



UGMS Meeting Minutes

Wednesday, June 16, 2021
4:00-5:30 p.m.

Members (in alphabetical order):

Dr. Tanis Adey (chair), Associate Dean UGME	voting	Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting
Lindsay Alcock, Librarian & Head of Public Services HSL	voting	Dr. Andrew Hunt, Assistant Dean DME	voting
Craig Campbell, Learner representative Class of 2022	voting	Dr. Heather Jackman, Phase 2 Lead	voting
Dr. Vernon Curran, SAS Chair	voting	Brian Kerr, Curriculum & Accreditation Advisor	corresponding
Dr. Norah Duggan, Phase 4 Lead	voting	Dr. Todd Lambert, Assistant Dean NB	voting
Dr. Jasbir Gill, Phase 3 Lead	voting	Dr. Boluwaji Ogunyemi, Assistant Dean, Social Accountability	voting
Dr. Alan Goodridge, PESC Chair	voting	Carla Peddle, Manager UGME	voting
Melanie Greene, Policy Analyst	corresponding	Dr. Amanda Pendergast, Phase 1 Lead	voting
Yaswanta Gummadi, Learner representative Class of 2023	voting	Stephen Pennell, Chair iTac	voting
Dr. Alison Haynes, Curriculum Lead	voting	Michelle Simms, UGME Administrator	recording secretary
Dr. Taryn Hearn, Accreditation Lead	voting	Dr. Margaret Steele, Dean of Medicine	ex officio (non-voting)

Present (in alphabetical order): L. Alcock; S. Badcock; C. Campbell; V. Curran; N. Duggan; J. Gill; A. Goodridge; A. Haynes (acting chair); T. Hearn; E. Hillman; A. Hunt; H. Jackman; B. Kerr; T. Lambert; B. Ogunyemi; C. Peddle; A. Pendergast; S. Pennell, M. Simms

Regrets (in alphabetical order): T. Adey, C. Campbell, M. Greene, M. Steele

Absent (in alphabetical order):

Topic	Action
Welcome	
Agenda review <ul style="list-style-type: none"> • Review for Conflict of Interest <ul style="list-style-type: none"> ○ None declared • Confirmation of Agenda 	Motion to approve the agenda. Moved: C. Peddle Second: A. Pendergast In favour: all APPROVED



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<p>Review and approval of prior minutes – May 19, 2021</p>	<p>Motion to approve the minutes from the May 19, 2021 meeting.</p> <p>Moved: A. Hunt Second: L. Alcock In favour: all APPROVED</p>
<p>1. Matters arising from the minutes</p> <p>1.1. T. Adey to discuss with CLSC in May or June and then bring to Task Force to bring to EHS asking for an increase in capacity for CLSC for the fall.</p> <ul style="list-style-type: none"> • Based on guidance from the Chief Risk Officer, CLSC will continue with decreased capacity. • A. Goodridge, as Chair of PESC, expressed major concerns about the decision of Chief Risk Officer to continue with the same capacity restrictions for CLSC this fall, noting the greatly reduced risk of COVID and critical importance of in person clinical skills training. • Task force to draft letter to Chief Risk Officer outlining the impact on clinical skills teaching and recommendation to reconsider at the current risk level. • Update to be provided at July meeting. <p>1.2. T. Adey to ask Task Force about return to campus for learners.</p> <ul style="list-style-type: none"> • Cohorts will be back on campus in the fall with no need to physical distance in rooms M101 and M102 but masks will likely be required. • Details of clinical skills teaching are still being discussed. <p>1.3. UGMS Committee to provide any feedback on strategy map to A. Hunt by May 28, 2021.</p> <ul style="list-style-type: none"> • Completed <p>1.4. C. Phase leads to review the recommendations around documentation of learner professionalism lapses on the MSPR in the context of recent cases to determine whether the recommendations are reasonable.</p> <ul style="list-style-type: none"> • Completed <p>1.5. C. Peddle to share Communication Pathways document with C. Campbell.</p>	<p>Action: T. Adey to provide update on CLSC capacity for the fall semester.</p> <p>Action: T. Adey/Task force to draft letter to Chief Risk Officer regarding the restricted CLSC capacity.</p>

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<ul style="list-style-type: none"> • Completed <p>1.6. A. Haynes to present to COS and report back to UGMS on Unit Assessment Recommendation #5.</p> <ul style="list-style-type: none"> • The modules has been reviewed by COS and Physician Competencies Lead and will be recommended to be added to the Physician Competencies IV course at the next Phase 4 meeting. <p>1.7. UGMS Committee to review the COS ToR and provide any feedback.</p> <ul style="list-style-type: none"> • B. Kerr has incorporated the feedback into the updated ToR. <p>1.8. M. Simms to include COS ToR on the Agenda for approval at June UGMS meeting.</p> <ul style="list-style-type: none"> • Completed <p>1.9. The UGME Leadership Team to discuss possible consequences of “mandatory” sessions.</p> <ul style="list-style-type: none"> • Completed <p>1.10. A. Hunt to send revised guidelines to the leadership in the distributed Health Authorities.</p> <ul style="list-style-type: none"> • Completed <p>1.11. B. Kerr to forward UGMS Report template to B. Ogunyemi and A. Hunt.</p> <ul style="list-style-type: none"> • Completed <p>1.12. B. Kerr to forward previously completed DCIs to C. Peddle/T.Adey for reference.</p> <ul style="list-style-type: none"> • Completed 	
<p>2. E-Votes</p> <ul style="list-style-type: none"> • None to report. 	
<p>3. New business</p> <ul style="list-style-type: none"> • None to report. 	
<p>4. Standing Committee reports</p>	
<p>a) PESC (see attached report)</p> <ul style="list-style-type: none"> • Dr. Goodridge presented a summary of the results of Part I of the MCCQE results for 2020. It was noted that the performance of MUN graduates declined slightly in 2020 whereas the overall performance by all Canadian graduates improved relative to the prior 2 years. The 	



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<p>lowest performing objective categories were noted. As there were no clear trends noted, PESC will continue to monitor results in upcoming years.</p>	
<p>b) SAS (see attached report)</p> <ul style="list-style-type: none"> • Phase 1 Assessment Plans <ul style="list-style-type: none"> ○ There is a typo in executive summary MED 5730 Community Engagement I should be changed to MED 5740. • Phase 3 Assessment Plans 	<p>Motion to accept the Phase 1 assessment plans as provided in the executive summary. (once typo corrected)</p> <p>Moved: V. Curran Second: A. Pendergast</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p> <p>Motion to accept the Phase 3 assessment plans as provided in the executive summary.</p> <p>Moved: V. Curran Second: J. Gill</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p>
<p>c) iTac (see attached report)</p> <ul style="list-style-type: none"> • Discussion around renewing Proctorio for one more year for those situations where a learner is unable to write an examination on site. If anyone has any comments on the renewal, please let S. Pennell know. 	<p>ACTION: Committee members to email S. Pennell with any comments regarding renewal of Proctorio.</p>
<p>d) COS (see attached report)</p> <ul style="list-style-type: none"> • Mandatory sessions have been formally defined in the attached document. Definition included in assessment plans. • ToR has been updated based on feedback. 	<p>Motion to accept COS terms of reference.</p> <p>Moved: A. Haynes Second: A. Goodridge In favour: all</p>



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	<p>Opposed: none Abstained: none APPROVED</p>
<p>5. Phase 4 report</p> <ul style="list-style-type: none"> • Missed clinical skill sessions from Phases 2 and 3 will be implemented into the Phase 4 curriculum where possible. • Pediatric clinical skills will be taught on Day 1 of the Pediatrics core rotation. • Learners will have an opportunity to provide feedback about their perceived clinical skills during the community engagement debrief. 	
<p>6. Phase 3 report (see attached report)</p> <ul style="list-style-type: none"> • Major curriculum change to move a lecture from Phase 3 to Phase 2 to better align with the theme. 	<p>Motion to move SLE and Scleroderma lecture from Phase 3 to Phase 2 in the Joint Pain theme.</p> <p>Moved: J. Gill Second: H. Jackman In favour: all Opposed: none Abstained: none APPROVED</p>
<p>7. Phase 2 report (see attached document)</p> <ul style="list-style-type: none"> • Major curriculum changes for anatomy to allow different teaching modalities and increased time. Time is available in the schedule. Approved by e-vote by the Phase 2 committee. 	<p>Motion to approve anatomy changes as outlined in the attached document.</p> <p>Moved: H. Jackman Second: A. Goodridge In favour: all Opposed: none Abstained: none APPROVED</p>



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<p>8. Phase 1 report (see attached report)</p> <ul style="list-style-type: none"> • Major curriculum changes to increase laboratory time by 4.5 hours over 5 sessions to facilitate the addition of wet specimens and cadavers to the anatomy curriculum. 	<p>Motion to approve an increase in curricular time for anatomy teaching as outlined in the attached documents.</p> <p>Moved: A. Pendergast Second: N. Duggan In favour: all Opposed: none Abstained: none APPROVED</p>
<p>9. Report from NB</p> <ul style="list-style-type: none"> • No action items 	
<p>10. Report from DME (see attached report)</p> <ul style="list-style-type: none"> • Waiting on feedback from RHA offices regarding distributed pediatrics rotations. • Some preceptors do not want to use T-Res and inquired about paper clinic cards. <ul style="list-style-type: none"> ○ We have transitioned to paper cards over 4 years ago and are no longer accepting paper cards. 	<p>ACTION: A. Hunt to inform preceptors of T-Res requirement.</p>
<p>11. Social Accountability Report</p> <ul style="list-style-type: none"> • Three main areas <ul style="list-style-type: none"> ○ Indigenous health ○ Global health and health equity ○ Community engagement and service learning. • Meeting with Conne River members and Faculty of Medicine members to discuss the next steps in developing a more regular rotation for undergraduate medical students within indigenous communities. An MOU with this community is being updated. • EPA 14 is being pre-piloted and unofficial results are being collated and analyzed. • Admissions considering health equity and social accountability in their process. • Recruiting for coordinator for community engagement and service learning. 	
<p>12. Accreditation matters</p>	



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<ul style="list-style-type: none"> • We have pulled away from LCME accreditation. CACMS is seeking an extension to 2025 for current learners. • Accreditation confirmed to be virtual using Webex. <ul style="list-style-type: none"> ○ April 4-6, 2022. ○ A second virtual visit will occur the week of May 9, 2022 for 1 day. ○ Expected work day to be adjusted to accommodate multiple time zones, i.e from 10:30 am – 7:00 pm NST. • Mock accreditation will be held early in 2022. • Policies and procedures to be reviewed. 	
<p>13. Learner issues</p> <ul style="list-style-type: none"> • No significant feedback regarding the communication pathways document. • Regarding protected time policy - there was a significant portion of lectures delivered near the end of one block. <ul style="list-style-type: none"> ○ Realize this may have been an exception. • Learners perceive the exam deferral policy revision as more strict. <ul style="list-style-type: none"> ○ C. Peddle clarified that the revisions reflect more transparent policy. Exceptional flexibility had been granted because of the pandemic. ○ The role of LWS is to support learners seeking deferral with resources and accommodations as needed. ○ Health care provider documentation related to learner illness may be required for exam deferrals. 	
<p>14. Associate Dean Update (see attached report)</p> <ul style="list-style-type: none"> • No action items 	
<p>15. Policy</p> <ul style="list-style-type: none"> • No report. 	
<p>16. UGME office report (see attached report)</p> <ul style="list-style-type: none"> • No action items 	
<p>Next Meeting July 21, 2021 Adjourned: 5:31 p.m.</p>	
<p>Keep in View</p>	<p>Exam deferral policy</p>



