



UGMS Meeting Minutes

Wednesday, November 17, 2021
4:00-5:30 p.m.

Members (in alphabetical order):

Dr. Tanis Adey (chair), Associate Dean UGME	voting	Dr. Heather Jackman, Phase 2 Lead	voting
Lindsay Alcock, Librarian & Head of Public Services HSL	voting	Brian Kerr, Curriculum & Accreditation Advisor	corresponding
Dani Bahnam, Learner representative Class of 2025	voting	Dr. Todd Lambert, Assistant Dean NB	voting
Dr. Vernon Curran, SAS Chair	voting	Dr. Dolores McKeen, Vice Dean, Education and Faculty Affairs	ex officio (non-voting)
Dr. Norah Duggan, Phase 4 Lead	voting	Dr. Boluwaji Ogunyemi, Assistant Dean, Social Accountability	voting
Dr. Jasbir Gill, Phase 3 Lead	voting	Carla Peddle, Manager UGME	voting
Dr. Alan Goodridge, PESc Chair	voting	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)
Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting	Policy Analyst - vacant	corresponding
Dr. Andrew Hunt, Assistant Dean DME	voting		

Present (in alphabetical order): D. Bahnam; N. Duggan; J. Gill; A. Haynes (acting chair); T. Hearn; E. Hillman; H. Jackman, B. Kerr; T. Lambert; D. McKeen; B. Ogunyemi; C. Peddle; A. Pendergast; S. Pennell; M. Simms; M. Steele

Guest: H. Coombs

Regrets (in alphabetical order): T. Adey; V. Curran; A. Goodridge; A. Hunt;

Absent (in alphabetical order): L. Alcock, Y. Gummadi

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 	
Review and approval of prior minutes – October 20, 2021	Motion: To approve the minutes from the October 20, 2021 meeting.



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	<p>Moved: A. Haynes Second: C. Peddle</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p>
<p>Learning Continuity Plan – Class of 2024 and Class of 2025</p> <ul style="list-style-type: none"> Learning continuity plan in place. No further discussion required at this time. 	
<p>1. Matters arising from the minutes</p> <p>1.1. T. Hearn/B. Kerr to make relevant documents available through SharePoint.</p> <ul style="list-style-type: none"> It was determined in consultation with HSIMS that Brightspace (D2L) would be the better option than Sharepoint for access. Documents will be available next week. <p>1.2. All committee members and units/teams to be familiar with the DCI content in Brightspace relevant to your unit/team.</p> <p>1.3. All committee members to block out dates for upcoming mock accreditation visit on December 7-8, 2021 and accreditation visits on April 4 -6, 2022 and May 11, 2022.</p> <ul style="list-style-type: none"> UGMS mock accreditation meeting is scheduled for 11:00 – 12:00 pm on Tuesday, December 7, 2021. <p>1.4. N. Duggan, A. Hunt, and V. Curran to discuss the use of clinic cards by distributed faculty and report back to UGMS.</p> <ul style="list-style-type: none"> Ongoing and being addressed at different levels. Information is being disseminated through the CDCs and direction is being provided to resources on the website. <p>1.5. V. Curran/N. Duggan to discuss the use of clinic cards by distributed faculty with the subcommittees they represent.</p> <ul style="list-style-type: none"> There is a working group looking at EPAs and clinic cards and will have some recommendations. <p>1.6. M. Simms to update UGMS ToR, incorporate the revised dates, and upload to website.</p> <ul style="list-style-type: none"> Completed. 	<p>Action: T. Hearn/B. Kerr to make relevant documents available through Brightspace.</p> <p>Action: All committee members and units/teams to be familiar with the DCI content in Brightspace relevant to your unit/team.</p> <p>Action: All UGMS committee members to block out dates for upcoming mock accreditation visit on December 7-8, 2021 and accreditation visits on April 4 -6, 2022 and May 11, 2022.</p> <p>Action : N. Duggan, A. Hunt, and V. Curran to discuss the use of clinic cards by faculty within the teams and sub-committees they represent.</p>



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- 1.7. S. Pennell will follow up with colleagues at other Canadian medical schools to determine if they are currently submitting to the AAMC Curriculum Inventory.
 - Completed.
 - Four universities responded to S. Pennell's query and none were using the AAMC Curriculum Inventory Reporting tool.
- 1.8. All committee members to promote the Accreditation Moment with the people they represent.
 - Ongoing.
- 1.9. Learners Accommodation Committee will undertake an environmental scan regarding reporting structure for accommodations in other medical schools.
 - Meeting of the co-chairs of the committee has been scheduled to discuss the environmental scan.
- 1.10. Committee members to provide feedback on the Faculty Information document and UGME Website and Curriculum video to A. Haynes (a.haynes@mun.ca) by Friday, October 29, 2021.
 - Completed.
 - Those resources to be distributed in the near future.
- 1.11. T. Lambert to follow up with New Brunswick Phase 4 learners for those interested in being involved with accreditation.
 - Completed.
 - Informed about the date and time and encouraged to attend.
- 1.12. Committee members to get feedback from the committees they represent on whether having a rural perspective on their committee would be beneficial.
 - Ongoing
- 1.13. D. McKen to determine if subcommittees need to have ToRs approved by faculty council after approval at sub-committee level and UGMS.
 - Completed.
 - Approval at UGMS level is sufficient. Faculty council approval is not required.

Action:

All committee members to promote the Accreditation Moment with the people they represent.

Action:

Committee members to get feedback from the committees they represent on whether having a rural perspective on their committee would be beneficial.



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<p>2. E-Votes</p> <p>2.1. E-vote to approve the revised Faculty Teaching Evaluation Policy (Document attached) - APPROVED</p>	<p>Motion: To approve the revised Faculty Teaching evaluation Policy.</p> <p>Moved: A. Goodridge Second: C. Peddle APPROVED on October 29, 2021 by e-vote</p>
<p>3. Accreditation Report</p> <ul style="list-style-type: none"> • Documents are being reviewed by the mock accreditor. • An extra meeting before the Dec. 7 - 8 mock accreditation may be required to go over questions and relevant materials. Potential questions will be made available to committee members. • Access to relevant documents on Brightspace should be available next week. • Video for learners regarding accreditation almost completed. • Accreditation moment for this week is about the respectful learning environment policy. Link to Mock Accreditation schedule and information is on the Accreditation website. https://www.med.mun.ca/Accreditation/Home.aspx • Learners on committees are expected to be at the mock accreditation meetings for those committees. Learners will be excused from classes and clerkship responsibilities for the meeting times. This also includes those learners who take part in the student sessions. All learners involved in those sessions should be in touch with B. Kerr to confirm their involvement. 	<p>Action: S. Pennell/B. Kerr to provide access to documents on Brightspace.</p> <p>Action: T. Hearn/B. Kerr to provide some potential questions that might be asked.</p> <p>Action: T. Hearn to provide video for learners regarding accreditation.</p> <p>Action: A. Haynes to determine if any sessions may need to be rescheduled for learners involved in accreditation meetings.</p>
<p>4. New business</p> <p>4.1 Updated Terms of Reference for PESC (ToR document attached)</p> <ul style="list-style-type: none"> • Heidi Coombs presented the changes to the terms of reference on behalf of A. Goodridge. • PESC approved changes at November 16, 2021 meeting. • Changes are tracked in the attached document. Main changes are: <ul style="list-style-type: none"> ○ Including at least one non-clinician faculty member at large and removing the comment that 	<p>Motion: To approve the revised terms of reference for PESC.</p> <p>Moved: A. Haynes Second: S. Pennell</p> <p>In favour: all Opposed: none</p>



