

UGMS Committee Minutes

Wednesday, 15 April 2020
4:00 pm via teleconference

Attendees: T. Adey, L. Alcock, , V. Curran, J. Gill, A. Goodridge, A. Haynes, T. Hearn, E. Hillman, H. Jackman, B. Kerr, T. Lambert, S. Murphy, C. Peddle, A. Pendergast, S. Pennell, J. Reddigan, C. Skanes, M. Steele, L. Webster

Regrets: C. Campbell, N. Duggan

| Topic | Details | Action Items and person responsible |
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| Introduction and Welcome | S. Murphy called the meeting to order at 4:05 pm. | |
| Agenda review - Review for Conflict of Interest - Confirmation of Agenda | No conflict of interest expressed. | |
| Review and approval of April 6, 2020 minutes | Minutes were reviewed and approved. | |
| 1. Standing Committee Reports a) PESC | A. Goodridge had nothing to update from PESC. | |
| b) SAS | V. Curran updated the Clinical Skills proposal will be approved through the Phase committees then it will come to UGMS for review. MED 7750- change that reflection essay assignment will be worth 65% of the course now with description added. It was MOVED by V. Curran and SECONDED by S. Murphy to accept the proposed changes to MED 7750 assessment plan. All were in favour, and the MOTION CARRIED. | ACTION: It was moved by V. Curran and seconded by S. Murphy to accept the proposed changes to MED 7750 assessment plan. Motion carried. |
| c) iTac | S. Pennell updated as follows: - the majority of lectures have been done by some kind of lecture capture, and it's working well. - Phase 3 first large cohort exam taking place this afternoon, and Phase 2 large cohort exam is tomorrow. No issues so far. - instructional design team meeting with Clinic Skills tomorrow to discuss options for OSCE. | |
| d) COWG | A. Haynes circulated a list of minor curriculum changes for information, and they are working on getting everything transitioned to remote teaching. | |
| 2. Phase 4 report | N. Duggan not present to report. | |

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| <p>3. Phase 3 report</p> | <p>J. Gill requested guidance regarding the research curriculum assessment plan for Phase 3 wherein the deliverable was changed to the submission of a progress report that has already been approved and the class has been notified. Since then, 4 students said they had already completed the original deliverable regarding data collection and analysis. After discussion, it was agreed that having students submit a progress report, with or without data analysis, would be acceptable without having to change the assessment plan. T. Adey said K. Zipperlen said some students expressed concern about having to do a progress report in addition to the originally required deliverable, and J. Gill said they should only submit one or the other. S. Murphy cautioned to ensure the rubric doesn't allow for unfair advantage for students who had progressed further in their project than most.</p> <p>- The next Phase 3 meeting will be discussing Clinical Skills and Phase 4 Prep. She has reached out to facilitators for Phase 4 Prep to see if they could instruct virtually and is waiting to hear back regarding live sessions. S. Pennell said in the past there was a week of online courses and a week of face to face sessions with the Health Authority. She will update T. Adey as things progress.</p> | <p>ACTION: J. Gill to update T. Adey on new developments regarding Clinical Skills and Phase 4 Prep.</p> |
| <p>4. Phase 2 report</p> | <p>H. Jackman said they had a Clinical Skills meeting this morning, and will discuss it further in Phase 2 next week before coming back to UGMS.</p> <p>- The first exam is tomorrow afternoon. S. Pennell has learned their software can accommodate technical issues such as patchy internet at learners' homes. Tomorrow, they will adjust their 30 minutes buffer before and after exams and will reduce buffers to 15 minutes as some students were going over time.</p> | |
| <p>5. Phase 1 report</p> | <p>A. Pendergast had nothing else to add.</p> | |
| <p>6. Report from NB</p> | <p>T. Lambert updated:</p> <p>- zoom meeting with the 10 students who are still there yesterday 30 minutes</p> | |