UGMS Summary Report

June 2021

Phase Team or Sub-Committee: Program Evaluation Subcommittee (PESC)

Liaison to the UGMS: Dr. Alan Goodridge, Chair of PESC

Date of Last Phase Team or Sub-Committee Meeting: 18 / May / 2021

Date of Next Phase Team or Sub-Committee Meeting: 15 / June / 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Review of AFMC Graduate Questionnaire (carried over)	H. Coombs to retrieve data from the FOM Mistreatment Survey.	A. Goodridge/H. Coombs met with Dr. Olga Heath and Dr. Nic Fairbridge and are collaborating on sharing data.
Faculty/instructors who go overtime and/or use too many slides (carried over)	A. Goodridge/H. Coombs to draft guidelines related to faculty going overtime and/or using too many slides. To be discussed at PESC on May 18th.	Deferred to June
Clinical Skills Learning Gaps	A. Goodridge/H. Coombs to contact Dr. Maria Goodridge about Clinical Skills gaps.	In Progress
MCCQE (Part 1)	H. Coombs to compile a list of objective areas where MUN graduates performed < 60%.	In Progress
	A. Goodridge to present the MCCQE (Part 1) results to UGME.	Deferred to June
Accreditation	H. Coombs to send the draft DCI out to the Phase Leads.	Completed

Our Vision: *Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*



UGMS Summary Report

June 2021

	Phase Leads to review the draft DCI and provide feedback.	Completed
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Agenda Items Requiring UGMS Action:
1.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. Dr. Alan Goodridge to present on the MCCQE (Part 1) results.
2. Dr. Alan Goodridge to address Clinical Skills in the fall of 2021.
3.



UGMS Summary Report

[June 2021]

Phase Team or Sub-Committee: Student Assessment Subcommittee

Liaison to the UGMS: Dr. Vernon Curran

Date of Last Phase Team or Sub-Committee Meeting: 26/May/2021

Date of Next Phase Team or Sub-Committee Meeting: 23/June/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Response from Dr. Pendergast for Phase 1 course assessment reports	SAS reviewed responses from Dr. Pendergast. Any concerns requiring action are being addressed.	Complete
Recommendations from curricular review – Exploring use of Navigate to monitor learner progress	S. Pennell and K. Zipperlen to draft monitoring workflow. Navigate representative will use workflow to generate demo page for review.	Ongoing

Agenda Items Requiring UGMS Action:
1. Approval of Phase 1 assessment plans (Class of 2025)
2. Approval of Phase 3 assessment plans (Class of 2024)
3.
4.

Additional Comments, Suggestions, New or Pending Business:
1.
2.
3.

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UGMS Summary Report

[June 2021]

Our Vision: *Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*

Executive Summary for Phase 1 assessment plans Class of 2025

The following changes to the Phase 1 assessment plans are recommended by the Student Assessment Subcommittee for the academic year 2021-2022.

General Changes

All assessment plans have course success criteria moved to the top and will include a further clarification of promotions regulations and exam deferral:

- ✓ *Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments and missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.*
- ✓ *Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see Exam Deferral Policy.*

MED 5710, MED 5730 and MED 5740 will include section about mandatory learning sessions:

- ✓ The definition of mandatory learning sessions, the list of sessions and the following statement:
 - *The course includes mandatory learning sessions, listed in the respective section below. Learners must participate in these sessions and complete any associated exercises. As outlined in the Protected Time and Duty Hours Policy, learners may request leave if they are unable to attend a mandatory learning session.*
- ✓ Reference to mandatory learning sessions added to course success criteria:
 - *Attend all sessions designated as mandatory and complete any associated activities.*

MED 5710 Patient I

- ✓ Change in Anatomy assessment currently being reviewed. Assessment plan will be submitted for approval for July meeting.

MED 5720 Clinical Skills I

- ✓ No changes to assessment methods.

MED 5730 Physician Competencies I

- ✓ No changes to assessment methods. Some due dates tentative, to be confirmed with instructors once schedule is provided.

MED 5730 Community Engagement I

- ✓ No changes to assessment methods. Community Health sessions assignment due date tentative, to be confirmed with instructors once schedule is provided.
- ✓ Shorter assignment explanation, detailed assignment descriptions will be provided on Brightspace.

Executive Summary for Phase 3 assessment plans Class of 2024

The following changes to the Phase 3 assessment plans are recommended by the Student Assessment Subcommittee for the academic year 2021-2022.

General Changes

All assessment plans have course success criteria moved to the top and will include a further clarification of promotions regulations and exam deferral:

- ✓ *Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments and missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.*
- ✓ *Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see Exam Deferral Policy.*

MED 7710, MED 7730 and MED 7750 will include a section about mandatory learning sessions:

- ✓ The definition of mandatory learning sessions, the list of sessions and the following statement:
 - *The course includes mandatory learning sessions, listed in the respective section below. Learners must participate in these sessions and complete any associated exercises. As outlined in the Protected Time and Duty Hours Policy, learners may request leave if they are unable to attend a mandatory learning session.*
- ✓ Reference to mandatory learning sessions added to course success criteria:
 - *Attend all sessions designated as mandatory and complete any associated activities.*

MED 7710 Patient III

- ✓ Assessment for Palliative Care sessions changed to written group assignment.

MED 7720 Clinical Skills II

- ✓ No changes to assessment methods. Number of written assessments for Summative Assessment Report will depend on number of sessions being delivered.

MED 7730 Physician Competencies III

- ✓ No changes to assessment methods. Some due dates tentative, to be confirmed with instructors once schedule is provided.

MED 7740 Phase 4 Preparation

- ✓ Assessment based on in-person delivery of course. Need to update assessment methods for Casting workshop and Easternhealth sessions once details are available.

MED 7750 Community Engagement III

- ✓ Administration and Health Systems sessions to be removed from MCQ exam and assessed by group assignment.
- ✓ Community Health sessions assignments due dates are tentative, to be confirmed with instructors once schedule is provided.
- ✓ Shorter assignment explanation, detailed assignment descriptions will be provided on Brightspace.

MED 5720 Clinical Skills I
Phase 1 Class of 2025
Fall 2021

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 5720 Clinical Skills I**.

MED 5720 Clinical Skills I introduces students to the main elements of the medical interview and techniques of interviewing. Students will develop skills in examining healthy individuals within all age ranges. Communication and collaboration skills will be developed in the context of patient-centered care and working with other health care providers.

Attendance is required for all Clinical Skills I sessions-at all Clinical Skills I sessions is mandatory. Refer to the "Clinical Skills I, MED 5720– Attendance and Leave Guidelines" document on Brightspace (D2L).

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Receive a mark of competent or exemplary performance on the Phase 1 SAR, or receive a mark of competent or exemplary performance after re-assessment,
- Complete all assessments by their due date, and
- Attend all sessions as per the course requirements.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see [Exam Deferral Policy](#).

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead)10.5.3. Examples may include, but are not limited to, late assignments without proper deferral process, lapses in professionalism, recurrent reassessment exams.
- As outlined in [Section 10.5.2 and 10.5.3](#) of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. ~~Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~

- As outlined in the [MD program objectives](#), the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

COURSE ASSESSMENT

Learners will be assessed with both formative and summative assessments throughout the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Formative Assessments do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of self-assessment, witnessed interviews and physical examination as well as written homework. Learners receive ongoing oral and written comments from instructors, SPs and peer members of the small group.

Formative assessment includes a written assessment that will be completed by instructors, based on learner performance during an interview with a standardized patient. The instructor will discuss the assessment with the learner, highlight strengths and weaknesses, and suggest strategies for improvement. The ~~formative assessment tool used in Clinical Skills I is the "Kalamazoo Checklist"¹~~ **is the assessment tool used for this purpose in Clinical Skills I. This is a written assessment that will be completed by instructors, based on learner performance during an interview with a standardized patient. The instructor will discuss the assessment with the learner, highlight strengths and weaknesses, and suggest strategies for improvement.** There is also a formal formative assessment that learners will receive through eOne45 midway through Phase 1. This will assess the learner's participation, homework, interest and professional behavior. The formal assessment will take place between ~~October 14-21, 2020~~ **October 20 -27, 2021.**

Written formative assessments may utilize the same four point internal grading scale that is used for summative assessments. Formative assessments are designed to help the learner prepare for summative assessments and must be completed to pass the course.

Summative Assessment consists of the Phase 1 **Summative Assessment Report (SAR)**. On ~~Dec~~

~~16, 2020~~ **December 15, 2021**, each learner meets with the instructors for a summative assessment based on all of the sessional work from Phase 1. At this meeting, strengths are highlighted and strategies for improvement are suggested. The Phase 1 SAR is recorded on [eOne45](#).

Clinical Skills is a **Pass/Fail** course on a learner's transcript. However, overall results for each component of the SAR are expressed on a four-point **internal scale** of **exemplary, competent, developing, or unacceptable, as follows:**

Clinical Skills I Assessment	Routinely exceeds expectations	Routinely meets expectations	Sometimes meets expectations	Often does not meet expectations
	Exemplary Performance	Competent Performance	Developing Performance	Unacceptable Performance

REASSESSMENT

Reassessment will be required if a learner receives a mark of developing or unacceptable performance on the Phase 1 SAR. A learner may be reassessed **only once**. Following the reassessment, the learner will be given a final grade of pass or fail.

¹ Makoul, G. *Acad Med.* 2001 Apr;76(4):390-3.

**MED 5730 Physician Competencies I
Phase 1 Class of 2025
Fall 2021**

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 5730 Physician Competencies I**.

MED 5730 Physician Competencies I introduces students to concepts that encompass the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Pass each of the two course Blocks,
- Achieve an average mark of $\geq 70\%$ or the adjusted Hofstee pass score based on the weighted pass marks across the examination and assignments,
- Complete and submit all course assignments and assessments **by their due date**, and
- Attend all sessions designated as mandatory and complete any associated activities.

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments and missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.
- As outlined in Section 10.5.2 and 10.5.3 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. ~~Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~
- As outlined in the MD program objectives, the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful

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remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

COURSE ASSESSMENT

Learners will be assessed with both formative and summative assessment methods throughout the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Formative Assessments do not count towards the final grade and are intended to help learners monitor their learning. Learners will receive formal formative feedback from component assignments. Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course. The process for review of summative examinations is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).

Peer assessments of professional behaviours: All learners are required to participate in a peer assessment of professional behaviours during Phase 1. You will be asked to assess the learners in your clinical skills group, based on your observation of their professional behaviour during the clinical skills sessions. Peer assessment forms will be completed on One45 and a copy of the form is available on Brightspace (D2L) for your reference. Learners will each receive a summary report of their feedback collated by the UGME office. The cut-off date for the completion of forms is ~~November 26, 2020~~ **November 9, 2021**. These peer assessment reports are formative and do not contribute to the overall summative mark for the course. However, learners are required to complete a summative reflection on the peer assessment process which will contribute to the overall mark for the course.

Summative Assessments are divided into two blocks: (a) Physician Competencies Sessions Block and (b) the Research Project Block. Within these blocks there are a number of components, each with its own summative assessments. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course.

~~Note that some course sessions are designated as mandatory attendance.~~ The course includes mandatory learning sessions, listed in the respective section below. Learners must participate in these sessions and complete any associated exercises. As outlined in the Protected Time and Duty Hours Policy, learners may request leave if they are unable to attend a mandatory learning

session.

