### **UGMS** Committee

#### Minutes

DATE & TIME:	Wednesday, January 10, 2007 at 4:00 p.m.
PLACE:	Undergraduate Medical Education Boardroom
PRESENT:	Dr. S. Peters (Chair), Drs. G. Farrell, D. McPhee, S. Moffatt, V. Gadag, A.E. Goodridge, C. Mann, A. Mohammed, S. Shah, D. Boone, Ms. S. Ackerman, Mr. G. Beckett, Ms. L. Glynn, Ms. E. Hillman, Mr. A. Kennedy (Student Representative) and Mr. C. Ryan (Student Representative)

Declaration of Conflict of Interest

No conflict of interest was declared.

Review of Minutes of December 4, 2006

The minutes were accepted as circulated.

**Business Arising** 

### Informatics

Members were advised that a letter has been received regarding the LCME visit. It notes that the chair of the team is Dr. Tom Marrie, Dean, Faculty of Medicine and Dentistry, University of Alberta.

One of the items that must be demonstrated is ED - 1, the objectives database and its implementation. Dr. Peters requested that the IT Committee provide an instruction sheet on how to use the database which can be provided to the accreditation team. This information should be available by January 31. Additionally, the UGME homepage also needs to be addressed and it is currently being worked on.

Information sessions are planned in February & March to educate faculty on all changes that have been made.

### **New Committee Member**

Members were reminded that Dr. Alan Goodridge, as Chair of the Program Evaluations Subcommittee (PESC), has been voted as a permanent, non-voting member of the UGMS Committee.

#### Policies and Procedures

### **Electronic Voting**

It was noted that several reminders were needed with regards to voting on-line. Members were reminded that this is an important activity.

After some discussion it was decided that a quorum for electronic voting would be half the voting membership plus one for a total of seven voting members. As well, members would have seven days to register their vote because the Committee currently meets every two weeks.

### **Non-Cognitive Behavior**

Members were advised that the Medical Students Society is organizing a committee to be part of the process for developing professionalism guidelines and a code of conduct. It was felt that something should be in place before September 2007 when the students return after summer vacation. Student representatives were requested to have their MSS Representative contact Dr. Farrell regarding this matter and a preliminary report would be available for this Committee by mid-February.

### **Resident Teaching Evaluation**

A mechanism needs to be in place that allows students to assess residents and faculty with a way for this feedback to be reported to applicable program directors to help improve resident teaching abilities. A workshop is also available on teaching for residents and it is mandatory that they attend these sessions if they are teaching students.

Currently the One45 program which is being used by the Department of Surgery has an evaluation form for grand rounds where the residents present are evaluated and this information is provided to the program directors. The clerkship rotation evaluation asks students if the resident provided a positive teaching environment. They will also be asked to identify the top three residents that they worked most closely with. If those with gaps in their abilities are identified, faculty development must be provided to correct this. When the draft of the resident teaching evaluation form was presented to the Postgraduate Office, the word "remediation" was used to refer to correcting these gaps but there were some issues with its use. It was suggested that it could be replaced with "professional development" and all agreed.

# **Curriculum Change**

Members were advised that the Dean has received a proposal for a Palliative Care curriculum. A process is now needed to determine how this should be done. A review of the suggestions in the on-line discussion was presented and included the following:

- Brief summary of knowledge content to be covered
- Justification of why the content needs to be included (or excluded)
- Demonstrate linkages to MCC/MSOP and state course/subject objectives
- Instructional and delivery methods to be used
- Student contact hours
- Evaluation methods (formative and summative)
- Resources needed
- Who was consulted within the medical school
- How does it reach the UGMS Committee (what other levels of review should there be, should it be presented by the UGME management team or the individual faculty member)
- How is effectiveness of the curriculum measured

After some further discussion it was agreed that Ms. Ackerman and Dr. Farrell will research the issues and provide a report on a possible process for the mid-February meeting.

# **Rotational Patient Types**

Members were reminded that one of the new standards that must be met for accreditation states that the number and types of patients that students see in clerkship must be defined and linked to objectives. Ms. Ackerman has developed a form that will be used by all clinical clerks to identify patient types and links to the objectives. About half-way through the rotation, the clerk will meet with the rotation coordinator and any experiences that they have not been exposed to will be provided to them. By April it can be demonstrated that this process had been implemented for January, February and March.

# **Promotions Standards**

The draft of the Undergraduate Medical Education Program Promotion Policy was reviewed by members and the definition of a borderline grade was discussed.

After much discussion the following motion was made:

# PETERS/MANN

THAT the Committee accepts the Undergraduate Medical Education Student Promotion Policy as it is currently stated.

CARRIED

It was also agreed that the definition of borderline would be changed to read "a grade that has been given and deemed as a weak pass".

Members were advised that the promotions policy will go to Faculty Council the following week.

## LCME Standards

### **Memorial Letter**

Dr. Peters noted that a letter has been posted on the UGMS Committee website which details what needs to be provided by the end of January. The process has been started by Drs. Peters and Hansen and Ms. S. Ackerman.

### Report - Pre-Clerkship

### **Teaching Contact Hours**

A review of the number of teaching hours showed that the problem is not that the courses have increased their number of hours but that under the present criteria, students have not been given enough time. The Committee needs to consider if this is still appropriate and if the number of contact hours should be decreased and if so, what they should be decreased to.

#### Adjournment

There being no further business, the meeting was adjourned at 5:40 p.m. and members were reminded to complete the electronic survey on the meeting that's available on-line.

S. Peters, MD, FRCPC Interim Chair, UGMS