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| | <ul style="list-style-type: none"> - they have major concerns re CaRMS dates and how matching will be done without electives and getting program interviews without electives. - Phase 4 students interested in more direction via a list of deliverables indicating what they could be doing right now for core rotations. N. Duggan is working on formal teaching sessions for them to participate in. Learners would like to have more direction as to what they should be doing now. He will bring up at Phase 4 tomorrow. | <p>ACTION: T. Lambert to ask about having a list of deliverables for Phase 4 learners in Phase 4 Committee meeting tomorrow.</p> |
| <p>7. Accreditation matters</p> | <p>T. Hearn said CACMS has suspended everything, but they are still encouraging completion of DCIs. She and B. Kerr looked at all elements and social accountability and how it interacts in the curriculum. We should start thinking about linkage of social accountability and curriculum. It's hard to prove, but something to think about. B. Kerr suggested considering how social accountability drives or contributing the design of the curriculum.</p> <p>M. Steele said through the Strategic Planning process, there will be a new governance structure for social accountability, and just got approval for an assistant Dean for Social Accountability and if this Committee decided to have someone on the Committee, that may be the best person.</p> | |
| <p>8. Senate/SCUGS/University issues</p> | <p>T. Aday said</p> <ul style="list-style-type: none"> - task force meeting daily and learner updates are going out Monday, Wednesday & Friday. Meeting with Medsoc next week to see if this can go out less often. Wellbeing updates going out Tuesdays and Thursdays - at the national level, visiting electives have been cancelled, local s/electives have also been cancelled at all schools and schools are no longer accepting applications. There will be a common date for visiting electives to open up and they will be collaborating on local electives, trying at national level to align the return to clinical studies as much as possible. - at the national level, they are looking at different scenarios of return to clinical studies at different times, proposals being put together, recommendations have | |

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| | <p>been created by a subgroup of undergrad deans, as well as a proposal for new CaRMS timeline, many stakeholders involved</p> <ul style="list-style-type: none"> - decisions can't really be made about what clerkship looks like because they don't know when learners will go back. Guiding principals have been developed about determining when learners go back in terms of what approach will be taken and what will be priority - Undergrad deans are still meeting weekly - at pre-clerkship level they are trying to think outside the box to deliver curriculum virtually so it can be done now instead of when learners come back. S. Pennell suggested looking at virtual patient technologies for Clinical Skills, and T. Adey said they would consider everything. S. Pennell said they have to plan with the right content expert, and T. Adey would like to explore this. T. Adey to reach out to S. Pennell when ready. - A. Haynes suggested looking at rules around reusing previously recorded lectures, S. Pennell said it's in the lecture capture policy that lectures can't be reused, and the policy change would have to be approved. J. Reddigan said a letter from the Dean granting an exception to the rule will be sufficient in these situations. J. Reddigan asked M. Steele if a letter for each individual case is required or if a general approval is granted, and M. Steele said it's a general permission from her to reuse. A. Haynes said faculty are being asked permission to reuse, and S. Pennell asked A. Haynes to copy d2l when communicating with faculty about reusing previously recorded lectures. S. Murphy asked about an automatic deletion policy for lectures, and S. Pennell said it's a manual process that won't happen unless he instructs staff to do so. - M. Steele said the Deans meet every week, documents from Undergrad will be going to the Board on Saturday and next week the documents will be shared showing consensus. - A. Pendergast would like to discuss starting Phase 1 in August with T. Adey, and T. Adey suggested they start thinking about how Phase 1 will look. | <p>ACTION: T. Adey will reach out to S. Pennell when ready to explore using virtual patient technologies for Clinical Skills.</p> <p>ACTION: A. Haynes to copy d2l when communicating with faculty about reusing previously recorded lectures.</p> |
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| | - first Senate meeting was held virtually yesterday with the new president and 70/80 people were present. M. Steele said the meeting was well-chaired and profiles provided and suggested using Zoom for UGMS. S. Murphy said rather Zoom, M. Steele said the Faculty of Medicine has a Zoom license now that UGMS could use, and S. Pennell can help with it. | |
| 9. Senior Management Committee/Policy | S. Murphy said there have been no meetings lately. | |
| 10. UGME office report | C. Peddle said all staff are set up to work remotely except one who is still working at the office. Everyone seems to be well set up, and she conducts daily check ins with them. No issues so far. | |
| 11. Matters arising from minutes | No matters arising from the minutes. | |
| 12. New business | No new business. | |
| Next Meeting | <p>4:00 29 April to discuss Phase meetings decisions. J. Gill said the next Phase 3 meeting is on May 6, and she could have proposals ready to bring back to UGMS by 29 April, but not for SAS on 22 April, but an evote can do conducted.</p> <p>M. Steele thanked everyone on behalf of the Faculty of Medicine for working to keep the curriculum going for the students.</p> | Adjourned at 4:51 pm |