The contribution of marks for each block towards the final course grade is as follows:

Physician Competencies Sessions Block	65.60%
Research Project Block	35.40%
Total	100%

The pass mark for each individual summative assessment is 70% or the modified Hofstee pass mark for the Biostatistics MCQ examination (see below). The pass mark for each of the ~~three~~ two blocks is 70% of the total marks assigned to that block. The final grade and average will be compiled at the end of the Phase.

(a) The Physician Competencies Sessions Block consists of the following components:

Component	Summative Assessment Method	Length	Due Date	Final Grade Contribution
Professionalism	<u>2</u> Analytical Essays	1000-1750 words <u>each</u>	October 7, 2021 4 p.m. (tentative) December 18, 2020 December 17, 2021 4 p.m. (tentative)	24% <u>24%</u>
Health Ethics and Law in Medicine	Group assignments (4 out of 6 required to pass component)*	300 words	1) Introduction to Health Law due November 26, 2021 (tentative) due date November 24, 2020 2) Consent due December 2, 2021 (tentative) due date November 26, 2020 3) Confidentiality due December 7, 2021 (tentative) due date December 3, 2020 4) Moral Theory and Clinical Practice due December 10, 2021	18%

Commented [k1]: Due dates one week after session is scheduled

			(tentative) due date December 7, 2020 5) Public Health Ethics due December 14, 2021 (tentative) due date December 11, 2020 6) Research Ethics due December 17, 2021 (tentative) due date December 17, 2020	
IPE Skills: Team Functioning	1) Session 1 Preparation 2) Content Quiz 3) Team Project Presentation* 4) Reflection*	NA NA NA NA 400-600 words	1) Starts September 7, 2021 2) October 1, 2021- 3) Submit to CCHPE by November 3, 2021 4) Presentation November 5, 2021	7%
Biostatistics	Online MCQ Examination	NA	November 19, 2020 18, 2021 Reassessment December 08, 2020 3, 2021	8%
Epidemiology	Written Assignment with short-answer questions*	NA	December 06, 2020 3, 2021 before noon (tentative)	109%
Lifelong Learning	1 Written Assignment*	600-1000 words	December 18, 2020 17, 2021	105%
Peer Assessment	1 Written Assignment*	200-600 words	December 18, 2020 November 26, 2021	4%
Introduction to Leadership Concepts module	Written Assignment*	400-500 words	October 13, 2020 12, 2021	32.5%

Project Management for Physicians module	Written Assignment*	400-500 words	December 14, 2020 November 29, 2021	32.5%
Total				65.60%

The Biostatistics component is assessed with an online MCQ examination. A modified Hofstee method is used to set the standard for this examination. Using this method, the UGMS sets the following parameters for Phase 1:

- 1) mark above which all learners will receive a pass is 70%
- 2) maximum percentage of learners who can fail an exam is 10%
- 3) maximum percentage of learners who can pass an exam is 100%
- 4) mark below which a learner will fail, subject to the limit set in #2, is 60%

In Phase 1, the modified Hofstee method determines the final pass mark if any learners achieve a mark less than 70%. This Hofstee pass mark will be between 60 and 70%.

The reassessment examination is scheduled for ~~December 08, 2020~~, 2021.

(b) The Research Project Block consists of the following components:

Component	Summative Assessment method	Length	Due Date	Contribution to final grade
Research Project Deliverable	Literature Review submitted to supervisor and Brightspace (D2L)*	1500-2500 words	December 18, 2020 , <u>2021</u>	35 <u>40</u> %
	Literature Review mark submitted by supervisor to UGME	NA	December 22, 2020 , <u>2021</u>	
	Research Day <u>Workshop</u>	NA	December 16, 2020 , <u>2021</u>	
Total				35 <u>40</u> %

*A description and rubric for this assignment is available in Brightspace (D2L).

Mandatory Learning Sessions

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.

Mandatory learning session	Date
Academic Integrity	As scheduled in Brightspace.
All Health Ethics Law and Medicine Sessions	
All Integrated Learning Sessions	
All Interprofessional Education Sessions (IPE Skills)	
Financial Services: Debt Management	
Financial Services: Insurance Planning	
Intimidation, Bullying and Harassment	
Med CAREERS 1	
MedCAREERS: Choosing the Right Career	
MedCAREERS: Physician Shadowing	
Research Workshop	
Respectful Medical Education Learning Environment	
Social Media	

REASSESSMENT

- Reassessment will be required if a learner achieves a mark <70% on any summative assessment, or less than the Hofstee pass mark on the Biostatistics MCQ examination.
- For the Biostatistics MCQ examination, learners will write a reassessment MCQ examination.
- For the other components, learners will be required to re-submit the assessment for the component they have failed addressing the inadequacies that have been identified.
- Assignments for reassessment must be submitted within two weeks after the learner is notified by the Undergraduate Medical Education (UGME) office. In circumstances where a learner has multiple reassessments due in the same two-week time frame, an extension of the deadline date can be made at the discretion of the Phase Lead.

- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a reassessment is 70% or, if applicable, the Hofstee pass mark in the case of the Biostatistics MCQ examination.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the ~~student wellness~~learner well-being consultant if the learner so wishes, to support the learner's academic needs.

LATE ASSIGNMENTS

Late assignments will not be accepted for grading without prior approval from the Phase Lead through the deferred examination and assessment procedure. Section D.1 of the [Summative Assessment Procedure for Phases 1-3](#) states "Learners seeking to defer a summative MCQ examination or other assessment must follow the [Undergraduate Medical Education Deferred Examination Policy](#)." The maximum mark any assignment submitted after the due date may receive is 70%, unless prior approval is granted.

Version: June 10, 2021
Approved by SAS: May 26, 2021
Approved by UGMS:

**MED 5740 Community Engagement I
Phase 1 Class of 2025
Fall 2021**

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 5740 Community Engagement I**.

MED 5740 Community Engagement I places ~~students~~ learners in early clinical experiences with a family physician. Through a variety of sessions, ~~students~~ learners will also explore concepts of health and its determinants.

Early Clinical Experience consists of four ~~virtual~~ visits in small groups with a family medicine preceptor. Attendance at all sessions is ~~mandatory~~ required. In case of illness, the learner must have a leave request approved by the Phase 1 Lead. To successfully complete the Early Clinical Experience, a minimum of three visits is required with approved leave from the Phase 1 Lead.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Achieve an average grade of $\geq 70\%$ based on the weighted pass marks across the course assessments,
- Complete and submit all course assignments and assessments by the due date, and
- Attend all sessions as per the course requirements, including mandatory sessions.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see [Exam Deferral Policy](#).

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead) 10.5.3. Examples may include, but are not limited to, late assignments and missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.

- As outlined in [Section 10.5.2 and 10.5.3](#) of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. ~~Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~
- As outlined in the [MD program objectives](#), the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

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COURSE ASSESSMENT

Learners will be assessed with both formative and summative assessment methods throughout the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Organization, grammar, citations and referencing should be of the quality expected of university graduates. This standard will be considered in the grading process.

Formative assessments do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of a formative assessment in the Early Clinical Experience. During the four visits, learners will be required to have their family medicine preceptor complete the formative assessment, which focuses on professionalism.

Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course. ~~The process for review of the summative examination is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).~~

Summative assessments include: (a) written group assignment on Community Health sessions and, (b) a reflection on the Early Clinical Experience. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course.

The course includes mandatory learning sessions, listed in the respective section below. This is in addition to the Early Clinical Experience for which attendance is required. Learners must participate in the mandatory learning sessions and complete any associated exercises. As outlined in the [Protected Time and Duty Hours Policy](#), learners may request leave if they are unable to attend a mandatory learning session.

The contribution of marks from each summative assessment towards the final course grade is as follows:

a. Community Health Sessions Assignments	50%
b. Early Clinical Experience Reflection	50%
TOTAL	100%

The pass mark for each individual summative assessment is 70%. The final grade and average will be compiled at the end of the Phase.

a. Community Health Sessions Assignments

Learners will work in groups to complete five assignments, one for each of the Community Health topics: Determinants of Health, Social Justice and Accountability, Global Health, Special Populations and Indigenous Health. Each assignment is worth 10% of the Community Health Sessions component. The mark assigned to the group for each assignment will be applied to each learner in the group.

Learners must read the book **How We Do Harm** by Dr. Otis Webb Brawley prior to writing the assignments and it is critical to read the book early. Learners will work in groups of five to discuss and critically reflect on the question(s) posed for each topic. All group members are expected to contribute to the group assignment and each assignment should have a different lead author identified. Someone in the group should also make brief notes of the discussion to document key ideas; these notes need to be submitted with the corresponding assignment. Bullets points and lists of ideas are an acceptable form for this assignment.

An overview of the five assignments, detailed descriptions for each and the assessment rubric are available on Brightspace.

Length of each assignment: ~500 words

Due date: **October 15, 2021 (tentative)**

The topics of Determinants of Health, Social Justice and Accountability, Global Health, Special Populations, and Indigenous Health, offer you, the learner, the opportunity to enhance and explore your own knowledge, thinking, biases and experiences related to the social, cultural, environmental and economic conditions that determine individual and community capacity to achieve health. Learners will draw on examples and scenarios from the assigned reading, **How We Do Harm** by Dr. Otis Webb Brawley, to answer questions reflecting on the concepts, discussions, presentations and shared information. The cases and scenarios are useful to reflect on the significance of the concepts in a clinical setting but it is the concepts or topics that should form the foundation of your assignment. The reading is American and reflects many challenges that exist in the American health care system however the social, economic, environmental and cultural issues that are represented by the cases are very relevant in the Canadian healthcare system. While many healthcare services are covered through our Medicare programs, accessibility is still markedly influenced by the determinants of health.

To complete the assignment students must read the book. To take full advantage of the learning experience it is critical to read the book early. Your assignment may refer to specific examples or you may be requested to choose something from the book. Therefore, being knowledgeable about the content will be important. Through the reflective process you will gain new and different understandings and challenge yourself to see the role of the determinants in relation to the meaning of health and illness.

Assignment Instructions:

For this assignment, you are required to reflect critically on the question/s posed for each of the individual Community Health topic areas presented in Phase 1 under Concepts of Health and its Determinants. You will work in groups of 5 to address the question/s assigned for each topic. All members of the group should contribute to the content, each assignment should have a **different lead author** who is responsible for the actual writing and for submitting the assignment. The lead author should be identified on the submission however the grade will be a group mark so each student should be confident the submission reflects the perspective of all individuals in the group and be comfortable with the submission. Someone in the group should also make **brief** notes of the discussion, documenting key ideas to help the lead author in the writing process. These notes should be attached to the submission.

Using content from the assigned reading as specified in each question you will reflect on:

1. How the example from the reading relates to the content for the specific topic area?
2. What surprised, affirmed, or challenged your thinking the most with respect to health and illness?
3. How the information learned might influence your future role as a physician in practice and in the community?
4. What population(s) or concept(s) presented in the sessions highlight the challenges you might encounter in providing a safe and non-judgmental climate for care?

Answers should:

1. Demonstrate an understanding of the importance of determinants of health as they relate to vulnerability, health of individuals and social groups, and social justice in health care;
2. Demonstrate an awareness of how diversity influences our understanding of the healthy person and social groups;
3. Discuss the importance of advocacy and public policy in promoting healthy communities;
4. Discuss your perceptions and biases as they relate to the sessions listed above.