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<p>a) PESC (Attached documents for review)</p> <ul style="list-style-type: none"> Revised terms of reference for approval (see New Business above) No other action items. 	
<p>b) SAS (Attached documents for review)</p> <ul style="list-style-type: none"> Phase 2 assessment reports require further updates. Tabled until December meeting. Pass mark for progress summative exam to be discussed during Phase 4 report. No further action items. 	
<p>c) iTac</p> <ul style="list-style-type: none"> No action items. 	
<p>d) COS (Attached documents for review)</p> <ul style="list-style-type: none"> CLSC availability has resulted in some scheduling of Phase 3 clinical skills during Tuesday afternoons. All learners will still have a 4h block of protected time in the week but it may occur at times other than Tuesday afternoons. 	
<p>6. Phase 4 report</p> <ul style="list-style-type: none"> Suggested pass mark for Class of 2023 NBME summative exam is 50%. The new pass mark is based on the summative exam performance from the Classes of 2020 – 2022 and has been recommended by SAS. 	<p>Motion: To approve the pass mark for this year’s NBME comprehensive exam at 50%.</p> <p>Moved: N. Duggan Second: T. Hearn</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p>
<p>7. Phase 3 report (Attached document for review)</p> <ul style="list-style-type: none"> Request for a major curriculum change to remove the session “Normal Aging” as it is out of place in the theme based curriculum and largely redundant (Attached documents for review) 	<p>Motion: To approve the removal of the session “Normal Aging” from the curriculum.</p> <p>Moved: J. Gill</p>



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<p>Passed by e-vote by the Phase 3 Management Subcommittee.</p>	<p>Second: N. Duggan</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p>
<p>8. Phase 2 report</p> <ul style="list-style-type: none"> • There are 3 summative exams added to the schedule this year and there are challenges in finding time in the curriculum for reassessments without using protected time on Tuesday afternoon. Efforts to find alternatives are ongoing and assessment plans will be brought forward at next UGMS meeting. 	
<p>9. Phase 1 report (Attached documents for review)</p> <ul style="list-style-type: none"> • No action items. • All learners passed the Anatomy Portfolio, the mark of which is determined by a practical exam and a group presentation. However, some learners did not achieve 70% on the practical exam. The question of whether they should do a reassessment was considered. The following considerations were discussed: <ul style="list-style-type: none"> ○ This was the first time a practical laboratory exam had been scheduled in several years. ○ The practical exam did not have the option of challenge cards and there was some confusion during the initial stages of the exam for the first group. ○ The assessment plan stipulates that it is the portfolio that requires the pass mark, not the individual components. <p>Based on the discussion, it was decided that no learners would have to reassess the practical portion but they would be contacted and advised on self-directed anatomy study. The opportunity to receive extra direction from the instructor would be possible in keeping with UGME's Academic Advising Policy.</p>	



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<ul style="list-style-type: none"> • Early Clinical Experience recruitment is ongoing but there is difficulty with finding the number of preceptors required for 4 sessions per learner, despite active recruitment and potential session modifications. Efforts to recruit enough preceptors for 3 sessions will continue but an assessment plan change has been requested and approved to change the required number of sessions to 2. 	<p>Motion: To approve a change in the Phase 1 assessment plan so that the Phase 1 learners must achieve a minimum of 2 early clinical experiences visits in Phase 1.</p> <p>Moved: A. Pendergast Second: N. Duggan</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p>
<p>10. Report from NB (Attached documents for review)</p> <ul style="list-style-type: none"> • No action items. • New Brunswick unit newsletter is attached. 	
<p>11. Report from DME</p> <ul style="list-style-type: none"> • A. Hunt sent regrets. Nothing to report at this time. 	
<p>12. Social Accountability Report</p> <ul style="list-style-type: none"> • No action items. • Information on the EPA 14 pilot will be presented at OPED’s Educational Forum. • There is a long term plan to introduce it to the other medical schools. 	
<p>13. Learner issues (Attached documents for review)</p> <ul style="list-style-type: none"> • Anatomy exam reassessment not required as presented in the Phase 1 report. <ul style="list-style-type: none"> ○ Learners who received lower marks on the lab exam will be contacted by Dr. Pendergast and offered extra resources. • Attending lectures online through Webex if a learner is sick but not with COVID-19. <ul style="list-style-type: none"> ○ If the Memorial University self-assessment screening tool tells a learner to stay at home, the learner can 	



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submit the request for remote access, even with a negative COVID-19 test result.	
14. Associate Dean <ul style="list-style-type: none"> • No report. T. Adey sent regrets. 	
15. Policy <ul style="list-style-type: none"> • No report. • Interviews have been held for the position. 	
16. UGME office report <ul style="list-style-type: none"> • No action item items. • Full complement of office staff. • Recruitment efforts ongoing for faculty members to fill Phase 4 Preparation Course Lead and Electives Coordinator. 	Action: B. Kerr to submit calls for expressions of interest from faculty members for vacant positions.
Next Meeting December 15, 2021 Adjourned: 5:18 pm	



Faculty Teaching Evaluation Policy

Office of Accountability:	Undergraduate Medical Education Office Postgraduate Medical Education Office
Office of Administrative Responsibility:	Program Evaluation Subcommittee
Approver:	Undergraduate Medical Studies Committee Postgraduate Medical Education Committee
Approval Date:	May 18, 2011
Revision Date:	October 21, 2015;
Review Date:	

Definitions

Administrative Head	The supervisor of a faculty member, either a Discipline Chair, Division Head, Associate Dean, or the Vice-Dean for the Faculty of Medicine, Memorial University.
Block	A section of learning within a specific course in Phases 1-3 of the Doctor of Medicine (M.D.) program, normally four (4) weeks in duration.
Clinical Faculty	A physician in clinical practice with a full-time (tenure track; contractual) or part-time academic appointment with Memorial University.
Education Specialist	The administrative staff member responsible for overseeing program evaluation at the Faculty of Medicine, Memorial University.

Faculty Teaching Evaluation Policy

Learner	Individual registered in the Doctor of Medicine (M.D.) program or a Postgraduate Learner registered in a Postgraduate training program at Memorial University.
Non-Clinical Faculty	An individual with a full-time (tenure track; contractual) or part-time academic appointment with Memorial University who is not a physician in clinical practice.
Rotation	An interval of clinical training of a specific duration integrated into a training program. In this policy, the term Rotation is used to describe training experiences in UGME (Phase 4) and PGME.

