

PHASE 2 MANAGEMENT TEAM MEETING		DATE	March 14, 2018
		ROOM	M2M240
	Dr. Lisa Kenny, Phase 2 Lead		
<b>MEMBERS:</b>	Dr. Natalie Beausoleil, Community Health Dr. Pushpa Sathya, ILS Dr. Lesley Turner Dr. Barton Thiessen, Assessment Dr. Krista Brown Dr. Norah Duggan, Community Engagement Co-Lead Dr. Maria Goodridge, Clinical Skills Dr. Mike Hogan, Assessment Dr. Amanda Pendergast, Community Engagement Co-Lead Dr. Tanis Adey, Associate Dean, UGME Katrin Zipperlen Gerona McGrath Carla Peddle, UGME Coordinator Diana Deacon, Assessment Mr. David Stokes, HSIMS Dr. Steve Shorlin, Faculty Development Dr. Jacqueline Costello, interim research Akshay Sathya, Class of 2020 Rebecca O’Leary, Class of 2020 Sheldon Smith, Class of 2021 Kaitlin Quinlin, Class of 2021		
<b>PARTICIPANTS</b>	Lisa Kenny, Rebecca O’Leary, Kaitlin Quinlan, Amanda Pendergast, Steve Shorlin, Gerona McGrath, Katrin Zipperlen, Natalie Beausoleil, Maria Goodridge, Diana Deacon, Pushpa Sathya, Jacqueline Costello  Observer: Jinelle Ramlackhansingh		
<b>REGRETS</b>	Norah Duggan, Tanis Adey, Sheldon Smith, Carla Peddle, David Stokes		
<b>RECORDING SECRETARY</b>	<i>Minutes Recorded – Transcribed by Ms. Vivian Whelan</i>		
<b>NEW MEMBERS</b>			

**MINUTES**

AGENDA	ITEM	DISCUSSION	ACTION
1.0. Review/ Approval of Agenda			
2.0. Review/Approval minutes from January 24, 2018		Motion to approve January 24, 2018 with 4.4 moving to 4.5. Motioned by: Natalie Beausoleil Seconded by: Maria Goodridge All in favour	
3.0. Business Arising		Integrated into Standing Items	
4.0. Standing Items	4.1. Assessment	Deferred	
	4.2. Evaluation	Faculty evaluations are moving along. Course evaluations will be done in June. There will be a couple of QI sessions.	
	4.3. ILS/Life-long Learning	Sessions are going well. There are no issues with attendance. Dr. Sathya worked with Dr. Daley to create more clinically based stems for this month. Infectious disease content was more interesting. A working group has been formed that includes the ILS leads from all three phases. They will look at ILS in response to the PESC report. Facilitators have not been scheduled for all ILS sessions. Katrin helped obtain facilitators. It helps to have family medicine involved but had 2 specialists this time. Facilitators don't know what the stems are. Some community physicians have a stipend with the Medical School. Can they come once or twice? Maria will contact Kath Stringer. We can come up with themes that the ILS stems will be approximately based on. The first Life-long Learning assignment is done.	

	<p>4.4. Community Engagement</p>	<p>There was a major issue with attendance February 19 – 23. One class between February 21 and 23 had two students. Community Engagement has a component on attendance. Faculty feel it is a waste of their time when the students don't show up for class. Can the Med School have a break the same as the rest of campus? It is demoralizing to faculty. Students coordinate with Western Health for their ski weekend trip.</p> <p>If students are planning something off campus, can UGME be informed.</p> <p>Students missed a Professionalism session. 50 – 60 students went to the ski weekend. In the future, assign a Friday for the ski weekend.</p> <p>There is one course in community engagement that was in the fall for the first year and it has been pushed to the winter. That should be pushed back to the fall at the beginning – reflective practice. Students hear about reflective during the fall but they know nothing about it.</p> <p>Four students weren't able to go to rural placement. They were placed in St. John's. Praise was given to Janet Bartlett, Community Health, for her hard work.</p>	
	<p>4.5. Physician Competencies</p>	<p>On April 27, the Research Day, there is a first annual Conference of Atlantic Medical Students at Dalhousie, New Brunswick. According to Student Affairs, any of our medical students who are attending, will be representing MUN. Several leave requests have been received. Students should be given a deadline to submit leave requests. Maybe ask the students to submit a leave if they are attending. Faculty are needed to judge the poster presentations.</p> <p>Research methods should be in the fall in Phase 1, instead of Phase 2, close to the literature review. It needs to come before the research question. Students would also like their research question talked about in Phase 1. Natalie – schedule her sessions closer together. Natalie will email Amanda Pendergast with the sessions. Biostats and Epidemiology is taught in Phase 1. Attendance in some of her classes was really low.</p>	

		There needs to be some kind of assessment so that students understand research.	
	4.6. Clinical Skills	Remind tutors to give students more time before the end to give them enough time to get to another class. Feedback form is confusing, needs clarification. Some students think they are being marked on how well they know their stuff as opposed to how well they are doing the instructions. There needs to be some clarification about the purpose of the feedback. In clinical skills, Phase 2, there are some communication sessions first and then systems. There is a meeting next week about it. There needs to be a link to the systems more effectively i.e., have GI skills about communication. Would like to have communication skills finish in Phase 1.	
	4.7. Student Issues	Students would like to learn about diseases before antibiotics. One lecture about kidney stones and UTI was rushed. Can the instructor have more time? 40 minutes was spent on kidney stones and 10 minutes on UTI when instructor realized time was running out.	
5.0 NEW BUSINESS			
6.0 NEXT MEETING		TBD	