This is a short answer assignment, approximately 500 words. It is an opportunity to develop concise writing skills while ensuring you adequately share the knowledge and insight you have acquired. Feel free to use bullet points or lists of ideas. Each short assignment will be worth 10% and the final grade for this component of Community Health Phase 1 will be the sum of the grades on each assignment. References other than lecture notes, required readings for the

~~class and the assigned reading, should not be required for this assignment but if you do use other resources ensure all resources are referenced correctly. A rubric will be available on D2L. The individual assignments can be submitted **any time** before **October 15** but all assignments must be received by that date. **The pass mark is 70%.**~~

~~These assignments are due **October 15, 2020.**~~

b. Early Clinical Experience Reflection

Learners will write a reflection of 1500-2000 words on their Early Clinical Experience visits. Details of the reflection and a rubric will be available on Brightspace (D2L). ~~The pass mark for the reflection is 70%.~~

This assignment is due ~~December 11, 2020~~10, 2021.

Mandatory Learning Sessions

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.

<u>Mandatory learning session</u>	<u>Date</u>
<u>Community Engagement Reflective Session</u>	<u>As scheduled in Brightspace.</u>
<u>Indigenous Health Sessions</u>	
<u>Introduction to Community Health</u>	
<u>Introduction to Early Clinical Experiences</u>	
<u>Early Clinical Experiences Debrief</u>	
<u>Social Justice and Accountability</u>	

REASSESSMENT

- Reassessment will be required if a learner achieves <70% on any summative assessment.

- Learners will be required to re-submit the assessment for the component they have failed addressing the inadequacies that have been identified.
- Assignments for reassessment must be submitted within two weeks after the learner is notified by the Undergraduate Medical Education (UGME) office. In circumstances where a learner has multiple reassessments due in the same two-week time frame, an extension of the deadline date can be made at the discretion of the Phase Lead.
- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a re-assessment is 70%.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the ~~student wellness consultant~~ Learner Well-being Consultant if the ~~student-learner~~ so wishes, to support the learner's academic needs.

LATE ASSIGNMENTS

Late assignments will not be accepted for grading without prior approval from the Phase Lead through the deferred examination and assessment procedure. Section D.1 of the [Summative Procedure for Phases 1-3](#) states "Learners seeking to defer a summative MCQ examination or other assessment must follow the [Undergraduate Medical Education Deferred Examination Policy](#)." The maximum mark that any assignment submitted after the due date may receive is 70%, unless prior approval is granted.

Version: June 10, 2021
Approved by SAS: May 26, 2021
Approved by UGMS:

**MED 7710 Patient III
Phase 3 Class of 2024
2021-2022**

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 7710 Patient III**.

The Patient III course has learners build on their knowledge obtained from the themes presented in Phase I and II and encounter new themes with both horizontal and vertical integration of physician competencies, clinical skills and basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

Learners will learn in the context of a person as part of a family in a community. Learners will begin to examine their future roles as professionals in our health care system.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Pass at least 9 of the 10 written examinations,
- Achieve an average mark of $\geq 70\%$ or the adjusted Hofstee pass score based on the weighted pass marks across the 10 examinations, and
- Complete and submit all assignments and assessments **by the due date**.
- Attend all sessions designated as mandatory and complete any associated activities.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see [Exam Deferral Policy](#).

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section [10.5.3](#) in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments or missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.
- As outlined in Section [10.5.2](#) of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase.

- As outlined in the [MD program objectives](#), the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

~~Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~

COURSE ASSESSMENT:

Learners will be assessed with both formative and summative assessment methods throughout the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Formative assessments do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of weekly online quizzes. Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course. The process for review of summative examinations is detailed in Section H.2 of the [Summative Assessment Procedure for Phases 1-3](#).

Summative assessments include ten on-line written multiple-choice question (MCQ) examinations, following each of the course themes and one Palliative Care group assignment. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course.

The course includes mandatory learning sessions, listed in the respective section below. Learners must participate in these sessions and complete any associated exercises. As outlined in the Protected Time and Duty Hours Policy, learners may request leave if they are unable to attend a mandatory learning session.

The contribution of marks from each summative assessment towards the final course grade is as follows:

Examination 1: Weakness and Abnormal Movements	11%
Examination 2: Cognitive Impairment and Mood Disturbances	8%
Examination 3: Hormones and Blood Disorders	13%
Examination 4: Pregnancy, Delivery and Newborns	11%

Examination 5: Genetic Disorders, Growth and Development	11%
Examination 6: Pelvic Pain and Masses	9%
Examination 7: Syncope and Chest Pain	9%
Examination 8: Renal Failure and Diabetes	8%
Examination 9: Trauma and Emergencies	9%
Examination 10: Lymphadenopathy, Splenomegaly and Cancer/Care of the Elderly/ Pain Management	8%
Palliative Care group assignment	3%
Total	100%

The final grade and average will be compiled at the end of the Phase.

(a) Summative written examinations will occur on the following dates:

Block	Hours	Exam date	Reassessment date
Examination 1: Weakness and Abnormal Movements	<u>45.5</u>	<u>September 27, 2021</u>	<u>October 7, 2021</u>
Examination 2: Cognitive Impairment and Mood Disturbances	<u>30</u>	<u>October 18, 2021</u>	<u>October 28, 2021</u>
Examination 3: Hormones and Blood Disorders	<u>49</u>	<u>November 15, 2021</u>	<u>November 25, 2021</u>
Examination 4: Pregnancy, Delivery and Newborns	<u>44</u>	<u>December 17, 2021</u>	<u>January 6, 2022</u>
Examination 5: Genetic Disorders, Growth and Development	<u>44.5</u>	<u>January 31, 2022</u>	<u>February 10, 2022</u>
Examination 6: Pelvic Pain and Masses	<u>35.5</u>	<u>February 17, 2022</u>	<u>March 3, 2022</u>
Examination 7: Syncope and Chest Pain	<u>35.5</u>	<u>March 14, 2022</u>	<u>March 24, 2022</u>
Examination 8: Renal Failure and Diabetes	31	<u>March 31, 2022</u>	<u>April 12, 2022</u>
Examination 9: Trauma and Emergencies	<u>36.5</u>	<u>April 25, 2022</u>	<u>May 4, 2022</u>
Examination 10: Lymphadenopathy, Splenomegaly and Cancer/Care of the Elderly/Palliative Care <u>and Pain Management</u>	32.5	<u>May 13, 2022</u>	<u>May 26, 2022 (1/2 class)</u> <u>June 2, 2022 (1/2 class)</u>

A modified Hofstee method is used to set standards for the summative written examinations. Using this method, the UGMS sets the following parameters for Phase 3:

- 1) mark above which all learners will receive a pass is 70%
- 2) maximum percentage of learners who can fail an exam is 10%
- 3) maximum percentage of learners who can pass an exam is 100%
- 4) marks below which a learner will fail, subject to the limit set in #2 is 60%

In Phase 3, the modified Hofstee method determines the final pass mark if any learners achieve a mark less than 70%. This Hofstee pass mark will be between 60 and 70%.

(b) Palliative Care Group Assignment

The Palliative Care sessions will be assessed with one written group assignment. Learners will work in groups to discuss case studies and write-up their reflections. The mark assigned to the group for the assignment will be applied to each learner in the group. The pass mark is 70%.

Details and the assessment rubric will be available on Brightspace (D2L).

The assignment is 1000-1200 words in length.

Due date: **May 17, 2021**

Mandatory Learning Sessions

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.

Mandatory learning session	Date
Abdominal Pain Tutorial	As scheduled in Brightspace.
Abnormal ECG Arrhythmia Tutorial	
Abnormal ECG ECK Ischemic Heart Disease Tutorial	
Acute Kidney Injury Tutorial	
Approach to Anemia Tutorial	
Comprehensive Geriatric Assessment	
Cytogenetics Tutorial	
Diabetes Tutorial	
Diabetes Workshop	
Hematologic Neoplasia 3	
Hematologic Neoplasia 4	
Hypertension Tutorial	
Integration of Genetic Concepts 1	
Integration of Genetic Concepts 1	
Integration of Genetic Concepts 2	
Lipid Disorder Tutorial	
Living with Genetic Diseases Tutorial	
Mood Disorder Tutorial	
Myocardial Infarction Tutorial	
Nervous System Histology Lab	

Placenta and Fetal Membranes Lab
Pedigree Analysis and Construction Tutorial
Pericardial Disease and Chest Pain Tutorial
Physiology of BF Tutorial and Demo
Pituitary and Adrenal Tutorial
Pituitary, Head and Neck Tutorial Histology
Psychotic and Anxiety Disorder Tutorial
Renal Problem Based Tutorial 1
Renal Problem Based Tutorial 2
Renal Problem Based Tutorial 3
Renal Problem Based Tutorial 4
Seizure Tutorial
Stroke Tutorial
Symptom Management Tutorial
Syncope Tutorial
Thyroid and Parathyroid Tutorial
Thyroid Disease Tutorial
Upper GI Bleeding Tutorial
Vision Lab

REASSESSMENT

- Learners who fail an examination will be required to write a reassessment MCQ examination.
- Reassessment will be required if a learner achieves a mark <70% or, if applicable, less than the Hofstee pass mark on any one of the ten written summative examinations.
- Learners who fail a written summative examination reassessment will be required to meet with the Phase Lead or a delegate, and the ~~student~~ [Learner Well-being eConsultant](#) if the learner so wishes, to support the learner's academic needs.
- Learners who achieve less than 70% on two or more summative examinations will be required to meet with the Phase Lead or a delegate, and the ~~student wellness consultant~~ [Learner Well-being Consultant](#) if the learner so wished, to support the learner's academic needs.
- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a reassessment is 70% or, if applicable, the Hofstee pass mark in the case of the written summative examinations.

LATE ASSIGNMENTS

Learners may defer examinations with prior approval from the Phase Lead through the deferred examination and assessment procedure. Section D.1 of the [Summative Assessment Procedure](#)

[for Phases 1-3](#) states “Learners seeking to defer a summative MCQ examination or other assessment must follow the [Undergraduate Medical Education Deferred Examination Policy](#).”

Version: June 10, 2021

Approved by SAS: My 26, 2021

Approved by UGMS:

**MED 7720 Clinical Skills III
Phase 3 Class of 2024
2021-2022**

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 7720 Clinical Skills III**.

MED 7720 Clinical Skills III has learners advance their assessment skills of patients who have chronic health issues. They will develop verbal and written communication skills required for patient-centered care.

Attendance at all Clinical Skills III sessions is ~~mandatory~~ required. (Please see the "Leave Policy and Clinical Skills" document on D2L).

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Receive a pass as outlined above, or, if required, receive a passing grade following re-assessment,
- Complete all assessments by their due date, and
- Attend all sessions as per the course requirements.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see Exam Deferral Policy.

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments without proper deferral process, lapses in professionalism, recurrent reassessment exams.
- As outlined in Section 10.5.2 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase.
- As outlined in the MD program objectives, the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a

learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

~~As outlined in Section 10.5.2 and 10.5.3 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~

COURSE ASSESSMENT

Learners will be assessed with both formative and summative assessments throughout the course via tutor assessments, witnessed physical examinations, and Objective Structured Clinical Examinations (OSCEs). Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Formative Assessments do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of:

- (a) Clinical Skills small group sessions consisting of ongoing informal feedback from tutors in regular small group Medicine, Pediatrics, Obs/Gyne, Psychiatry, Neurology and Surgery sessions throughout the Phase,
- (b) Formative Assessment Records (FARs) consisting of summary assessment of patient encounters for various small group sessions, and
- (c) Formative Witnessed Physical Exam (FWPE) consisting of written and oral comments following performance of a comprehensive physical exam on a standardized patient.

