



UGMS Meeting Minutes

Wednesday, October 19, 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; A. Farrell; A. Fowler; J. Gill; A. Goodridge (acting chair); Y. Gummadi; A. Haynes; T. Hickey; E. Hillman; B. Kerr; T. Lambert; C. Peddle; S. Pennell; N. Pitts; M. Simms; M. Steele

Regrets (in alphabetical order): J. Chan; T. Hearn; A. Hunt; D. McKeen

Absent (in alphabetical order): N. Duggan; B. Ogunyemi

Guest: G. McGrath

Topic	Action
Welcome and introduction of two new members: <ul style="list-style-type: none"> • Amanda Fowler, Phase 2 Lead • Nathan Pitts, Learner Representative 	
Agenda review <ul style="list-style-type: none"> • Review for Conflict of Interest <ul style="list-style-type: none"> ○ None declared • Confirmation of Agenda <ul style="list-style-type: none"> ○ Approved by consensus 	



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<p>Review and approval of prior minutes – September 21, 2022</p>	<p>Motion: to approve the minutes from the September 21, 2022 meeting. Moved: A. Haynes Second: A. Farrell</p> <p>In favour: all Opposed: none Abstained: A. Fowler; Y. Gummadi; T. Hickey; T. Lambert; N. Pitts APPROVED</p>
<p>1. Matters arising from the minutes</p> <p>1.1. D. Bahnam to get feedback from the class about using protected time on Tuesday afternoons for early clinical experiences and update S. Cooke-Hubley by September 26, 2022.</p> <ul style="list-style-type: none"> • Completed <p>1.2. S. Cooke-Hubley to bring forward the request to use Tuesday afternoon for early clinical experiences to the Phase 1 Management Team for discussion</p> <ul style="list-style-type: none"> • Completed • Not supported by learners based on perceived advantage/disadvantage. 	
<p>2. E-Votes</p> <ul style="list-style-type: none"> • None 	
<p>3. New business</p> <p>3.1. PEI medical school campus proposal</p> <ul style="list-style-type: none"> • M. Steele provided UPEI and Memorial University medical school collaboration update. • S. Pennell reported that both facilities management and procurement offices in Memorial and UPEI are working together to make sure that technology mirrored at both sites. • A. Haynes outlined curriculum and faculty requirements for the collaborative project with UPEI. 	<p>Action Item: M. Simms to add Memorial-UPEI medical school collaboration as standing item to UGMS agenda.</p> <p>Action Item: G. McGrath and T. Hickey to develop a planning document for the Memorial-UPEI collaboration for distribution to UGMS.</p>
<p>4. Standing Committee reports</p>	
<p>a) PESC (see attached report)</p>	<p>Motion: to extend curriculum review end date as listed in the ToR to the end of 2023.</p>

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<ul style="list-style-type: none"> The updated Curriculum Review Terms of Reference with the minor modifications as discussed and approved last meeting are included. First meeting for Curricular Review is set for November 2022. Discussion about extending end date from May of 2023 to the end of 2023. 	<p>Moved: A. Goodridge Second: A. Haynes</p> <p>In favour: all APPROVED</p>
<p>b) SAS (see attached report)</p> <ul style="list-style-type: none"> No action items. Concerns expressed about low program evaluation response rates by learners. 	
<p>c) iTac (see attached report)</p> <ul style="list-style-type: none"> Investigating costs associated with providing WiFi for learners in hospital settings. 	
<p>d) COS (see attached report)</p> <ul style="list-style-type: none"> A minor curriculum change was brought forward for review and approval. 	<p>Motion: To approve the minor curriculum change as included in the attached document. Moved: A. Haynes Second: Y. Gummadi</p> <p>In favour: all Opposed: none Abstained: none APPROVED</p>
<p>5. Phase 4 report</p> <ul style="list-style-type: none"> Meetings with UPEI regarding Phase 4 are occurring. 	
<p>6. Phase 3 report</p> <ul style="list-style-type: none"> No action items. 	
<p>7. Phase 2 report</p> <ul style="list-style-type: none"> No action items. 	
<p>8. Phase 1 report</p> <ul style="list-style-type: none"> No action items. 	
<p>9. Report from NB (see attached report)</p> <ul style="list-style-type: none"> No action items. Ongoing challenges with capacity for certain electives, specifically diagnostic imaging, emergency medicine, dermatology, ophthalmology. Memorial New Brunswick team and NB Department of Health representative met with the last cohort of Memorial University- 	



