RHS 227	30215

Preparation

Review Robert's Rules here.

Add/update/verify your contact information here.

Minutes

Present: Isaac Rodin (VP Comms Sr.), Maya Rosenkrantz (VP Internal), John Liu (President), Billy Z (VP Finance Jr.), Zach Sagorin (VP Finance Sr.), Devon Mitchell (VP Ex Jr.), Privia (PAC Chair), Jas Hans (VP Ex Sr.), Jennifer B (Indigenous Health Rep Sr. VFMP), Dr. Lui, Jenna Erwin (IHR Victoria), Med IT Team (Gary Rosborough, Tim Bateman, Zach Rothman),

VC: Willow Thickson (VP Indigenous Health), Rosie (VP SMP), Eric Zhao

Regrets:

title	proposer	time
Approval of Agenda	Mover: Maya Seconder: Devon In favour: all	19:08
Approval of Previous Minutes https://docs.google.com/document/d/1tJXaZYS6MMSPrGDo4jRbDErPAe9hPSVSnHg_WOrAA-I/edit	Mover: Maya Seconder: Devon In favour: all	19:09

Remarks from the Chair Will be a shorter meeting - less people here due to FLEX, etc. Please try to encourage peers to come - could enforce with strike policy but not want that to happen so please encourage peers to attend. IHR - Jessica and Emily resigned from their roles. Will be a callout for a new IHR for all sites. Did stipulate to change the constitution that indigenous students are preferred but not necessary for the role. Just putting this out there as a hope people will respect that's what we are trying to do with the role. Any questions please direct them at John or Tony after the meeting. The elections have begun and tomorrow the candidates list will be coming out. Last time it was also suggested UBC will be bidding for AGM 2019 but this is not happening since the SGM 2020 is happening at UBC and it just wont work. Also sent out a message to the small group of people interested in return of service Derm spot. There was a position paper written but sort of half baked - suggesting we could work on it and make it a position the CFMS works on that will be passed at the SGM at 2020. If anyone is interested in working on this paper please get in touch with John and also if any questions please get in touch with John.	John Liu (President)	
Platform for Innovation in Teaching and Learning (PITL) Gary Rosborough and Eric Zhao will be present to discuss a new proposed initiative to accelerate educational innovation within the Faculty of Medicine. The goal of this meeting is to introduce this initiative and prompt broader learner input. Consultation with students is key, as learners will have opportunities to be directly involved with PITL, and will be impacted by its output. The mission of PITL is to promote and support the creation of immersive educational initiatives by enabling rapid prototyping and dissemination. It will expand upon the Hackspace for	Eric Zhao (2015-2016 MUS President) and guest Gary Rosborough, Tim Bateman, Zac Rothman (MedIT)	19:14

Immersive Virtual Experiences (HiVE), which has been responsible for initiatives such as neuroanatomy.ca and clinicalanatomy.ca. PITL is being developed to help fulfill the Education Pillar of the 2016-2021 Faculty of Medicine Strategic Plan (https://stratplan.med.ubc.ca/).

Wanted to get feedback and thoughts on concept, platform, before.

Hoping for thoughts from student perspective about what the platform is about. Feedback around promotion message would be great. Please think about how this would impact your journey through medicine as an undergrad student and as you move into post grad and into practice. Also, think about how would you measure success in regards to this. Finally, the name of this initiative is up to question and they would like our feedback.

Education pillar, objective 2
"Exploit disruptive innovation to enrich the learning experience and increase access"
  - Where we see the end point

Eric: on the Working group experience
  - Been in the works for about 2 years
  - Diverse group (admin, health professionals, continuing education, med IT)
  - Group deviated from other groups by realizing they didn't want to do a full environmental scan and come up with incremental measures, so the strategy they used was asking what are the problems that the early docs within our faculty and medical education innovation - what barriers have they faced?
    - Try to distill lessons from there and come up with an extended structure for a strategy to implement within the faculty to progress innovation

Gary: what are some of those barriers to innovation? One of the other things that we bumped into in the innovative

technology, we do not get to share our learning experiences with other faculties. When funding runs out, the project and all of the information gets lost. THe challenge is that a lot of faculty say what is innovative technology? How do we ensure that people know where to get access to these resources. The idea of the platform is to curb these challenges.

Disruptive innovation made it into one of the learning objectives. IT means completely tossing out the traditional practice and using a more efficient model (e.g. Ubers and Taxi). Where does this disruption fit in in medicine. We can get multiple definitions for this. Sustained innovation means improving the existing systems with constant changes. This means not throwing out the old system out of the window.

What comes to your mind when you hear innovative platform? A technology tool, instagram, tool to share themes, entrada, foundation. Platform is also used as a physical place or building where people go to that center where all of the innovation is occurring. What we are proposing for the innovative platform is more about the people. It is a diverse group of people that come together to problem solve. E.g. Some faculty come together where they brainstorm solutions to address a problem in the system. The idea is bringing diverse people and finding other people to come problem solve together with a sustainable solution. The idea is that there has to be a safe place where people can explore their ideas (incubator space).

Zach: Is there an electronic platform that you are using or is there a form on Entrada to get into contact with you to solve a certain problem.

Gary: It can be either FLEX or direct contact with the faculty. It is more about the interaction and the collaboration. The process is still into workings.

