MEMORIAL UNIVERSITY
Faculty of Medicine

UGMS Meeting Minutes

Wednesday, August 20, 2025
4:00-5:30 p.m.

Members (in alphabetical order):

Dr. Debra Bergstrom, Phase 3 Lead	voting	Brian Kerr, Curriculum & Accreditation Advisor	corresponding
Dr. Sandra Cooke-Hubley, Phase 1 Lead	voting	Dr. Todd Lambert, Assistant Dean NB	voting
Dr. Norah Duggan, Phase 4 Lead	voting	Dr. Peter MacPherson, Associate Dean, PEI	voting
Alison Farrell, Librarian & Interim Head of Public Services HSL	voting	Jaxon Mayo, Learner Representative Class of 2028	voting
Dr. Amanda Fowler, Phase 2 Lead	voting	Dr. Dolores McKeen, Dean of Medicine	ex officio (non-voting)
Dr. Jasbir Gill, UGME Accreditation Lead	voting	Dr. Maisam Najafizada, Assistant Dean, Social Accountability	voting
Dr. Alan Goodridge, PESC Chair	voting	Dr. Danielle O'Keefe, Vice Dean, Education and Faculty Affairs	ex officio (non-voting)
Dr. Alison Haynes, Curriculum Lead	voting	Carla Peddle, Manager UGME	voting
Dr. Taryn Hearn (chair), Associate Dean, UGME	voting	Stephen Pennell, Chair iTac	voting
Tina Hickey, Policy Analyst	corresponding	Nathan Pitts, Learner Representative Class of 2026	voting
Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting	Dr. Stephanie Reid, SAS Chair	voting
Dr. Andrew Hunt, Assistant Dean DME	voting	Michelle Simms, UGME Administrator	recording secretary

Present (in alphabetical order): D. Bergstrom; N. Duggan; A. Farrell; A. Goodridge; T. Hearn; B. Kerr; P. MacPherson; J. Mayo; C. Peddle; S. Pennell; N. Pitts; S. Reid; M. Simms

Regrets (in alphabetical order): S. Cooke-Hubley; A. Fowler; J. Gill; A. Haynes; T. Hickey; E. Hillman; A. Hunt; T. Lambert; D. McKeen; D. O'Keefe

Absent (in alphabetical order): M. Najafizada

Topic	Action
Welcome	
Agenda review • No conflict of interest and no additions to agenda.	**Motion:** to approve the agenda for the August 20, 2025 meeting. **Moved:** N. Duggan **Second:** P. MacPherson **In favour:** all **Opposed:** none

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UGMS Meeting Minutes

Wednesday, August 20, 2025
4:00-5:30 p.m.

	Abstained: none **APPROVED**
Review and approval of prior minutes • June 18, 2025	**Motion:** to approve the minutes from the June 18, 2025 meeting. **Moved:** A. Goodridge **Second:** C. Peddle **In favour:** all **Opposed:** none **Abstained:** S. Pennell; N. Pitts **APPROVED**
1. Matters arising from the minutes 1.1. A. Goodridge to provide some examples of inappropriate feedback to the committee. • Completed. • Greater proportion of the inappropriate comments directed towards female professors. • More inappropriate comments have occurred in the last 5 years, and most at pre-clerkship level. • May impact faculty members' willingness to teach. • Discussion occurred on coaching learners in providing appropriate feedback. ○ A. Goodridge provides session at beginning of year explaining and providing examples of professional feedback to learners. ○ Feedback is anonymous so no way to provide feedback to learners on quality of their comments. 1.2. UGMS committee members to review Guidelines for Removing Student Feedback. • To be circulated with current minutes. • Discussion occurred about the need to consider underlying concern even if feedback is unprofessional. • PESC careful to not just delete opinions that may be critical. • Factual information required for direct action. PESC follows up to engage discipline chairs when consistent concerns are raised.	

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• Normally, any feedback removed is still provided to the faculty member but is not included in any official documentation. • Response rates continue to be poor. 1.3. A. Haynes to circulate draft of UCL handbook to the group for input. • Completed. To be circulated with current minutes.	
2. E-Votes • Relevant documents were included with the e-vote and are attached.	**Motion:** To approve the Phase 3 assessment plan for MED 7750 for the Class of 2028. **Moved:** S. Reid **Second:** A. Haynes **APPROVED July 17, 2025 by e-vote**
3. Memorial's PEI Campus • The 20 PEI learners were unable to visit St. John's in person during orientation as intended due to the Air Canada strike. Great work was done by LWS in PEI and NL to provide an engaging virtual option on short notice. • Recommendations for the following positions have been made to Memorial's President Executive Council (PEC) for positions on the PEI campus: ○ Faculty Lead for Classroom Experience ○ Faculty Lead for Clinical Experience ○ LWS Director ○ Faculty Lead Social Accountability	
4. Curricular Review Implementation Working Group • No meeting this month but work has focused on getting the first NL LIC started. T. Hearn and N. Duggan attended the Clarenville LIC orientation virtually.	
5. New Business (see attached documents) 5.1. UGMS Terms of Reference • Updated membership in the terms of reference were brought forward. ○ NB is no longer a full core training site with its own assistant dean. Coverage for electives and selectives in NB will be provided by A. Hunt in his role as Assistant Dean, Distributed Medical Education.	**Motion:** to approve the updated Terms of Reference. **Moved:** T. Hearn **Second:** A. Goodridge **In favour:** all **Opposed:** none **Abstained:** none

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○ Delegate for PEI has been updated to Associate Dean, PEI. ○ Added a PEI learner for a total of 3 learners – having dedicated learners per site may not continue but important during the first four years as PEI campus gets established. • UGMS is a subcommittee of Faculty Council so ToR requires their approval before it can take effect.	**APPROVED** **Action Item:** T. Hearn to bring updated ToR to Faculty Council for approval.
6. Standing Committee reports	
a) PESC (see attached documents) • See Items 1.1 and 1.2 above.	
b) SAS • No action items.	
c) iTac (see attached report) • Compatibility issue with UPEI network and the firmware of product that allows users to push button to request technology support. Memorial ordered some new components to enable compatibility and this should be resolved prior to the move to the classroom in October.	
d) COS (see attached report) • Major curriculum changes were brought forward and were supported at the Phase level. More information in the attached documents.	**Motion:** to approve the removal of 1.5 h Physician Wellness session from Phase 1. **Moved:** T. Hearn **Second:** C. Peddle **In favour:** all **Opposed:** none **Abstained:** none **APPROVED** **Motion:** to approve the below changes to the Communicable Disease Control sessions in the Patient Course in Phase 2: • Removal of: ○ Case and Outbreak Management Tutorial Session (1h) ○ Vaccination Tutorial Session (1h)

UGMS Meeting Minutes

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4:00-5:30 p.m.