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New Brunswick learners to provide information and answer questions.	
10. Report from DME <ul style="list-style-type: none"> No report. 	
11. Social Accountability Report <ul style="list-style-type: none"> No report. 	
12. Accreditation matters <ul style="list-style-type: none"> Memorial University’s undergraduate medical education program received full accreditation. Memorial will be required to submit a report to CACMS in 2024 on elements that were flagged as satisfactory with monitoring or unsatisfactory. Working groups will be formed and will provide quarterly reports to UGMS. Next full accreditation site visit will be in 2030. Dean Steele congratulated and thanked everyone for their hard work. A celebration will occur on November 8, 2022 at 12:00 pm in the atrium. 	
13. Learner issues <ul style="list-style-type: none"> No action items. 	
14. Associate Dean Update <ul style="list-style-type: none"> No report. 	
15. Policy <ul style="list-style-type: none"> Consultation for respectful learning environment is underway and is open until November. https://www.mun.ca/policy/policy-status/ 	
16. UGME office report <ul style="list-style-type: none"> A one-pager for preceptors and CDCs has been developed to aid the Faculty of Medicine in reaching 100% compliance with CACMS Element 9.7 “Timely Formative Assessment and Feedback” and Element 9.8 “Fair and Timely Summative Assessment” (see attached document). L. Butler has accepted the position of Assessment Academic Program Assistant for early 2023. Recruitment for electives APA position is ongoing. 	
Next Meeting November 16, 2022 Adjourned: 5:10 p.m.	



UGMS Summary Report

October 2022

Phase Team or Sub-Committee: Program Evaluation Subcommittee (PESC)

Liaison to the UGMS: Dr. Alan Goodridge, Chair

Date of Last Phase Team or Sub-Committee Meeting: 20 / September / 2022

Date of Next Phase Team or Sub-Committee Meeting: 25 / October / 2022

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
PESC Terms of Reference	Appointment of non-clinician member to PESC pending.	Awaiting UGME
Reports	J. Gill to send evaluation reports to the course coordinators.	In Progress

Agenda Items Requiring UGMS Action:
1. Curriculum Review Terms of Reference (revision)
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1.
2.
3.

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Program Evaluation Subcommittee Undergraduate Curriculum Review (2022) Terms of Reference

As per the Curriculum Review Policy, curriculum review is a required mechanism to ensure that the Faculty of Medicine is providing an appropriate, coherent, and coordinated medical education program that effectively helps students achieve the learning objectives. The Program Evaluation Subcommittee (PESC), a standing committee of the Undergraduate Medical Studies Committee (UGMS), is responsible for initiating full program reviews. Specifically, sub-section 2.2 states that “PESC initiates a review of the whole curriculum at least once every four (4) to six (6) years under the direction of UGMS.”

The 2022-2023 academic year marks the fourth year since the last curriculum review in, so this is an appropriate time to undertake a full curriculum review.

This document establishes the Undergraduate Curriculum Review (2022) Team and outlines the Terms of Reference for the full curriculum review.

1. Mandate

To undertake a review of the undergraduate curriculum (Phase 4) and to make recommendations to UGMS.

2. Accountability

PESC is accountable to UGMS and will report the findings and recommendations to that committee.

3. Membership

The Undergraduate Curriculum Review (2022) Team will include:

- Chair of PESC (Chair)
- Education Specialist (Program Evaluation)
- Undergraduate Curriculum Lead
- Undergraduate Curriculum and Accreditation Advisor
- Education Specialist (Assessment)
- Manager of Health Education Technology & Learning
- Representative from HSIMS
- 1-2 Members-at-Large
- Phase 4 (Post-Core) Student Representative
- Recent MUN Postgraduate Representative

4. Meetings

Meetings of the Undergraduate Curriculum Review (2022) Team will be held on a monthly basis over the course of the review, with additional meetings scheduled as needed.