Overview

The Faculty of Medicine (FoM) is committed to ensuring the appropriate, coherent, and coordinated delivery of the Doctor of Medicine (M.D.) program and Postgraduate Medical Education (PGME) training programs. Faculty teaching evaluation is an essential part of that commitment. This document provides an overview of program evaluation practices for faculty teaching in the M.D. program and PGME training programs.

Purpose

To outline how the FoM's requirements and processes regarding faculty teaching evaluation will be conducted in accordance with the following requirements:

- Committee on Accreditation of Canadian Medical Schools (CACMS) Element 8.5;
- Canadian Excellence in Residency Accreditation (CanERA) General Standards of Accreditation for Residency Programs Element 9.1; and,
- Student Rating of Courses and Instruction Administrative Policies and Procedures Section 1.2.2.

Faculty teaching evaluation is an anonymous and confidential process. As such, it cannot address individual instances of bullying, harassment, or intimidation. Learners who may be experiencing bullying, harassment, or intimidation are encouraged to access resources outlined in the Respectful Learning Environment for Medical Education policy and procedure.

Faculty Teaching Evaluation Policy

Scope

Clinical and Non-Clinical Faculty members teaching in the M.D. program and Postgraduate training programs at Memorial University of Newfoundland (Memorial).

Policy

1.0 General Provisions

- 1.1 Clinical and Non-Clinical Faculty members teaching in the M.D. program and postgraduate training programs will be evaluated.
- 1.2 Learner anonymity must be ensured throughout the evaluation process. Evaluations completed by fewer than three (3) Learners will not be sent to the faculty member.
- 1.3 The Education Specialist for the Program Evaluation Subcommittee (PESC) will manage faculty teaching evaluations.

2.0 Undergraduate Medical Education (UGME) Phase 1-3

- 2.1 Clinical Faculty are evaluated at the end of each Block during a Phase. Clinical Faculty teaching evaluations are administered by the Education Specialist for PESC under the authority of the Undergraduate Medical Studies (UGMS) committee.
- 2.2 Non-Clinical Faculty are evaluated at the end of each Block during a Phase. Non-Clinical Faculty teaching evaluations are administered by the Education Specialist for PESC under the authority of the UGMS committee.

3.0. UGME Phase 4

- 3.1. Clinical Faculty are evaluated on an ongoing basis during Phase 4 clinical Rotations.
- 3.2. Clinical Faculty teaching evaluation forms are released to the Learners by the Academic Program Assistants (APAs) in each clinical discipline. The collation and

Faculty Teaching Evaluation Policy

distribution of the results are managed by the Education Specialist for PESC under the authority of the UGMS committee.

4.0. PGME

4.1. Clinical Faculty are evaluated on an ongoing basis during Rotations. Clinical Faculty teaching evaluation forms are released by the training program. The collation and distribution of the results are managed by the Education Specialist for PESC under the authority of the PGME committee.

5.0. Low Performance Evaluation Results

5.1. A Clinical Faculty Low Performance evaluation result indicates that a teaching-related problem has been identified by a Phase 4 Learner or postgraduate Learner. Any single score of "1," if narrative comments have been provided to support the score, constitutes Low Performance. At the discretion of the Chair of PESC, Low Performance may also be identified based on narrative comments alone.

Procedure

A.0 UGME Phase 1-3 Faculty Evaluation Reports

Individual faculty members and their Administrative Heads are sent teaching evaluation reports based on the steps below.

- A.1. At the end of each Block, the Education Specialist for PESC oversees the compilation of teaching evaluation results from Phase 1-3 Learners and the creation of separate reports for each individual faculty member.
- A.2. The Chair of PESC reviews the reports. If the Chair identifies comments that may be inappropriate, the Education Specialist oversees the editing or removal of those comments. Clearly inappropriate comments are expunged.
- A.3. After being reviewed by the Chair, the Education Specialist oversees the distribution of the reports to the faculty members and their appropriate

Faculty Teaching Evaluation Policy

Administrative Heads, provided the reports include three (3) or more evaluations.

- A.4. If major concerns have been identified in a faculty evaluation, the Administrative Head will be asked to have a special meeting with the faculty member to address the concerns and inform the Chair of PESC that the matter has been addressed.
- A.5. Individual faculty members or Administrative Heads may request reports at any time on an ad hoc basis by contacting the Education Specialist for PESC.
- A.6. In extenuating circumstances, an Administrative Head, following discussion with the faculty member, may request clearly inappropriate comments to be expunged with written justification.

B.0 UGME Phase 4 and PGME Clinical Faculty Evaluation Reports

Individual Clinical Faculty members and Administrative Heads are sent teaching evaluation reports based on the steps below.

- B.1. At least once annually, the Education Specialist for PESC oversees the compilation of teaching evaluation results from Phase 4 Learners and postgraduate Learners and the creation of separate reports for each individual Clinical Faculty member.
- B.2. The Education Specialist oversees the distribution of individual reports to the appropriate Administrative Heads, provided the reports include three (3) or more evaluations.
- B.3. The Administrative Heads review the reports within thirty (30) days, after which the Education Specialist oversees the dissemination of the reports to the individual Clinical Faculty members as well as any Administrative Heads who have postgraduate Learners taught by those Clinical Faculty members. Evaluations for Clinical Faculty members located in New Brunswick are also sent to the Assistant Dean, New Brunswick.
- B.4. Normally, the reports reflect evaluations received over the previous year. In cases where fewer than three (3) Phase 4 Learners and/or postgraduate Learners completed an evaluation, to protect Learner confidentiality, reports from previous years may be combined to generate a multi-year report.

Faculty Teaching Evaluation Policy

- B.5. Individual Clinical Faculty members and Administrative Heads may request reports at any time on an ad hoc basis by contacting the Education Specialist.
- B.6. In extenuating circumstances, an Administrative Head, following discussion with a Clinical Faculty member, may request clearly inappropriate comments to be expunged with written justification.

C.0 Low Performance Reports

C.1. Clinical Faculty Low Performance

To facilitate interventions related to recurring teaching-related problems identified by Learners, the following process has been developed.

- C.1.1. If a Clinical Faculty member receives a Low Performance evaluation result, the Education Specialist saves the report in the faculty member's file at OPED. To ensure student anonymity, individual Low Performance evaluation results are not distributed. The first and second Low Performance evaluation results are filed at OPED.
- C.1.2. If a Clinical Faculty member receives a third Low Performance report, normally within five (5) years, the Education Specialist sends the three reports to the Clinical Faculty member's Administrative Head, the Associate Dean, UGME, and the Associate Dean, PGME. Included in this notice is a request for the Administrative Head to address the issue with the Clinical Faculty member within thirty (30) days.
- C.1.3. The Administrative Head must inform the Associate Dean, UGME, and the Associate Dean, PGME, within two (2) weeks of meeting the Clinical Faculty member of the outcome of the discussions utilizing the format required by PESC. The Administrative Head must also inform the Chair of PESC that the matter has been addressed.
- C.1.4. If a Clinical Faculty member receives a fourth and fifth Low Performance evaluation result, the Education Specialist saves the reports in the faculty member's files at OPED.