	○ Emerging Infectious Diseases Tutorial Session (2h) • Addition of: ○ Outbreak Management and Vaccination Tutorial Session (1h) ○ Public Health Strategies for Communicable Disease Control & Prevention Session (1h) ○ Model WHO Tutorial Session (2 h) **Moved:** T. Hearn **Second:** A. Goodridge **In favour:** all **Opposed:** none **Abstained:** none **APPROVED**
7. Phase 4 report • Internal Medicine rotations at St. Clare's reallocated for July – September for core clerks as requested by preceptors in St. Clare's as the site is redeveloped. ○ The Class of 2027 have been informed that there is potential for further site assignment change in IM once situation is reassessed mid-September. • Wildfires resulted in some electives and core rotations being rescheduled as some outpatient clinics were cancelled or closed. • Air Canada strike impacted visiting electives for some learners. • Plans for some site visits and new site development in the fall.	
8. Phase 3 report • No action items.	
9. Phase 2 report • No report.	
10. Phase 1 report	

UGMS Meeting Minutes

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• Waiting on confirmation of new Phase 1 Lead.	

11. Learner Issues (see attached report)
• Some learners are finding the new Canadian wide electives/selective process challenging.
  ○ Discussion occurred regarding challenges of the capacity based model for smaller schools.
  ○ T. Hearn highlighted availability of information in Brightspace and in the Housing Policy.
  ○ New elective lead starting in September as well as a potential working group to aid in development of electives and processes.
  ○ Discussion occurred over involving DME and PGME regarding having learners at different levels of training at sites. Concerns were expressed with increasing class size, physician recruitment and capacity, and lack of support staff to free physicians from more clerical processes to allow more time to engage and educate learners.
• There were some concerns from learners in the Class of 2027 who started with surgery:
  ○ Some preceptors were not on T-Res and not aware of ITARs.
  ○ Some confusion with regards to OR orientation. N. Duggan discussed how those logistical issues had been considered for the new template and should have been resolved. Further follow-up will occur.
	Action Item: T. Hearn to provide N. Pitts with a written response to concerns outlined in attached document to be shared with the Class of 2026.
	
	Action Item: N. Duggan to follow up with Surgery regarding providing communication to preceptors regarding expectations.
	
	Action Item: N. Duggan to follow-up with surgery regarding orientation confusion.

12. Report from NB • We still have an affiliation until at least 2030 for NB sites. Will continue to utilize for home electives and selectives but we will no longer have a cohort of NB learners utilizing NB for core. • This will no longer be a separate item on the agenda. It will now be part of DME portfolio.	
13. Report from DME • No report.	
14. Social Accountability Report • No report.	
15. Accreditation • External review for interim review has been confirmed and will take place in person over 2 days either the last week of May or first week of June 2026.	

UGMS Meeting Minutes

Wednesday, August 20, 2025
4:00-5:30 p.m.

• Status report due end of May 2026	

16. Associate Dean Update
• 110 new medical learners started orientation this week.
• The following positions have been approved by the Faculty of Medicine but are waiting on final approval with the Presidents Executive Council (PEC).
  ○ Two Assistant Deans (one each for classroom and clinical experiences) to help separate curriculum development from active day to day Phase management.
  ○ LIC Curriculum Lead to help with the LIC curriculum development and establishment of other sites. Two potential new sites being considered are Corner Brook and Grand Falls.
  ○ One Remediation Lead, focused on years one and two.
• Position being developed with the Blundon Centre for a dedicated Faculty of Medicine Accessibility Advisor. This position would be responsible for all of the Faculty of Medicine's learners including undergraduate medical learners at both campuses, postgraduate, and graduate learners.
• LIC positions under development.
• Upcoming site visits across NL and PEI.	

17. Policy • No report.	
18. UGME office report • Secretary position is posted and will close this week. • New position to provide administrative support for C. Peddle is waiting on approval by PEC before being posted.	
Next Meeting September 17, 2025 **Adjourned: 5:16 p.m.**	

Faculty of Medicine

Undergraduate Medical Studies (UGMS) Committee

Terms of Reference

Preamble

CACMS Element 8.1 states: "A medical school entrusts authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum."

Purpose

The Undergraduate Medical Studies (UGMS) Committee was established to govern all aspects of the curriculum for the Doctor of Medicine (M.D.) program as a principle education committee for the Faculty of Medicine Faculty Council in accordance with by-law 5.1.1.4. UGMS is responsible for the design, implementation, management, integration, evaluation and enhancement of the curriculum, as well as ensuring alignment with current accreditation standards.

Membership

Voting Members

- Associate Dean, Undergraduate Medical Education (UGME) (Chair)
- Curriculum Oversight Subcommittee (COS) Chair (Vice Chair)
- Two medical learner representatives (one from Phase 1-3; one from Phase 4)
- One medical learner representative from Prince Edward Island campus
- Associate Dean, Prince Edward Island
- Registrar's delegate
- Coordinator, UGME
- Faculty Undergraduate Accreditation Lead (FUAL)
- Program Evaluation Subcommittee (PESC) Chair
- Student Assessment Subcommittee (SAS) Chair
- Information Technology Advisory Committee (iTac) Chair
- Phase 1-4 Leads
- Assistant Dean, Distributed Medical Education
- Assistant Dean, Social Accountability
- Health Sciences Library delegate

Non-Voting Ex-officio Members

- Curriculum and Accreditation Advisor, UGME
- Policy Analyst, Dean's Office
- Dean of Medicine (Ex-officio)
- Vice Dean, Education and Faculty Affairs (Ex-officio)

Operations

- The Committee shall meet monthly and at the discretion of the Chair.
- Quorum will be 50% plus one (1) voting members and must include one learner.
- The term of the medical learner representatives is one (1) year, once renewable.
- Meeting minutes that reflect the activity of the committee shall be recorded.
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When the Chair is unable to attend a meeting, the Vice Chair will be the Chair's delegate.
- For voting members only, a delegate may attend with prior notification to, and approval by, the Chair. The delegate will assume voting rights.
- Motions may be circulated and approved by e-mail vote for time sensitive matters.
- The UGMS Committee may assign duties to subcommittees.
- Key stakeholders from faculty, staff, and learners will be consulted and invited to attend meetings on an as needed basis when additional content expertise is required for decision-making related to the planning and delivery of the curriculum.
- The Chair or delegate will represent the Faculty of Medicine on the Senate Undergraduate Studies Committee.
- The Committee will report to Faculty Council annually.

