Indorare due to Madical (DATE	February 19, 2014	
Undergraduate Medical Studies Committee Meeting			Committee Meeting	ROOM	PDCS Room 4		
CHAIR Dr. Se			Sean Murphy				
MEMBERS:		Dr. Sean	Murph	ny, Chair			
		Dr. Dona	ıld W. I	McKay, Associate Dean, Undergraduate	Medical Education	1	
2013 - 2014 M.		Ms. Eliza	As. Elizabeth Hillman, Registrar's Delegate				
		Kathy Murphy, (Acting) UGME Coordinator					
		Dr. Sheila Drover, Faculty Representative					
		Dr. Olga Heath, Faculty Representative					
		Dr. Carolyn Morris-Larkin, Faculty Representative					
			John Campbell, Faculty Representative				
		Ms. Lindsay Glynn, Faculty Representative					
			Mr. David Bradbury-Squires, Student Representative				
			Лs. Chelsea Ash, Student Representative				
PARTICIPANTS S. Mui		S. Murph	Murphy, D. McKay, E. Hillman, S. Drover, C. Morris-Larkin, L. Glynn, S. Wakeham, K. Murphy (UGMS Representative)				
RECORDING SECRETARY Ms. Ja		Ms. Jane	ls. Jane Stevens <i>(Minutes Taped)</i>				
GUESTS							
REGRETS		M. Mars	. Marshall, O. Heath, J. Campbell, D. Bradbury-Squires, C. Ash				
				MINUTES			
AGENDA	ITE	M		DISCUSSION		ACTION	
WELCOME/MEETING	S. Mur	phy	•	Call to order.			
START TIME	(Chair)		•	Quorum in attendance.			
conve the m		ied					
		•					
	at 4:10	-					
#1	• Item 1		•	The Agenda was approved with the	ACTION: Agen	da Adopted	
APPROVAL OF	Agenda		following additions/revisions:				
AGENDA Approv		al		 Business Arising: Site 			
				assignment and re-assignment			
				policy will be tabled (due to			
				time constraints).			
				New Business – addition of three items:			
				three items:			
				pre-clerkship preparation			

		course	
		course, prescription writing	
		training	
		update on PESC's work on	
		the overall evaluation	
		framework for the	
		program.	
#2	• Item 2	Minutes from January 15, 2014, 2013	ACTION: Revised Minutes Approved
APPROVAL OF	Approval of	-	Action: Revised Williams Approved
MINUTES	Minutes	were adopted with revisions as	
	- Time Co	follows:	
		○ Item #4.a. — Should be revised	
		to read: "This item has been	
		tabled for further	
		consideration."	
#3	• Item 3.a.	The Chair provided the draft schedule for	ACTION: Motion to approve the phase 2 schedule.
STANDING ITEMS	Curriculum	phase 2 and assessment maps for the four	
	Revision	courses.	ACTION: Concerns and comments arising in this meeting will be
			discussed with the Phase 2 Lead.
		i. Curriculum Revision	
		With regard to the Phase 2 schedule, it was	
		agreed that, as a general guideline, no more	
		than 23 hours per week should be scheduled.	
		There was some discussion surrounding	
		communication with students and faculty	
		regarding the phase 2 schedules. It is planned	
		that all information, including objectives for each learning session, will be posted to the	
		curriculum website.	
		Carriculatii WCD3itC.	
		Members noted that care should be taken	
		when scheduling breaks of several hours	
		between lectures, as attendance at lectures	
		appears to drop when this is the case.	
		,	
		ii) D. McKay made members aware that a	

significant number of students have been participating in Gateway (a service-learning project). As part of Gateway, the students may administer TB Tests and have the potential to encounter infectious material / individuals. Questions have been raised regarding the adequate preparation of students for dealing with such hazards

Members agreed that learning surrounding universal precautions, etc. should be included early in the curriculum. It was recommended that steps should be taken to ensure that this occurs, and noted that the Class of 2017 might require special attention to ensure that this has been provided for that group. It was suggested that this topic be built into one of the Integrated Learning Sessions. The Phase 2 Lead will be consulted to ensure that this has been / will be covered.

