



## UGMS Meeting Minutes

Wednesday, December 21, 2022  
4:00-5:30 p.m.

### Members (in alphabetical order):

Dr. Jason Chan, Undergraduate Medical Education Coordinator, PEI	voting	Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting
Dr. Sandra Cooke-Hubley, Phase 1 Lead	voting	Dr. Andrew Hunt, Assistant Dean DME	voting
Dr. Vernon Curran, SAS Chair	voting	Brian Kerr, Curriculum & Accreditation Advisor	corresponding
Dr. Norah Duggan, Phase 4 Lead	voting	Dr. Todd Lambert, Assistant Dean NB	voting
Alison Farrell, Librarian & Interim Head of Public Services HSL	voting	Dr. Dolores McKeen, Vice Dean, Education and Faculty Affairs	ex officio (non-voting)
Dr. Amanda Fowler, Phase 2 Lead	voting	Dr. Boluwaji Ogunyemi, Assistant Dean, Social Accountability	voting
Dr. Jasbir Gill, Phase 3 Lead	voting	Carla Peddle, Manager UGME	voting
Dr. Alan Goodridge, PESC Chair	voting	Stephen Pennell, Chair iTac	voting
Yaswanta Gummadi, Learner representative Class of 2023	voting	Nathan Pitts, Learner Representative Class of 2026	voting
Dr. Alison Haynes, Curriculum Lead	voting	Michelle Simms, UGME Administrator	recording secretary
Dr. Taryn Hearn (chair), Associate Dean / UGME Accreditation Lead	voting	Dr. Margaret Steele, Dean of Medicine	ex officio (non-voting)
Tina Hickey, Policy Analyst	corresponding		

**Present** (in alphabetical order): S. Cooke-Hubley; V. Curran; N. Duggan; A. Farrell; J. Gill; A. Goodridge; Y. Gummadi; A. Haynes; T. Hearn; T. Hickey; E. Hillman; B. Kerr; T. Lambert; C. Peddle; M. Simms; M. Steele

**Regrets** (in alphabetical order): J. Chan; A. Fowler; D. McKeen; A. Hunt; S. Pennell; N. Pitts

**Absent** (in alphabetical order): B. Ogunyemi

Topic	Action
Welcome	
Agenda review <ul style="list-style-type: none"> <li>• Review for Conflict of Interest               <ul style="list-style-type: none"> <li>○ None declared</li> </ul> </li> </ul>	<p><b>Motion:</b> To approve the agenda for the December 21, 2022 meeting.</p> <p><b>Moved:</b> S. Cooke-Hubley</p> <p><b>Second:</b> C. Peddle</p> <p><b>In favour:</b> all</p> <p><b>Opposed:</b> none</p> <p><b>Abstained:</b> none</p>



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	<b>APPROVED</b>
Review and approval of prior minutes – November 16, 2022	<p><b>Motion:</b> to approve the minutes from the November 16, 2022 meeting.</p> <p><b>Moved:</b> A. Haynes</p> <p><b>Second:</b> A. Farrell</p> <p><b>In favour:</b> all</p> <p><b>Opposed:</b> none</p> <p><b>Abstained:</b> J. Gill; C. Peddle</p> <p><b>APPROVED</b></p>
<p>1. Matters arising from the minutes</p> <p>1.1. G. McGrath to present a planning document and timeline for the Memorial-UPEI collaboration for distribution to UGMS.</p> <ul style="list-style-type: none"> <li>• In process</li> </ul> <p>1.2. T. Hearn to provide information regarding the change in assessment for Physician Competency IV and the possibility of accommodation to MedSoc and the Class of 2024 (related to the addition of the module on "Providing Culturally Safe Health Care for Indigenous Patients in Newfoundland and Labrador").</p> <ul style="list-style-type: none"> <li>• To be discussed at the January 2023 MedSoc meeting.</li> </ul> <p>1.3. A. Haynes to follow up with UCL for MedCareers-CARMS content regarding adding a second similar MedCAREERS-CaRMS session during Phase 4.</p> <ul style="list-style-type: none"> <li>• Completed; under consideration by LWS.</li> </ul>	<p><b>Action Item:</b> G. McGrath to present a planning document for the Memorial-UPEI collaboration for distribution to UGMS.</p> <p><b>Action Item:</b> T. Hearn to provide information regarding the change in assessment for Physician Competency IV and the possibility of accommodation to MedSoc and the Class of 2024.</p>
<p>2. E-Votes</p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
<p>3. Memorial-UPEI medical school collaboration</p> <ul style="list-style-type: none"> <li>• Update provided by T. Hearn and M. Steele.</li> <li>• Feasibility of starting the first class at the PEI campus in 2024 is under consideration.</li> <li>• Search ongoing for Associate Dean of the UPEI medical school campus.</li> <li>• The building is scheduled to start early in 2023.</li> <li>• The COO for the UPEI campus has been provided with staffing requirements and a preliminary spreadsheet outlining curriculum considerations.</li> <li>• The search for the position of Dean of Medicine of the future joint program is ongoing.</li> </ul>	

