UGMS Committee

Minutes

DATE & TIME:	Wednesday, June 24, 2009 at 4:00 p.m.
PLACE:	Professional Development and Conferencing Services Boardroom
PRESENT:	Ms. L. Glynn (Chair), Drs. S. Murphy, A. Dorward, D. McKay, A. Goodridge, N. Bandrauk, G. Farrell, C. Donovan, S. Shah, Ms. S. Ackerman, Mr. G. Beckett, Ms. E. Hillman, Mr. S. Pennell and Mr. J. Thorburn (Student Representative)
APOLOGIES:	Dr. D. Boone and Mr. N. Sowers

Review of Minutes of May 27, 2009

The minutes were approved as circulated.

Business Arising

There was no business arising from the minutes.

Professionalism

Members were reminded that this Committee had appointed an ad hoc group on professionalism to review the teaching and assessment of professionalism in the undergraduate curriculum. This group has now become a committee, as requested by the Dean, to review the entire medical school. It was decided that the undergraduate review directed by this Committee would still continue independent of the Dean's request and will outline expectations for faculty, staff and students. This information will be shared with the Dean's Professionalism Committee.

Dr. Farrell advised that he would be seeking volunteers to help with this over the summer. Dr. Bandrauk had already volunteered and Dr. Hogan will be approached as well.

It was suggested that with regards to faculty, it should be the concern of this Committee to teach professionalism in the curriculum and to evaluate it. Professional adjudication should be left up to the professional bodies as applicable.

There was much discussion surrounding this matter and it was suggested that the Committee should give consideration to developing a process in the context of education, not in the context of punishment. Students should be educated in professionalism before they are members of the College of Physicians and Surgeons of NL. It was also noted that some issues are already dealt with in other areas but if there is something that is unique to medical school this Committee would not be dealing with it because it would not be its responsibility. However it should be clear that the rules are consistent and do not conflict with other University regulations.

It was felt that students need to be educated in proper professional behavior, which should be clearly defined. When a student steps over the line, there needs to be a process in place to deal with it. This is common practice at other medical schools in Canada and a lot of schools have information on the process on their website. Members were reminded that this is a directive from the Dean of Medicine and should be in place for September 2010. It should identify the experiences of the students in terms of professionalism and where it should be placed in the curriculum, and as well a process should be identified to deal with allegations of professional misconduct.

Academic Misconduct

Ms. Glynn noted that there have been some questions with regards to the best way to deal with academic misconduct. There have been inquiries with regards to who the academic head is, which also needs to be defined. A decision will have to be made with regards to whether or not additional procedures are needed to deal with academic misconduct in additional to what is in the University Calendar, which is currently quite specific.

Discussion ensued. Dr. Farrell pointed out that the head of the academic unit should be the associate dean for undergraduate students and if faculty isn't aware of this, it should be made clear and any student related issues with regards to academic misconduct should be taken to the associate dean for UGME.

It was suggested that a recommendation should be made to the Dean that the academic head should be the associate dean for UGME. Because the Dean directs this responsibility he should confirm this and this Committee should make a motion to encourage the dean to do so. It was also suggested that once this happens, a memo should be sentout to all faculty to ensure everyone is clear.

MCKAY/HILLMAN

THAT this Committee encourage the Dean of Medicine to clarify the delegation of academic misconduct to the Associate Dean of Undergraduate Medical Education.

CARRIED

Ms. Glynn inquired that in terms of process, did members agree that the University Calendar should be followed and all agreed that it should be.

Dr. McKay noted that the university guidelines for academic misconduct have recently been changed and improved for the fall semester. A link will be posted on the home page.

Invigilation Policy

Dr. McKay advised that he has a draft of this policy but it has not yet been circulated. The university has approved the new document and the changes must be incorporated prior to circulation. He proposed that the Committee should use the new university regulations regarding invigilation until the medical school policy for invigilation has been finalized.

Dr. McKay and Dr. Farrell will meet regarding this matter and it will be discussed further at the next meeting.

