

**Phase 2 Management Team
November 7 and 16, 2016
1600- 1730
M2M240
Minutes**

Present Nov 7: Lisa Kenny, David Stokes, Steve Shorlin, Jinelle Ramlackhansingh, Maria Goodridge, Gerona McGrath, Peter Gregory, Carla Peddle, Diana Deacon, Katrin Zipperlen, Vivian Whelan, Vereesh Gadag, Mike Hogan, Kirsty Tompkins

Note: Meeting on Nov 7, 2016 quickly adjourned secondary to building evacuation order.

Present Nov 16: Lisa Kenny, Steve Shorlin, Maria Goodridge, Don McKay, Peter Gregory, MacKenzie Turpin, Lesley Turner, Carla Peddle, Katrin Zipperlen, Diana Deacon, Vereesh Gadag, Jinelle Ramlackhansingh, Barton Thiessen, Kirsty Tompkins, Pushpa Sathya, Vivian Whelan

1.0. Review/Approval of Agenda

No additions

2.0. Review/Approval minutes from September 14, 2016

Vereesh Gadag to be added to those present.

Motion to accept: Vereesh Gadag

2nd: Maria Goodridge

All in favour.

3.0. Business Arising (Integrated into Standing Items)

4.0. Standing Items

4.1. Assessment

- 6760- Clinical Skills II- The assessment plan for Clinical Skills was reviewed. Although the assessment plan is identical to the last iteration, Neurology clinical skills will not be taught or assessed in this iteration of phase 2. Secondary to the decrease in the number of Phase 2 weeks, it is not possible to complete all system clinical skills in time for the OSCE. Neurology Clinical Skills will now occur in Phase 3 for the class of 2020. Motion to approve 6760-assessment plan. All team members present voted to approve.
- 6780 – Community Engagement II-The assessment plan for Community Engagement II has not been approved by SAS. Evaluation data, other student feedback and the deletion of a community visit in phase 1 have led to a revision of the assessment plan. A community visit essay and a preceptor assessment will replace the photo essay and a family medicine handbook. There are ongoing discussions about the details of these components. The final assessment plan will be presented at the next Phase 2 management team meeting prior to seeking UGMS approval.
- 6750 – The Patient – Acute or Episodic Health Problems - The assessment plan was reviewed in detail. It is similar to previous iterations. Discussion about the new structure of phase 2 as students will not have classes for 5 weeks. For two weeks before Spring break and

two weeks after Spring break students will be assigned to independent projects or community placement. This structure rises difficultly with scheduling the reassessment for the Block 4 exam. We will work with the students affected to ease this timing issue. All reassessments must be completed by July 7 to ensure promotion. Motion to approve 6750- assessment plan. All team members present voted to approve.

- 6770 – Physician competencies II - has replaced Special Projects II. The assessment plan is similar to previous iterations. LEAN has been removed from the assessment plan. This is pending the result of a motion before UGMS. This is based on Evaluation data from PESC. The LEAN marks have been distributed to Biostats and Epidemiology to more evenly distribute marks per hour of content. The student representatives voiced concerns regarding the poster component of independent projects. In a lively discussion the group acknowledged the utility of revisiting a poster in phase 2 however it was agreed that the content of the deliverables in phase 2 is not appropriate to present in a poster form. Action Item: remove poster from assessment plan and replace it with a PowerPoint presentation. The phase 2 management team will make a request that a PowerPoint presentation be added to the phase 3 curriculum for the class of 2020 onward. Motion to approve 6770 assessment plan with discussed revisions. All team members present voted to approve.

4.2. Evaluation

4.2.1. Evaluation of Class of 2019 Courses

- 6750 – The Patient – Acute or Episodic Health Problems – All evaluation data was reviewed. The patient course mean score was 3.9. The response rate was only 44%. PESC has processes in place to improve response rate. Response. The strengths and areas of for improvement were discussed in detail. Action plans and timelines for addressing key weaknesses/areas for improvement: As a result of changes to the lengths of all the phases (i.e., the shortening of Phase 1 to four months, the reorganization of Phase 2 to take place in one six month block from January to June, and the lengthening of Phase 3 to ten months), there will be a reorganization of content for the next offering in January 2017. Some topics, such as cardiology, will be moving out of Phase 2 and into Phase 3. Phase 2 will have immunology, reproduction, and pregnancy added. All identified issues of sequencing have been addressed. An earlier release of the schedule and an improved mechanism for notification of sessions in conjunction with the addition of UCL (undergraduate curriculum leads) will help improve the number of faculty attending sessions.

Other comments: Each year the worst rated statement is “online learning material were available on time”. HSIMS works very hard to ensure all materials submitted by faculty are posted as soon as possible. UGME and now the UCLs will continue to address this issue. The phase management team discussed this particular item and felt it was not really a useful statement because of the ambiguity around the idea of ‘on time’. Perhaps PESC should consider rewording it so it is less ambiguous such as within 48 hours of the session. All team members present agreed with response report and the report will be forwarded to PESC.

- 6760- Clinical Skills II- The strengths and areas of for improvement were discussed in detail. The course remains consistently popular among

students and students felt the objectives of the course were being met. Action plans and timelines for addressing key weaknesses/areas for improvement: The structure of the demonstration sessions is being changed. The new model will consist of demonstration sessions for eight groups of ten students in multi-disciplinary labs, instead of one demonstration in front of the entire class. This format should permit students to see and hear more clearly the demonstration. Students will then move into smaller groups of five students each (16 groups in total) for their small group practice session. The issue of tutor variation is a difficult one to address because of the variability of the experiences of the tutors. We accept that some degree of variability will exist; tutors do receive the objectives of the sessions ahead of time and receive them again on the actual day of their session. In an effort to improve the situation, the Clinical Skills Committee is considering developing a checklist for tutors to follow. Also, discussions between the Clinical Skills Coordinator and HSIMS have started about possibly having a password-protected site where tutors can go anytime to see the objectives and details about their sessions. All team members present agreed with response report and the report will be forwarded to PESC.

4.3. ILS/Life-long Learning

4.3.1. PESC Evaluation report

- PESC conducted a separate evaluation of ILS. The mean score was 3.5. The learning environment in ILS was positive, the small group portion of the sessions, and faculty facilitation of the large group sessions were identified as strengths. Action plans and timelines for addressing key weaknesses/areas for improvement: With respect to the organization of ILS, the value of the large group activity in ILS has been a source of frustration for students since the introduction of the session within the new curriculum. The main change to address the perceived problem has been to change the focus of the large group sessions from simply reporting back on their own discussions to having the presenters actively engage the class through questions and prompts to initiate discussion. The peer assessment format has been changed. Students are no longer completing a simple Likert scale but instead offering coaching comments to their peers. The Phase 2 and 3 Leads will have sessions with students discussing in detail the ILS assignment requirements and elements of the rubrics. The root of the confusion appears to stem from assessment of creditability of resources. Phase 2 student have not completed critical appraisal. We have revised the ILS assessment to reflect a graduated approach and deferring assessment of creditability of resources until Phase 3. All team members present agreed with response report and the report will be forwarded to PESC.

4.6. Student Issues

- Addressed in the standing items

6.0 Date Next Meeting: TBD