Committee Member Expectations

- Attendance at 75% of monthly meetings.
- Meeting preparation.
- Timely completion of assigned tasks.
- Participation on working groups or committees, as requested by the Chair.
- Pursuit of professional development related to undergraduate education.
- Solicitation of collegial input, when requested.

Responsibilities

- Develop policies and procedures related to curriculum delivery, content, assessment and outcomes of the MD program and seek approval where necessary.
- Plan curriculum content (objectives) and assessment, as well as the review and approval of any changes.
- Review curriculum content for relevance and redundancy.
- Ensure that the MD program is responsive to program evaluation and program outcome data
- Ensure graduates achieve the prescribed competencies.
- Monitor:
    - policy adherence and effectiveness
    - accreditation standards compliance
    - performance and effectiveness of the committee's function
- Communicate recommendations to the appropriate individuals or groups.
- Report program outcomes to Faculty Council.
- Seek Faculty Council approval for University Calendar changes.
- Review Terms of Reference annually.
- Prepare the regulations for curriculum and student assessment required for the MD degree for approval by Faculty Council and the appropriate University bodies.

MEMORIAL UNIVERSITY
Faculty of Medicine

UGMS Summary Report

August 20, 2025

Phase Team or Sub-Committee: iTac

Liaison to the UGMS: Stephen Pennell

Date of Last Phase Team or Sub-Committee Meeting: April 24, 2024 (July meeting was cancelled due to annual leave)

Date of Next Phase Team or Sub-Committee Meeting: Oct 17, 2025

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	**Recommended Action**	**Status**

Agenda Items Requiring UGMS Action:
1.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. **New <u>Next phase of UPEI project:</u>** Testing planned to start this month with baseline connections to UPEI over the CANARIE network. I will update the UGMS on monthly progress. *Waiting on monitoring results from MUN and UPEI IT teams;* **NEW:** Testing of CODECS and firewalls start this month. UPEI creating a proof of concept room (for testing purposes) and a contingency plan; April 2025 update testing of codecs and other data this month; May update: testing with a proof of concept space at UPEI end of May. Contingency plans are being developed for August launch. **JUNE UPDATE:** All testing

complete and now waiting for UPEI rooms to be brought online later the summer. Contingency plan will be implemented until UPEI rooms are ready around Oct. 6/25. **August update: Contingency plan tested and will continue testing until launch.**

2. Phase 4 recommendations: starting August 2025, with a new clerkship cohort, we will edit the Clinic Card EPAs report that is sent to APAs/CDCs to exclude student written feedback. Details are still being reviewed. Update May: 2 formative assessment fields are being removed from report for APAs. JUNE update: app change request being tested by Resilience Software. **August update:** Reports edited and ready for new cohort. Small app text changes being finalized by the company.
3. Poly AV units are now in all learning rooms in the FoM building to support small breakout sessions
4. Extra PCs are installed in the HSL room B in prep for Fall student increase to 90. **5 extra PCs also set up in the space.**
5. **New:** new equipment had to be ordered for MUN due to an unexpected compatibility issue in UPEI. We should still be ready for Oct 6 launch barring any unforeseen circumstances.
6. HSIMS will be advertising for 2 new Systems Officer AV support position to support AV implementation for UPEI project. They will provide in-room support for faculty. **Update: Mark Sullivan from CITL has accepted. We are waiting on one other individual to confirm.**

UGMS Summary Report

August 2025

Phase Team or Sub-Committee: Curriculum Oversight Subcommittee

Liaison to the UGMS: Alison Haynes / Brian Kerr

Date of Last Phase Team or Sub-Committee Meeting: 11/07/2025

Date of Next Phase Team or Sub-Committee Meeting: 22/08/2025

Agenda Items Requiring Phase Team or Sub-Committee Action:

Minor Curriculum Changes

Phase	Item (Session)	Change Type					
		Title Change	Splitting Session	Reword Objectives	Add Objectives	Remove Objectives	Teaching Method

Agenda Items Requiring UGMS Action:

Major Curriculum Changes (Forms Attached)
Removal of Phase 1 Physician Wellness Session (1.5-hr)
Removal of Phase 2 Case and Outbreak Management Tutorial Session (1-hr)
Removal of Phase 2 Vaccination Tutorial Session (1-hr)
Removal of Phase 2 Emerging Infectious Diseases Tutorial Session (2-hr)
Add Phase 2 Outbreak Management and Vaccination Tutorial Session (1-hr)
Add Phase 2 Public Health Strategies for Communicable Disease Control & Prevention Session (1-hr)
Add Phase 2 Model WHO Tutorial Session (2-hr)

Additional Comments, Suggestions, New or Pending Business:

1. Revised Phase 3 Assessment Plan (re. Physician Competencies Change) Pending
2. Working on assigned tasks from Phase 4 Curriculum Review Implementation Committee
3. UCL Handbook
4. Advertising for Clinical Informatics UCL

Response Summary:

Curriculum Change Request

All proposed changes to the Doctor of Medicine (MD) program require consultation, review, and approval by the UGME governance committees prior to implementation. The policy for Curriculum Changes in the MD Program outlines the process for requesting a change to the MD curriculum and define the criteria for consideration of each request as a major or minor curriculum change.

Q1. First and Last Name
Tracey Bridger

Q2. Email address (@mun.ca preferred)
Tracey.Bridger@nlhealthservices.ca

Q3. Discipline or Division
Physician Competencies - Physician Wellness and Lifelong Learning

Q19. Email address for co-requestor or Undergraduate Content Lead (UCL) (@mun.ca preferred)
N/A

Q20. Session Title
Physician Wellness

Q4. Current Placement of the Content

- Phase 1

Minor curriculum content changes include revisions which do not significantly impact the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Session title modification; • Re-wording of session objectives; • Adding or removing objectives for a session; • Assigning objectives to a different session; • Changing session teaching and learning methods; • Splitting a session into multiple sessions; merging multiple sessions into one.	**Major** curriculum content changes include revisions that significantly modify the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Increasing or decreasing the length of time for a session; • Moving a session to a different theme, course or Phase; • Adding or removing a session in a course; • Assessment method changes.