Written formative assessments will utilize the same internal grading scale that is used for summative assessments. Although formative assessments do not contribute to the year-end grade, they are designed to help the learner prepare for summative assessments and must be completed to pass the course.

Summative Assessments consist of:

- (a) Phase 3 Summative Assessment Report (SAR) consisting of ~~one~~three written assessment of patient encounter and write-up in Medicine and Pediatrics,
- (b) Summative Witnessed Physical Exam (SWPE) consisting of written assessment following performance of a comprehensive physical exam on a standardized patient, and
- (c) Phase 3 OSCE

OSCE dates:

Phase 3 OSCE Study Day: April ~~8, 2022~~~~16, 2021~~

Phase 3 OSCE: April ~~11, 2022~~~~19, 2021~~

Clinical Skills is a **Pass/Fail** course on a learner's transcript. However, overall results for the individual components are expressed as follows:

Summative assessments

- **SAR Write ups:** Marked on the basis of four areas pertaining to the examination checklist using a four-point internal scale of exemplary, competent, developing, or unacceptable. Sample assessment forms are available on Brightspace (D2L).
- **Summative witnessed physical examination (SWPE):** Marked on a four-point internal scale of **exemplary, competent, developing, or unacceptable**. Sample assessment forms are available on Brightspace (D2L).
- **Phase 3 OSCE:** Marked as **competent or unacceptable**.

Pass/Fail criteria for OSCE Examinations:

The provisional pass mark for OSCE examinations is 80%. A borderline regression method, a well-established standard-setting model in medical education, is used to set the cut-score for Competent/Unacceptable using the class results from each OSCE examination. The following criteria are used to determine competent/unacceptable status in the OSCE examination:

- Any learner getting a mark above 80% overall will receive a competent grade in the OSCE
- Any learner getting an overall mark at or above the pass mark as calculated by the borderline regression method and passing at least 7 out of the 10 stations will receive a competent grade in the OSCE
- Any learner getting an overall mark below the pass mark as calculated by the borderline regression method will receive an unacceptable grade in the OSCE
- Any learner failing more than 3 out of the 10 stations and getting an overall mark below 80% will receive an unacceptable grade in the OSCE

REMEDICATION AND REASSESSMENT

Remediation and reassessment will be required if:

1. A learner receives an unacceptable grade in SAR write-up,
2. A learner receives an unacceptable grade in the summative witnessed physical, **or**
3. A learner receives an unacceptable grade in the phase 3 OSCE.

Remediation and reassessment take place following the Summative Witnessed Physical Examination and/or Phase 3 OSCE. Remediation and reassessment will be determined by the

Clinical Skills committee chair based on the identified weaknesses. A learner may be re-assessed **only once**. Following the re-assessment, the learner will be given a final grade of pass or fail.

OVERALL GRADES

Pass

A passing grade will be awarded if learners achieve:

1. Developing or above in the SAR write-up,
2. Developing or above in the summative witnessed physical, **and**
3. Competent in the **p**Phase 3 OSCE.

Version: May 17, 2021

Approved by SAS:

Approved by UGMS:

MED 7730 Physician Competencies III
Phase 3, Class of 2024
2021-2022

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 7730 Physician Competencies III**.

MED 7730 Physician Competencies III continues to develop student competencies in the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Pass both of the course Blocks,
- Achieve an average mark of $\geq 70\%$ across both course Blocks,
- Complete and submit all course assignments and assessments by the due date,
- Attend all sessions designated as mandatory and complete any associated activities.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see [Exam Deferral Policy](#).

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section [10.5.3](#) in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments or missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.
- As outlined in Section 10.5.2 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase.
- As outlined in the [MD program objectives](#), the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a

learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

~~As outlined in Section 10.5.2 and 10.5.3 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~

COURSE ASSESSMENT:

Learners will be assessed with both formative and summative assessment methods throughout the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Formative Assessments do not count towards the final grade and are intended to help learners monitor their learning. Learners will receive formal formative feedback from component assignments as well as peer assessments of professional behaviours. Learners are expected to review and learn from their performance on the assessments that occur throughout the course.

Peer assessments of professional behaviours: All learners are required to participate in two iterations of peer assessment of professional behaviours during Phase 3. You will be asked to assess the learners in your clinical skills plus ILS groups, based on your observation of their professional behaviour during the clinical skills and ILS sessions. Peer assessment forms will be completed on One45 and a copy of the form is available on Brightspace (D2L) for your reference. Learners will each receive a summary report of their feedback collated by the UGME office. The cut-off date for the first completion of forms is ~~January 17, 2022~~ **January 15, 2021** and for the second completion of forms is ~~April 7, 2022~~ **May 05, 2021**. **This assessment is formative only; there is no summative assignment associated with it in Phase 3.**

Summative Assessments are divided into two blocks: (a) Physician Competencies Sessions Block, and (b) the Research Curriculum Block. Within these blocks there are a number of components, each with its own summative assessments. Each of these summative assessments is graded and contributed to the final summative mark that the learner will receive for the course. [Assessment descriptions and rubrics are available on Brightspace.](#)

~~Note that some course sessions are designated as **mandatory attendance**. Learners must participate in these sessions and complete any associated exercises. The course includes mandatory learning sessions, listed in the respective section below. Learners must participate in these sessions and complete any associated exercises. As outlined in the Protected Time and Duty Hours Policy, learners may request leave if they are unable to attend a mandatory learning session.~~

The contribution of marks for each block towards the final course grade is as follows:

Physician Competencies Sessions Block	55%
Research Curriculum Block	45%
Total	100%

The pass mark for each individual summative assessment is $\geq 70\%$. The pass mark for each of the ~~three~~two blocks is 70% of the total marks assigned to that block. The final grade and average will be compiled at the end of the Phase.

(a) The Physician Competencies Sessions Block consists of the following components:

Component	Summative assessment method	Length	Due date	Contribution to final grade
Professionalism	Analytical essay	800-1500 words	October 01, 2021 02, 2020 —4 p.m. (tentative)	3%
Health Ethics and Law in Medicine	Group assignments (7 out of 9 required to pass component)*	300 words	Ethical Issues in Psychiatry due October 13, 2021 23, 2020 (tentative) Health Law I and II due November 03, 2020 <u>October 26, 2021</u> (tentative) Resource Allocation due October 21, 2021 30, 2020 (tentative) Reproductive Ethics 1 and 2 due December 9, 2021 17, 2020 (tentative) Ethical Issues in Pediatrics due <u>December 13, 2021</u> January 05, 2021 (tentative) Ethical Issues in Genetics due January	14 <u>16</u> %

			14, 2022-22, 2021 (tentative) Ethical Issues in Geriatrics due January 27, 2022-February 04, 2021 (tentative) Ethics End of Life due April 6, 2022-21, 2021 (tentative) Ethics and End of Life Decision Making due May 12, 2022-20, 2021 (tentative)	
IPST and IPE	<u>Conflict Management:</u> 1) Session 1 Preparation NA 2) Content Quiz NA 3) Team case study presentation NA 4) Team 360 Assessment NA 5) Reflection assignment 400-600 words <u>Collaborative Mental Health Module:</u> 1) Interactive Learning Activities NA 2) Content Quiz NA <u>Addressing Team Failures:</u> 1) Content quiz 2) Simulated team consultation exercise feedback NA 3) Team Care Plan assignment 400-600 words		2) October 08, 2021 3) October 29, 2021 4) November 05, 2021 5) November 15, 2021 1) November 19, 2021 2) November 26, 2021 1) January 28, 2022 2) February 04, 2022 3) February 15, 2022	1213%

	<u>HIV Care IPE Module:</u> 1) Interactive Learning Activities 2) Content quiz	NA NA	1) January 27, 2022 2) February 04, 2022	
Patient Safety	Case study assignment*	1500-2000 words	January 10, 2022 11, 2021 (tentative)	10 8%
Lifelong Learning	2 Written assignments	600-1000 words each	December 01, 2020 06, 2021 (ILS 1 and 2) March 30, 2021 28, 2022 (ILS 3-5)	12 11%
LIM: Media Relations, Communications and Social Media	Written assignment*	750-1000 500 words	October 06, 2020 November 02, 2021	2%
LIM: Structures and Organization of the Healthcare System	Written assignment*	750-1000 500 words	March 03, 2021 07, 2022	2%
Total				55%

(b) The Research Curriculum Block consists of the following components:

Component	Summative assessment method	Length	Due date	Contribution to final grade
Research Curriculum Data Collection and Analysis Report	Report on data collection and analysis to supervisor and Brightspace (D2L) for marking*	Varies	June 14, 2021 13, 2022	35%
	Supervisor submits grade for data collection and analysis report to UGME	Varies	June 25, 2021 24, 2022	
Research Curriculum Oral Poster Presentation	Oral poster presentation to HSIMS*	Varies	June 21, 2021 2022	10%
	Oral Poster Presentation Day	Varies	June 24, 2021 23, 2022	

Total	45%
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Mandatory Learning Sessions

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.

Mandatory learning session	<u>Date</u>
All Integrated Learning Sessions	<u>As scheduled in Brightspace.</u>
All Health Ethics and Law in Medicine Sessions	
All Interprofessional Education (IPE) Sessions	
Adverse Events	
Communication and Information Sharing	
Informed Decision Making and High Risk Situations	
Patient Safety and the Health System	

RE-ASSESSMENT

- Reassessment will be required if a learner achieves <70% on any summative assessment.
- Learners will be required to re-submit the assessment for the component they have failed addressing the inadequacies that have been identified.
- Assignments for reassessment must be submitted within two weeks after the learner is notified by the Undergraduate Medical Education (UGME) office. In circumstances where a learner has multiple reassessments due in the same two-week time frame, an extension of the deadline date can be made at the discretion of the Phase Lead.
- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a reassessment is 70%.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the student wellness-Learner Well-being Consultant if the learner so wishes, to support the learner's academic needs.

LATE ASSIGNMENTS

Late assignments will not be accepted for grading without prior approval from the Phase Lead through the deferred examination and assessment procedure. Section D.1 of the [Summative Assessment Procedure for Phases 1-3](#) states “Learners seeking to defer a summative MCQ examination or other assessment must follow the [Undergraduate Medical Education Deferred Examination Policy](#).” The maximum mark any assignment submitted after the due date can receive is 70%, unless prior approval is granted.

Version: June 10, 2021

Approved by SAS: May 26, 2021

Approved by UGMS:

MED 7740: Phase 4 Preparation
Phase 3 Class of 2024
2021-2022

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 7740 Phase 4 Preparation**.

MED 7740 Phase 4 Preparation introduces learners to skills and competencies required to enter into the Phase 4 clinical experience.

This course consists of a one-week on-site component (June 15-19, 2020) and a separate virtual component to be completed prior to the start of Phase 4.

~~Phase 4 Preparation is a mandatory attendance course~~ Attendance is required for the Phase 4 Preparation course.

Any absence from onsite sessions or omission of online components must be requested in writing and approved by the Undergraduate Medical Education (UGME) office.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Pass the on-site and on-line components, ~~and~~
- Attend or complete all sessions as per the course requirements.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see Exam Deferral Policy.

