

**Phase 3 Management Team**  
**September 2, 2015**  
**1600- 1730**  
**M2M240**  
**Minutes**

**Present:**

Joanne Hickey – Chair, Lynn Morris-Larkin, Debra Bergstrom, Susan Mercer, Gokul Vidyasankar, Don McKay, Steve Shorlin, Diana Deacon, Gerona McGrath, Carla Peddle, Maria Mathews, Brian Harnett, Laura Gillespie, David Stokes, Jinelle Ramlackhansingh, Vivian Whelan

**Welcome**

Dr. Jinelle Ramlackhansingh, Curriculum Manager, was welcomed and introduced to the Team.

**1.0. Review/Approval of Agenda**

No additions

**2.0. Review/Approval Minutes June 3, 2015**

Motion to approve: Gokul Vidyasankar

2<sup>nd</sup>: Maria Mathews

All in favour.

**3.0. Business Arising**

**3.1. Student Workload**

- The student workload was a big issue and had an impact on other areas.
- 3.1.1. Assessment Map Change
  - The assessment map was changed towards the end. SAS has conducted a review since of how medical schools across the country assess.
  - The recommendation is to change the assessment criterion based on the Hofstee method.

**3.2. Proposal to UGMS re: Subject Chairs**

- Jinelle is forming a working group to move forward with this. There will be a meeting on September 24.
- This doesn't need to go to UGMS. The working group includes all four Phase Leads, Sean Murphy and Donald McKay.

**4.0. Standing Items**

**4.1. Integrated Learning Sessions Working Group – Report**

- There will be a meeting on September 9.
- The stories need to be developed.
- The stems are there from last year.
- There are no facilitators yet.
- May have some new stems.
- ILS assignment changed in Phase 1; asking to do 3 or 4 can med role was changed to 1 med expert and 1 can med role. This should be across all Phases with a different role for each assignment.

**4.1.1. Identification of action items prior to start of Phase**

- Joanne will take to Phase Leads that we need new stems.

#### 4.2. Assessment Working Group – Report

- Going back to faculty for question review should become less often.
- Maybe release the unadjusted Hofstee on the same day of the exam. If credits, students can be informed later. Will see after each exam.
- Encourage students that they all have room for improvement.
- It is in the Faculty Handbook that a certain number of questions are required. We are in the position that there are a bank of questions so faculty don't have to write all new questions.
- Faculty can come to Diana for stats on their questions.
- The new pass mark for everything is 70%.

##### 4.2.1. Identification of action items prior to start of Phase

#### 4.3. Special Projects/Independent Project Working Group – Report

- Independent Projects has been changed back to two weeks.
- A firm deadline for the learning contract is needed. Some students didn't complete the learning contract. Maybe give an incomplete if not passed in on time. Students filled out the same rubric as faculty, this needs to change.
- Poster Presentation received good feedback. A 5-minute presentation isn't long enough; 10 minutes would be good (5 minute presentation and 5 minute Q&A).
- Feedback from Faculty felt that the students didn't put a lot of thought into which Can Meds role and how much. Can ask students to provide a Can Meds Pie Chart instead.
- Rubric scale is too small: 1-4. The scale needs to be changed and the wording in the Rubric needs to be changed.
- The students completed the same Rubric that the faculty completed for each student's presentation. Going forward, we need to think of a new way to do it rather than a Rubric.

##### 4.3.1. Identification of action items prior to start of Phase

#### 4.4 Teaching/Learning Methods Working Group – Report

- No update.

#### 4.5. Clinical Skills – Report

- Discussed evaluation – quite pleased.
- Issue with faculty inconsistency. Getting faculty is becoming increasingly difficult. Faculty have a minimum requirement but many are not meeting their obligation.

#### 4.6. PESC/Quality Improvement – Report

- After each block, students give faculty evaluation. QI sections are loosely worded. We can tailor the questions the students receive. Maybe have more substantial information.

#### 4.7. Student Issues – Discussion

- No issues.

#### 4.8. Faculty Issues – Discussion

- Faculty want access to all schedules. Phases 1 & 2 are online.

#### 4.9. Accreditation

- We need to be vigilant on making sure the block review is completed in a timely fashion.

## 5.0 New Business

### 5.1. Review of Course Evaluations First Iteration

- The Chronic Conditions Course received an overall score of 3.4.
- The response rate of the class was less than 50%.
- ILS small groups rated well. The large group sessions received negative remarks.
- For the Class of 2018, the first block is the biggest but for the Class of 2017 the last block was the largest.
- UGMS has decided that the maximum pass is 70% and minimum is 60%. Maximum failure rate is 10% and the minimum failure rate is 0%.
- SAS will look at the total number of failures on an ongoing basis.
- We need to help faculty refine and improve sessional objectives as we move forward. Some objectives have been cleaned up.
- We also need to help faculty with question writing.
- If faculty need help with objectives they can contact Jinelle.
- Content integration received a score of 2.9 (content attached to objectives and content integration).
- A lead is needed for each area to facilitate communication amongst groups.
- Need to identify which sessions can be integrated.
- The Faculty Handbook is now live. An email went out from Joanne to faculty with a link to the Handbook.
- Stories used by faculty receive a score of 1.8 and has been taken out of evaluations.
- Going forward assess each block. The review can be done when the block is finished. Identify what worked and what didn't and include an instructional designer.
- ILS received a score of 2.7
- A small change was made at the end of the year. There were 10 groups: 5 med expert and 5 non-med. This was changed so that all groups spoke about both roles.
- There is no faculty in the small groups to give guidance.
- ILS in other phases received similar comments.
- ILS is being used to meet one of the accreditation criteria, life-long learning. Next year we can ask the class of 2017 to provide evidence that they have advanced in their life-long learning skills.
- There is a lot of repetition in large groups. Sometimes sessions move but the stem is still talked about. Maybe have a refresher for students.
- It would be helpful if faculty/facilitator have a map of objectives for ILS.
- Can there be a facilitator for each group?
- When questions are asked the students are more engaged.
- Students are not engaged when ILS is before an exam.
- There have been some faculty identified as champions.
- Maybe a Team member who is engaged with ILS could attend some sessions to move things along.
- Clinical skills received a score of 4.4.
- Special Projects received a score of 3.5.
- Independent projects was well received.
- Faculty who are approached to be mentors would like some guidance.
- There was an overabundance of reflections but that has been streamlined.

*Action: Joanne Hickey will revise Special Projects and send out.*

#### 5.1.1. Input on proposed response as drafted by Phase Lead

**6.0     Date Next Meeting:**     October 7, 2015