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- C.1.5. If a Clinical Faculty member receives a sixth Low Performance evaluation result, the Education Specialist sends all six reports to the Clinical Faculty member's Administrative Head along with a request to establish a comprehensive plan for resolution of the concerns with the faculty member in consultation with the Associate Dean, UGME, and the Associate Dean, PGME, and the Dean's Office where appropriate. The written action plan should be established within thirty (30) days of notification of the fifth red flag with a planned follow up with the Clinical Faculty member, normally within six (6) months. The Administrative Head must provide a follow-up report to the Associate Dean, UGME, and the Associate Dean, PGME, within two (2) weeks of the outcome of the follow-up meeting. The Administrative Head must also inform the Chair of PESC that the matter has been addressed.
- C.1.6. If the Chair of PESC has not been informed that the matter has been addressed within this timeframe, the Education Specialist will send a first reminder to the Discipline Chair. If there has been no response within two weeks, the Associate Dean will be asked to resolve the matter.



Program Evaluation Subcommittee (PESC) Terms of Reference

PURPOSE

In accordance with the Committee on Accreditation of Canadian Medical Schools (CACMS) Standards:

- 8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee to ensure that the curriculum functions effectively as a whole such that medical students achieve the medical education program objectives.

- 8.4 Program Evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program. These data are collected during program enrollment and after program completion.

- 8.5 Use of Student Evaluation Data in Program Improvement

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.

The Undergraduate Medical Studies (UGMS) Committee has established a standing subcommittee to address these standards.

MEMBERSHIP

The UGMS Committee will appoint the voting academic staff Subcommittee members and Chair. The Medical Students Society will appoint the undergraduate medical student members. PARNL will appoint the resident member. Persons selected will have expertise or an interest in medical education and/or program evaluation.

Voting members will be:

- The Chair (a faculty member at large).
- One faculty member appointed from each of the Phase Management Teams for Phases 1-4. Normally this will be the Phase Lead.
- One medical student not yet in Phase 4.
- One medical student in Phase 4.
- One PGY1 or PGY2 resident (normally a graduate of Memorial University)
- One or two faculty members at large who have a special interest in medical education and/or program evaluation, at least one of whom will be a non-clinician.

Ex-officio members (non-voting) will be:

- Associate Dean, UGME.
- ~~Chair, Undergraduate Medical Studies Committee.~~
- Education Specialist, Program Evaluation.
- One representative from Student Assessment Subcommittee (SAS).
- Support staff as deemed necessary by the PESC Chair.

~~The Committee must include a minimum of two academic staff members who are clinicians and two who are not.~~ Voting members are expected to attend at least 75% of the meetings.

OPERATIONS

- The quorum for meetings is 50% of voting members and must include at least one learner (either a medical student or resident). Delegates may be sent to represent members of the committee with prior approval of and at the discretion of the Chair.
- The Subcommittee will meet monthly from September to June with additional ad hoc meetings as needed at the call of the Chair.
- ~~The term for members will be three years renewable in three year intervals~~ Membership of the committee will be reviewed annually and agreed upon by ~~mutual agreement of~~ the individual, subcommittee members, and UGMS.
- The Chair will serve a three year term renewable in three year intervals by mutual agreement of the individual, the subcommittee, and UGMS.

- The Chair will be a member of the UGMS committee.

RESPONSIBILITIES

The Subcommittee:

- Reviews and develops the overall framework of program evaluation for the curriculum leading to the M.D. degree.
- Advises the UGMS Committee on program evaluation policy.
- Collects and monitors data / metrics pertinent to accreditation standards on program quality.
- Evaluates all aspects of the program including examinations and student assessments, curriculum planning, curriculum delivery, instructor performance, student performance, and defined outcome measures. Specific duties include:
 - Design and ~~validate~~ [administer](#) course evaluation tools for the undergraduate medical education program.
 - Distribute course evaluation survey results to the UGMS Committee, the Associate Dean (UGME), and the Phase Leads.
 - Recommend overall methods for program/curriculum evaluation to the UGMS Committee and oversee the administration of these evaluations.
 - Review outcome measures of the curriculum and demonstrate the extent to which program and curricular objectives have been met.
 - [Design and administer faculty and resident teaching evaluation tools for the undergraduate medical education program and establish processes to ensure appropriate dissemination and follow-up.](#)



UGMS Summary Report

[November 2021]

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

Liaison to the UGMS: Dr. Alan Goodridge, Chair

Date of Last Phase Team or Sub-Committee Meeting: (26 /10 / 2021)

Date of Next Phase Team or Sub-Committee Meeting: (16 / 11 / 2021)

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Review of Minutes	Approval of September minutes deferred to November.	Forthcoming
Phase 3 Course Evaluation Reports	J. Gill to address any issues arising from the Phase 3 Reports at the November meeting.	Forthcoming
	J. Gill to prepare the Phase 3 Response Reports.	In Process
	H. Coombs to contact Vivian about re-visiting protected time for evaluation.	Completed
Assessment Reports (2020-21)	K. Zipperlen to create a guiding document for assessment in MED7740.	In Process
Phase 2 Course Evaluation Reports – carried over	H. Jackman to prepare the Phase 2 Response Reports.	In Process
Faculty Teaching Evaluation Policy – carried over	A. Goodridge to present the revised policy to UGMS.	Completed
Clinical Faculty Evaluations Forms – carried over	A. Goodridge/H. Coombs to discuss how to move forward with revising the clinical teaching evaluation forms.	In Process

Agenda Items Requiring UGMS Action:
1. H. Coombs to present the revised PESC Terms of Reference.
2.

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

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

[November 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: 27/October/2021

Date of Next Phase Team or Sub-Committee Meeting: 24/November/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Update on action items at December UGMS meeting		

Agenda Items Requiring UGMS Action:
1. Phase 2 assessment plans (Class of 2025)
2. Pass mark for summative progress exam (Class of 2023)
3.
4.

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

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 2 assessment plans Class of 2025

The following changes to the Phase 2 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 6750, MED 6770 and MED 6780 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 6750 Patient I

- ✓ Anatomy lab content to be assessed via practical exams and group presentation (Anatomy Portfolio). Emerging Infectious Disease tutorials to be assessed via group presentation.

MED 6760 Clinical Skills I

- ✓ No changes to assessment methods.

MED 6770 Physician Competencies I

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

MED 6780 Community Engagement I

- ✓ Assessment structure to reflect in-person delivery of Community Visit (same as pre-Covid). This includes individual Community Visit essay and preceptor assessment (workbook). Some due dates tentative, to be confirmed with instructors once schedule is provided.

Revisions to Course Assessment Plans

Executive Summary

Phase 2

Course number and name: **MED 6750 Patient II**

- 1) Summary of Major Changes from Most Recent Course Offering
Mandatory learning sessions included in assessment plan. See definition of mandatory learning session and list of Patient II sessions below.