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments without proper deferral process, lapses in professionalism, recurrent reassessment exams.
- As outlined in Section 10.5.2 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase.
- As outlined in the MD program objectives, the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD

program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

~~As outlined in Section 10.5.2 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase.~~

COURSE ASSESSMENT

~~Student-Learner~~ assessment will be both formative and summative throughout the course.

ON-SITE Component

Formative Assessment

Learners will receive ongoing formative feedback on interactive portions of the on-site course.

Summative Assessment

Summative assessment will include learner evaluation of specific milestones identified for competencies taught during workshops.

Skills competency will be assessed through observation of task performance (e.g. Intravenous placement) utilizing standardized checklists of key items.

Knowledge will be assessed through examination as appropriate (e.g. BCLS certification exam).

ON-LINE Component

Formative Assessment

Learners will receive formative feedback on interactive portions of the on-line course.

Summative Assessment

Learners will be required to complete a series of online modules.

Some modules will contain integrated quizzes of MCQ and /or short answer format and these will have a passing grade of $\geq 70\%$, unless otherwise specified.

RE-ASSESSMENT

Re-assessment will be required if a learner fails one or more summative assessments.

DETAILS OF ASSESSMENT

ON-SITE PROGRAM

BCLS

Formative assessment:

Ongoing instructor feedback on all technical tasks.

Summative assessment:

The learner will be required to accomplish the following:

- Pass the in-session exam
- Complete prescribed technical skills as defined by the standardized course including: Bag mask ventilation, CPR, utilization of AED, Heimlich maneuver

MANDATORY ~~SKILLS~~ PROCEDURES

Formative assessment:

Ongoing instructor feedback on all technical tasks.

Summative assessment:

The learner will be required to watch demonstrations of the following technical skills and will attempt a selection of the skills with observation and feedback from the instructor:

- Bag-Valve-Mask-Ventilation
- Arterial Blood Gas
- IV Insertion and Phlebotomy
- Perform a 12 lead EKG
- Intramuscular injections
- Nasogastric tube insertion
- Urinary catheter insertion

CARDIAC RESUSCITATION WORKSHOP

Formative assessment:

Ongoing instructor feedback on all team communication and patient handovers.

Summative assessment:

The learner will be required to accomplish the following:

- Participate as a first responder

- Participate as a team member in the mock code event
- (Attend crash cart demonstration.)

PREPARATION FOR WARD WORKSHOP

Formative assessment:

Ongoing instructor feedback on task oriented exercises.

Summative assessment:

The learner will be required to accomplish the following:

- Participate in chart work exercises in small group setting

COURSE INTRODUCTION, DAY 1 DEBRIEFING, MSPR, MEDCAREERS (prep for match), STUDENT AFFAIRS-WELLNESS, EPA/CLINIC CARD APP/T-RES, "MORE THAN AUTOPSIES" and CARMS PRESENTATIONSSSESSIONS

Attendance required.

CRITICAL CLINICAL SITUATIONS WORKSHOP

Formative assessment:

Ongoing instructor feedback on techniques to gather prudent patient information during an acute medical presentation and synthesize the information for appropriate patient handover.

Summative assessment:

The learner will be required to accomplish the following:

- Participate in simulated patient encounters and handovers

RADIOLOGY WORKSHOP

Formative assessment:

Ongoing instructor feedback on appropriateness awareness and techniques for ordering imaging studies

Ongoing instructor feedback on basic image interpretation skills

Summative assessment:

The learner will be required to accomplish the following:

- Participate in image ordering exercises in a small group setting
- Participate in image interpretation exercises in a small group setting

TRAUMA WORKSHOP

Formative assessment:

Ongoing instructor feedback on all technical components and team communication skills.

Summative assessment:

The learner will be required to accomplish the following:

- Participate in mock trauma code and debrief.
- (Attend sessions on trauma imaging and trauma skills)

SUTURING WORKSHOP

Formative assessment:

Ongoing instructor feedback on technical suturing skills.
Standardized patient feedback on patient communication skills.

Summative assessment:

The learner will be required to accomplish the following:

- Participate in simulated SP session on consent for a procedure.
- (Attend introduction to suturing session)

CASTING WORKSHOP

Formative assessment:

Ongoing instructor feedback on all technical casting skills.

Summative assessment:

The learner will be required to accomplish the following:

TBD

ONLINE PROGRAM

~~EASTERN HEALTH ORIENTATION COURSE FOR HOUSE STAFF~~

Summative assessment:

The learner will be required to complete mandated online modules, some of which will include an online MCQ test.

ENTRY POINT (EASTERN HEALTH)

Assessment TBD

~~LIBRARY MODULES~~

- ~~• Patient and Provider Resources — Good, Bad and Ugly~~
- Information — Ethical Behaviour

~~*Formative assessment:*~~

~~Self-assessment throughout the modules.~~

~~*Summative assessment:*~~

~~Completion of module.~~

HEALTHe NL ONBOARDING

Assessment TBD

HSIMS MODULE: PHASE 4 EDUCATIONAL TECHNOLOGIES

Summative assessment:

Completion of module

~~DISCIPLINE ORIENTATION — ACADEMIC AND CLINICAL ORIENTATION INFORMATION FOR CORE DISCIPLINE ROTATIONS~~

~~No assessment (Information base)~~

~~HEALTH & WELLNESS and RESPECTFUL WORKPLACE POLICIES~~

~~No assessment (Information base)~~

Version: June 10, 2021

Approved by SAS: May 26, 2021

Approved by UGMS:

**MED 7750 Community Engagement III
Phase 3 Class of 2024
2021-2022**

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 7750 Community Engagement III**.

MED 7750: Community Engagement III places learners in physicians' practices to further experience interactions among patients, their family physician and the health care system when presenting with a change in health status. Through a variety of sessions, learners will also explore other community health related topics.

Attendance is **mandatory-required** for the community placement component of MED 7750 Community Engagement III. All absences must be approved by the standard UGME process.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Achieve an average grade of $\geq 70\%$ across all assessments or the adjusted Hofstee pass score based on the weighted pass marks across the course assessments,
- Complete and submit all course assignments and assessments by the due date, and
- Attend all sessions as per the course requirements, including mandatory sessions.

Exam and assignment deferrals will only be approved by the Phase Lead under exceptional circumstances, see Exam Deferral Policy.

Promotion regulations:

- Even if a learner has passed all examinations and assignments, a learner may be required to repeat the Phase or withdraw conditionally or unconditionally from the program (see section 10.5.3 in the University calendar) if there are significant concerns about a learner's performance (as communicated to the learner by the Phase Lead). Examples may include, but are not limited to, late assignments and missed mandatory sessions without proper deferral process, lapses in professionalism, recurrent reassessment exams.

- As outlined in Section 10.5.2 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase.
- As outlined in the MD program objectives, the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar Regulation 10.5 Promotion).

~~Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.~~

~~As outlined in Section 10.5.2 and 10.5.3 of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.~~

COURSE ASSESSMENT

Learners will be assessed with both formative and summative assessment methods throughout the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

Organization, grammar, citations and referencing should be of the quality expected of university graduates. This standard will be considered in the grading process.

Formative assessments do not count towards the final grade and are intended to help learners monitor their learning. Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course. The process for review of summative examinations is detailed in Section HG.2 of the Summative Assessment Procedure for Phases 1-3.

Summative assessments include: (a) the Family Medicine Handbook, the *Black Bag*, completed during the Community Visit, (b) an online written multiple-choice (MCQ) examination on the Emergency Response Preparedness, Environmental Health, Administration and Health Systems, and Physician and Public Health sessions, (c) an essay based on the Health Inequalities/Healthy Sexualities/Weight Stigma/Nutrition and

Health sessions, (d) group assignment on the Administration and Health Systems sessions and (e) a written assignment on the Indigenous Health sessions. Each of these summative assessments is graded on and contributes to the final summative mark that the learner will receive for the course.

The course includes mandatory learning sessions, listed in the respective section below. This is in addition to the Community Visit for which attendance is required. Learners must participate in the mandatory learning sessions and complete any associated exercises. As outlined in the Protected Time and Duty Hours Policy, learners may request leave if they are unable to attend a mandatory learning session.

The contribution of marks from each summative assessment towards the final course grade is as follows:

a. Community Visit Handbook	65%
b. MCQ Examination	<u>198%</u>
c. Health Inequities/Healthy Sexuality/ Weight Stigma/Nutrition and Health Essay	9%
d. <u>Administration and Health Systems group assignment</u>	<u>11%</u>
e. Indigenous Health Case Study Assignment	<u>7%</u>
TOTAL	100%

The pass mark for each individual summative assessment is 70% or the modified Hofstee pass mark for the MCQ examination (see below). The final grade and average will be compiled at the end of the Phase.

Summative assessment consists of the following components:

Component	Summative assessment method	Length	Due date	Contribution to final grade
Community Visit Black Bag	Handbook	NA	June 20, 2022 <u>21,</u> 2021	65%
Emergency Response Preparedness, Environmental Health, Administration and Health Systems, and Physician and Public Health	MCQ Examination	NA	October 08, 2021 09, 2020 Reassessment: October 22, 2021	<u>198%</u>

<u>Administration and Health Systems</u>	<u>Group assignment</u>	<u>NA</u>	<u>October 15, 2021 (tentative)</u>	<u>11%</u>
Health Inequities/Healthy Sexuality/Weight Stigma/ Nutrition and Health	Reflective essay	1000-1500 words	February <u>11, 2022</u> 12, 2021 (tentative)	9%
Indigenous Health	Case Study Assignment	1000-1500 words maximum	March 26, 2021 <u>April 4, 2022</u> (tentative)	7%
Total				100%

a) Community Visit Black Bag

The Family Medicine Handbook, the *Black Bag*, identifies tasks associated with each of the CanMEDS objectives for Phase 3. The tasks in this handbook will be reviewed and signed off by the preceptor and the learner throughout the 2-week community visit. An overall score of 3 (scale of 1-4) on the assessment sheet is required to pass. This score will be converted to a score out of 100 for the purposes of determining its contribution to the overall course grade. The handbook and this assessment sheet must be received by the debriefing session following the visit on **June 20, 2022-21, 2021**.

b) MCQ Examination

The Emergency Response Preparedness, Environmental Health, ~~Administration and Health Systems~~, and Physician and Public Health sessions will be assessed with an online multiple-choice question (MCQ) examination. The examination will take place on **October 09, 2020** October 08, 2021.

A modified Hofstee method is used to set the standard for the summative written examination. Using this method, the UGMS sets the following parameters for Phase 3:

- 1) mark above which all learners will receive a pass is 70%
- 2) maximum percentage of learners who can fail an exam is 10%
- 3) maximum percentage of learners who can pass an exam is 100%
- 4) mark below which a learner will fail, subject to the limit set in #2 is 60%

In Phase 3, the modified Hofstee method determines the final pass mark if any learners achieve a mark less than 70%. This Hofstee pass mark will be between 60 and 70%.

Learners who fail this examination will be required to write a reassessment examination scheduled for October 22, 2021-~~2020~~.

c) Health Inequities/Healthy Sexuality/Weight Stigma/Nutrition and Health

Assignment Due: February 12, 2021

Word Limit: 1000-1500 words

The focus of the Health Inequities/Healthy Sexuality/Weight Stigma/Nutrition and Health sessions is recognizing the impacts of social determinants of health on individual and population health. Learners will write an essay reflecting on socially constructed assumptions and biases. A detailed description of the assignment and the assessment rubric are available on Brightspace.

