PHASE 2 MANAGEMENT TEAM MEETING			DATE	December 8, 2016	
			ROOM	M2M240	
	Dr. Lisa Kenny, I				
MEMBERS:		Dr. Jinelle Ramlackhansingh, Curriculum Manager, UGME			
		Dr. Vereesh Gadag			
		Dr. Pushpa Sathya, ILS			
		Dr. Lesley Turner			
		Dr. Barton Thiessen, Assessment			
		Dr. Krista Brown			
		Dr. Norah Duggan			
		Dr. Maria Goodridge, Clinical Skills			
	-	Dr. Mike Hogan, Assessment			
		Dr. Amanda Pendergast, Phase 1 Lead			
		Dr. Kirsty Tompkins			
Dr. Don McKay, Associate Dean, UGME					
Katrin Zipperlen					
		Gerona McGrath			
Carla Peddle, UGME Coordinator					
	-	Diana Deacon, Assessment Mr. David Stokes, HSIMS			
		Dr. Steve Shorlin, Faculty Development			
		Peter Gregory, Class of 2019			
		MacKenzie Turpin. Class of 2019			
		Akshay Sathya, Class of 2020			
Rebecca O'Leary, Class of 2020					
	L. Kenny, D. Sto	kes, J. Ramlackhansingh, G. McGrath, P. Gregory, M. Turpin, A. Sat	thva, R. O'Learv. C.	Peddle, D. Deacon, V. Gadag	
PARTICIPANTS		P. Sathya, L. Turner, B. Thiesson			
	1. Sutriya, E. Ta				
REGRETS	M. Goodridge, I	M. Goodridge, M. Hogan, K. Zipperlen			
RECORDING SECRETA	RY Minutes Record	Minutes Recorded – Transcribed by Ms. Vivian Whelan			
NEW MEMBERS	Rebecca O'Lear	y and Akshay Sathya from the Class of 2020 were welcomed to the	e Team.		
		MINUTES			
AGENDA	ITEM	DISCUSSION		ACTION	

1.0.	Review/Ap proval of Agenda		No additions/ approved.	
2.0.	Review/Ap proval minutes from November 7 and 16, 2016		Deferred	
3.0.	Business Arising (Integrated into Standing Items)		Integrated into Standing Items	
4.0.	Standing Items	4.1. Assessment	The assessments discussed at the last Phase 2 meeting - Clinical Skills, Physician Competencies and the Patient – have all been approved by UGMS and SAS. The only outstanding assessment plan for the class of 2020 is Community Engagement. Having no poster in Special Projects has been approved. There will be a PowerPoint presentation instead The major issue with Community Engagement is preceptor assessment. The assessment is based on the Rubric which is in the Family Practice handbook and D2L. The students need to pass. Determinants of Health assignment was in the old curriculum. It has been accepted by SAS. The students felt that it is a combination of Phases 1 and 2. Extra time needs to be given to complete assignment after Community Engagement.	<b>Motion:</b> Propose to approve Community Engagement Assessment map Motion to accept: Lisa Kenny Seconded: Barton Thiessen All in favour
		4.2.1. QI Sessions, ILS focus groups,	Overall mean for the Community Engagement course evaluation was 3.9. Response rate was 52%. PESC is working on improving response rates. Learning environment was positive and visits were considered valuable.	

	ty evaluations	The main weakness was the organization of the course and the redundant nature of assignments. The Class of 2019 had no session on photo essay as the prof didn't show up. The Community visit will be in the middle of Phase 2 instead of after summer break. The assessment plan has been revised to address the redundancies outlined by the students. There will be a preceptor assessment – clinical exercises - instead of a handbook. All students were not notified when new sites became available. For example, a place in Twillingate became available but only half of the students were notified. Another problem with Community Engagement was accommodations. Students don't know who to contact when they can't access accommodations after hours. Phase 1 had an emergency number to contact but there is nothing in Phase 2. There were a number of students who didn't have access to their accommodations and no contact to call. Then they have to find a hotel for the night. They were told a wrong apartment building. The community engagement reps looked into to having an emergency number and were told that is not going to happen. The emergency number worked in Phase 1 but they have no contact in Phase 2.	Action: Lisa Kenny will contact Melody Marshall in RMEN re: accommodations. Action: Report on the next Phase 2 meeting about what responses received regarding the ranking of placements, if new sites opened up. All students not having access to that information.
Evalu Proje	ects	Special Projects evaluation received an overall mean score of 3.8. Epidemiology, Biostats and LEAN scored low. LEAN was poorly received. The students felt that Special Projects doesn't facilitate learning. LEAN Day has been removed from all Phases. Our response is that the organization of Special Projects II was strongly impacted by the fact that the Phase spans the summer vacation for students between 1 <sup>st</sup> and 2 <sup>nd</sup> year medical school. For Independent Projects, the sessional content was covered before the summer break in June while the practical application block did not occur until the Fall. Phase 2 has been revised and will run from January to June. This will allow the session content to be covered closer to when the students apply knowledge to their independent project. Students felt that PLC is too early, it is more relevant to practicing physicians. There are 8 modules in total: 4 in the first year, 2 in the second year, and 2 between years 3 and 4, when it's more applicable. The bulk is done in the first year when students have very little ability to apply it. Explore transmission options for Biostats. In Phase 2 there is one 2-hour session on qualitative research methods. Students who are on a research path want more Biostats. LEAN skill still needs to be in the curriculum. Look at objectives for LEAN and see if they are covered elsewhere. Micro stewardship is more relevant clinically.	Action: Lisa Kenny will contact Victor Maddalena regarding PLC and look at comments from Class of 2017 and how to make it more relevant for students. Action: Lisa will add PLC feedback on the draft report.

	Another issue for some of the students was the utility of the Ethics exercise. Those that had to do it said that it wasn't very helpful. Do a survey to see if it needs to go to HREA or IKER. Students are probably doing the Ethics exercise when they don't need to fill out an application. The exercise should not be the same as the application. Sometimes the preceptor wouldn't read it. Students have reported losing some of the input and then have to redo. The exercise is quite lengthy. Students who don't need ethics approval shouldn't have to fill out the same application as the students who need ethics approval.	<ul> <li>Action: Jinelle will communicate with Kirsty that there needs to be an ethics application for the students that don't require ethics approval that is different than those who require approval.</li> <li>Action: If there are specific comments about the ethics exercise on the PESC report, Lisa will add them.</li> </ul>
	Another issue was Poster Day. The Poster Day was held in one room and the students were divided into groups. When one group is clapping it is hard for the other groups to hear. Maybe it can move to breakout rooms next time. QI sessions were reduced in Phases 1 and 3. Phase 2 has a QI session every two weeks, which is too many. There should be about one a month. Feedback is sometimes lost in translation. Feedback from the SAS rep, UGMS rep, ILS form, and RGS may not match. Students would like to receive feedback. It needs to be address who takes care of what issues. QRS is anonymous. If there is a problem with a faculty member, the name should not be included on QRS and should be evaluated using the faculty evaluation. QI sessions can be used to address faculty issues. Phase 3 changed, there is a vote on issues to see if it needs to be discussed.	<b>Motion:</b> It was proposed to have QI sessions once per month. Motioned by: Lisa Kenny Seconded by: Lesley Turner All in favour
4.3. ILS/Life-long Learning 4.3.1. New ILS assignment framework		
4.4. Special Projects/Physician Competencies		

	4.5. Clinical Skills	
	4.6. Student Issues	
5.0 NEW BUSINESS		No new business
6.0 NEXT MEETING		TBD