- 2) Changes to Assessment Methods

Assessment changes for Emerging Infectious Disease tutorials and Anatomy tutorials

Previous Assessment Method(s)	Revised Assessment Methods
Emerging Infectious Disease tutorials: Three group assignments (400-800 words in length; pass/fail) Anatomy tutorials: MCQ on theme exam	Emerging Infectious Disease tutorials: Group presentation Anatomy tutorials: Anatomy portfolio consisting of three practical exams and one group presentation (dissection)

- 3) Changes to Assessment Criteria for Successful Completion

Course success criteria moved to top of assessment plan

Previous Criteria	New Criteria
Complete and submit all assessments and assignments	Complete and submit all assessments and assignments by the due date
	Attend all sessions designated as mandatory and complete any associated activities.

- 4) New Language or Statements

Updated language regarding promotion.

New language/statements
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.

**MED 6750 Patient II
Phase 2, Class of 2025
Winter/Spring 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 6750 Patient II**.

MED 6750 Patient II has learners build on their knowledge obtained from the themes presented in Phase 1 and encounter new themes that integrate physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Pass at least 4 of the 5 written examinations,
- Achieve an average mark of $\geq 70\%$ or the adjusted Hofstee pass score based on the weighted pass marks across the 5 examinations, Emerging Infectious Disease group assignment and Anatomy Portfolio,
- Complete and submit all assessments and assignments by the due date, and
- 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](#)).

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, practice timed lab exam stations with formative short answer questions, self-assessment and verbal feedback from instructors. 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 five on-line written multiple-choice question (MCQ) examinations, following each of the five themes, the Anatomy Portfolio and Emerging Infectious Disease Presentation. 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: Infections and Fever	15%
Examination 2: Cough and Dyspnea	23%
Examination 3: Abdominal Pain and Jaundice	18%
Examination 4: Joint Pain and Musculoskeletal Disorders	18%
Examination 5: Dizziness, Headache and Vertigo	12%
Anatomy Portfolio	12%
Emerging Infectious Disease Presentation	2%
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:

Theme	Hours	Exam Date	Reassessment Date
Examination 1: Infections and Fever	33.0	January 31, 2022	February 11, 2022
Examination 2: Cough and Dyspnea	50.0	March 7, 2022	March 17, 2022
Examination 3: Abdominal Pain and Jaundice	38.5	April 1, 2022	April 14, 2022 (half class) or April 27, 2022 (half class)
Examination 4: Joint Pain and Musculoskeletal Disorders	38.0	June 6, 2022	June 16, 2022
Examination 5: Dizziness, Headache and Vertigo	25.5	June 24, 2022	July 7, 2022

Note: Learners who are required to reassess for Examination 5 must be available on July 7, 2022 for the reassessment examination. If not available on this date, learners must apply for a deferral to write the reassessment at a later date.

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 2:

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

In Phase 2, 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) Anatomy Portfolio

An Anatomy portfolio will be used to assess learners for the Anatomy lab sessions (Pelvis and Perineum Labs 1 & 2, MSK Labs 1-4, Head and Neck labs 1-5). The portfolio consists of two components:

- **Practical Exams:** Learners will complete **three** timed 'bell-ringer' style station-based exam to assess the learning objectives of the Pelvis and Perineum, MSK, and Head and Neck lab sessions. Learners will answer short answer questions to identify anatomical structures at each station, utilizing various anatomical specimens (e.g., wet and plastinated specimens, bones, cadaveric structures).
 - **Date for Practical Exam I:** March 15, 2022. This will cover the Pelvis and Perineum objectives.
 - **Date for Practical Exam II:** May 24, 2022. This will cover the MSK objectives.

- **Date for Practical Exam III:** June 17, 2022. This will cover the Head and Neck objectives.
- **Group Presentation:** Learners will work in small groups of four to complete a cadaver dissection or a thorough study of selected plastinated specimens. The group will have 7-10 minutes to present their dissection or plastinated specimens, covering the structures outlined in the Human Cadaveric Dissection guidelines document. These guidelines are linked to the learning objectives for the Phase 2 Anatomy lab sessions. The mark assigned for the presentation will be applied to each learner in the group.
 - **Date for Group Presentation:** May 17, 2022 or June 15, 2022. Groups will be assigned to present on either the MSK or Head & Neck objectives.

Each component will contribute to the Anatomy portfolio mark as follows: practical exam 75% and group presentation 25%. The pass mark for the portfolio is 70%. A rubric for the group presentation of the portfolio will be available on Brightspace.

(c) Emerging Infectious Disease Presentation

The tutorials for the Emerging Infectious Disease content (Case and Outbreak Management, Vaccination, Emerging Infectious Diseases) will be assessed with a group presentation. Learners will work in groups to research and analyze an emerging infectious disease according to communicable disease prevention and control frameworks and concepts. Each group will present their findings in a 10-minute presentation with slides.

Date for group presentation: January 28, 2022.

The pass mark is 70%. Details and the assessment rubric will be available on 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
Applied Anatomy with Realtime Ultrasound	As scheduled in Brightspace.
Case and Outbreak Management Tutorial	
Congestive Heart Disease Tutorial	

Emerging Infectious Diseases Tutorial
Emerging Viruses Tutorial
GI Infections Tutorial
H&N Lab 1 & 2: Osteology, Vasculature and Cranial Nerves
H&N Lab 3: Deep Head, Oral and Nasal Cavities and Larynx
H&N Lab 4 & 5: Triangles and Muscles of the Neck and Pharynx and Special Senses
Headache Tutorial
IBD Tutorial
Interstitial Lung Disease Tutorial
Liver Disease Problem Based Learning 1
Liver Disease Problem Based Learning 2
Liver Disease Problem Based Learning Prep 1
Liver Disease Problem Based Learning Prep 2
Lower Gut Tutorial
Metabolic Bone Disease Tutorial
MSK Lab 1: Surface Anatomy of the Upper and Lower Limbs
MSK Lab 2: Skeletal System and Articulations
MSK Lab 3: Upper Limb Musculature and Neurovasculature
MSK Lab 4: Lower Limb Musculature and Neurovasculature
Osteoarthritis Patient Demo
Physiology of Spirometry Lab
PP Lab 1: Pelvis and Perineum
PP Lab 2: Pelvis and Perineum – Reproductive System
Respirology and Lymphatic Histology Lab
Rheumatoid Arthritis Patient Demo
Seronegative Spondyloarthropathy Patient Demonstration
Upper Gut Tutorial
Vaccination Tutorial
Valvular Heart Disease Tutorial
Visual Demonstration and Microbiology Review

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 five written summative examinations or other summative assessment.

- Learners who fail reassessment will be required to meet with the Phase Lead or a delegate, and the Learner Well-being Consultant 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 Learner Well-Being Consultant if the learner so wishes, to support the learner's academic needs.
- For the other summative assessments, 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 written summative examinations.