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<p>4. New business</p> <ul style="list-style-type: none"> <li>• None</li> </ul>	
<p>5. Standing Committee reports</p>	
<p>a) PESC</p> <ul style="list-style-type: none"> <li>• Dr. Zhiwei Gao, Division of Community Health and Humanities, has joined PESC in the role of non-clinical faculty member.</li> <li>• Dr. Debra Bergstrom has joined PESC curriculum review.</li> <li>• Curricular review is in the data collecting stage.</li> <li>• Adding a member of COS to PESC is being considered.</li> </ul>	
<p>b) SAS (see attached report)</p> <ul style="list-style-type: none"> <li>• V. Curran discussed: <ul style="list-style-type: none"> <li>○ Phase 4 Core Experiences Course assessment report for the Class of 2023.</li> <li>○ Phase 4 Progress Exam performance.</li> <li>○ Progress Exam Advisory Group, the working group responsible for switching from NBME CCSE exam to the customized NBME CAS exam.</li> <li>○ Quality assurance for clinical skills including blueprints and post OSCE analysis.</li> </ul> </li> </ul>	
<p>c) iTac</p> <ul style="list-style-type: none"> <li>• No report.</li> </ul>	
<p>d) COS (see attached report)</p> <ul style="list-style-type: none"> <li>• One minor and several major curriculum changes were discussed. All were supported at the Phase levels. Further details in attached documents.</li>   <li>• Objectives from the Indigenous Health III lecture will now be covered in the recently added Phase 4 module “Providing Culturally Safe Health Care for Indigenous</li> </ul>	<p><b>Motion:</b> To approve the renaming of the Clinical Skills session in Phase 1 from “Family Days in Violence” to “Trauma and Survivorship”.</p> <p><b>Moved:</b> A. Haynes <b>Second:</b> N. Duggan</p> <p><b>In favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p> <p><b>Motion:</b> To approve the removal of the 1 hour session “Indigenous Health III: The Impacts of Colonialism on</p>



