

Phase 1 Management Team Meeting

24 January, 2019

4:00 – 5:30 p.m.

M2M240

Present:

Amanda Pendergast	Jon Church	Katrin Zipperlen	Pam Pike
Alison Haynes	Stephen Shorlin	Gerona McGrath	
Samantha Pomeroy	Brian Kerr	Maria Goodridge	
Carla Peddle	Diana Deacon	Debra Bergstrom	

Absent:

Vivian Whelan
Tanis Adey
Maisam Najafizada

1.0 Approve Agenda (*presumably approved, but arrived at 4:05*)

1.0 Review Minutes from the Previous Meeting

None available to date.

2.0 Phase 1 Evaluation

2.1 Healthy Person 4.5/5

Overall, the Healthy Person course was evaluated well, but there was a low response rate. PESC is working on strategies to increase the response rate without lowering validity.

Lowest scoring portion was Anatomy, potentially because of the amount of content.

Learners did well in examinations and there were few reassessments.

2.2 Clinical Skills 4.4/5

Overall, the course did well.

Lowest scoring item was the availability of online materials in advance.

There were some concerns with differences between tutors. Learners were advised to bring major concerns forward to Dr. Maria Goodridge.

Assignment on Peer Assessment still has some confusion surrounding the expectations (learners are inclined to write about Clinical Skills). Dr. Amanda Pendergast has spoken with the learners about this matter.

ACTION: Dr. Maria Goodridge will follow up with additional correspondence for learners.

There has not been significant concern about the assessment of the peer assessment assignment as there had been in previous years. May be related to the cohort, but will Diana Deacon will have an extensive corpus of data to look at variation over time. The report will go to SAS and come to the Phase 1 Management Team after that.

Faculty Evaluation has not yet happened. Community facilitators may be evaluated now. MD facilitators may be evaluated at the end of Phase 2.

PESC will look at the validity of evaluation in the context of numerical data and comments.

2.3 Physician Competencies 3.8/5, 44% participation

Lowest rated portion of the course was relating to the organization of the course helping learning at 3.3/5.

Learners felt that biostatistics teaching was dry and unengaging.

Learners indicated that there were extensive learning materials and a lack of organization between assignments.

Learners also expressed concerns with rubrics and lack of direction in the grading assignments.

ACTION: Dr. Stephen Shorlin has agreed to meet with markers to discuss rubrics.

ACTION: Carla Peddle to request that Elsie Winter to make arrangements with Dr. Shorlin.

Learners made some positive comments about instruction.

Dr. Pendergast suggested a Physician Competencies Lead as a concept for consideration. Currently the Community Health and Humanities representative covers off portions for Physician Competencies and Community Engagement.

Committee members noted that Biostatistics and Epidemiology is taught in Phase 1 but does not have utility until Phase 3. The level of teaching appears to be more appropriate for a graduate epidemiology learner, but consideration may be given to gearing the course toward physicians. Physicians could vet the content of the lectures or give feedback regarding the level of teaching required. The MCQ assessment format for biostatistics and epidemiology may require reconsideration.

PESC distributes evaluation information to Undergraduate Content Leads, Phase Management Teams and Undergraduate Medical Studies Committee. Phase Lead submits a report back to PESC with a plan to address issues.

2.4 Community Engagement 3.3/5 (down from 3.9, 3.9, 3.6)

The one week community visit was removed from the MD curriculum approximately three years ago and replaced with the Wednesday Afternoon physician office visit. This was an attempt to avoid preceptor burn out but may in turn be diluting the medical learners' understanding of other aspects of community health.

Assessment 2.4/5 – learners had not been well informed about reviewing the primer prior to the test. The test required previous review and knowledge of the primer.

2.5 Integrated Learning Sessions 4.1/5

The ILS course has not been rated this well to date. Facilitators reported very good large group engagement with the additional direction. The content was described as less abstract and more concrete.

The ILS had been organized to incorporate Physician Competencies and Community Engagement but two ILS sessions were reduced to one ILS session due to University closure during a snow storm.

The Life Long Learning Assignment went well. Learners had some concerns with the assessment rubrics. Committee noted that there were too few ILS sessions to reinforce learning methodologies.

The learners' evaluation of the utility of being a group leader had a low response rate (14 respondents). Of the 14 respondents, a maximum of 10 learners had the opportunity to be group leader. Being the group leader was not seen to be a valuable learning experience by the respondents.

2.6 Quality Improvement

Learners reported a lot of stress after the exam.

Learners felt that MCQ examinations may not provide a good assessment of some materials. The Phase 1 Management team will consider moving toward assignment/reflection/portfolio/journal etc. for the Community Engagement examination.

ACTION: Dr. Amanda Pendergast to speak with Maisam Najafizada regarding the assessment.

Learners wanted the Community Engagement course to be more in-depth and related to the context of Newfoundland and Labrador, indicating that the real world context would be valuable. It was noted that the learner's disconnect may be associated with the absence of the community visit.

3.0 Other Student Issues

None reported.

4.0 Other Faculty Issues

None reported.

5.0 New Business

None identified.

6.0 Date of Next Meeting

28 March, 2019.

Adjourned at 5:05 p.m.