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.

Revisions to Course Assessment Plans

Executive Summary

Phase 2

Course number and name: **MED 6760 Clinical Skills II**

- 1) Summary of Major Changes from Most Recent Course Offering
None.
- 2) Changes to Assessment Methods
Formative OSCE with two stations (same delivery as pre-Covid, assuming no changes in public health restrictions)
- 3) Changes to Assessment Criteria for Successful Completion
Course success criteria moved to top of assessment plan

Previous Criteria	New Criteria
Complete all assessments and reassessments	Complete all assessments and reassessments by the due date

- 4) New Language or Statements
Updated language regarding promotion.

New language/statements
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.

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Reviewed by SAS:

UGMS Approval:

**MED 6760 Clinical Skills II
Phase 2 Class of 2025
Winter/Spring 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 6760 Clinical Skills II**.

MED 6760 Clinical Skills II has learners develop clinical reasoning skills used in patient-centered care using focused interviewing, examination, and communication skills.

Attendance at all Clinical Skills II sessions is required. Please see the Leave Policy and Clinical Skills document on Brightspace (D2L).

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Receive a mark of competent or exemplary performance in the communication SAR and a competent performance in the OSCE 1, or after re-assessment,
- Complete all assessments and reassessments by the 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,

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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 of standardized patients (SPs), as well as written homework. Learners receive ongoing oral and written assessments from instructors, SPs and peer members of the small group.

In addition to the ongoing feedback, there are two formal formative assessment exercises:

1. **Formative OSCE assessment**: Learners will do a two station practice OSCE on **May 13, 2022**. Learners are given verbal feedback following each station.
2. **Formative Evaluation Interview**: Each learner does an interview with a facilitator on **March 30, 2022**. Learners are given verbal feedback following the interview.

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:

1. **Communication Summative Assessment Report (SAR)**: On **April 8, 2022**, each learner will receive a summative assessment from their instructor based on all of the sessional work from their phase 2 communication clinical skills:
 - i. Participation
 - ii. Interest
 - iii. Interviewing skills
 - iv. Write ups from interview

The communication SAR is recorded on one45. A copy of the Communication SAR is available on Brightspace (D2L) for learner's reference.

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2. **OSCE 1:** On **June 14, 2022** learners complete a formal examination focusing on physical exam and history taking in a series of patient scenarios. There is an OSCE Study Day scheduled for **June 10, 2022**.

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

- Communication Summative Assessment Report (SAR): Marked on a four-point internal scale of **exemplary, competent, developing, or unsatisfactory**. Sample assessment forms are available on Brightspace (D2L).

OSCE 1: Marked as **competent or unsatisfactory**. The provisional mark to achieve competency 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

REASSESSMENT

Reassessment will be required if a learner receives a mark of developing or unsatisfactory performance in the communication SAR or receives an unsatisfactory grade in the OSCE 1. A learner may be re-assessed **only once**. Following the reassessment, the learner will be given a final grade of pass or fail.

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UGMS Approval:

Revisions to Course Assessment Plans

Executive Summary

Phase 2

Course number and name: **MED 6770 Physician Competencies II**

- 1) Summary of Major Changes from Most Recent Course Offering
Mandatory learning sessions included in assessment plan. See definition of mandatory learning session and list of Physician Competencies II sessions below.
- 2) Changes to Assessment Methods
None
- 3) Changes to Assessment Criteria for Successful Completion
Course success criteria moved to top of assessment plan

Previous Criteria	New Criteria
Complete and submit all assessments and assignments	Complete and submit all assessments and assignments by the due date
	Attend all sessions designated as mandatory and complete any associated activities.

- 4) New Language or Statements
Updated language regarding promotion.

New language/statements
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.

MED 6770 Physician Competencies II
Phase 2, Class of 2025
Winter/Spring 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 6770 Physician Competencies II**.

MED 6770 Physician Competencies II has learners build on their knowledge of 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 both of the two course Blocks,
- Achieve an average mark of $\geq 70\%$ based on the weighted pass marks across the 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.

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,

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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. 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.

Peer assessments of professional behaviours:

All learners are required to participate in a peer assessment of professional behaviours during Phase 2. Learners will assess the peers of their clinical skills group, based on the 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). 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 **May 25, 2022**. 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.

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 Project Block	45%

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UGMS Approval:

Total 100%

The pass mark for each individual summative assessment is 70%. The pass mark for each of the 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	Analytical essay	750-1000 words	March 4, 2022 4:00p.m.	5%
Health Ethics and Law in Medicine	4 in-class group assignments (one for each topic)	300 word each	1) Diversity, Culture and Ethics 1 Due January 17, 2022 2) Diversity, Culture and Ethics 2 Due January 24, 2022 3) Advance Care Planning Due March 3, 2022 4) Negligence Due June 22, 2022 5) Ethics Duty of Care Due June 23, 2022	9%
IPE Skills: Communication	Content quiz* Reflection Assignment*	NA 400-600 words	February 25, 2022 March 21, 2022	5%
Critical Appraisal	Group presentation*	NA	February 4, 2022	9%

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Patient Safety	Reflective essay*	750 words maximum	March 18, 2022	4%
Professionalism (Online CMPA module)	Written assignment*	500-700 words	May 11, 2022	3%
Lifelong Learning	2 Written assignments*	600-1000 words each	May 20, 2022 (ILS 1&2) June 21, 2022 (ILS 3&4)	11%
Peer Assessment	Reflection assignment*	200-600 words	June 21, 2022	4%
Leadership in Medicine: Strategic Planning in Health Care	Written assignment*	750-1000 words	May 31, 2022	2.5%
Leadership in Medicine: Program Evaluation in Healthcare Settings	Written assignment*	750-1000 words	May 31, 2022	2.5%
Total				55%

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

Component	Summative Assessment Method	Length	Due Date	Final grade contribution
Research Project Deliverables	Registration form, incl. determination of need for ethics review, to Brightspace (D2L)	NA	February 16, 2022	35%
	Submission of research proposal to supervisor and Brightspace (D2L) for marking*	2000-3000 words	May 9, 2022	

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UGMS Approval:

Submission of ethics application draft to supervisor (if applicable)	Varies	May 9, 2022	
Submission of TCPS 2: CORE certificate to Brightspace (D2L)	NA	May 9, 2022	
Submission of signed assessment rubric to UGME with supervisor's signature	NA	May 20, 2022	
Research Day: PowerPoint presentation*	NA	May 18, 2022	10%
Total			45%

*Details (including rubric where applicable) for this assignment are 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
All Integrated Learning Sessions	As scheduled in Brightspace.
All Health Ethics and Law in Medicine Sessions	

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Reviewed by SAS:

UGMS Approval:

All Interprofessional Education (IPE) Sessions	
Patient Safety	
Cognitive Error and Just Culture	

REASSESSMENT

- Reassessment will be required if a learner achieves a mark <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 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.

