

PHASE 2 MANAGEMENT TEAM MEETING		DATE	October 23, 2017
		ROOM	M2M240
	Dr. Lisa Kenny, Phase 2 Lead		
MEMBERS:	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. 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 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		
PARTICIPANTS	Lisa Kenny, David Stokes, Sheldon Smith, Kaitlin Quinlan, Akshay Sathya, Maria Goodridge, Barton Thiessen, Vereesh Gadag, Katrin Zipperlen, Gerona McGrath, Pushpa Sathya, Diana Deacon Jacqueline Costello		
REGRETS	Carla Peddle, Mike McGrath, Don McKay, Amanda Pendergast		
RECORDING SECRETARY	Minutes Recorded – Transcribed by Ms. Vivian Whelan		
NEW MEMBERS			

MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
1.0. Review/ Approval of Agenda		Added Terms of Reference	
2.0. Review/Approval minutes from June 5, 2017			
3.0. Business Arising		Integrated into Standing Items	
4.0. Standing Items	4.1. Assessment	Nothing new	
	4.2. Evaluation	<p>Course evaluation and response reports were reviewed in detail for each course. The response rates for each course was low therefore, any signal of strength or weakness must be interpreted with caution.</p> <p>6750 The Patient: Acute and Episodic Health Problems - response rate of 28%. Dr Alan Goodridge met with the class to discuss the value of evaluation.</p> <p>Overall the course received the same overall rating as last year.</p> <p>A major weakness was online learning materials were made available in a timeline appropriate to the learning objectives of the session. This is a cross phase issue. Students equate not having PowerPoint slides available before the session with achieving this statement. Many faculty members are not supportive of posting slides prior to sessions as they feel it may negatively impact attendance. Also Faculty members are not obligated to post their slides online. The UGME office and HSIMS have refined processes to improve faculty compliance with this request. The phase management team strongly feels this statement is not a reflection of the patient course but endemic to the UGME curriculum. We will request that</p>	<p><b>Dr Kenny to formally request PESC consider the removal this item from the course evaluation.</b></p>

		<p>PESC remove this statement from the course evaluation. However, we will continue to work with Faculty, HSIMS and UGME to improve compliance with this statement.</p> <p>Another area identified for improvement is, “the organization of the course helped my learning”. This iteration of phase 2 had many sessions added to Phase 2. These additions were necessary to align the phases with the University Calendar. The addition of these phase 1 topics posed challenges with organization of content. We are currently building a schedule based on themes to improve organization of content.</p> <p>Another area of that requires improvement is “the topics presented were effectively integrated”. This statement relates to integration of topics within the patient course. Our strategic plan for this year to enable Content Leads to work together to effectively integrate topics. We have purposed the creation of a new faculty position, Director of Curriculum. There is also an active ILS working group who will work to more effectively integrate the ILS sessions with Patient sessions.</p> <p>Phase 2 - Integrated Learning Sessions</p> <p>As peer assessment in ILS has consistently been received poor evaluation score. UGMS and The Phase management teams formally asked SAS to generate a report to address the peer assessment curriculum. SAS has proposed the removal of peer assessment in ILS. They have adopted a new forum for students to gain experience with peer assessment. This new peer assessment opportunity is rooted in the role of the professional. For the next iteration of phase 2 we will not only adopt the SAS recommendations for peer assessment but build on the feedback from its implementation in Phase 1. Many students felt the ILS assignment was very time consuming. The next iteration of this assignment will eliminate redundancies while retaining the educational value of the assignment. PESC is current competing a focus group based evaluation of ILS across all three phases. We will adopt the recommendations of PESC work.</p>	
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		<p>MED 6770- Physician Competencies II</p> <p>One must acknowledge that this report is generated based on a 26% response rate. Overall the course was well received.</p> <p>Areas identified for improvement</p> <p>1) Biostats. The Biostats sessions are largely lecture based. Attempts to switch to applied Biostats sessions in the past were not well received by students. We will request that the Cross phase research committee explore the integration of Biostats with the Research Curriculum sessions.</p> <p>2) The Physician Leadership curriculum has undergone a formal review. The curriculum is undergoing a revision based on this report.</p> <p>3) Interprofessional Education - The team has received a copy of this report. It is difficult to assess issues related to this topic as students only gave 2 vague comments about the content. This team is dedicated to quality improvement. They are continuously improving this experience for students.</p> <p>Community Engagement</p> <p>This course was well received.</p> <p>Key weaknesses identified pertained to timely communication with sites to ensure physicians are prepared for their role as a preceptor. There is ongoing processes in place to improve communication.</p> <p>Clinical Skills</p> <p>The course was well received.</p> <p>Key weakness was students felt some preceptors didn't teach the objectives. There are ongoing communication efforts to ensure faculty know the objectives of each session.</p> <p>As MSK was identified as an area for improvement an extra session will be added next year.</p>	
	4.3. ILS/Life-long Learning	Addressed in discussion of the course evaluation report response	

	4.4. Physician Competencies	Addressed in discussion of the course evaluation report response	
	4.5. Clinical Skills	Addressed in discussion of the course evaluation report response	
	4.6. Community Engagement	Addressed in discussion of the course evaluation report response	
	4.7. Student Issues	<p>Students are requesting extension of cut off time between sessions and assessments. Students feel they need greater than 48 hrs between session and assessment. Students state this would relieve stress. Students suggest Monday cut off for Friday assessment or Thursday cut off for Monday.</p> <p>The current cut off is the ILS session.</p> <p>Students state they would prefer not to have ILS sessions before assessments.</p>	<b>Dr. Kenny to explore changing the cut off for each assessment.</b>
5.0 NEW BUSINESS	5.1. Terms of Reference	<p>The proposed changes to the Phase Management Team Terms of Reference were reviewed. These changes addressed needs in phase 1 and 3</p> <p>Dr. Kenny asked the team to reflect on the Terms of Reference and e-mail her with any concerns before the next UGMS meeting.</p>	
6.0 NEXT MEETING		TBD	