5. Objectives

- To highlight the strengths and weaknesses of the Phase 4 curriculum, ~~from the 2013-2014 academic year to the present.~~
- To conduct a thorough review of Phase 4 academic content and learning objectives.
- To determine the extent to which the academic and clinical learning objectives are being met.
- To review ~~the objectives of Phase 4 and~~ the delivery of the Phase 4 academic courses.
- To identify gaps, redundancies, and areas for improvement in the Phase 4 curriculum.
- To ensure that the academic curriculum in Phase 4 is integrated with Phases 1-3.
- To analyze the structure of Phase 4 and the lengths of the clinical rotations.
- To review the assessment process, taking into consideration the existing recommendations of the EPAs Working Group (SAS).
- To explore the potential impact of competency-based assessment on training duration.
- To consider the administration of Phase 4 in terms of its two-year structure.
- To consider the roles and responsibilities of the Clinical Discipline Coordinators (CDCs) and the Administrative Program Assistants (APAs).
- To review the faculty and rotation/course evaluation processes and identify the potential for streamlining these processes.
- To make recommendations to UGMS regarding curriculum improvement as identified through the review.

6. Decision-Making

Decision-making will be determined by consensus. Issues will be solved through fulsome discussion of the Undergraduate Curriculum Review (2022) Team. Other members of the Faculty of Medicine may be invited to meetings for consultative purposes.

7. Duration

The Undergraduate Curriculum Review (2022) Team will remain in place for the duration of the review and will cease upon presentation of the final report to UGME. The review is anticipated to be concluded and a report presented to UGMS in **May 2023**.

8. Amending the Terms of Reference

These Terms of Reference may be amended with the approval of UGMS.



UGMS Summary Report

[October 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: 28/September/2022

Date of Next Phase Team or Sub-Committee Meeting: 26/October /2022

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Phase 2 course assessment reports (Class of 2025)	Reviewed by SAS and response request sent to Phase 2 Lead Dr. Fowler.	Done
Phase 3 course assessment reports (Class of 2024)	Reviewed by SAS and response request sent to Phase 3 Lead Dr. Gill.	Done
S/Electives ITAR completion proposal	Reviewed by SAS and feedback provided. Phase 4 Assessment Lead Dr. Reid to bring proposal back to Phase 4 Team for discussion.	Ongoing
Learner need for more information on Burr method	Feedback discussed at SAS. K. Zipperlen to create explainer video and share with learners on Brightspace.	Done
Update on interprofessional collaboration pilot.	Reviewed by SAS. Further evaluation after current academic year.	Done

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

Additional Comments, Suggestions, New or Pending Business:

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UGMS Summary Report

[October 2022]

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Executive Summary Phase 2 Course Assessment Reports

(Class of 2025/Academic year 2021-2022)

MED 6750 Patient II

Summative assessment is based on five MCQ examinations, one written assignment and the newly introduced Anatomy Portfolio. The Anatomy Portfolio consists of three short-answer practical examinations and one group presentation and is used to assess the Anatomy lab content. The MCQ examination mean scores ranged from 74.5% to 88.6% and the Anatomy Portfolio had a mean of 84.5% (ranging from 78.4% to 90.5%). The assignment had a mean score of 88.6%. The Hofstee pass mark ranged from 62% to 70% for the MCQ examinations and from 60% to 70% for the Anatomy practical examinations (pass mark of 70% for assignments). The assessment statistics and item analysis for the MCQ examinations were within expected norms. While the reliability coefficients for two examinations (theme 1 and theme 5) were below the benchmark of 0.650, this is likely due to the shortness of these examinations. No immediate action is required but SAS will monitor moving forward. The overall course assessment mean was about the same as the previous academic year. Three learners had a mean score below 70% for the course overall and the modified Hofstee was used to determine the pass score of the course (69%). Respondents to the program evaluation surveys rated the effectiveness of the Anatomy Portfolio assessment with 3.4, which is below the 3.5 benchmark. The other assessment components were evaluated above 3.5. Likewise, the narrative feedback for the course was primarily regarding the Anatomy practical exams. Respondents felt the practical exams were not a good way to test their knowledge, some questions were outside learner scope, exam questions didn't match the schedule lab hours and that having to reassess the Anatomy exam could impact performance on the MCQ exam due to scheduling. Other respondents noted the large number of assessments towards the end of the phase.