Word limit: 1000-1500 words

Due date: **February 12, 2021 (tentative)**

~~As future health care providers it is important to recognize the impact of social determinants of health on individual and population health. At the same time it is crucial to recognize the role that social values, institutional structures and preconceived ideas about what it means to be healthy affect how care is designed and delivered. In these Community Engagement sessions we present you with a number of ideas for addressing socially constructed assumptions and biases. Using the definitions and concepts around allyship, advocacy, and anti-oppressive practice, reflect on your understanding of how privilege and social norms can be challenged in the following:~~

- ~~1. Addressing health inequities stemming from institutional racism and structural violence~~
- ~~1. Shaping access to care around sexual health and well-being for all people in society, regardless of age, orientation, sexuality, gender, ability or body size.~~
- ~~2. Recognizing and doing away with negative attitudes in health care (and society) towards large sized people~~

~~The following questions can be used as guideposts to complete this assignment:~~

~~Have these sessions facilitated greater insight into the way privilege works?~~

~~Have you been able to identify some of your own biases?~~

~~Have you been able to challenge some of the ways medical practice incorporates bias and institutional racism, sexism, class privilege, heteronormativity, transphobia and fat discrimination?~~

~~Can allyship be aligned with advocacy? How might it differ?~~

~~How might you include allyship as part of the role of the physician as advocate with the populations discussed in these sessions?~~

d) Administration Health Systems Group Assignment

Learners will work in groups to complete this assignment, integrating the concepts from the Administration Health Systems sessions. Each group will prepare 10-15 PowerPoint slides; a voice-over is optional. Details for the assignment and the assessment rubric are available on Brightspace. The mark assigned to the group for the assignment will be applied to each learner in the group.

Assignment due date: **October 15, 2021 (tentative)**

de) Indigenous Health

Learners will write a reflective essay based on two case studies. The essay should address the affective, cognitive, behavioural and overarching responses by the learner. A detailed description of the assignment and the assessment rubric are available on Brightspace.

Word Limit: 2000 words

Assignment Due date: April 4, 2022 (tentative) ~~March 26, 2021~~

Word Limit: 1000-1500 words

Case Study: Pien Ashini

You are a physician in family medicine at the Labrador Health Centre in Happy Valley-Goose Bay, Labrador. Pien Ashini, an Elder from the nearby Innu Nation community of Minai-nipi, is a new patient of yours. He is 62 years old. A battery of blood tests initiated by the Nurse Practitioner at the health clinic in his community determines that Pien has Type 2 diabetes. Pien does not appear to be very receptive to the diagnosis. In fact, it seems that he only came to see you out of a favour to his granddaughter Selma who is a third-year nursing student at Memorial. He informs you that he will be seeking advice from Wiskacân, a renowned healer in his community. You have heard about Wiskacân from other Innu patients. From what you have been told she is rather skeptical about the “settlers’ medicine” and encourages her community to seek help from her. She is well respected for her healing abilities. In this particular case, however, you are uneasy. You are concerned that Pien might forego your prescribed treatment which could cause him to slip into a diabetic coma. You want to show your respect for Pien’s culture and medicines but at the same time you do not want him to ignore your advice. You are also concerned about the ethical and legal implications of how you approach this situation.

Assignment Description

Reflect upon the unfolding event described in the case study. Your reflection should focus on the following:

Affective Response

1. What is your initial emotional response to the patient?
2. What assumption about the patient, his family and community might you be carrying into this interaction that could have bearing on your emotional response?

Cognitive Response

1. Identify two social determinants of health based on Loppie and Wein’s (2009) framework that could have an impact on Pien’s current health condition and his reticence to seek medical advice from you. Include in this response a brief discussion, including one example, of systemic racism evident in health care

~~services in Canada that has been, and continues to be, experienced by members of Indigenous communities.~~

~~Behavioral Response~~

- ~~1. What can you do as a professional health care provider to ensure that Pien, his family and community receive culturally safe care?~~
- ~~2. What health care services, including the knowledge of Indigenous communities, could you draw on to assist you in providing such care?~~
- ~~3. What two CanMEDS roles would you be fulfilling in your actions?~~

~~Overarching Response~~

- ~~1. What ethical and legal considerations discussed in Session 2 (Indigenous Health IV) have had an impact on your affective, cognitive and behavioral responses?~~

~~Thoughts expressed by guest presenters or in assigned readings are recommended to substantiate your points of view. Citations other than the assigned readings are accepted as well. Be sure to reference the citations.~~

Mandatory Learning Sessions

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.

<u>Mandatory learning session</u>	<u>Date</u>
<u>Black Bag Orientation</u>	<u>As scheduled in Brightspace.</u>
<u>Community Visit Debrief</u>	
<u>Indigenous Health Sessions</u>	

REASSESSMENT

- Reassessment will be required if a learner achieves <70% on any summative assessment, or less than the Hofstee pass mark on the MCQ examination, excluding the preceptor assessment which cannot be reassessed.
- For the MCQ examination, learners will write a reassessment MCQ examination.
- For the other components, excluding the preceptor assessment, learners will be required to resubmit the assessment for the component they have failed addressing the inadequacies that have been identified.
- Assignments for reassessment must be submitted within two weeks after the learner is notified by the Undergraduate Medical Education (UGME) office. In circumstances where a learner has multiple reassessments due in the same two-week time frame, an extension of the deadline date can be made at the discretion of the Phase Lead.
- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a reassessment is 70% or the Hofstee pass mark in the case of the MCQ examination.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the ~~student wellness~~[Learner Well-being eC](#)onsultant if the ~~student-learner~~ so wishes, to support the learner's academic needs.

LATE ASSIGNMENTS

Late assignments will not be accepted for grading without prior approval from the Phase Lead through the deferred examination and assessment procedure. Section D.1 of the [Summative Procedure for Phases 1-3](#) states "Learners seeking to defer a summative MCQ examination or other assessment must follow the [Undergraduate Medical Education Deferred Examination Policy](#)." The maximum mark any assignment submitted after the due date can receive is 70%, unless prior approval is granted.

Version: June 10, 2021
 Approved by SAS: May 26, 2021
 Approved by UGMS:



UGMS Summary Report

June 16 2021

Phase Team or Sub-Committee: iTac

Liaison to the UGMS: Steve Pennell

Date of Last Phase Team or Sub-Committee Meeting: (22 / April / 2021)

Date of Next Phase Team or Sub-Committee Meeting: (8 / July / 2021)

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. Update: Rod Hobbs OCRO: resume normal room activity for fall. No social distancing required. Mask will likely be required. We are still planning for rooms contingency usage for Fall.
2. Will start planning once we return to campus. Renovations upcoming over the next year (main auditorium/AV in lecture theatres and small group learning rooms)
3. UPDATE: New text for scale will go live Aug 16/21. T-Res edits (adding EPA 14 and changing scale text which will impact reports retroactively)

***Our Vision:** Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*



UGMS Summary Report

June 16 2021

-
- | |
|--|
| <ol style="list-style-type: none">4. If we return to writing exams on campus for fall we will need to decide if we renew Protorio for one more year (~\$18K USD).5. Hoping to have Gina's replacement in room booking soon. |
| |
| |

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UGMS Summary Report

June 2021

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: 25/05/2021

Date of Next Phase Team or Sub-Committee Meeting: 22/06/2021

Agenda Items Requiring Phase Team or Sub-Committee Action									
Phase	Item (Session)	Change Type						Action	
		Title Change	Merge Sessions	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
3	Biomedical Research: Data Collection and Analysis	x		x			x	x	x
3	Symptom Management Tutorial	x	x					x	x

Agenda Items Requiring UGMS Action:

Review of COS terms of reference

Review procedure for mandatory sessions

Additional Comments, Suggestions, New or Pending Business:

1. Ongoing meetings with individual UCLs to review sequence and integration of curriculum content
2. Objectives review ongoing with majority completed
3. Minor curriculum changes attached

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Faculty of Medicine

Curriculum Oversight Subcommittee (COS)

Terms of Reference

Preamble

The Undergraduate Medical Studies (UGMS) Committee has established a standing subcommittee to oversee and monitor the Undergraduate Medical Education (UGME) program, course and session objectives to ensure alignment with Medical Council of Canada (MCC) objectives, and curriculum content requirements as outlined by the Committee on Accreditation of Canadian Medical Schools (CACMS) standards, specifically Standard 1 (Element 1.1.1), all of Standard 7, and Standard 8 (Elements 8.3 and 8.8).

Purpose

The Curriculum Oversight Subcommittee (COS) is responsible for monitoring curricular content and objectives, and enhancing, clarifying and maintaining processes related to the ongoing review, revision, and management of the UGME curriculum.

Membership

- Faculty Undergraduate Curriculum Lead (Chair)
- UGME Curriculum and Accreditation Advisor
- Senior Instructional Designer from HSIMS
- One UGME office staff member to provide administrative support, as needed

***NOTE:** Key stakeholders from faculty, learners and staff, will be consulted as needed on an on-going basis when making decisions related to the planning and delivery of the curriculum, including the Undergraduate Content Leads (UCLs) who represent all content areas/disciplines covered within the UGME curriculum.

Operations

- The Group will meet monthly from September to June, and at the call of the Chair.
- Minutes will be recorded.
- Decisions will be made via consensus (Minor vs. Major changes).
- Meet with individual UCLs annually and all UCLs together as a group quarterly.
 - COS Chair will act as chair for those meetings.



Faculty of Medicine

- Pre-filter for curriculum changes via process of passing through (i) UCLs; (ii) Phase Management Teams; and (iii) UGMS.
- The Chair or delegate will report to UGMS during its regular meetings.

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

- Review current objectives and recommend required updates to the UGMS Committee to ensure that the UGME program objectives fully address all Medical Council of Canada (MCC) objectives, and the content required by the CACMS standards.
- Review current processes and recommend changes to ensure processes are in place for the regular review and updating of the UGME program objectives such that they are kept current, and to demonstrate and document how the curriculum is informed by these objectives.
- Assist the Phase Management Teams, during their annual phase review, to ensure course content is appropriate to achieve course goals within that phase and accurately reflect the overall desired outcomes from that course and phase.
- Review and make recommendations to UGMS regarding the formalization and codification of guidelines and procedures related to curriculum management and changes in objectives with specific emphasis on:
 - Documenting the procedures for bring forward proposals for curricular or objective changes to UGMS after consultation with phase leads and the appropriate UCL(s).
 - Clarifying and documenting the criteria for which curricular changes proposals must be approved directly by UGMS vs. the Phase Management Team level.
- Ensure the composition of the UCL group includes all necessary content areas.

UGME Curricular Scheduling Definition:

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.



UGMS Summary Report

[June 2021]

Phase Team or Sub-Committee: Phase 3 Management Team

Liaison to the UGMS: Dr. Jasbir Gill

Date of Last Phase Team or Sub-Committee Meeting: 02/06/2021

Date of Next Phase Team or Sub-Committee Meeting: TBD/09/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Phase 3 Assessment Plans for Class of 2024 under review	SAS to complete and present at next Phase meeting	C
ILS Grading/TA Instructions to be reviewed	Training for TAs to roll out next year	IP
Review of Exam Deferral Policy	Meeting held on March 12 to review	IP
Phase 3 Schedules for Class of 2023	To be sent to UCLs June 20/21	IP

Agenda Items Requiring UGMS Action:
1. Major Curriculum Change to be Moved – move SLE and Scleroderma lecture from Phase 3 to Phase 2 in the Joint Pain theme. COS moved and P3 Team approved.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. No items
2.
3.