Ms. Glynn wondered how well this policy would address alternative types of examinations thus this should also be reviewed by Drs. McKay and Farrell when they meet.

Withdrawal of the Unwell Student Policy

Further changes need to be made to this document so this matter will be deferred to the next meeting.

Next Meeting

Members were advised that an additional meeting would be required to deal with various issues that have to be completed. The next meeting will be scheduled for July 15 which will allow three weeks for those who have to deal with these issues.

Reports

Subcommittee on Student Assessment

Dr. McKay advised that Dr. Heath had made a presentation on IPE and most of the issues were passed but there were two issues that did not pass and will require further discussion. Both are with regards to the new curriculum. At the next meeting of the SSA an attempt will be made to

resolve both issues. It was anticipated that all issues would be resolved with some possible changes.

Dr. McKay also noted the he and Mr. Pennell have been dealing with the matter of attempting to go in the direction of eliminating examinations in the current form and replacing them with D2L as the platform to administer examinations.

Additionally, Dr. McKay indicated that the other issue with the SAA was the Assessment Review Committee's proposal to follow a CanMeds scheme to evaluate and assess. Use of the current table has already been approved and the medical school is already doing a number of the types of assessments noted in the table. Faculty should be encouraged to start referring to this table when planning their assessments.

Pre-Clerkship

Dr. Farrell noted that there were a number of issues with regards to pre-clerkship as follows:

- International students there have been issues with regards to adjustment which have been discussed at the pre-clerkship committee level. It was suggested that supports should be put in place to help these students adjust here. There was also discussion with regards to their weak performance and whether this would mask a weak performance of Canadian students.
- Professionalism there were issues with regards to requested leave and trying to be fair with granting student leave for various things. There was also discussion regarding students being late or not showing up at all for various lectures, tutorials, etc.
- Update on IPE there were only four modules in first and second year in the past there were more.

A comment was made that tutorials are not required attendance for the students and though it may be disappointing to the professor, it could also beindicative of the professor's teaching. This is not really a professional issue. Some felt this was more of a management issue than an Undergraduate Office issue.

Clerkship

A report on the clerkship was unavailable at this time.

Informatics

This Committee has not met in some time and it was felt that it should be reconvened.

MELT

A report from MELT was unavailable at this time.

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Program Evaluations Subcommittee

Dr. Goodridge noted that this matter came up at the last meeting with regards to Biochemistry. The comments from students are often referring to too much basic information and not enough clinical application. The course committee feels they need to teach the basics first and if there is too much emphasis on clinical it would not allow much time to teach the basics. PESC feels they have addressed this and accept their response if they feel these issues will be addressed with the changes in the new curriculum.

Dr. Farrell indicated that it is PESC's responsibility to mandate faculty to respond to matters that require it. In this case, students think it is too much and faculty feels it is the requirement. In the top down curriculum PESC does not have the authority to deal with this. Over the next few years this will become more evident so if it is not PESC's mandate, is it the mandate of this Committee?

Some members wondered if 33 hours could be justified in light of what has been accepted as the guiding philosophy and other noted that, as faculty, these types of issues will have to be dealt with. There will be a major change from the way the curriculum has traditionally been delivered and there will probably be quite a bit of resistance to it. This type of thing will come back more often and this Committee will need to decide how to best deal with it.

After some further discussion, it was decided that Ms. Glynn and Ms. Ackerman would meet separately regarding this and the matter will be brought back to this Committee for further discussion.

Dr. McKay suggested that a plan should be put in place for 2010 to replace BSMI with a new course that would follow the spiral curriculum, as a pilot project. This may allow teaching to occur in a more logical way and specific courses would not have to be signaled out.

Ms. Glynn felt that this would be worth discussing with the MELT team and she didn't see any issues with regards to this Committee making a recommendation that this should happen for 2010. She suggested inviting the MELT team to the next meeting to have this discussion and to allow them to decide if they agree with this proposal.

Adjournment

There being no further business, the meeting was adjourned.

L. Glynn Chair

/mjm