MED 6760 Clinical Skills II

Summative assessment for the course is based on the summative assessment report (SAR) and the OSCE. The percentage of learners achieving exemplary performance on the SAR was higher at 41.3% compared to the previous iteration (37.8%). No learners had to reassess for the SAR or OSCE. Narrative feedback for the course indicates that the OSCE was felt to be fair and well organized and that the formative OSCE helped prepare for the summative one.

MED 6770 Physician Competencies II

Summative assessment for the course is based on written assignments and presentations. Learners performed well in each component with mean assessment scores ranging from 73.1 (Professionalism analytical essay) to 100% (HELM). The rate of Lifelong Learning assignment reassessments improved for the Class of 2025 compared to the previous academic year with 3.75% and 5% reassessment rate for assignments 1 and 2 respectively (vs. 15.9% for assignment 1 last year). The overall course assessment mean was the same as the previous year and the trend in course assessment mean scores has been stable over the past five years. Respondents to the program evaluation surveys rated the assessments for the course above the 3.5 benchmark, the effectiveness of the assessment overall was rated at 4.0. There were no narrative comments.

MED 6780 Community Engagement II

The Community Visit was delivered in-person for the Class of 2025 (first time since 2020). Summative assessment for the course includes a reflection assignment, Community Visit essay and preceptor assessment. All learners performed well with a mean assessment score of 88.0%. The trend in course assessment mean scores has been stable across the past five years with the Class of 2025 having a higher overall course mean compared to the previous two iterations. Respondents to the program evaluation surveys rated the effectiveness of assessment in the course with 3.6; this is lower than the previous rating of 4.2 but above the 3.5 benchmark. The effectiveness of the Community Visit essay was rated at 3.1 which is below the 3.5 benchmark. Narrative feedback noted the high word count and the complicated rubric and strict format for the Community Visit essay.

Executive Summary Phase 3 Course Assessment Reports (Class of 2024/Academic Year 2021-2022)

MED 7710 Patient III

Summative assessment is based on 10 MCQ examinations and one group assignment to assess the Palliative Care content. The examination mean scores ranged from 81.8% to 88.9%, the mean score for the Palliative Care assignment was 86.9%. The Hofstee pass mark ranged from 67% to 70% for all examinations (pass mark for assignments is 70%). The assessment statistics and item analysis were within expected norms. However, the reliability coefficient for theme 2, theme 6 and theme 9 examinations were below the standard of 0.650 (0.615, 0.590 and 0.638 respectively). Having more items with lower assessment correlations on those examinations may have contributed to the lower reliability coefficient. No immediate action is required but SAS will monitor moving forward. The overall course assessment mean was slightly higher compared to the previous iteration. While the course mean scores have been stable over the past five years, the trend has been towards a higher course mean score. Respondents to the program evaluation survey rated the overall assessment with a mean rating of 4.5 out of 5. There were no narrative comments related to assessment. Given the response rate of <10%, any interpretations of program evaluation data should be made with caution.

MED 7720 Clinical Skills III

Assessment for the course is based on a summative assessment report, summative witnessed physical exam and the OSCE. All learners achieved competent or exemplary for their summative assessments and passed the OSCE. This is in line with the historical trend over the past five years. Respondents to the program evaluation survey rated the overall assessment well with a mean rating of 4.5. One respondent noted that some instructors did not provide any feedback for write-ups. Given the response rate of <10%, any interpretations of program evaluation data should be made with caution.

