

RECORD OF DISCUSSION, ACTIONS AND DECISIONS

MEETING	Phase 2 Management Team	
DATE	June 25, 2014	
PARTICIPANTS/ REGRETS	Attending: Lisa Kenny, Lyn Power via teleconference, Lesley Turner, Vereesh Gadag, Chris Harty, David Bradbury-Squires, David Stokes, Mike Hogan, Pushpa Sathya, Maria Goodridge, Melody Marshall, Vivian Whelan	
AGENDA ITEM	DISCUSSION/ ACTIONS	RESPONSIBLE
Welcome/Introductions		
Review/Approval Agenda	Clinical Skills content matching was added.	
Review/Approval Minutes (April 16, 2014)	<ul style="list-style-type: none"> • Made amendments under 4.1.2. 	
Business Arising/ Standing Items	<p>4.1 ILS</p> <p>4.1.1. Evaluation data being used to refine ILS</p> <ul style="list-style-type: none"> • Feedback through Facebook site. • Students can make suggestions; agree/disagree. • In September students to evaluate facilitators. <p>4.1.2. MELT proposed changes to ILS assessment</p>	

4.2. Special Projects Update

4.2.1. Independent Projects

- Kirsty Tompkins is the Independent Projects Lead.
- All contracts have to be signed.
- Would like to have more faculty engaged.
- Build a relationship between faculty and students.
- Everyone is working on getting their learning contracts signed.
- Four weeks of Independent Projects is too long. We will add some Clinical Skills during that time.

Special Projects

- Would like to move the formative OSCE prior to community placement – 2nd week of September. The students will check with the class.

Issues brought forward to Community Health, Dr. Gadag.

- Community Health was in 3 Phases.
- Biostats and Epidemiology should be moved to Phase 1.
- Would like Biostats, Epi, Clinical Appraisal closer together.
- Occupational Health had 8 hours, now have 2 hours.
- Service Learning for Community Health and Family Medicine should be mandatory. Will be brought to UGMS.
- Students want sessions on health economics. This would have to be approved by UGMS.

4.2.2. Special Projects Reassessment

- Assessment map is detailed.
- Some projects are only worth 4%. However, remediation plan facilitates meaningful engagement in these projects.
- If a student gets below 75% they have to remediate.

4.3. Assessment

4.3.1. Reassessment

- If a student failed reassessment, give a chance to remediate.
- 75% in 3 out of 4 blocks is a pass.
- So far everybody has been successful.
- Reassessment for June 27 will be July 4, 2014.

4.3.2. Remediation

- Plans will be individualized.

4.4. Teaching/Learning Methods

4.4.1. Update from T/L Working Group

- The Working Group met last week.
- Some faculty have online sessions.
- Should post examples of how some changed lecture to online module.
- Have a Q&A online, in print, and a video.
- Put news on website regarding faculty who have done this.
- Osteology online went well.
- With regard to tutorials, tutors don't always cover the same material.
- Only 1 person submits questions for exams.
- Would like to have more tutorials or innovative teaching awards for each block.

4.5. QI Feedback

4.5.1. Students requesting standardized evaluation more frequently

- For the next iteration of Phase 2, students are requesting more standardized evaluation.

	<p>4.5.2. QI Fatigue</p> <ul style="list-style-type: none"> • Clickers are time consuming. <p>Evaluation</p> <ul style="list-style-type: none"> • Not all faculty have their picture on d2l which makes it hard for the students to identify the correct facilitator. • Filter through what doesn't need to be talked about. Maybe a few students can look at this. <p><i>Action:</i> Gerona McGrath will look into the faculty pictures.</p> <p>4.6.</p> <p>4.6.1. Faculty Engagement</p> <ul style="list-style-type: none"> • <p>4.6.2. Medical Grand Rounds May 09, 2014</p> <ul style="list-style-type: none"> • Grand Rounds went well. <p>4.6.3. Family Medicine</p> <ul style="list-style-type: none"> • 	
<p>New Business</p>	<p>5.1. Clinical Skills</p> <ul style="list-style-type: none"> • Some of the class would like clinical skills teaching to coincide with what is being taught. • Some faculty are frustrated when students don't know material before clinical skills. • Timing is off for formative OSCE. • Consideration of adding a 5 minute feedback component. 	

	<p>5.2 Community Engagement</p> <ul style="list-style-type: none">• Community Engagement is the combination of two disciplines – Community Health and Family Medicine.• It is spaced over 3 Phases.• Community Health visit and Black Bag is now called Community Engagement – maybe rename to previous titles.	
NEXT MEETING	September 10, 2014 Room M2M240	