Phase 3 Management Team Minutes

Wednesday, December 4, 2019
4:00 p.m.
2M240

Attendees: Jasbir Gill, chair, Steve Shorlin, Heidi Coombs, Alison Haynes, Carla Peddle, Tanis Adey, Ryan Smith, Katrin Zipperlen, Rod Russell, David Stokes, Meena Saad, Jerry McGrath, Brian Kerr, Debra Bergstrom, Vivian Whelan

Regrets: Diana Deacon, Suzanne Drodge, Rick Audas

Guest: Vernon Curran

Topic	Details	Action Items and person responsible
Introduction and Welcome	Dr. Vernon Curran, SAS chair re: Peer assessment process	
Agenda review - Review for Conflict of Interest - Confirmation of Agenda	Added Carla Peddle to regrets	
Review and approval of prior minutes – October 2, 2019 - Review of action items from previous meeting		
1. Business Arising		
2. Assessment Working Group	The Peer Assessment process was changed from the ILS groups to the clinical skills groups. The ILS groups have 8 learners per group but the clinical skills groups only have 4 learners per group. Diana Deacon and Vernon Curran reviewed best practices. They looked at how peer assessment was being done. Also they tried to identify some	

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	validated assessment tools that have been used in the past. There are a number of different peer assessment tools which they narrowed down to one which was shown to have good validity and good reliability. That particular tool focused on professionalism competencies. Learners assess their peers based on professional competent traits. They proposed to adopt that professional competent scale as a peer assessment tool and to introduce it in Phases 1 – 3 with it being link to the clinical skills courses. Feedback from learners found it effective to be exposed to peer assessment. An evaluation was done of the new process. It has been in operation for a couple of years. Generally the feedback from the learners was that they found that the means for them to complete the peer assessment survey was affective. They thought it was usual to be exposed to peer assessment. They were less sure about the educational benefit of doing peer assessment of professionalism of their peers. Groups of less than six is not reliable. The reliability of the scale falls below the cut off score, which is about .7. Clinical skills groups are less than six. In all phases there should be an enhanced orientation around the purpose of peer assessment and the use of the scale. Upon the review, there was an error found on one45 which has since been corrected. Going forward all the scores received by the learners are accurate. There were some items that the	

	learners didn't feel appropriate evaluating their peers on such as appropriate dress and recommending the peer to a family member. Those items were removed. Learners are rating high on the scale. All items on the scale reflect professionalism. Is there another area with larger groups? When it was in ILS, it wasn't about professionalism. ILS includes the same group of 8 learners throughout the phase. ILS isn't a professional setting such as clinical skills. Can they evaluate everyone in the ILS group and the clinical skills group?	
3. Research Curriculum Group	Three students haven't submitted their research plan. The rest have sent research plans with more detailed timeline. Nine are waiting on ethics. Chandra had a drop-in session that nobody attended. Students could ask questions regarding their own case.	
4. Clinical Skills	There are several areas in accreditation standards with gaps. Critical decision making needs to be included. It is recommended to add practical guidelines along with diagnoses, which requires an addition of an objective. The assessment plan will have to change.	Jasbir Gill will bring this to UGMS to implement next year.
5. PESC	The focus group will discuss ILS next week. During QI, information is gathered in the morning before ILS and then it is discussed in the large	

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	group. The low response rates are not reliable. Does lecture capture effect response rate?	
6. Curriculum Lead	Objectives need to be added to Radiology/Urology. Patient Safety is changing into small groups. The Urinary Tract Infection lecture needs to go to UGMS for approval.	All in favour of bringing it to UGMS
7. Student Issues	There were some comments from staff and learners regarding Cardiology material being outdated. They are going to try to reformat for next year. Abnormal ECG is difficult. There is too much information in one hour. The questions on the block 3 exam were more difficult. All questions on the exam are approved by the instructor. Questions are asked for one month in advance. The UCL can speak with the lecturer to make sure questions are appropriate. Alison brought it up at UGMS, there is no process. Stats can be obtained for questions if asked. They are not automatically sent. UCLs need access to colleagues' questions. A lot of the questions in Phase 3 were not related to lecture material. Instructors don't know what ends up on the exam. Five questions are asked; two formative, two summative, and one for reassessment. COWG are recommending changed to the emails sent asking for questions and content.	Jasbir will contact Suzanne Drodge and/or Diana Deacon regarding UCLs accessing colleagues' questions.

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8. Faculty Issues		
9. Accreditation Updates	Everyone will get data collection tools. Learners are talking about learner survey in June. Communication plan is coming together.	
Next Meeting	January 8, 2020	