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<p>Patients in Newfoundland and Labrador”. The Phase 2 lecture will be replaced with one still focusing on Indigenous health but details and objectives are not yet determined.</p> <ul style="list-style-type: none"><li>• Discussion occurred around the possibility of including additional sub-specialties to the Internal Medicine Core Rotation. Some specialties are included as part of the Clinical Teaching Unit part of Internal Medicine and other subspecialties do not have current capacity to take learners.</li></ul>	<p>Indigenous Health in NL” from Phase 2. <b>Moved:</b> A. Haynes <b>Second:</b> S. Cooke-Hubley</p> <p><b>In favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p> <p><b>Action Item:</b> A. Haynes to provide update on material and objectives for the undetermined new session on Indigenous Health being planned for Phase 2.</p> <p><b>Motion:</b> To approve the move of Health Law from Physician Competencies III (MED 7730) to Phase 4 Preparation (MED 7740) both in Phase 3. <b>Moved:</b> A. Haynes <b>Second:</b> N. Duggan</p> <p><b>In favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p> <p><b>Motion:</b> To approve the addition of Rheumatology to the list of sub-specialties that learners can choose from during the core Internal Medicine rotation in Phase 4 (MED 8210 Core Experience Course). <b>Moved:</b> A. Haynes <b>Second:</b> C. Peddle</p>
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	<b>In favour: all</b> <b>Opposed: none</b> <b>Abstained: none</b> <b>APPROVED</b>
6. Phase 4 report <ul style="list-style-type: none"> <li>• PESC has started the formal review of the Phase 4 curriculum.</li> <li>• Discussion occurred around MCCQE preparation. Changes at MCC allow learners to write the exam before end of 4<sup>th</sup> year. Many learners write the MCCQE before the preparation week. Consideration is being given to time and mode of delivery of the prep course and whether it should be delivered through LWS as it is not an actual part of the curriculum.</li> </ul>	
7. Phase 3 report <ul style="list-style-type: none"> <li>• No action items.</li> </ul>	
8. Phase 2 report <ul style="list-style-type: none"> <li>• No report.</li> </ul>	
9. Phase 1 report <ul style="list-style-type: none"> <li>• Learners have expressed concerns about the fast pace of the biochemistry course. Concerns with the amount of content has been raised in previous years. Several suggestions were put forward to help learners with the material including:             <ul style="list-style-type: none"> <li>○ Boot camp</li> <li>○ Extra tutorials</li> <li>○ Supplemental material</li> <li>○ Adding extra time in the schedule</li> <li>○ Peer support learning</li> </ul> </li> <li>• It was considered that the options may overburden learners and faculty. Biochemistry is not a prerequisite for Memorial’s Medical School and approximately 30 hours is devoted to biochemistry which is on par with other medical schools. It would be valuable to have a review of the material and objectives by a clinician whose specialty uses biochemistry.</li> </ul>	<b>Action Item:</b> S. Cooke-Hubley to meet with COS in 2023 to discuss next steps in reviewing material and current objectives for Biochemistry content for Phase 1.
10. Report from NB <ul style="list-style-type: none"> <li>• No action items.</li> </ul>	
11. Report from DME <ul style="list-style-type: none"> <li>• No report.</li> </ul>	
12. Social Accountability Report <ul style="list-style-type: none"> <li>• No report.</li> </ul>	



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<p>13. Accreditation matters</p> <ul style="list-style-type: none"> <li>• Website is being updated to reflect successful accreditation.</li> <li>• Changes in CACMS documentation will alter questions for our interim report. Institutional data will be valued over other survey data.</li> <li>• N. Fairbridge will be meeting with various groups to discuss the mistreatment survey data. All faculty, staff, and students should be encouraged to go to the sessions and provide input.</li> </ul>	
<p>14. Learner issues</p> <ul style="list-style-type: none"> <li>• 4<sup>th</sup> year learners are waiting on further details on Clinical Skills IV. There is some anxiety related to the OSCE as it has been a few years since it's been a requirement (due to COVID-19).</li> </ul>	
<p>15. Associate Dean Update</p> <ul style="list-style-type: none"> <li>• Research Lead for Phase 1 has been filled.</li> <li>• The following positions are still vacant: <ul style="list-style-type: none"> <li>○ Research Lead Phase 3</li> <li>○ Clinical Skills IV</li> <li>○ Phase 4 Preparation <ul style="list-style-type: none"> <li>▪ The outgoing lead has provided a document for any candidates and is available to answer questions.</li> </ul> </li> </ul> </li> <li>• A workshop about the accommodation process is being developed for undergraduate leadership and UGME staff and is expected to take place on a Tuesday in February 2023.</li> <li>• The FUAL position is also available through the Dean's Office.</li> <li>• M. Steele commented on the Government of Newfoundland and Labrador's request to accept 10 additional learners per year. Current resourcing prevents this for the near future. Faculty of Medicine asked the Government to fund a consultant to consider the feasibility and requirements for the future.</li> </ul>	
<p>16. Policy</p> <ul style="list-style-type: none"> <li>• No action items.</li> </ul>	
<p>17. UGME office report</p> <ul style="list-style-type: none"> <li>• L. Butler has accepted the position of Assessment Academic Program Assistant for January 2023, following the retirement of E. Winter.</li> <li>• C. Pye has accepted the position of Electives Academic Program Assistant.</li> <li>• The position of Secretary to the Associate Dean will be posted in early 2023.</li> </ul>	