Revisions to Course Assessment Plans Executive Summary

Phase 2

Course number and name: **MED 6780 Community Engagement II**

- 1) Summary of Major Changes from Most Recent Course Offering

The Community Visit will be delivered in-person (assuming no changes to public health restrictions)

Mandatory learning sessions included in assessment plan. See definition of mandatory learning session and list of Community Engagement II sessions below.

- 2) Changes to Assessment Methods

Assessment methods changing to reflect in-person delivery (same as pre-Covid)

Previous Assessment Method(s)	Revised Assessment Methods
Essay on virtual Community Visit (group)	Community Visit essay (individual assignment)
PPT Presentation on virtual Community Visit (group)	Community Visit Workbook/Preceptor Assessment

- 3) Changes to Assessment Criteria for Successful Completion

Course success criteria moved to top of assessment plan

Previous Criteria	New Criteria
Complete and submit all assessments and assignments	Complete and submit all assessments and assignments by the due date
	Attend all sessions designated as mandatory and complete any associated activities.

- 4) New Language or Statements

Updated language regarding promotion.

New language/statements
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.

**MED 6780 Community Engagement II
Phase 2 Class of 2025
Winter/Spring 2025**

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 6780 Community Engagement II**.

MED 6780 Community Engagement II places learners in community sites to experience a variety of aspects of the health care system with various health agencies, a family physician and other health care providers. Through a variety of sessions, learners will also explore assessing health and interventions at the population and individual level.

Attendance is required for the community placement component of MED 6780 Community Engagement II. 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 $\geq 70\%$ 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.

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Reviewed by SAS:

UGMS Approval:

- 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

Formative assessments do not count towards the final grade and are intended to help learners monitor their learning. Learners will receive formative feedback from the preceptor(s) during their community visit. Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course.

Summative Assessments include: (a) a reflection assignment on the Community Engagement sessions, (b) an essay on the Community Visit, and (c) a Community Visit Workbook with an assessment by the preceptor. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course. Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

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 Engagement Sessions Reflection Assignment	25%
b. Community Visit essay	50%
c. Community Visit Workbook/Preceptor Assessment	<u>25%</u>
TOTAL	100%

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

a) Community Engagement Sessions Reflection Assignment 25%

The topics of Health Promotion, Disease and Injury Prevention, Global Health and Non-communicable Diseases, Health Beliefs, Arts and Health, Nutrition and Indigenous Health offer learners the opportunity to explore their own thinking, biases, experiences, and awareness.

In this assignment, as learners, you will write a synthesis paper in which you reflect critically on how **all** the above CE sessions contributed to your knowledge about social determinants of health and challenges in achieving health equity. **(1500-2000 words)**

Your paper should:

1. Demonstrate an understanding of the importance of social determinants of health
2. Discuss the importance of advocacy and public policy in promoting healthy communities;
3. Discuss your perceptions and biases as they relate to the sessions listed above.

You can be creative! The reflection can take the form of a standard academic paper OR a creative work such as prose, poetry, a piece of artwork, photography, musical or theatrical pieces, digital stories, zines, short stories, or other creative and expressive work. Details of the exercise and a rubric will be available on Brightspace (D2L). For creative works learners should prepare a brief written statement demonstrating how their creative piece will address the requirements of the assignment and discuss this with one of the CE instructors.

The pass mark for the reflection exercise is 70%.

Due Date: March 25, 2022

b) Community Visit Essay

50%

The Phase 2 Community Visit is an opportunity to develop and apply the concepts of population health learned in Community Engagement I and II and to gain a deeper appreciation of how the community context influences clinical practice and the health of the patient population. Community context can include social, economic, ecological, geographic (spatial), political, and cultural factors.

Learners must submit a comprehensive Community Visit Essay that analyzes and reflects on population health issues specific to the community that they visit. In this assignment learners will demonstrate an understanding of the issues and concepts explored through the Community Engagement course to date, applied to a specific community population.

The Community Visit Essay is comprised of four components: 1. Introduction and community profile; 2. Journal of activities & reflection related to population health concepts; 3. Discussion of key assets and challenges and two photographs representing

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Reviewed by SAS:

UGMS Approval:

one main asset and challenge of the community; and 4. Conclusion that discusses which modifiable determinant of health would have the greatest impact on well-being in the community and why.

This assignment is to be submitted following the completion of the visit but no later than the due date specified below. Please submit an electronic copy of the assignment via the Brightspace (D2L) drop box and a hard copy of the community visit workbook to Renée Mercer, Room M4M140, Suite M4M121. Detailed information about the essay will be available on Brightspace (D2L). The community visit essay should be a minimum of 2,600 words and a maximum of 3,000 words. Photographs are not included in the word limit.

The pass mark for this assessment is 70%.

Due Dates:

Learners completing Community Visit from April 4 – 14, 2022: due May 13, 2022

Learners completing Community Visit from April 25 – May 6, 2022: due May 27, 2022

c) Community Visit Workbook/Preceptor Assessment

25%

The preceptor at the placement site will provide an assessment of the learner visit based on clinical exercises completed in the Community Visit Workbook. A rubric will be available on Brightspace (D2L).

The pass mark for this assessment is 70%.

Due Date: May 10, 2022

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
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UGMS Approval:

Community Visit Orientation	As scheduled in Brightspace.
Community Visit Orientation	
Community Visit Debrief	

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 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 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

Standard setting for summative progress exam Class of 2023

Background

The current standard setting is based on the statistical pass. To determine the pass score, summative exam data from three cohorts is averaged and the statistical pass is calculated (mean – 2 standard deviations). This approach was used to determine pass scores for NBME subject exams. An interim pass score of 53 has been used since 2019 that was calculated using the average of the recommended pass marks for the Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychology, and Surgery NBME subject exams. These are based on the mean and standard deviation from three previous academic years. The standard setting approach was reviewed by SAS and Phase 4 in October 2021.

Comparison of standard setting approaches

With the start of the 2021-2022 academic year, summative progress exam data has been available from three cohorts. While the summative exam used for the Class of 2022 had a slightly revised exam blueprint, this appeared to not have a significant impact on learner performance. Summative exam data from the three previous academic years was used to calculate pass scores based on different standard setting approaches: the modified Hofstee and the statistical pass. With the exception of the Class of 2020, the theoretical pass scores derived by the modified Hofstee and the statistical pass (based on one cohort) produce similar results.

Recommendation

Using the norm-referenced approach of statistical pass seems reasonable unless a more stringent minimum mastery is deemed necessary. Based on the summative exam performance from the classes of 2020-2022, the new statistical pass is 50.

The Student Assessment Subcommittee is recommending to use a pass score of 50 for the summative progress exam for the Class of 2023.