Q5. Nature of the Curriculum Change

- Major Curriculum Change

Q13. Major Curriculum Change (check all that apply)

Increasing or decreasing the amount of time allocated to a session	Yes
Moving a session to a different theme, course or Phase	No
Adding or removing a session	Yes
Change of assessment method	No

Q14. Proposal

Please provide a brief overview of the requested change(s) as they relate to the current Doctor of Medicine (MD) curriculum

Following recent curriculum change proposal of separating the Physician Wellness workshop session from a single 3-hour session into two 1.5-hour sessions, it is now being proposed that just one of those 1.5-hour sessions will be sufficient to cover the intended learning objectives.

Q15. Academic Rationale

Please outline the rationale for the requested change(s) and provide supporting documentation including a needs assessment, research evidence, best practices, course evaluations, peer review, national standards, external evaluation, etc. where applicable

Following more recent discussions with Dr. Bridger, and given plans to implement additional STRIVE (i.e., resilience) content into the curriculum, just a single 1.5-hour session will be sufficient to cover the current objectives for the Physician Wellness workshop.

Q16. Learning Objectives

If applicable, outline the learning objectives associated with the requested change(s) and link to the relevant Medical Council of Canada (MCC) objectives (https://mcc.ca/objectives/)

8174 - Understand the impact of fatigue and other human limitations on clinical performance
8175 - Understand the role of attitude and professional culture in clinical practice
8176 - Understand the role of wellness and its effect on knowledge and skill acquisition
8177 - Understand how to integrate coping mechanisms to mitigate performance risks and ambient conditions in various practice environments

Q17. Delivery of Proposed Change

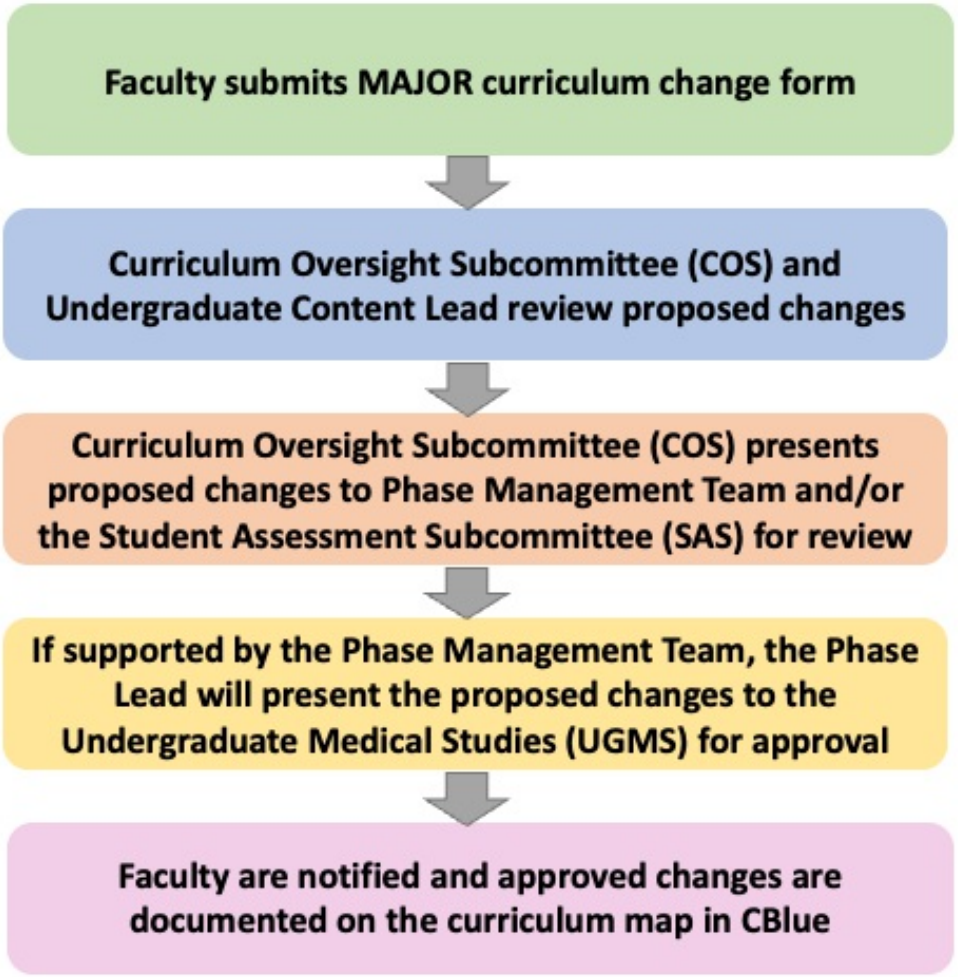
If applicable, describe how the requested change(s) will be delivered in the curriculum (i.e. lecture, tutorial) and the amount of time required in the curriculum for the proposed change

Workshop/Lecture (1.5 hours)

Q18. Assessment

If applicable, describe how the requested change(s) will be assessed

No change for the Assessment Plan


Faculty submits MAJOR curriculum change form
Curriculum Oversight Subcommittee (COS) and Undergraduate Content Lead review proposed changes
Curriculum Oversight Subcommittee (COS) presents proposed changes to Phase Management Team and/or the Student Assessment Subcommittee (SAS) for review
If supported by the Phase Management Team, the Phase Lead will present the proposed changes to the Undergraduate Medical Studies (UGMS) for approval
Faculty are notified and approved changes are documented on the curriculum map in CBlue

Response Summary:

Curriculum Change Request

All proposed changes to the Doctor of Medicine (MD) program require consultation, review, and approval by the UGME governance committees prior to implementation. The policy for Curriculum Changes in the MD Program outlines the process for requesting a change to the MD curriculum and define the criteria for consideration of each request as a major or minor curriculum change.

