Present: Amanda Pendergast, David Stokes, Carla Peddle, Diana Deacon, Rebecca O'Leary, Jinelle Ramlackinsingh, Laura Gillespie, Vivian Whelan, Akshay Sathya, Steve Darcy, Jon Church, Steve Darcy, Pam Pike, Gerona McGrath

Regrets: Catherine Mah, Maria Goodridge, Katrin Zipperlen

1.0.   Review/Approval of Agenda

2.0.   Review/Approval minutes from December 1, 2016
No changes
Motion to accept: Steve Darcy
2nd: Jon Church
All in favour.

3.0.   Business Arising
    3.1.   End of phase course evaluations
        3.1.1.   The Healthy Person
- Overall mean is 4.3 which is the best yet. Assessment mean is 4.4. The response rate was 49%.
- Students want more time for anatomy. They found the anatomy labs difficult.
- Some sessions have too many slides per hour. This has been an ongoing issue. They enjoyed the formative questions. They liked the case-based learning format. They felt that some clinicians taught above their level of knowledge.
- Diana: SAS felt sending credited objectives doesn't need to be done. It was felt it would be useful to the students to know which objective was credited. Plus it would be labour intensive. Faculty want to know question results. We can provide them if faculty asks. It is work intensive to send to all faculty.
- All faculty may not be aware that poor/difficult questions go back to faculty. Students are concerns about the review of questions before an exam.
- The students asked if questions are reviewed before they are put on the exam. Yes, all questions are reviewed by the assessment working group. When inputting a question, it is possible to choose the wrong correct answer.
- The students enjoyed the session on abdomen visceral by Dr. Hartery. They want it to be longer. They also enjoyed the Tetanus tutorial by Rod Russell. They would like to have more case based learning sessions like it. They find them more useful than didactic lectures.
- Laura: There is no endocrinology in Phase 1. Biochemistry teaches metabolism. A one-hour overview session of the Endocrinology system would be helpful.
- June Harris needs more time for MSK.

3.1.2. Clinical Skills
- Based on the likert scale out of 5, the mean score was 4.4. Overall score was 4.5. The response rate was 56%. Students were positive about how it was organized and the learning experience they received. The biggest negative was the variability among the groups.
- Phase 1 communication continues into Phase 2. Can it end in December? Amanda will speak with Maria.

3.1.3. Physician Competencies
- The mean score was 4.1. The assessment mean was 4.1, which is up from previous years. The previous 3 years the scores were 3.8, 3.7, and 3.4 for the first year. The response rate was 46%.
- Students would like research in a block. They like the poster session. Leadership module could improve. Some mentors are helpful, but others are not. There isn't much poster feedback from mentors. Katrin added feedback to the Rubric.
- The students felt the lit review was disjointed for those with no background. Expectations are widely different among supervisors. Mentor expectations differ from UGME.
- Students can work on a lit review that can be published.
- We are still working with faculty development to get more mentors.
- Students need to know how grades matter re: scholarships, etc.
- There is a great variation in the amount of work students have to do for the lit review. Maybe there can be different goals for experienced and inexperienced students. We could add non-mandatory sessions on lit review for students who need extra help. Split session into step-by-step.
- Students have to do research during curriculum for accreditation.

3.1.4. Community Engagement
- The mean score was 3.2, down from 3.9.
- Assessment received 1.7. The last two years it was 3.7. The response rate was 45%.
- Online material not available on time, received a score of 2.8.
- The students were happy with the early clinical experience. It received a score of 4.7.
- The students felt that community engagement was not responsive, poor organization and the exam was difficult.
- They liked the guest speakers. Suggested more time for questions. Found some of the classes in the course quite interesting. The students want more panel discussion sessions.
- The students would like to have community engagement as a block. They want the exam earlier.

3.1.5. ILS
- ILS received a rating of 3.3 with a response rate of 56%. The highest rated items were the small group session enhanced my learning and they enjoyed the faculty facilitation of the large group sessions.
- The students don't like peer assessment assignment. They don't feel comfortable assessing their peers and students don't like being assessed by their peers. It was changed this year so that the students would give positive and negative feedback. Students

are concerned about negative comments. The mean for the ILS assessment was 3.2.

- In Phase 1, there isn't much to discuss during ILS. Peer assessment is more useful for the leader. Phase 3 students haven't been completing peer assessments. Steve and Joanne discussed with students the importance of peer assessment. They're going to take a few minutes at the end of ILS to do the peer assessment.
- People who write stems don't have access to content. A stem includes a problem to be solved, there are no problems in Phase 1.
- ILS sessions need to be restructured and reduced. They need to be made more specific to what students are learning. The first ILS session that made send to the students was pregnancy, but that has moved to Phase 2.
- The students like case-based learning but six sessions is too much. There is a lot of self-reflection.
- The students didn't receive feedback from the first assignment so were unclear about the second assignment. Lisa Kenny had a session on expectations of the assignment.

4.0.   Standing Items – Course Reports
  4.1. Student Issues - Discussion
  - Akshay will email Amanda with issues.

  4.2. Faculty Issues - Discussion
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5.0   Date Next Meeting: February 23, 2017