UGMS Summary Report

October 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: 20/09/2021

Date of Next Phase Team or Sub-Committee Meeting: 25/10/2021

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

Agenda Items Requiring UGMS Action:
Phase 3 protected time

Additional Comments, Suggestions, New or Pending Business:
1. Ongoing curriculum monitoring

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

Your Name: stephen darcy

Your Email: sdarcy@mun.ca

Your Discipline: Family Medicine

Select Phase: Phase 3

Session Title: Normal Aging

Curriculum content change type: Major Changes

Change type(s): Adding or removing a session

Proposal: To remove the Normal Aging Session for Phase 3 scheduled for Jan 2022

Academic Rationale: (i) The session was originally designed as a transition from Phase 1 to 2 in the old curriculum. It is out of place in Phase 3 and redundant to a large extent. It also takes a significant number of faculty and SP resources to put off. (ii) I am on sabbatical in 2022 and will not be available



UGMS Summary Report

[Insert Month & Year]

Phase Team or Sub-Committee: Phase 1 Management Team

Liaison to the UGMS: Amanda Pendergast

Date of Last Phase Team or Sub-Committee Meeting: (7 / Oct / 2021)

Date of Next Phase Team or Sub-Committee Meeting: (25 / Nov / 2021)

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Early Clinical Experience	Difficulty in recruiting adequate preceptors	

Agenda Items Requiring UGMS Action:
1. Early Clinical Experience-difficulty with preceptor recruitment
2.
3.

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

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UGMS Summary Report

November 2021

Phase Team or Sub-Committee: New Brunswick Report

Liaison to the UGMS: Todd Lambert

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

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

Additional Comments, Suggestions, New or Pending Business:
1. See attached NB unit newsletter

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newsletter

MEMORIAL/NEW BRUNSWICK
NOV 2021 • Edition #2



NB TEAM VISITS MEMORIAL MEDICAL EDUCATION (MED ED) CAMPUS IN ST. JOHN'S

Recently, one of 13 meetings over two days in St. John's focussed on the current Memorandum of Understanding (MOU) between New Brunswick (NB) and Memorial University. The MOU as it stands will not be renewed. The Government of NB has decided to focus on expanding training within the province rather than continuing the agreement with Memorial. However, a new agreement will underwrite the education and support of NB learners at Memorial until the class of 2026 graduates. A postgrad agreement will continue for longer and details of that will be shared once it is made available. For current medical students and those who will enter the Doctor of Medicine program in 2022, there will be no changes in the quality of education and support offered in New Brunswick and Newfoundland. The Oct. 4-5 meetings also served to reinforce the desire to continue to foster opportunities for partnerships, resident training capacity and more for the Memorial/NB medical program. It is hoped that numerous partnership projects will continue to grow outside of the current MOU framework.

PIONEERING LONGITUDINAL CLERKS ENJOYING EXPERIENCE IN FREDERICTON

Kristen Hawkes and Zachary Dwyer are settling in nicely.



KRISTEN was born and raised in Fredericton. Before entering medical school, she obtained a Biology-Chemistry Double Major from UNB Fredericton. She describes herself as a voracious reader, music/theatre lover, traveller, news/politics/history nerd and dog mom.

ZACH has lived in Kingston, Ottawa, Petawawa, Winnipeg, and St. John's but he is originally from Oromocto, NB. He has earned a BSc, MSc, and a PhD in Neuroscience from Carleton University. He is a Reservist Piper with the Canadian Armed Forces and when he is not working towards a residency in neuropathology or medical microbiology. Zach is also an avid runner.



ACCREDITATION PREPARATION UPDATE

Widespread knowledge of medical school policies helps with the successful accreditation of the undergraduate medical education program.

Reminder: The virtual accreditation visit will take place on April 4-6, 2022.

Do you know these following policies? *Protected time and duty hours, bloodborne pathogens, student access to health care, medical school technical standards, medical student exposure hazard, Health provider conflict of interest.* Please consult the Memorial Faculty of Medicine policies and procedures online.
www.med.mun.ca/Medicine/Policy/Policies-Procedures

MENTORS READY TO ASSIST LEARNERS

Learner Success Consultant, Andres Jensen would like to remind learners that they can easily access mentors through the website, www.med.mun.ca/Mentorship. The site is designed to match learners to mentors with similar areas of interest or expertise. Once they have selected a mentor that matches their needs, they can reach out to the mentor via a built-in contact tool. The website also provides tips for mentors and mentees along with best practices. Any faculty members interested in mentoring should email mentorship@med.mun.ca. Anders will reply and ensure follow-up.

RECORD NUMBER OF MED ED SCHOLARSHIPS AWARDED

Dr. Michael Simon, Chair of Alumni Committee reports that the NB Med Ed Foundation is the only foundation in Canada dedicated solely to providing scholarships to medical students in exchange for return-to-service agreements. This year, the committee is delighted to announce that a record 56 scholarships, totalling \$382,000, has been awarded. Our diverse group of medical students hail from all over the province. Included in the awards are nine scholarships given to medical students from Memorial University. These awards range from \$5,000-\$12,500, for a total of \$69,500. This year's successful applicants include: Andrew Robart, Patrick Gallagher, Grayson Gould, Jasmine Eng, Ryan Smith, Jason Hearn, Sara Penney, Nicole Barry and Natasha Glover.

FACULTY DEVELOPMENT OPPORTUNITIES COMING YOUR WAY

Health Professions Education Scholarship Virtual Forum, Nov. 23. This will be a one-day online event bringing together insights from educational research and innovation in the health professions.

Everyone is invited to hear plenary speaker Dr. Yvonne Steinert (pictured) from McGill University, who will present, From Innovation to Scholarship in Health Professions Education. There will also be several short talks given by Atlantic Canadian researchers and scholars.



For more information click here: www.med.mun.ca/oped/programs/4410

DEAN'S EXCELLENCE AWARDS – NOMINATION DEADLINE APPROACHES:

Deadline Nov. 18, 2021

There will be Junior and Senior awards for outstanding teaching and/or educational scholarship. These awards are open to clinical or non-clinical faculty members. The Dean of Medicine Service Excellence Awards will be offered once again. These awards will be in recognition of the work and contributions of staff members (management, administrative or technical) that exceed the expectations for those positions.

NEW this year is the Dean's Excellence Award - Community Member Health Champion Award. This award recognizes the work and contributions of individuals or groups based outside Memorial University in advocating and acting for health promotion. Also included in this launch is the Max House Teaching Award for Excellence in Continuing Medical Education/Continuing Professional Development (CME/CPD). This award recognizes the outstanding contribution of an individual to advancing CME/CPD planning, teaching and/or scholarly research for physicians and health professionals. Please see website for full details about the Dean's Excellence Awards and Max House Award. If you have any questions, please contact rgs.researchmanager@med.mun.ca. For more information click here: www.med.mun.ca/Medicine/Leadership/DeansExcellenceAwards.aspx

Questions about the newsletter? Please contact Robin Lathangue, Program Manager, MUN Medical Education in New Brunswick: robin.lathangue@horizonnb.ca.



UGMS Summary Report

[November, 2021]

Phase Team or Sub-Committee: (UGMS Jr. Rep)

Liaison to the UGMS: (Dani Bahnam)

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

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

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

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

Additional Comments, Suggestions, New or Pending Business:
1. Attending live online lectures via WebEx
2.
3.

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