Q1. First and Last Name
Dr. Delphine Grynszpan

Q2. Email address (@mun.ca preferred)
dgrynszpan@mun.ca

Q3. Discipline or Division
Division of Population Health and Applied Health Sciences (PHAHS)

Q19. Email address for co-requestor or Undergraduate Content Lead (UCL) (@mun.ca preferred)
raudas@mun.ca; phahs.ugme@mun.ca

Q20. Session Title
Public Health Strategies for Communicable Disease Control & Prevention

Q4. Current Placement of the Content

- Phase 2

Minor curriculum content changes include revisions which do not significantly impact the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Session title modification; • Re-wording of session objectives; • Adding or removing objectives for a session; • Assigning objectives to a different session; • Changing session teaching and learning methods; • Splitting a session into multiple sessions; merging multiple sessions into one.	**Major** curriculum content changes include revisions that significantly modify the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Increasing or decreasing the length of time for a session; • Moving a session to a different theme, course or Phase; • Adding or removing a session in a course; • Assessment method changes.

Q5. Nature of the Curriculum Change

- Major Curriculum Change

Q13. Major Curriculum Change (check all that apply)

Increasing or decreasing the amount of time allocated to a session	No
Moving a session to a different theme, course or Phase	No
Adding or removing a session	Yes
Change of assessment method	No

Q14. Proposal

Please provide a brief overview of the requested change(s) as they relate to the current Doctor of Medicine (MD) curriculum

Intention to reorganize the current Communicable Disease Control sessions that are part of the Patient II (MED6750) course to improve learning and adapt to the increasing class size.

Q15. Academic Rationale

Please outline the rationale for the requested change(s) and provide supporting documentation including a needs assessment, research evidence, best practices, course evaluations, peer review, national standards, external evaluation, etc. where applicable

This new lecture, called “Public health strategies for Communicable Disease Control & Prevention”, will focus on real-world challenges of population level communicable disease control programs, including planetary health considerations. In doing this, the lecture will tie together learning from the other sessions in a more meaningful way than is currently possible and better prepare learners for the exam and the final tutorial assignment.

Q16. Learning Objectives

If applicable, outline the learning objectives associated with the requested change(s) and link to the relevant Medical Council of Canada (MCC) objectives (https://mcc.ca/objectives/)

Public Health Strategies for Communicable Disease Control & Prevention Tutorial...
Learning Objectives:
6747 Describe the purpose of CDC surveillance and the role of all clinicians in Notifiable Infectious Disease surveillance
7790 Identify the benefits and the challenges of individual public health measures for communicable disease control and prevention (incl. vaccination programs); and explain the factors that influence whether a communicable disease can be eliminated/eradicated
12021 Identify the impact of climate and environmental change on the distribution of certain infectious diseases and apply the concepts of OneHealth and social determinants of health to communicable disease control and prevention

Q17. Delivery of Proposed Change

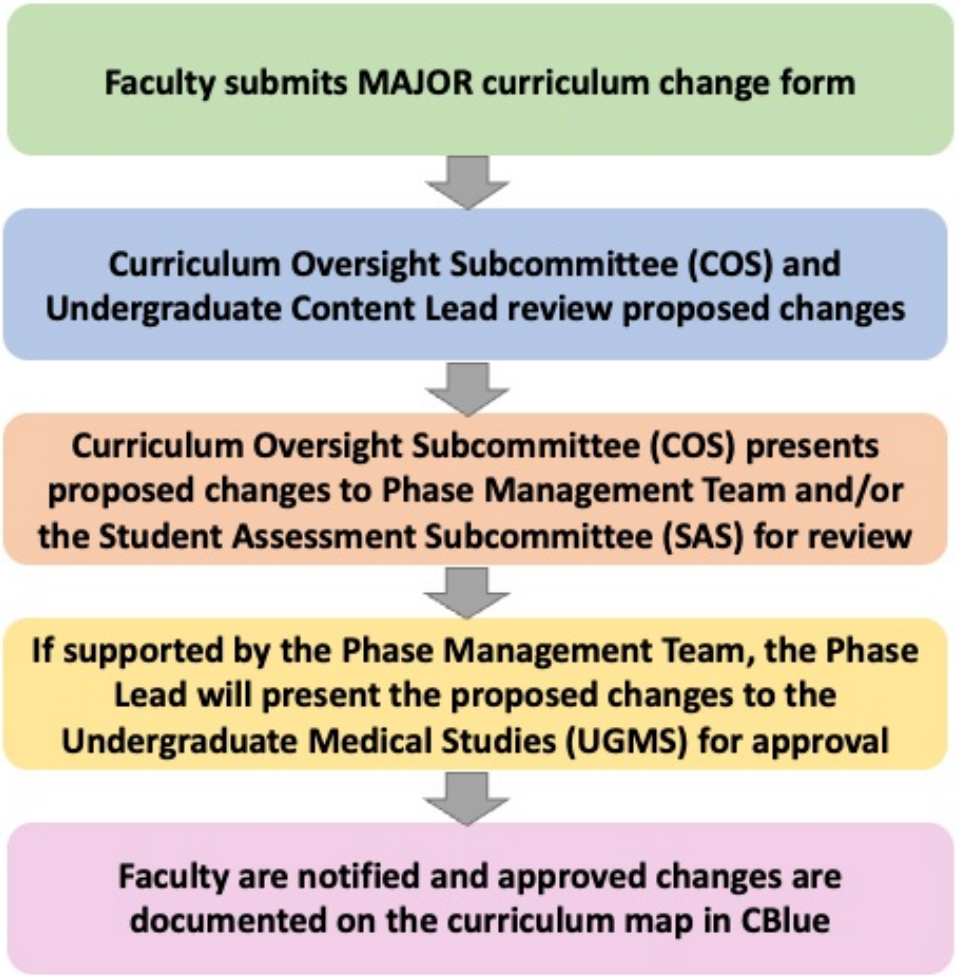
If applicable, describe how the requested change(s) will be delivered in the curriculum (i.e. lecture, tutorial) and the amount of time required in the curriculum for the proposed change

Lecture (1 hour)

Q18. Assessment

If applicable, describe how the requested change(s) will be assessed

No change expected for the Assessment Plan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Faculty are notified and approved changes are documented on the curriculum map in CBlue

Response Summary:

Curriculum Change Request

All proposed changes to the Doctor of Medicine (MD) program require consultation, review, and approval by the UGME governance committees prior to implementation. The policy for Curriculum Changes in the MD Program outlines the process for requesting a change to the MD curriculum and define the criteria for consideration of each request as a major or minor curriculum change.