Faculty or students can approach the incubator space where there are experts so you can explore ideas and discover

solutions for a problem. The HIVE (half virtual explorations) is where students and faculty can go in to explore augmented reality, 3D printers, 3D scanner to improve the learning experience. It is mostly focused on the anatomical learning in the medicine and dentistry program. What we are proposing is an incubator space for any problems, not just anatomy. We looked at a 90 day cycle for improving QI and patient safety. We are trying to incorporate this into the pilot process for the incubator space. The living archive is there to collect all of the experiences. One of the other challenges is that we have a faculty trying to introduce different ideas, but it does not fit into the entire curriculum. There is a value in scholarly output and revenue generation on a broader level.

HIVE and educational technology have explored in multiple pilot projects involving neuroanatomy etc. (see presentation). Empathy and pain management are two areas of hot research.

Zach: This is an example of a FLEX project, where we produce media to enrich the neurology curriculum. Will be able to use these videos to build clinical skills.

The undifferentiated medical student was developed by the United states for students to learn about each specialty. Some students wanted to create podcasts around this topic with a Canadian focus by interviewing physicians in each specialty. The project is launching now to build the knowledge for the students

Zach: How are these podcasts accessible? Is there a video component?

Zach: The hope is to create a Youtube channel to share these podcasts. There is no video component for these.

Gary: What are the potential benefits for this innovative platform?

Gives you an opportunity to take more control, you can take initiative to identify a problem in the curriculum and help solve it.

Devon: There are already certain issues that students have voiced but the faculty are not willing to address. Some areas where students are most passionate about, there is resistance from the faculty. The platform should help synergize the two groups and help align the goals of faculty and students.

Maichael: How do we allow free space? There may be a role for MUS to be involved in this process, where students can come to MUS to create change and we can help facilitate.

Maya: We already have the FLEX repository but it is not serving everyone in the best way currently. The questions is how to make this platform not redundant?

Devon: How can we get a sincere buy-in from the students? The administrative burden that comes with the FLEX projects and portfolio deters students from buying in to certain platforms.

Gary: What we learned from working with faculty was that a lot of faculty could not care less about innovation. We work with the willing where there is a lot of support and energy. Support those that are willing and have the word spread and supporting the other people.

Willow: I am thinking of the Radiology app where we have almost 100% of students because that kind of innovative technology was testable. A lot of students learn through the app, similar to Kreb's neuroanatomy modules. If we can make innovations testable, we will get student buy-in.

Zach: We include students in the screenwriting because having them as key inputs is very important.

Gary: We were consulted in building the radiology app but it was outside of our expertise. We connect with the doctor that built the app to empower other doctors or students to build the same level of influence. One of the measures of success is how much the students are taking on a certain innovation. Are all innovative ideas going to be as relevant as the radiology app? The big decision is naming the platform (APIS, LEIP or PI). Maichael: APIS can be pronounced A-PISS. Consensus: LEIP seems to be in favor. Gary: We need to help the faculty and curriculum committee understand the purpose for a certain resource or innovation in order to integrate this. Dr. Lui: The true reality is that the outcomes need to align tightly with exams or we will not have a large student pick-up. Students enjoy learning to a certain aspect, but most want efficient learning. If we want to be disruptive, we need to target the evaluation system first. Willow: Learning and Innovation Teaching Platform (LIT platform). Privia: How accessible would this be at the distributed sites? How do students get involved? Gary and Tim: One of the VC techs can be contacted at the distributed sites. It is meant to be for the full faculty and all the distributed sites. gary.roseborough@ubc.ca		
PAC Lobby Day Motion	Privia A. Randhawa (PAC Chair)	10 mins anticipated

I would like to move that unmatched students be considered to attend Lobby Day, under MUS funding, on a case-by-case basis. John - we cant formally decide on funding aspect (needs to go through funding) Privia - lets talk after		
External Updates Jas: Funding from Docs of BC should go out soon for student and club initiatives. Devon - really good uptake with caffeinate a resident (230 students and 218 residents). Some specialities perfect number of spots but in others there were mismatches - only 4 students not placed with a resident and thats if they were at a site where that speciality wasn't offered or there was just competitive specialities. We have a problem with medical students not answering residents when they emailed them - what can we do about that? Billy: Possibly mention in the emails that it is unprofessional not to reply to the residents. Willow - could put in passive aggressively that residents know each other and if you are looking to match this would be a place to not burn any bridges Devon - main area of problem is second choice so they don't really care. Some issues with specialities like family medicine where there are a lot of residents. Jas - should probably just put a line about professional courtesy Maya - give people out and say if this no longer works for you please let them know Maichael - what is the objective of caffeinate a resident? Lots to be learned about talking with residents in all specialities.	Jas Hans and Devon Mitchell (VP External Portfolio)	5 mins anticipated

Optimize messaging to gear towards learning about each specialty. John: Stating in the email to give students an out if students are too busy to meet the resident. Open the conversation to residents that medical students may not be able to meet after all.		
Willow's Question Willow - I am in the process of redesigning elective process for IHR. Unknown if I should be doing this alone and would appreciate some MUS input and VP Academic Input. Ok doing it by myself but would be nice to have other input John: Can bring it up with the constitution and bylaws committee (Maya is on it). Willow - that would be good because it would be nice to get input to new structure in portfolio John - committee has not met but it was my intention to bring this to the committee Maya - is happy to help (like always she rocks) Aww thanks Isaac <3		8:14

Motion to Adjourn   8:17
Moved: Isaac
Seconded: Monica
In favor: all