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<ul style="list-style-type: none"><li>• Two of the band 4 positions have been reclassified as band 6, Academic Program Administrators.</li></ul>	
<p style="text-align: center;"><b>Next Meeting January 18, 2023</b> <b>Adjourned: 5:09p.m.</b></p>	



# UGMS Summary Report

[December 2022]

**Phase Team or Sub-Committee:** Student Assessment Subcommittee

**Liaison to the UGMS:** Dr. Vernon Curran

**Date of Last Phase Team or Sub-Committee Meeting:** 23/November/2022

**Date of Next Phase Team or Sub-Committee Meeting:** 25/January /2023

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Core course assessment report (Class of 2023)	SAS reviewed reports. Will be sent to Phase 4 Lead after discussion at Phase 4 Team meeting in January.	Ongoing
Phase 4 Progress Test Report	SAS reviewed report. No action required.	Done

Agenda Items Requiring UGMS Action:
1.
2.
3.
4.

Additional Comments, Suggestions, New or Pending Business:
1. Quality assurance for Clinical Skills assessments – SAS will monitor QA parameters moving forward
2. Progress Exam Advisory Group established, chaired by Phase 4 Assessment Lead Dr. Reid – group will implement switch to new NBME product, first meeting in January
3.

**Our Vision:** *Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*





# UGMS Summary Report

[December 2022]

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## Executive Summary Phase 4 Core Experiences Course Assessment Report (Class of 2023)

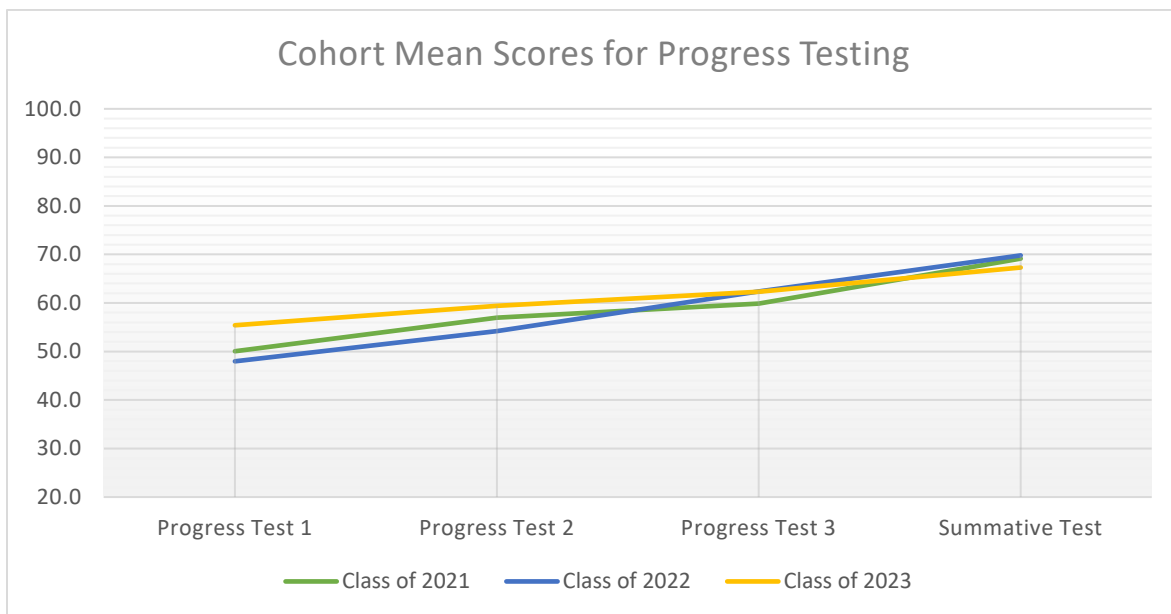
The Class of 2023 went back to the regular clinical rotation length. All learners were assessed as “progressing as expected” in all rotations by the end of the Core Experiences course. All learners passed the summative progress examination. Overall learner feedback regarding assessment has remained stable for this course. Respondents of the program evaluation surveys rated the appropriateness of EPAs for each discipline 4.2 and above. Respondents provided lower ratings for the use of electronic clinic cards across all disciplines (3.6-4.1) and for the separate clinical written examinations used by Obstetrics &Gynecology, Family Medicine and Pediatrics for formative assessment (3.6-3.8). The narrative feedback provided focused primarily on issues with clinic cards and T-res.