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Dr. Delphine Grynszpan

Q2. Email address (@mun.ca preferred)
dgrynszpan@mun.ca

Q3. Discipline or Division
Division of Population Health and Applied Health Sciences (PHAHS)

Q19. Email address for co-requestor or Undergraduate Content Lead (UCL) (@mun.ca preferred)
raudas@mun.ca; phahs.ugme@mun.ca

Q20. Session Title
(i) Case and Outbreak Management Tutorial & (ii) Vaccination Tutorial

Q4. Current Placement of the Content

- Phase 2

Minor curriculum content changes include revisions which do not significantly impact the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Session title modification; • Re-wording of session objectives; • Adding or removing objectives for a session; • Assigning objectives to a different session; • Changing session teaching and learning methods; • Splitting a session into multiple sessions; merging multiple sessions into one.	**Major** curriculum content changes include revisions that significantly modify the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Increasing or decreasing the length of time for a session; • Moving a session to a different theme, course or Phase; • Adding or removing a session in a course; • Assessment method changes.

Q5. Nature of the Curriculum Change

- Major Curriculum Change

Q13. Major Curriculum Change (check all that apply)

Increasing or decreasing the amount of time allocated to a session	Yes
Moving a session to a different theme, course or Phase	No
Adding or removing a session	Yes
Change of assessment method	No

Q14. Proposal

Please provide a brief overview of the requested change(s) as they relate to the current Doctor of Medicine (MD) curriculum

Intention to reorganize the current Communicable Disease Control sessions that are part of the Patient II (MED6750) course to improve learning and adapt to the increasing class size.
In this instance, the Case and Outbreak Management Tutorial (1-hr) will be merged with the Vaccination Tutorial (1-hr) to become the “Outbreak Management and Vaccination Tutorial” (1-hr)

Q15. Academic Rationale

Please outline the rationale for the requested change(s) and provide supporting documentation including a needs assessment, research evidence, best practices, course evaluations, peer review, national standards, external evaluation, etc. where applicable

This revised shorter tutorial, now called “Outbreak Management and Vaccination”, will have a slight reduction in objective coverage from the previous “Vaccination” and “Outbreak Management” tutorials as it will be based on just a single case study that encompasses both topics (i.e., preventing and responding to a measles outbreak). A minor additional advantage from reducing the length of this session will be a greater ease for the purpose of scheduling.

Q16. Learning Objectives

If applicable, outline the learning objectives associated with the requested change(s) and link to the relevant Medical Council of Canada (MCC) objectives (https://mcc.ca/objectives/)

Outbreak Management and Vaccination Tutorial...
Learning Objectives:
7791 Explain and give an example of the following terms: agent, host, environment, epidemic, endemic, pandemic, pathogenicity, virulence, spectrum of disease, immunogenicity, incubation period, period of communicability, infection, disease, case, carrier, direct transmission, indirect transmission, case definition, cluster, epidemic curve, attack rate, point source/propagated outbreak.
7793 Explain key analytical processes in outbreak investigation and control
7720 Select the vaccines that should be offered to healthy children and adults, as well as to high-risk groups, with reference to a provincial immunization schedule
7721 Analyze why some peoples view that immunizations may be harmful and formulate a patient-centred response
7722 Identify and explain the precautions and contraindications to a vaccine
7723 Locate the sources of current information on immunization for Canadian physicians
7718 Describe the more common vaccine preventable illnesses and strategies to prevent them

Q17. Delivery of Proposed Change

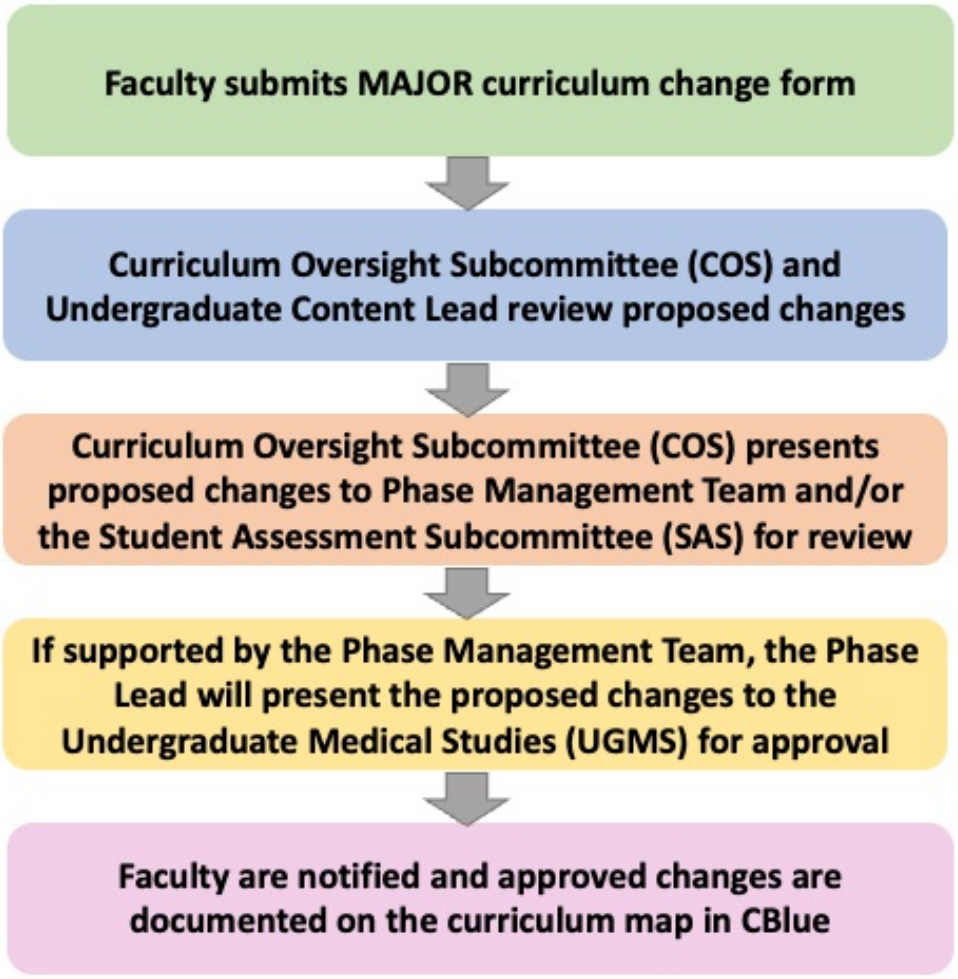
If applicable, describe how the requested change(s) will be delivered in the curriculum (i.e. lecture, tutorial) and the amount of time required in the curriculum for the proposed change

