

**Phase 3 Management Team**  
**September 7, 2016**  
**1600- 1730**  
**M2M240**  
**Minutes**

**Present:**

Joanne Hickey – Chair, Gerona McGrath, Maria Mathews, Debra Bergstrom, Carla Peddie, Nadine Rockwood, David Stokes, Steve Shorlin, Lynn Morris-Larkin, Laura Gillespie, Jinelle Ramlackhansingh, Susan Mercer via teleconference, Diana Deacon, Vivian Whelan

**Regrets:**

Gokul Vidyasankar, Don McKay, Katrin Zipperlen

**1.0. Review/Approval of Agenda**

No additions

**2.0. Review/Approval Minutes June 1, 2016**

Made a correction under 4.5 and moved it to 4.6.

Motion to accept: Maria Mathews

2nd: Lynn Morris-Larkin

All in favour.

**3.0. Business Arising**

**3.1. Undergraduate Content Lead Recruitment**

- Most of the Undergraduate Content Leads are in place. There is still a need for Obs/Gyne, Surgery Content and Pathology Leads. Lisa and Jinelle are going to join a surgery meeting towards the end of the month.
- There was a good UCL meeting.
- HSIMS is in the process of developing a D2L site for UCLs to help manage what they are responsible for. It will also allow them to quickly navigate what was last year's content and what is this year's content. They may be enrolled in courses that they may not have been enrolled in before.

**3.2. Tutorial/small Group teaching guidelines/standardization**

- Ongoing work. There will be a meeting soon. Steve would like to set up a development workshop for faculty. Lynn has been drafting guidelines.

**3.3. Peer Assessment**

- ILS evaluation was excellent. The students didn't like the Likert scale – this was changed. Students now write a narrative comment.
- There is a Pragmatic Reflection with two questions mid-way through the Phase and at the end of the Phase. This is a formative tool for the students. The two questions are: 1. Name one change in your group work that you have implemented or plan to implement based on the feedback you have received; 2. Name one thing that you plan to change in your feedback delivery based on what you have learned in the peer assessment process.
- Joanne will give a session to the Phase 3 students on how to implement feedback received and how to give feedback. David and Steve gave a session to the Phase 1 students.
- The form that the students use for peer assessment has changed. They have to answer two questions: 1. What two things did the student do well, 2. What two things can the student do to help improve in one or two criteria.

Motion: Move forward with the formative mini assessment of peer reflection.  
Motedioned by: Joanne Hickey  
2nd: Laura Gillespie  
All in favour.

#### **4.0. Standing Items**

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

- Susan is organizing topics and trying to get facilitators. The same structure as last year will continue. Stems given in advance and group leaders assigned ahead of time created work for the leaders. With the revised structure, the leader is assigned the day of ILS. The students should do equal work on the stems. The Phase 2 students enjoyed knowing the leader ahead of time and receiving the stems the day of ILS. The leader usually brings treats for the group which the students enjoy. We will continue with the Phase 2 format.

##### 4.2. Assessment Working Group – Report

- Diana is developing a schedule of deadline for asking questions for each block. The UCLs will be helpful for questions from tutorials. Will look at if UCLs would be useful at the first assessment working group meeting. UCLs can be a resource for their own group. Maybe the working group members can look at the UCL list and see who might be helpful.

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

- Poster Day changed to Research Day. The last Research Day went well. There were 10 groups of 8 students with a faculty member evaluating each. Two questions instead of peer assessment worked well. 450 forms were completed.
- When mentors don't respond to students, the Associate Dean should contact the Discipline Chair who would address the faculty member. The mentors receive a package from Katrin which contains the expectations, deadlines, Rubric, etc. If there is a problem, Katrin would go to Joanne or Laura who would then go to the Associate Dean. Joanne and Katrin will review what Katrin sends out.
- Mentors are assigned in Phase 1. Some may not realize that it is for four Phases of mentoring. Mentors also need to know what they are facing if they don't meet the criteria.
- Katrin has no way of knowing if a mentor goes on sabbatical. Maybe have a reminder in each Phase to the mentors.

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

- Discussed under 3.2.

##### 4.5. Clinical Skills – Report

- It helps to have schedules early. There was some juggling with exams. The clinical skills content is pretty well aligned with the Phase 3 content.

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

- Last meeting was the third week of June. Evaluations weren't received then.
- Joanne will circulate the course review and the summary report for input.
- Spent time developing evaluations for electives and selectives.

##### 4.7. Block Review/QI

- Deferred

##### 4.8. Student Issues - Discussion

- Deferred

#### 4.9. Faculty Issues - Discussion

- Would like a more confirmed schedule earlier. Faculty would like to have it early so they can make plans and review conflicts. When clinical skills occur in the afternoon it is for 2 hours anytime between 2:00 and 6:00.

#### 4.10 Accreditation

- There was discussion of Rubric with markers. Specific instructions regarding grading need to be given to whoever is marking the assignments. Joanne meets with the graders. We need a written process for accreditation.

### 5.0 **New Business**

#### 5.1. Course Reviews Class of 2018

- The overall course rating went from 3.4 to 4.1.
- The range of scores last year was 2.9 to 3.8 and went up to 3.9 to 4.3.
- Assessment went up from 3.4 to 4.1.
- Can Meds are about the same.
- Core course structure did not change between the first and second iteration. The big change in assessment was that Hofstee was implemented. Peer Assessment Reflection was taken out last year and the Palliative Care journals added.
- In terms of the strengths that were identified by the students, we had a strength of a positive learning environment. The reflection of Can Med competencies was a strong point. ILS sessions were rated quite strongly.
- Key weakness/areas for improvement: ILS large group wasn't well received by the students. Will change it so that leader is known ahead of time but stems given out the day of ILS.
- ILS assignment was highlighted with concerns of understanding expectations and concerns with the detail and the Rubric. The Phase 1 and 2 assignments were changed so that they are all different. The Phase 3 assignment puts it all together. Peer assessment reflection will stay out.
- Formative assessment questions don't always reflect summative assessment. Questions are matched as best we can to the objective. They are limited by the bank. The questions are now lecture specific instead of integrated. Maybe the UCL could help with developing questions.
- There were some issues around scheduling changes and how the wreak havoc on the flow of the schedule.
- Students can now use QRS regarding gaps in the curriculum.
- 7730 did well – 3.9. Last year was 3.7. Organization and integration was identified as a weakness. Opportunities for self-directed learning was identified as a major strength, as well as independent project and community placement.
- The students would like IPST and Professionalism to be more clinical.

**6.0 Date Next Meeting:** October 5, 2016