MED 7730 Physician Competencies III

Summative assessment for the course is based on written assignments and presentations. The learners performed well in each component with mean assessment scores ranging from 75.0% (Professionalism Analytical Essay) to 100% (HELM). The rate of Lifelong Learning assignment reassessments improved for the Class of 2024 compared to the previous academic year with 2.5% and 6.25% reassessment rate for assignments 1 and 2 respectively (vs. 17.9% for assignment 2 last year). The overall course assessment mean was slightly higher compared to the previous iteration but the trend in course mean scores has been stable over the past five years. Respondents to the program evaluation survey rated the overall assessment with a mean rating of 4.0. The usefulness of the peer assessment of professional behaviors to assist with learning was rated at 3.3 which is below the benchmark of 3.5. There were no narrative comments related to assessment. Given the response rate of <10%, any interpretations of program evaluation data should be made with caution.

MED 7740 Phase 4 Preparation

The course was delivered with in-person and online instruction. Assessment is based on achievement of competencies for specific workshops and some integrated MCQ or short answer quizzes. Completion of all course sessions and workshops is required to pass the course. In line with the historical trend for the past five years, all learners passed the course. There were no narrative comments related to assessment.

MED 7750 Community Engagement III

The Community Visit was delivered in-person. Summative assessment for the course is based on preceptor assessment (Community Visit handbook), MCQ examination and two written assignments (Indigenous Health and Community Health). The learners performed well with mean assessment scores ranging from 80.4% (MCQ examination) to 92.5% (Community Visit Handbook). The reliability coefficient for the Administration and Health Systems MCQ Examination was 0.268 and thus below the standard of 0.650. While that is likely explained by the small number of items, this examination has since been removed from the assessment plan. The overall course assessment mean was slightly lower compared to the previous academic year but the trend in course mean scores has been stable over the past five years. The assessment for the course received a program evaluation rating of 4.1 which is slightly below the previous rating but above the 3.5 benchmark. Respondents provided the lowest ratings (3.6) for the effectiveness of Community Visit handbook and the MCQ exam. Two respondents provided feedback, noting that the handbook was an ineffective use of time and suggested to replace the MCQ exam with an assignment. Given the response rate of <10%, any interpretations of program evaluation data should be made with caution.

Update on Interprofessional Collaborator Assessment Pilot in LIC

LIC started using the interprofessional collaborator assessment in March 2022. The purpose is for allied health professionals to assess learners on their collaboration competency. The LIC Coordinators may use the feedback towards formative assessment of EPA 13. Learners take paper copies of the assessment rubric and provide those to the allied health professionals at the beginning of the learning experience. In addition, the APA sends an electronic copy of the form to the assessor prior to the scheduled learning experience.

Key points from the pilot (Class of 2023):

- Both LIC learners in Fredericton participated in the interprofessional collaborator assessment. Each learner received 2-3 assessments by allied health professionals.
 - The APA in Fredericton assisted by scheduling clinics with allied health professionals for both learners.
 - Examples: asthma clinic, wound care, specimen collection
- Total of 5 forms completed. All except one included narrative feedback. LIC Coordinator discussed feedback with learners.
- LIC Coordinator in Fredericton Dr. Ouellette indicated this assessment provides useful feedback. No concerns were raised by learners, LIC Coordinators or allied health professionals regarding the pilot.
- Assessment rubric updated for the Class of 2024 so assessors can indicate their profession.
- Unfortunately, no appropriate assessment opportunities were available for the LIC learners in Moncton.
 - Consider asking APA to assist with scheduling of assessment opportunities if allied health professionals are available.

The pilot is being continued for the Class of 2024 LIC learners. Once it has been implemented for a full academic year and more data is available, evaluate continued implementation and possible expansion to rotation-based streams.