Tutorial (1 hour)

Q18. Assessment

If applicable, describe how the requested change(s) will be assessed

No change expected for the Assessment Plan


Faculty submits MAJOR curriculum change form
Curriculum Oversight Subcommittee (COS) and Undergraduate Content Lead review proposed changes
Curriculum Oversight Subcommittee (COS) presents proposed changes to Phase Management Team and/or the Student Assessment Subcommittee (SAS) for review
If supported by the Phase Management Team, the Phase Lead will present the proposed changes to the Undergraduate Medical Studies (UGMS) for approval
Faculty are notified and approved changes are documented on the curriculum map in CBlue

Response Summary:

Curriculum Change Request

All proposed changes to the Doctor of Medicine (MD) program require consultation, review, and approval by the UGME governance committees prior to implementation. The policy for Curriculum Changes in the MD Program outlines the process for requesting a change to the MD curriculum and define the criteria for consideration of each request as a major or minor curriculum change.

Q1. First and Last Name
Dr. Delphine Grynszpan

Q2. Email address (@mun.ca preferred)
dgrynszpan@mun.ca

Q3. Discipline or Division
Division of Population Health and Applied Health Sciences (PHAHS)

Q19. Email address for co-requestor or Undergraduate Content Lead (UCL) (@mun.ca preferred)
raudas@mun.ca; phahs.ugme@mun.ca

Q20. Session Title
Emerging Infectious Diseases (EID) Tutorial

Q4. Current Placement of the Content

- Phase 2

Minor curriculum content changes include revisions which do not significantly impact the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Session title modification; • Re-wording of session objectives; • Adding or removing objectives for a session; • Assigning objectives to a different session; • Changing session teaching and learning methods; • Splitting a session into multiple sessions; merging multiple sessions into one.	**Major** curriculum content changes include revisions that significantly modify the intended content and/or delivery of the curriculum. Examples include, but are not limited to: • Increasing or decreasing the length of time for a session; • Moving a session to a different theme, course or Phase; • Adding or removing a session in a course; • Assessment method changes.

Q5. Nature of the Curriculum Change

- Major Curriculum Change

Q13. Major Curriculum Change (check all that apply)

Increasing or decreasing the amount of time allocated to a session	No
Moving a session to a different theme, course or Phase	No
Adding or removing a session	No
Change of assessment method	Yes

Q14. Proposal

Please provide a brief overview of the requested change(s) as they relate to the current Doctor of Medicine (MD) curriculum

Intention to reorganize the current Communicable Disease Control sessions that are part of the Patient II (MED6750) course to improve learning and adapt to the increasing class size.
In this instance, the "Emerging Infectious Diseases (EID)" tutorial (2-hr) will undergo a title change, a change of teaching & learning method, and an assessment method change. This tutorial will now be known as the "Model WHO" tutorial (2-hr) with updated assignment with pass/fail form of grading.

Q15. Academic Rationale

Please outline the rationale for the requested change(s) and provide supporting documentation including a needs assessment, research evidence, best practices, course evaluations, peer review, national standards, external evaluation, etc. where applicable

The goal of this tutorial, now called “Model WHO”, and accompanying assignment will remain the same: to apply the concepts learned in the lectures by analyzing the population-level factors that affect emergence/re-emergence and the control of an infectious disease. However, the new format will make it easier to cater for the increase in class size (and addition of the PEI campus) and offer a more interactive learning environment. It will also reduce confusion with the similarly named tutorial offered by Dr Russell.

Q16. Learning Objectives

If applicable, outline the learning objectives associated with the requested change(s) and link to the relevant Medical Council of Canada (MCC) objectives (https://mcc.ca/objectives/)

Model WHO Tutorial...
Learning Objectives:
7794 Apply the Infectious Disease Process model to describe an Emerging Infectious Disease
7795 Explain the epidemiology of an Emerging Infectious Disease and appraise how aspects of its epidemiology (related to the host, agent, environment) have contributed to its emergence or re-emergence.
7796 Describe and appraise the components of a prevention and control program for an Emerging Infectious Disease.
7797 Appraise the prospects for control, elimination or eradication of an Emerging Infectious Disease.

Q17. Delivery of Proposed Change

If applicable, describe how the requested change(s) will be delivered in the curriculum (i.e. lecture, tutorial) and the amount of time required in the curriculum for the proposed change

Tutorial (2 hour)
*NOTE: Should be scheduled approx. 2 weeks after the lectures to enable students to prepare their presentation.

Q18. Assessment

If applicable, describe how the requested change(s) will be assessed

Similar to the current assignment, learners will work in small groups to analyze the population-level factors which influence the emergence/persistence of an infectious disease, and then offer a strategy to control or reduce the global incidence of the disease. The new format will mirror the WHO decision-making process for global strategies, which include voting by each member state. Learners therefore have to apply learning from the lectures, as well as to take into account real-world challenges to public health programs.