## Executive Summary - Phase 4 Progress Exam Performance

Phase 4 learners complete the Comprehensive Clinical Science Examination (CCSE) for their progress testing during the Core Experience course. Learners write formative exams at the beginning of Core Experiences, 4 months and 8 months and a summative exam at the end of Core Experiences.

Figure 1 shows the progressing of mean exam scores from the initial progress test at the start of Phase 4 to the summative exam approximately one year later. All cohorts (Classes of 2021-2023) have the highest scores for the summative exam. The pass score for the summative exam for the Class of 2023 was 50.

**Figure 1: Historical performance for progress testing (Classes 2021-2023)**



### Other key points:

- A similar number of learners within each cohort received a borderline or unsatisfactory score for each formative progress exam (maximum number of five learners per exam with borderline and maximum number of two learners per exam with unsatisfactory).
- All learners from the three cohorts passed the summative exam or the reassessment exam.
- There are no trends observed which would indicate continued low performance within a specific content area. Learners also receive individual coaching reports for each exam detailing their performance for each content area. Learners may use this to guide their learning.

## Update on switching NBME products for Progress Exam

We are moving forward with the switch to a new NBME product called Customized Assessment Services (CAS). Currently we are using a ready-made product called the Comprehensive Clinical Science Exam (CCSE) and we do not have access to the exam questions; we only get an item analysis report with the content tag (e.g. diagnosis: chest pain). With CAS we will have access to the NBME database which contains a large number of well-designed MCQs which were transferred from the USMLE or NBME subject exam pool.

Benefits of switching to CAS:

- Utilize own exam blueprint, tailor to our curriculum
- Determine length and difficulty of exam
- Able to link to learning objectives for our program as well as MCC
- Able to select questions that are suitable for the Canadian healthcare context
- Lower cost per student per exam compared to CCSE

Phase 4 Assessment Lead Dr. Stephanie Reid and I have recruited 10 subject matter experts for a progress exam advisory group. The group will work on the implementation of the new product and make recommendations to SAS regarding the timeline, process, characteristics of the exam, etc. Our first meeting is in January. The subject matter experts would later on also select appropriate questions from the NBME database. That way we can build a bank of “MUN curriculum appropriate” questions that we can use to construct exams. NBME provides support for navigating their site.

## UGMS Summary Report

December 2022

**Phase Team or Sub-Committee:** Curriculum Oversight Subcommittee

**Liaison to the UGMS:** Alison Haynes / Brian Kerr

**Date of Last Phase Team or Sub-Committee Meeting:** 5/12/2022

**Date of Next Phase Team or Sub-Committee Meeting:** 20/12/2022

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action									
'MINOR' Curriculum Changes									
Phase	Item (Session)	Change Type						Action	
		Title Change	Merge Sessions	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Supported	Implemented
1	Clinical Skills Family Days in Violence session to be renamed Trauma and Survivorship	x						x	x
'MAJOR' Curriculum Changes									
Phase	Item (Session)								
2	Remove Indigenous Health III: The Impacts of Colonialism on Indigenous Health in NL								
3 & 4	Move Health Law from Physician Competencies III (MED 7730) to Phase 4 Preparation (MED 7740)								
4	MED 8210 Core Experience - Internal Medicine Subspecialty Addition								

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# UGMS Summary Report

December 2022

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Additional Comments, Suggestions, New or Pending Business:
1. Ongoing curriculum monitoring
2. Developing a UCL Handbook

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2. Developing a UCL Handbook

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Please see below a Major Curriculum Change Request submitted by Alison Haynes

A summary of the curriculum change request is outlined below.