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Phase Team or Sub-Committee: iTac
Liaison to the UGMS: Steve Pennell
Date of Last Phase Team or Sub-Committee Meeting: Oct 13, 2022
Date of Next Phase Team or Sub-Committee Meeting: Jan 2023

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

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

Additional Comments, Suggestions, New or Pending Business:
1. T-Res SAS project
2. AV upgrade with UPEI – RFP design document
3. NLCHI wifi for students
4. Proctorio renewal
5. HSC Library Classrooms A & B – AV fix months behind due to supply chain issues (only 50% of product received since spring order)

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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: 20/09/2022

Date of Next Phase Team or Sub-Committee Meeting: 18/10/2022

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

Agenda Items Requiring UGMS Action									
Phase	Item (Session)	Change Type						Action	
		Title Change	Merge Sessions	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
1	Case Study 4: Compromised Urea Cycle				X	X		X	X

Additional Comments, Suggestions, New or Pending Business:
1. Ongoing curriculum monitoring
2. Developing a UCL Handbook
3. UCL Meeting held in October to review the evaluation process, curriculum review, and accreditation update.

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Phase Team or Sub-Committee: New Brunswick Report

Liaison to the UGMS: Todd Lambert

Date of Last Phase Team or Sub-Committee Meeting: N/A

Date of Next Phase Team or Sub-Committee Meeting: N/A

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

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

Additional Comments, Suggestions, New or Pending Business:
1. Final NB cohort class of 2026 began in September - MOU
NB electives portal will continue in 2023 – some disciplines challenged with capacity
NB team visited St.Johns’s campus Oct 2-4
Spring 2023 NB Medical Education Forum plans to resume in person event

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MID-POINT ASSESSMENT

Clerkship Discipline Coordinators (CDCs) are **required** to meet with each learner by the mid-point of each Core Experience to ensure that, in addition to the verbal coaching captured via the e-clinic card, learners receive written formative assessment with adequate time to make improvements to their performance by the end of the core experience.

Note: *Our documentation of mid-point assessment meetings within 7 days will allow us to demonstrate that we meet requirements of the Committee on the Accreditation of Canadian Medical Schools (CACMS) Accreditation Element 9.7 regarding timely formative assessment. This element will be re-examined in the upcoming accreditation status report and our failure to demonstrate 100% compliance will negatively impact our accreditation status.*

SUMMATIVE ASSESSMENT

Clinical educators for Core Experiences are **required** to complete Summative ITARs for each learner on One45 within 2 weeks of the rotation end date.

FOR EXAMPLE: *Summative ITARs for rotations ending on the first Friday of the month must be completed by clinical educators by no later than 1700 hours on the third Friday of the month.*

- Clinical educators are **strongly encouraged** submit Summative In-Training Assessment Report (ITAR) in One45 on or before the final day of the Core Experience.

FINAL SUMMATIVE ASSESSMENT

Clerkship Discipline Coordinators are **required** to complete Clinical Clerkship Final Assessment Reports and Final ITARs in One45 within 4 weeks of the rotation end date.

The Clerkship Discipline Coordinator may request a one-week extension for the completion of Final Assessments which are delayed as a result of reassessment or assessment deferral (i.e. due within 5 weeks of the rotation end date) via the Phase 4 Assessment Lead.

- The UGME team will confirm completion of all Final Assessments 5 weeks after the rotation end date. The Phase 4 Lead will require a plan for completion of any outstanding ITARs within 72 hours from the Clerkship Discipline Coordinator (i.e. by 1700 on Monday week 6).

In cases where ITARs have not been submitted by 1700 on the Monday of week 6, the Associate Dean, Undergraduate Medical Education will inform the Discipline Chair of outstanding Final Assessments.

- Discipline Chairs will be required to ensure that ALL Clinical Clerkship Final Assessment Reports and Final ITARS are completed within 24 hours.

Note: *The submission of Final Summative Assessments on this timeline allows us to demonstrate that we meet requirements of the Committee on the Accreditation of Canadian Medical Schools (CACMS) Accreditation Element 9.8 regarding fair and timely summative assessment. This element will be re-examined in the upcoming accreditation status report and our failure to demonstrate 100% compliance will negatively impact our accreditation status.*