



**Program Evaluation Subcommittee (PESC)
Undergraduate Medical Education
Chair: Dr. Alan Goodridge
September 21st, 2021 from 12:30 – 2:00 pm
WebEx Meeting**

Attendees: Alan Goodridge (Chair), Tanis Adey, Kaela Barrington, Heidi Coombs, Norah Duggan, Heather Jackman, Amanda Pendergast, Rick Perrier, Katrin Zipperlen

Regrets: Hannah Brennan, Jasbir Gill, Mallory Pitts, Bruce Sussex

Topic	Details	Action Items and Person Responsible
Welcome	A. Goodridge welcomed members to the meeting.	
Agenda	Review for Conflict of Interest: no conflict of interest was disclosed. Review/Confirmation of the Agenda: approved with no additions.	
Review of Minutes	Review and Approval of Minutes, 15 June 2021 Moved: H. Jackman Seconded: A. Pendergast Approved	
Phase 2 Course Evaluation Reports	H. Jackman presented the Phase 2 Course Evaluation Reports (2020-21). - <u>MED6750 The Patient: Acute or Episodic</u> – Overall mean for the course was 4.1, up from 4.0 last year. The response rate was 20%. The course was rated consistently with last year and no major issues were identified. For content-delivery methods, the lowest rated methods were pre-recorded without PPT, teleconference, PPT slides (only), and online modules. - <u>MED6760 Clinical Skills</u> – Overall mean for the course was 4.2, consistent with last year. The response rate was 21%. The lowest-rated session was Gastroenterology, likely due to the virtual format. The one-on-one sessions worked well under the circumstances and we have anecdotal evidence that faculty members felt the students were more prepared than previous years because of the one-on-one format.	H. Jackman to prepare response reports. K. Zipperlen to follow up with instructors about mini assignments for MED6780.

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	<ul style="list-style-type: none"> - <u>MED6770 Physician Competences</u> – Overall mean for the course was 4.1, down from 4.2 last year. The response rate was 18%. There were no major issues with the course. For content-delivery methods, the lowest rated methods were pre-recorded lectures without PPT, teleconference, and online modules. - <u>MED6780: Community Engagement</u> – Overall mean for the course was 4.1, up from 3.6 last year. The response rate was 18%. Students found the virtual community engagement placement more beneficial compared to last year with no community engagement. For content-delivery methods, the lowest rated methods were pre-recorded lectures without PPT, teleconference, PPT slides (ONLY), and online modules. 	
New Business	<p>Faculty Teaching Evaluation Policy</p> <p>A. Goodridge reported that the evaluation process for Red Flags (or “low performance”) has been revised. After reviewing the process that was established several years ago, he and H. Coombs felt that “low performance” evaluations should not individually be disseminated, which has been the practice. Disseminating individual evaluations could compromise the confidentiality of learners and give too much weight to a single evaluation.</p> <p>The revised policy outlines a process for disseminating Red Flag reports after a faculty member receives a third “low performance” evaluation (within 5 years) and again after a sixth “low performance” evaluation. There will be a more rigorous process for the sixth evaluation, involving the Associate Deans of UGME and PGME. In this event, there must be a more detailed action plan in writing about addressing the teaching concerns. PESC will need to be notified, in confidentiality, of the plan.</p> <p>A. Goodridge explained that the Red Flag process is intended to identify potential teaching deficiencies over an extended period of time and to develop strategies for quality improvement.</p> <p>H. Coombs suggested changing the language around “Red Flag” since it can be misinterpreted as an emergency or a situation requiring urgent action. She recommended changing “Red Flag” to “Low Performance.”</p> <p>A. Goodridge moved for approval of the revised Faculty Teaching Evaluation Policy – approved. He will present the updated policy to UGMS for approval in October.</p>	A. Goodridge to present the revised policy to UGMS.
	<p>QI Sessions</p> <p>H. Coombs reported that the QI sessions last year often went over-time due to the virtual nature of the sessions. Now that they are back in-person, we should be able to have more control over the length of the sessions. Getting feedback from students in the lead-up to the sessions has also been difficult. She suggested sending feedback surveys to students via One45, rather than relying on the student representatives to solicit feedback from their classmates.</p>	<p>H. Coombs to send out QI feedback survey through One45.</p> <p>H. Coombs to re-frame QI discussion in terms of “3 hot topics.”</p>

	<p>The committee agreed to send surveys through One45 as a pilot project and if there is less feedback we will revert to the previous approach.</p> <p>A. Pendergast suggested reframing the discussion in terms of 3 hot topics for discussion.</p>	
	<p>Phases 1-3 Faculty Evaluation Forms</p> <p>H. Coombs asked if question #4 on the evaluation form can be removed now that students are back in the classroom.</p> <p><i>#4 The instructor chose an appropriate method of remote instruction for this topic (i.e. WebEx, pre-recorded lecture, etc).</i></p> <p>The committee agreed to removing #4 as this usually will not applicable for classroom teaching.</p>	<p>H. Coombs to remove question #4 from the faculty evaluation forms.</p>
	<p>Clinical Faculty Evaluations Forms (P4/PGME)</p> <p>H. Coombs recently had a discussion with her colleague from Dalhousie University who noted that the trend across Canada seems to be towards the use of one single form for all clinical teaching evaluations – those filled out by clerks and residents. We use one form for all Disciplines at the undergraduate level and another for all Disciplines at the postgraduate level. The forms are very similar – structured around CanMEDS Competencies. However, they are very long, especially compared to forms in use at other universities. H. Coombs would like to review and revise the forms for next year, with a view to implementing a shorter form for use at both undergraduate and postgraduate levels. This change would also improve the likelihood that faculty will be able to receive an evaluation report since the undergraduate and postgraduate forms cannot be combined and if there are fewer than 3 responses, we cannot run the report.</p>	<p>A. Goodridge/H. Coombs to discuss moving forward with revising the clinical teaching evaluation forms.</p>
Accreditation	<p>T. Adey reminded committee members to submit any outstanding documents as soon as possible, since the submission deadline is quickly approaching.</p>	
	<p>Meeting adjourned at 1:59 p.m.</p>	

Next Meeting: October 19th, 2021 - WebEx