<b>Name</b>	Alison Haynes
<b>Email Address</b>	<a href="mailto:a.haynes@mun.ca">a.haynes@mun.ca</a>
<b>Discipline or Division</b>	Faculty Lead
<b>Session Title</b>	Indigenous Health III: The Impacts of Colonialism on Indigenous Health in NL
<b>Placement of Content</b>	Phase 2
<b>Nature of Change</b>	Major Curriculum Change
<b>Major Change Categories</b>	Adding or removing a session
<b>Proposal</b>	Remove Indigenous Health III: The Impacts of Colonialism on Indigenous Health in NL
<b>Rationale</b>	This content will be provided in the Providing Culturally Safe Health Care for Indigenous Patients in Newfoundland and Labrador Physician Competencies IV online learning module.
<b>Objectives</b>	Objectives of this session will be covered Providing Culturally Safe Health Care for Indigenous Patients in Newfoundland and Labrador.
<b>Delivery</b>	This 50 minutes session will continue to focus on Indigenous Health with a new set of objectives to be determined.
<b>Assessment</b>	N/A

**Subject:** Major Curriculum Change Request - Barbara Barrowman

**Date:** Thursday, November 3, 2022 at 9:27:12 AM Newfoundland Daylight Saving Time

**From:** Barbara Barrowman

**To:** Stokes, David

Please see below a Major Curriculum Change Request submitted by Barbara Barrowman

The curriculum change request must be discussed by:

- the Curriculum Oversight Subcommittee; and
- the respective Phase Management team

The Undergraduate Medical Studies Committee must review and approve/deny all curriculum change requests.

The (co-)requestor(s) have been notified that UGMS decisions are typically made within 1 to 3 months of the curriculum change request submission.

Please communicate the decision of the UGMS team to the email address(s) below.

A summary of the curriculum change request is outlined below.

**Name** Barbara Barrowman

**Email Address** bbarrowm@mun.ca

**Discipline or Division** Community Health and HUmanities

**Session Title** Health Law

**Placement of Content** Phase 3

**Nature of Change** Major Curriculum Change

**Major Change Categories** Moving a session to a different theme, course or Phase

**Proposal** The request is to move a 50 minute session on Health Law currently in Phase 3 to the Phase 4 Prep Course.

**Rationale** The rationale for this request is that this review of key legal obligations takes place in closer proximity to the commencement of Clerkship clinical rotations.

**Objectives** Learners will be able to: - Describe the legal standard of care applicable to medical trainees - Describe the legal obligation of physicians to keep appropriate medical records and medical trainees' role in fulfilling that obligation - Describe issues with respect to patient confidentiality that may arise for medical trainees - Describe ways for medical trainees to minimize legal risk with



respect to these responsibilities Addresses objectives within the following MCC Objectives: Legal, Ethical and Organizational Aspects of Medicine - 121 - including Consent 121-1, Negligence 121-3 and Confidentiality 121-4

**Delivery**

This session will be delivered by lecture with an opportunity for questions and discussion.

**Assessment**

This session has does not have an assessment component.

Please see below a Major Curriculum Change Request submitted by Frederic Paulin

A summary of the curriculum change request is outlined below.

**Name** Frederic Paulin  
**Email Address** [fpaulin@mun.ca](mailto:fpaulin@mun.ca)

**Discipline or Division** Internal Medicine

**Session Title** MED 8710 - Core Clerkship - Internal Medicine

**Placement of Content** Phase 4

**Nature of Change** Major Curriculum Change

**Major Change Categories** Adding or removing a session

**Proposal** During MED 8210 Core Experience - Internal Medicine currently clerks do 10 weeks of Internal Medicine. The breakdown of this 10 weeks for clerks in St. John's is to do 4 weeks of Medical Teaching Unit (MTU) at St. Clare's, 4 weeks of Clinical Teaching Unit (CTU) at HSC and 2 weeks of Internal Medicine Subspecialty (options: Cardiology, Hematology, Neurology or Medical Oncology). What we propose as a change is to add an additional Internal Medicine Subspecialty option for the St. John's site: Rheumatology. The assessment method would be the same as other Internal Medicine Subspecialty options and the experience should be similar.

**Rationale** The rationale is that any Royal College Recognized subspecialty of Internal Medicine should be eligible as a subspecialty option as part of the clerkship internal medicine experience. Clerks in the New Brunswick stream already have more options for Internal Medicine (nephrology, gastroenterology, endocrinology, rheumatology, neurology, Hematology, Medical Oncology, Dermatology)

**Objectives** There will be no change to the current learning objectives as they exist.

**Delivery** This will be added as a selective option during the MED 8210 Core Experience - Internal Medicine rotation.

**Assessment** The assessment method and tools will remain the same.