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Curriculum Change Request

Sean.Hamilton@easternhealth.ca

Wed 2021-05-19 3:40 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;

Curriculum Change Form

Your Name: Sean Hamilton

Your Email: Sean.Hamilton@easternhealth.ca

Your Discipline: Rheumatology

Select Phase: Phase 3

Session Title: SLE and Scleroderma

Curriculum content change type: Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording, adding, removing or re-assigning objectives for a session:

Please outline the current objective including Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):	Moving a session to a different theme
Proposal:	Remove SLE and Scleroderma lecture from phase 3 to phase 2 Joint Pain theme.
Academic Rationale:	SLE and Scleroderma lecture is more appropriate in the Joint Pain theme
Learning Objectives:	No change
Delivery of Proposed Change:	No change
Assessment:	No change

Phase 2 – Major Curriculum Changes

As provided by A. Haynes and approved by the Phase 2 Management Team
For Approval at UGMS June 16, 2021 meeting:

We have a number of anatomy major curriculum changes recently submitted.
A summary of the changes includes the following:

1. GU Lab 1 increase time by 1 hour
2. GU Lab 2 increase time by 1 hour
3. MSK 1 Introduction to MSK and Organization of PNS increase time by 0.5 hrs
4. MSK 4 Upper Limb and Back II: Brachial Plexus and Clinical Correlations increase time by 0.5 hrs and title change
5. MSK Lab 3 increase time by 1 hour
6. New lecture MSK 5 Lower Limb Musculature and Neurovasculature 2 hours
7. New lecture MSK 6 Lumbar and Sacral Plexuses, Gait and Clinical Correlations 2 hours
8. MSK Lab 4 increase time by 1 hour
9. Remove PNS 1 hour
10. Remove PNS 2 1 hour
11. Remove PNS 3 1 hour
12. Remove PNS Lab 1 2 hours
13. H&N Lab 1& 2 increase time by 1 hour
14. H&N Lab 3 increase time by 1 hour
15. H&N Lab 4&5 increase time by 1 hour

The rationale for the request to increase the anatomy labs from 2 to 3 hours is to accommodate for the several components now incorporated into the labs such as cadaver dissection, wet specimens, plastinated specimens and PoCUS. The increase time for the MSK lectures are to combine the MSK musculature, neurovasculature and PNS into one lecture. These changes result in an additional 4.5 hours which we are able to accommodate on the schedule.



UGMS Summary Report

[Insert Month & Year]

Phase Team or Sub-Committee: Phase 1

Liaison to the UGMS: Amanda Pendergast

Date of Last Phase Team or Sub-Committee Meeting: March 2021

Date of Next Phase Team or Sub-Committee Meeting: September 2021

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

Agenda Items Requiring UGMS Action:
1. Major curriculum change approval
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1.
2.
3.

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Curriculum Change Request

Jandronowski@mun.ca

Tue 2021-06-08 3:49 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Janna M. Andronowski

Your Email: Jandronowski@mun.ca

Your Discipline: Clinical Anatomy

Select Phase: Phase 1

Session Title: Introduction to Anatomy

Curriculum content change type: Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording, adding, removing or re-assigning objectives for a session:

Please outline the current objective including

Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):	Adding or removing time for a session
Proposal:	Request for additional time for the 'Introduction to Anatomy' lecture from 0.5-hour to 1-hour.
Academic Rationale:	Increasing the time of this lecture by 0.5-hour will allow for additional introductory material to be covered including: overall course expectations, a brief history of anatomy as a discipline, anatomical terminology, anatomical orientation and directional terms.
Learning Objectives:	N/A
Delivery of Proposed Change:	N/A
Assessment:	N/A

Curriculum Change Request

Jandronowski@mun.ca

Tue 2021-06-08 4:07 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Janna M. Andronowski

Your Email: Jandronowski@mun.ca

Your Discipline: Clinical Anatomy

Select Phase: Phase 1

Session Title: Abdomen Lab 1: Anterolateral Abdominal Wall, Peritoneum and Viscera

Curriculum content change type: Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording, adding, removing or re-assigning objectives for a session:

Please outline the current objective including Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):	Adding or removing time for a session
Proposal:	Request for a 3-hour time slot (an increase from 2-hours) for the Abdomen Lab 1 to accommodate cadaveric dissection/wet specimen examination and associated set-up/tear-down.
Academic Rationale:	Dissection laboratories are the key to the gross anatomy laboratory component and the best place to actively learn anatomy. In the revised labs, students will focus on using the cadaver as a tool by which to understand the spatial and functional relationships among organs, tissues, and systems of the body. Many of the structures of the body do not appear as is depicted in course textbooks and in atlases. An appreciation of variation and a synthesis of anatomical knowledge, therefore, play important secondary roles in any primary dissection pursuit.
Learning Objectives:	N/A
Delivery of Proposed Change:	Lab-based cadaver exercises are proposed in addition to the use of simulated models, plastinated specimens, diagrams, plastic models, virtual anatomy resources (e.g., the Anatomage table), and ultrasound to understand the physical arrangement and 3D relationships of the structures. To accommodate

cadaveric dissection for all 80 learners in the class of 2025, students will be divided into small groups of four (per cadaver) to carry out dissection-related tasks.

Assessment:

N/A

Curriculum Change Request

Jandronowski@mun.ca

Tue 2021-06-08 3:58 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Janna M. Andronowski

Your Email: Jandronowski@mun.ca

Your Discipline: Clinical Anatomy

Select Phase: Phase 1

Session Title: Thorax Lab 1: Thoracic Wall, Pleura, Lungs and Trachea

Curriculum content change type: Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording, adding, removing or re-assigning objectives for a session:

Please outline the current objective including

Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):

Adding or removing time for a session

Proposal:

Request for a 3-hour time slot (an increase from 2-hours) for the Thorax Lab 1 to accommodate cadaveric dissection/wet specimen examination and associated set-up/tear-down.

Academic Rationale:

Dissection laboratories are the key to the gross anatomy laboratory component and the best place to actively learn anatomy. In the revised labs, students will focus on using the cadaver as a tool by which to understand the spatial and functional relationships among organs, tissues, and systems of the body. Many of the structures of the body do not appear as is depicted in course textbooks and in atlases. An appreciation of variation and a synthesis of anatomical knowledge, therefore, play important secondary roles in any primary dissection pursuit.

Learning Objectives:

N/A

Delivery of Proposed Change:

Lab-based cadaver exercises are proposed in addition to the use of simulated models, plastinated specimens, diagrams, plastic models, virtual anatomy resources (e.g., the Anatomage table), and ultrasound to understand the physical arrangement and 3D relationships of the structures. To accommodate cadaveric dissection for all 80 learners in the class of

2025, students will be divided into small groups of four (per cadaver) to carry out dissection-related tasks.

Assessment:

N/A

Curriculum Change Request

Jandronowski@mun.ca

Tue 2021-06-08 4:11 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Janna M. Andronowski

Your Email: Jandronowski@mun.ca

Your Discipline: Clinical Anatomy

Select Phase: Phase 1

Session Title: Abdomen Lab 2: Abdominal Viscera and Posterior Abdominal Wall

Curriculum content change type: Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording, adding, removing or re-assigning objectives for a session:

Please outline the current objective including Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):	Adding or removing time for a session
Proposal:	Request for a 3-hour time slot (an increase from 2-hours) for the Abdomen Lab 2 to accommodate cadaveric dissection/wet specimen examination and associated set-up/tear-down.
Academic Rationale:	Dissection laboratories are the key to the gross anatomy laboratory component and the best place to actively learn anatomy. In the revised labs, students will focus on using the cadaver as a tool by which to understand the spatial and functional relationships among organs, tissues, and systems of the body. Many of the structures of the body do not appear as is depicted in course textbooks and in atlases. An appreciation of variation and a synthesis of anatomical knowledge, therefore, play important secondary roles in any primary dissection pursuit.
Learning Objectives:	N/A
Delivery of Proposed Change:	Lab-based cadaver exercises are proposed in addition to the use of simulated models, plastinated specimens, diagrams, plastic models, virtual anatomy resources (e.g., the Anatomage table), and ultrasound to understand the physical arrangement and 3D relationships of the structures. To accommodate

cadaveric dissection for all 80 learners in the class of 2025, students will be divided into small groups of four (per cadaver) to carry out dissection-related tasks.

Assessment:

N/A

Curriculum Change Request

Jandronowski@mun.ca

Tue 2021-06-08 4:03 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Janna M. Andronowski

Your Email: Jandronowski@mun.ca

Your Discipline: Clinical Anatomy

Select Phase: Phase 1

Session Title: Thorax Lab 2: Heart and Vasculature

Curriculum content change type: Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording, adding, removing or re-assigning objectives for a session:

Please outline the current objective including

Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):

Adding or removing time for a session

Proposal:

Request for a 3-hour time slot (an increase from 2-hours) for the Thorax Lab 2 to accommodate cadaveric dissection/wet specimen examination and associated set-up/tear-down.

Academic Rationale:

Dissection laboratories are the key to the gross anatomy laboratory component and the best place to actively learn anatomy. In the revised labs, students will focus on using the cadaver as a tool by which to understand the spatial and functional relationships among organs, tissues, and systems of the body. Many of the structures of the body do not appear as is depicted in course textbooks and in atlases. An appreciation of variation and a synthesis of anatomical knowledge, therefore, play important secondary roles in any primary dissection pursuit.

Learning Objectives:

N/A

Delivery of Proposed Change:

Lab-based cadaver exercises are proposed in addition to the use of simulated models, plastinated specimens, diagrams, plastic models, virtual anatomy resources (e.g., the Anatomage table), and ultrasound to understand the physical arrangement and 3D relationships of the structures. To accommodate cadaveric dissection for all 80 learners in the class of

2025, students will be divided into small groups of four (per cadaver) to carry out dissection-related tasks.

Assessment:

N/A



UGMS Summary Report

June, 2021

Phase Team or Sub-Committee: Distributed Medical Education

Liaison to the UGMS: Andrew Hunt

Date of Last Phase Team or Sub-Committee Meeting: N/A

Date of Next Phase Team or Sub-Committee Meeting: N/A

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Appropriate use of word “empower.”	DME to consult with Culture of Excellence Project Team/Indigenous Affairs Office	Completed

Agenda Items Requiring UGMS Action:
1. DME Strategic Plan – Feedback from UGMS. Completed
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. Inquiring with RHA CPD offices re: NRP courses for distributed pediatrics rotations
2. Clinic cards – paper format vs T-Res
3.

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UGMS Summary Report

[June 2021]

Phase Team or Sub-Committee: (Associate Dean)

Liaison to the UGMS: (Tanis Adey)

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.
4.
5.

Additional Comments, Suggestions, New or Pending Business:
1. Task Force continues to meet weekly
2. AFMC Undergraduate Deans continue to meet monthly
3. Fall Planning- The UGME team is planning for in-person instruction for large group lectures beginning in August of 2021. This plan will continue to be contingent on public health and university recommendations in force at the time.
4. Faculty and Staff return to campus Tuesday July 13, 2021
5. Memorial University Senate minutes: https://www.mun.ca/senate/meetings/2021-2030/

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UGMS Summary Report

June, 2021

Phase Team or Sub-Committee: UGME staff

Liaison to the UGMS: Carla Peddle

Date of Last Phase Team or Sub-Committee Meeting: (01 / 06 / 2021)

Date of Next Phase Team or Sub-Committee Meeting: (15 / 06 / 2021)

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. UGME will be recruiting for a new Academic Program Assistant for Electives
2.
3.

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