

**Phase 3 Management Team  
December 3, 2014  
1600- 1730  
M2M240  
Minutes**

**Present:**

Joanne Hickey	Susan Mercer
Maria Mathews	Debra Bergstrom
Don McKay	Laura Gillespie
Jatin Morkar	Lynn Morris-Larkin
David Bradbury-Squires	

*Staff*

David Stokes	Gerona McGrath
Diana Deacon	Vivian Whelan

**Apologies:**

**1.0. Review/Approval of Agenda**

Correcting of assignments was added to New Business.

**2.0. Review/Approval Notes October 24, 2014**

Motion to approve: Susan Mercer  
2<sup>nd</sup>: Maria Mathews  
All in favour.

**3.0. Business Arising**

- 3.1. Assessment Co-Lead
- 3.2. Regular Meetings

**4.0. Standing Items**

- 4.1. Integrated Learning Sessions Working Group
  - The ILS sessions are going well.
  - Two have been done so far. There is another one this week and three more have been prepared.
  - There is a meeting on December 19 to work on the next four sessions.
  - A student had some ideas of how to improve the sessions. She is working with Steve Shorlin.
  - Some changes were made for the last session. For each stem, the leads of the group for the medical expert and the non-medical expert sessions are facilitating a discussion as opposed to presenting.
  - The students would find it helpful if the steps of what the leader has to do with distribution of assessment and then what the participants have to do with the leader were written down.
  - Should have a backup plan in place in case of a snow day. Maybe have D2L as a backup where they could have a discussion board.
  - Susan will speak with Greg Sherman (Phase 1 ILS Lead) about what they did last year in Phase 1.

#### 4.2. Assessment Working Group

##### 4.2.1. Message to faculty

- Most people respond favourably with the correct question format.
- Diana sent out an email about how the questions should be formatted.
- For the Working Group, it helps to have a co-lead.
- Most of the questions in the old question bank are useless. The faculty members have to make up questions from scratch.
- Questions are being asked for well in advance of the exams.
- Need to brainstorm as to how to get faculty engaged. Joanne will send out FAQs again. Maybe send an invite to come to ILS.
- Most of the assignments are corrected by the individuals who teach.
- The Physician Leader Certification course has changed. They are not being corrected by the teachers.
- We need to look at options for correcting assignments. Dr. Maddalena, Phase 1 Lead, has a grad student helping him correct assignments.

*Actions: Joanne asked that if anyone has any ideas about correcting assignments to send them to her. Diana will assemble a list of projects and assignments.*

#### 4.3. Special Projects

- Deadline for submitting the independent projects was Friday.
- Enough projects were received but may not have enough for the next round.
- Need to get the word out that we need projects.
- Instead of a poster, the students will be asked to give a 5-minute PowerPoint presentation. Maybe run them simultaneously by breaking them up into groups. May need 10 judges.
- Each student in the groups of 8 will each take their turn presenting. Then the students will evaluate their peers. There will be a rota of student moderators.
- The length of the Community Visit has changed. It was one week per half class over a 2-week period. The students have requested to change it back to two whole weeks.
- In Phase 1 it was suggested to the students to come up with a project idea.
- If students are in a group, they each have to do their own PowerPoint presentation.

#### 4.4. Teaching/Learning Methods Working Group

- Online teaching is an issue for faculty who have promotion and tenure based on contact with students. This was brought to UGMS and it will be addressed.
- There is also a move towards finding champions of new technique. So that people who have done something and found it worked, to actually share it with other people.
- Ken Kao had moved from his Histology lab to breaking the class into breakout groups. Instead of microscopes, everything was done on the screen using digital technology. He will be asked to present to the group from a Pathology point of view.
- Approximately 17% of this block is small group.
- The faculty needs to be educated on how things are done.

#### 4.5. Quality Improvement

- The positive outcomes were related to how the spiral curriculum is coming together.

- The quality improvement sessions follow the Integrated Learning Sessions.
- In the morning the students are given a sheet in their groups and are asked for their ideas on two things that went really well in the past block; two things that didn't go well; and two suggestions for improvement.
- Changes have been slow but we are getting there.
- Since Phase 3 started, the spiral curriculum seems to be coming together. The main difficulty the last time around was related to the rooms, i.e. the Phase 1 students were in the tiered room most of the time while the Phase 2/3 students were assigned to the flat room. This has been addressed.
- We need to continue with faculty development about encouraging faculty to be positive about the new curriculum.
- Quality improvement was introduced earlier in the curriculum so that changes could be made and feedback given to faculty members and administrators earlier in the process. In the previous curriculum it was always at the end of a course and the course chair would get input but couldn't make changes until the next iteration of the course.
- Gerona makes a monthly report to the Program Evaluation sub-committee. Then that gets wrapped up with the UGMS committee.
- For the faculty there has been a concern to orientate the students and get their feedback.
- From the faculty's perspective, they've had a very general orientation about the new curriculum. Assessment maps aren't always up, objectives aren't always up.
- Faculty responsibilities have changed.
- Last year there were a series of focus groups with students, faculty, and staff and Gerona has been asked to continue with that. Faculty who taught are asked to bring their concerns.
- There should be a one person liaison who can answer questions from faculty.

#### 4.6. Student Issues

- Clinical Skills was moved from December 15 to the afternoon of December 19. The request to move Clinical Skills from December 15 was requested by the students. Some people have booked a flight on December 19. Because it is before Christmas break, it is being looked into.
- Joanne will speak with the class tomorrow morning.
- If students miss Clinical Skills, they will have to use personal leave.
- The students would like to have a more formal leave policy.
- Maybe when students ask for a change, they can give suggestions.
- Students shouldn't book travel during white space. They should be available until 4:00 p.m., Monday to Friday.
- Dr. McKay suggested that the students give us feedback for a leave policy.
- When QI is being done is to be careful of when a change was made to accommodate but then was asked to change again to another time.
- With regard to Community Placement, some students may stay in St. John's. This will be looked at by a case by case basis.
- If a student stays in St. John's, it will be for a very specific reason.

#### 4.7. Faculty Issues

- Faculty concerns will be addressed.
- Need to put together an orientation package per block.
- Each of the three aboriginal sessions resulted in a reflection. There are 240 reflections in a two week period that the students would have had to write.

Now faculty have to evaluate them. The reflections can't be combined into one joint reflection.

- Maria Mathews' exam is before her last session.
- The students would like to have Community Health topics closer together. If that was done, then wouldn't be spiral.

#### 4.8 Accreditation

- There is one aspect of accreditation that Dr. McKay would like to receive suggestions of how to proceed.
- The issue has been dealt with in Phase 1. Needs to be addressed in Phase 3.
- Under CBlue on the session information pages, there should be an extra box called "Related Course Goal(s) to Session" with links to Related Program Competencies.
- Our program objectives are loosely based on Can Med objectives of which there are seven broad areas. Medical expert is one of them (me).
- The program has to be link to the program objectives.
- There is also a box that includes "Related MCC Medical Expert Objectives."
- Phase 3 doesn't have any linkages or related objectives. This needs to be done.
- Juanita Barrett has some of this information. Dr. McKay will check with her to see what has been done.
- Dr. McKay asked that everybody mark February 25, 26, and the morning of 27 for the accreditors visit.
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**5.0. Date Next Meeting:** January 7, 2015 4-5:30