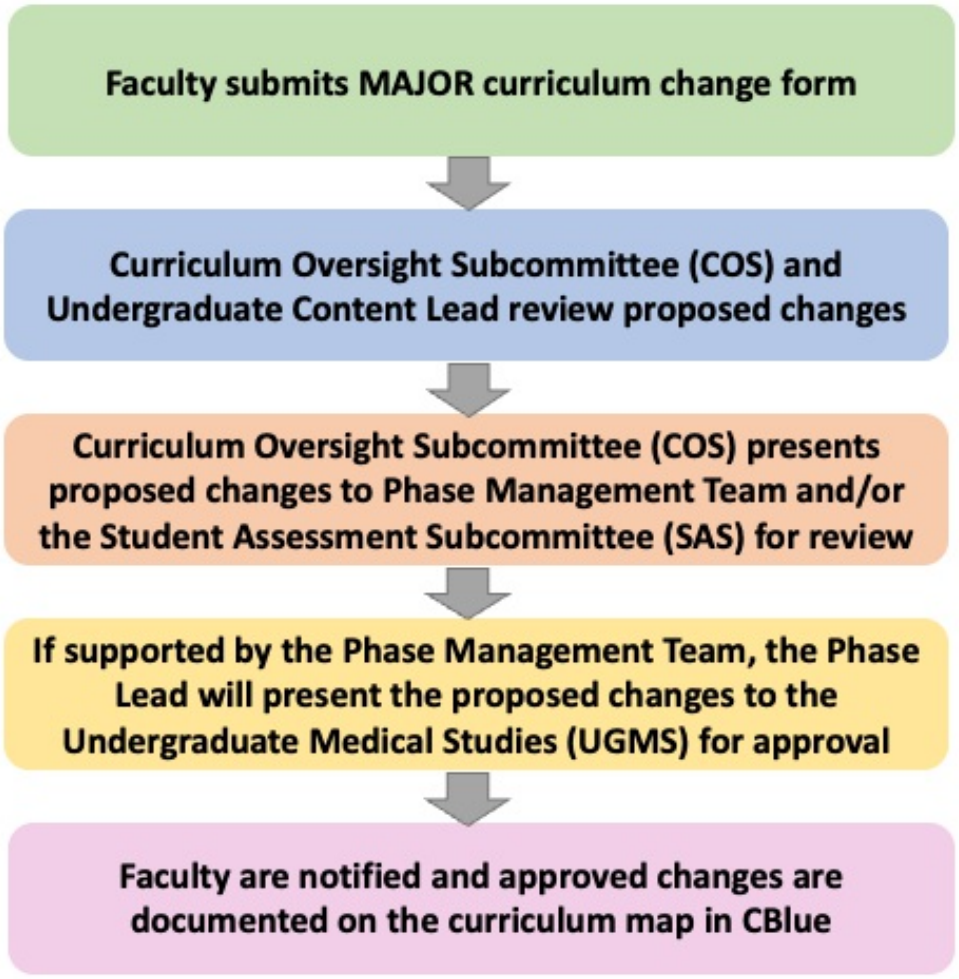
• Each group will prepare a poster or a short report (depending on the technology available), which will be submitted several days in advance of the tutorial session.

• During those days, each learner will be assigned another group's poster/report to review. The review will be in the form of short-answer questions, adapted to the level of UGME phase 2, and will need to be submitted before the tutorial session takes place.

• During the tutorial session (all learners in the auditorium), each group will present the key messages of their report. The facilitator can ask one or two questions based on the learner reviews. Then the rest of the class will vote on whether to fund the group's strategy or not.

Switching to a pass/fail system will also allow for prompt grading of the increasing number of assignments without having to recruit new faculty, and encourage learners to engage fully in the peer-review process without fear.

*NOTE: Pass requires contribution to group work, submission of short review, participation in tutorial session.



MEMORIAL UNIVERSITY
Faculty of Medicine

UGMS Summary Report

[August 2025]

Phase Team or Sub-Committee: (UGMS Sr)

Liaison to the UGMS: (Nathan Pitts)

Date of Last Phase Team or Sub-Committee Meeting: (day / month / year)

Date of Next Phase Team or Sub-Committee Meeting: (day / month / year)

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	**Recommended Action**	**Status**

Agenda Items Requiring UGMS Action:
1.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. Learner concerns RE the elective/selective application process (see attached supporting documentation)
2.
3.

Briefing Note – Fourth-Year Electives and Selectives Process

MUN Medicine class of 2026.

Date: August 20, 2025

Background

The class of 2026 has brought forward concerns with the electives/selectives application process. Feedback collected from the class highlights issues with a lack of transparency, delays, housing, a lack of timely information on deliverables, and administrative interactions. Many of these concerns echo those expressed by learners in previous graduating classes. The following summarizes the main concerns with some specific challenges that individuals in the class have faced. We have also provided a list of suggestions from the class for strategies to begin to address the concerns.

Summary of Concerns

- **Lack of Transparency**
    - There is no visibility on available/previously filled rotations; learners must submit applications without knowing if spots are already filled.
    - Due to the lack of visibility on available options, some learners are submitting multiple applications (one learner reported submitting 30 placement options) before securing an offer. This process is challenging and time-consuming for learners who must develop learning objectives for each placement option, as well as for the team reviewing applications.
    - Learners cited examples where electives were not consistently first-come, first-served.
    - There is no method to re-notify learners when a spot becomes available after a cancellation.
- **Delays**
    - The current processing of applications is perceived to create significant delays. Learners cite examples where physicians have told them that their elective is confirmed, but the electives team did not notify them for months.
    - Delays have posed significant challenges in scheduling away electives, which under the new AFMC policy CANNOT be cancelled once confirmed, and have been very difficult to obtain.
- **Housing**
    - Learners cite limited or unavailable pet-friendly housing for rural placements. One learner noted that they had expressed that they could only accept if pet-friendly accommodations were offered. After being offered a placement, this learner found it

very challenging to contact UGME and DME to confirm if there was pet-friendly housing, which turned out to be unavailable. They stated that they had to deal with the two divisions independently, and it appeared the groups were not communicating regarding the issue (i.e. UGME and DME).
    - Learners were unaware that the family funding for additional space is only available in 3rd year core rotations and not 4th year.

- **Lack of Timely Information on Deliverables**

    - Learners are requesting some form of briefing on individual Phase 4 elective/selective completion requirements, as they feel unprepared after such a large gap between the electives/selectives presentation and the start of 4th year.

- **Administrative Interactions**

    - There have been concerns from multiple learners that their interactions with UGME regarding electives/selectives have felt argumentative rather than supportive.
    - Learners have reported long delays (up to 2 months) in receiving any kind of response from UGME when reaching out with elective/selective-related concerns.

Learner Suggestions for Improvement

- Implement a real-time, accessible system showing elective/selective availability and waitlists – we understand this is not entirely feasible, as oftentimes elective availability is not confirmed until later dates; however, when this information is available, learners would appreciate some kind of system to be made aware of options. We also feel this could lessen the applications the selectives/electives teams need to process by eliminating applications for electives that are completely filled.
- Create a process to notify learners when cancelled spots reopen.
- Explore technology solutions to reduce manual processing delays.
- Clarify rural housing policies for the 4th year.
- Increase coordination and information sharing between UGME and DME.
- Provide rotation-specific deliverable reminders at the start of each placement.
- Foster a culture of supportive, advocacy-based administrative interactions.