



**Program Evaluation Subcommittee (PESC)
Undergraduate Medical Education
Chair: Dr. Alan Goodridge
November 16th, 2021 from 12:30 – 2:00 pm
WebEx Meeting**

Attendees: A. Goodridge (Chair), K. Barrington, H. Coombs, D. Curran, J. Gill, H. Jackman, A. Pendergast, R. Perrier, B. Sussex

Regrets: H. Brennan, N. Duggan, K. Zipperlen

| 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, 19 September 2021 and 26 October 2021: <ul style="list-style-type: none"> – Moved: A. Goodridge – Seconded: R. Perrier All in favour | |
| Phase 2 Response Reports | H. Jackman presented the Phase 2 Response Reports. <ul style="list-style-type: none"> – <u>MED6750: Patient II</u> The two main weakness identified in MED6750 were: 1) the delivery of content during COVID-19; and, 2) the increased number of learners who scored below the passing grade of 70 for the overall course, requiring application of the modified Hoftsee. <i>Action Plan:</i> 1) To address the content-delivery issues, the Phase Management Team agreed that the return to in-person instruction will remedy the issues. In cases where in-person instruction is not possible, faculty will be permitted to either deliver a live WebEx session or provide a pre-recorded presentation with PPT slides. 2) With regards to the assessment issue, this was the second year of the theme-based curriculum and the exams last year the exams were not invigilated. The questions on the exam this year were different from last year, since last year's was not invigilated. It is too early to know if the increased number of students who | H. Jackman to contact CLSC about group sizes for Clinical Skills. H. Jackman to discuss with Dr. Maria Goodridge the possibility of additional time with SPs. |

| | | |
|--------------------|---|--|
| | <p>scored below the passing grade is a trend – whether or not the exam was more difficult or the class was disadvantaged by the method of teaching. The Phase Management Team agreed to monitor this going forward.</p> <p>It was also noted that the neurology theme is intense and that students lose two days to the OSCE. The Phase Management Team will monitor this block.</p> <p>– <u>MED6760: Clinical Skills</u></p> <p>The main weakness of the course were COVID-related, including the organization of the course and last-minute scheduling, especially for the GI and Respiratory sessions.</p> <p><i>Action Plan:</i> The lifting of COVID restrictions now allows for in-person Clinical Skills with scheduling in advance and more available resources. Each session now includes four learners, which will decrease the number of sessions and faculty required. The OSCE will be in-person and make-up sessions for GI and Respiratory will be added to Phase 3.</p> <p>B. Sussex raised concerns over the continued restrictions on group sizes for Clinical Skills. Although the groups include 4 students for 2-hour sessions, some of the sessions have been divided in half, with 2 students for the first hour and the other two for the second hour. This means the students are only getting half the Clinical Skills experience. He also noted that the students are not getting time to practice with standardized patients (SPs) on their own.</p> <p>H. Jackman will contact the Clinical Learning and Simulation Centre (CLSC) about the restrictions on group sizes and discuss with Dr. Maria Goodridge the possibility of extra time with SPs.</p> <p>– <u>MED6770: Physician Competencies</u></p> <p>The only weakness noted was content-delivery during COVID-19.</p> <p><i>Action Plan:</i> With COVID restrictions lifted, these sessions will go back to in-person. If we have another lockdown, only pre-recorded lectures with PPT slides or live WebEx will be accepted.</p> <p>– <u>MED6780: Community Engagement</u></p> <p>The three main weaknesses identified were: 1) the organization of the course and effective integration of topics; 2) the virtual community placement (mixed reviews); and, 3) content-delivery during COVID.</p> <p><i>Action Plan:</i> 1) A return to in-person classes will promote live discussions around topics and help with integration; 2) the community placement will in-person this year; and 3) exploring the possibility of keeping some components of the course online.</p> | |
| Terms of Reference | <p>A. Goodridge presented the revised Terms of Reference.</p> <p>There are several modifications to the Terms of Reference but no substantial changes.</p> | <p>H. Coombs to present the revised TOR to UGMS for approval.</p> <p>A. Goodridge to bring a request to UGMS</p> |

| | | |
|--|--|--|
| | <ol style="list-style-type: none"> 1) Since the Associate Dean of Undergraduate Medical Education (UGME) is now also the Chair of the Undergraduate Medical Studies (UGMS) committee, we revised the wording accordingly. 2) We changed the term of membership from 3-years to ongoing/reviewed annually. 3) We added wording such that at least one member of the committee will be a non-clinician. 4) We added a statement related to the design and administration of faculty and resident teaching evaluation tools and our process to ensure appropriate dissemination and follow-up. <ul style="list-style-type: none"> – Moved: A. Goodridge – Seconded: J. Gill <p>All in favour</p> | for a non-clinician member of PESC. |
| Phase 3 Course Evaluation Reports | J. Gill followed-up on the Phase 3 Course Evaluation Reports from the October meeting and addressed any issues raised in the reports. There were no outstanding action items from the October minutes. J. Gill will present the Response Reports at the December meeting. | J. Gill to prepare the Phase 3 Response Reports. |
| Phase 4(2) Course Evaluations and Response Reports | N. Duggan was unable to attend and will present the reports at the December meeting. | N. Duggan to present Phase 2(4) reports in December. |
| Learner Representation | <p>D. Curran – nothing to report.</p> <p>H. Brennan – not present.</p> <p>R. Perrier – nothing to report.</p> | |
| QI Sessions | <p>A. Pendergast reported that we received a significant amount of feedback for the most recent Phase 1 QI Session. The students are happy to be back in person, faculty are engaged, and the Patient course is well organized. There had been challenges recruiting supervisors for the research curriculum, but that has now been rectified. There were also issues related to faculty not using lecture capture.</p> <p>J. Gill reported that the Phase 3 QI Session was not well attended. However, the students are happy to be back in-person and are finding the faculty members to be engaged. They noted that several lectures have gone overtime. The class representative is keeping track of those lectures.</p> <p>H. Coombs offered to present the QI Session results at PESC and the Phase Management meetings on a regular basis.</p> <p>B. Sussex suggested renaming “evaluation” as “quality improvement.”</p> | <p>J. Gill to meet with the Phase 3 class representative re: faculty going overtime.</p> <p>H. Coombs to add QI Sessions as a standing item to the PESC agendas.</p> <p>H. Coombs to report on the QI Sessions at Phase Management meetings.</p> |
| Other Business | B. Sussex reiterated his concerns about the limitations on Clinical Skills, especially for the class of 2025 when they have to complete a physical examination in Phase 2. A. Goodridge agreed and will ensure that we continue to monitor the situation. | |

| | | |
|--|-----------------------------|--|
| | Meeting adjourned at 1:31PM | |
|--|-----------------------------|--|

Next Meeting: Tuesday, December 21, 2021 - WebEx