Iii) A short overview of the Integrated Learning Sessions was provided. ILS Sessions are held on a bi-weekly basis and have been working very well. In advance of the session, the students are presented with, and required to read around a problem. During breakout sessions, the students discuss the problems and report back to the group at the end of the session. Students each take a turn leading a breakout session and are evaluated by their peers on their performance.

iv) A discussion with regard to the end dates for the courses occurred. Of particular interest was a suggestion that the healthy person course end in December, facilitating a more

		logical June end date for phase 2. This would also ensure that a lengthy break between the end of classes and exams would be avoided. Follow-up with the Phase 2 Lead will occur. It was MOVED by S. Murphy, Seconded by C. Morris-Larkin, to approve the phase 2 schedule as presented, subject to revisions as necessary. All were in favour and the MOTION CARRIED	
#3 STANDING ITEMS	• Item 3.a. Curriculum Revision	ii. Assessment Maps Assessment maps are intended to document	ACTION: Clinical Skills course number must be changed to reflect number assigned by the Registrar.
	Revision	exactly how students are assessed and how final grades are calculated for each course. It	ACTION: MOTION to approve the Clinical Skills Assessment Map.
		was greed that UGMS must review and approve the first iteration of a course assessment map. For future iterations of the	ACTION: MOTION to approve the Community Engagement – Phase 2 Assessment Map.
		courses, the Student Assessment Subcommittee will recommend revisions that will then be subject to approval by the UGMS	ACTION: The Chair will request a Community Engagement Assessment Map which includes dates.
		Committee. It was noted that care should be taken to ensure that the timing of assessment of one course or the number of assessments	ACTION: The Chair will recommend a reconsideration of the due date of assignments within the Special Projects Course.
		does not negatively impact other courses. Clinical Skills	ACTION: The Chair will request mention of formative assessment within the Special Projects – Phase 2 Assessment Map.
		Discussion of this document led to the following comments:	ACTION: The Special Projects Assessment Map will be returned for revision.
		- The assessment map was felt to be more of an "executive summary" and that it should be more detailed in its final form The course number for clinical skills is	ACTION: The Acute and Episodic Illness Assessment Map will be returned for revision.
		incorrect on the document and must be changed to correspond with the number assigned by the Registrar.	

It was MOVED by D. McKay, Seconded by C. Morris-Larkin, to approve the Clinical Skills assessment map as presented
All were in favour and the MOTION CARRIED

Community Engagement 2

It was noted that there is some information missing from the document. Concerns were raised about the times/dates of assessment.

It was MOVED by S. Murphy, Seconded by S. Drover, to approve the Community Engagement Phase 2 Assessment Map, in principle, pending the receipt of missing information.

All were in favour and the MOTION CARRIED

Special Projects 2

- Members were aware of early feedback that has been received with regard to the amount assessment included in the Special Projects I course. The number of assessments in SP 2 appears excessive in some cases (e.g. the number of reflective essays relative to the number of relevant contact hours) and needs to be addressed
- It was noted that some assignments due on June 20th of 2014 which is just one day after a formative OSCE. The chair will provide direction to the Phase 2 Lead to ensure that the assignment due date of June 20th should be reconsidered.

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		- It was noted that there is no mention of	
		formative assessment within the Special	
		Projects – Phase 2 assessment map.	
		- It was suggested that all assessments should	
		be mandatory and that the 75% pass mark "in	
		all components" is not appropriate and should	
		be re-visited.	
		This access out was a very set vet of an an will	
		- This assessment map was not voted on an will be sent back to the Phase 2 Lead for revision.	
		be sent back to the Phase 2 Lead for revision.	
		Acute and Episodic Illness	
		- There is some concern that in some cases an	
		excessive proportion of content for each	
		assessment is "previous content", i.e. being	
		assessed for a second time	
		- There is an 8 week break between the end of	
		block 4 and the end of block 5, which was	
		agreed to be a significant problem that needs	
		to be addressed.	
		More detail is required before approval	
		including the pass/fail criteria and the number	
		of essays and assignments.	
#3	Item b.	There will be a team visiting from LCME /	
STANDING ITEMS	Accreditation	CACMS in March 2014. UGMS members will	
3.7.1121113	Accication	likely be asked to attend some meetings.	
		Further information is forthcoming.	
#4		Items tabled	
BUSINESS ARISING			
#5		Items tabled	

NEW BUSINESS		
#6 OTHER BUSINESS	Items tabled	
#7 ADJOURNMENT	The meeting adjourned at 5:45 p.m.	
Next Meeting	March 19 th , 2014	

Sean W. Murphy, MD Committee Chair