



UGMS Meeting Minutes

Wednesday, December 16, 2020
4:00-5:30 p.m. via Webex

Members (in alphabetical order):

Dr. Tanis Adey (chair), Associate Dean UGME	voting	Dr. Taryn Hearn, Accreditation Lead	voting
Lindsay Alcock, Librarian & Head of Public Services HSL	voting	Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting
Craig Campbell, Learner representative Class of 2022	voting	Dr. Heather Jackman, Phase 2 Lead	voting
Dr. Vernon Curran, SAS Chair	voting	Brian Kerr, Curriculum & Accreditation Advisor	corresponding
Dr. Norah Duggan, Phase 4 Lead	voting	Dr. Todd Lambert, Assistant Dean NB	voting
Dr. Jasbir Gill, Phase 3 Lead	voting	Carla Peddle, Manager UGME	voting
Dr. Alan Goodridge, PESC Chair	voting	Dr. Amanda Pendergast, Phase 1 Lead	voting
Melanie Greene, Policy Analyst	corresponding	Stephen Pennell, Chair iTac	voting
Yaswanta Gummadi, Learner representative Class of 2023	voting	Dr. Margaret Steele, Dean of Medicine	ex officio (non-voting)
Dr. Alison Haynes, Curriculum Lead	voting	UGME Administrator (Vacant)	recording secretary

Present (in alphabetical order): T. Adey; C. Campbell; V. Curran; N. Duggan; J. Gill; A. Goodridge; M. Greene; Y. Gummadi; A. Haynes; T. Hearn; E. Hillman; H. Jackman; B. Kerr; T. Lambert; C. Peddle; A. Pendergast; S. Pennell

Regrets (in alphabetical order): L. Alcock; M. Steele

Absent (in alphabetical order): UGME Administrator (Vacant)

Time Est.	Topic	Action
1 minutes	Welcome <ul style="list-style-type: none"> • Dr. Melanie Greene filling-in for Jacinta Reddigan in Policy Analyst role with the Dean's Office. From U of A with previous work at MUN (PDCS and CITL). • Dr. Maria Goodridge, Chair, Clinical Skills 	
1 minute	Agenda review <ul style="list-style-type: none"> • Review for Conflict of Interest • Confirmation of Agenda • Motion to approve 	Moved: A. Goodridge Second: T. Hearn Approved

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2 minutes	Review and approval of minutes – November 18, 2020	Motion to approve Minutes from the previous meeting. Moved: A. Goodridge Second: V. Curran In Favour: all Opposed: none Abstained: M. Greene APPROVED
5 minutes	1. Matters arising from the minutes 1.1. Y. Gummadi to follow up with learners about preference of teaching methodology and examples of delayed upload of live recorded session. <ul style="list-style-type: none"> • More of an instructor preference • Slides are not always uploaded before lecture • Sometimes lecture recordings are not uploaded “on time” 1.2. S. Pennell to follow-up with session moderators re. technical difficulties during live sessions. <ul style="list-style-type: none"> • There were some hiccups in the beginning but typically running without issue, nothing outstanding. No problems identified by HSIMS, starting and ending on time. 1.3. Follow-up on updates to Curriculum Change Policy and new Policy Analyst. <ul style="list-style-type: none"> • M. Greene will begin with the adjustments in 2021. 1.4. N. Duggan to provide a proposal or update on rearranging the class schedule or timeline around the Clinical Skills IV course. <ul style="list-style-type: none"> • N. Duggan requested feedback from the committee and will discuss at Phase 4 meeting, tomorrow. 	ACTION: Y. Gummadi to poll learners.

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	<p>1.5. Update on Community Placement alternative(s).</p> <ul style="list-style-type: none"> • H. Jackman noted that SAS Report will cover this matter • Community Health team will facilitate a 2 week virtual visit • Learners will get a list of organization for small group learning • PowerPoint group presentation in lieu of the Community Engagement Essay • Advanced coordination, but two week block for visits and one month to prepare presentation • Assessment tools remained largely the same 	
5 minutes	<p>2. New business</p> <p>2.1. M. Goodridge presented proposal for learner-to-learner extra practice of physical examination skills (Attached documents for review):</p> <ul style="list-style-type: none"> • Learners have reduced times with SPs and capacity restricts learning to one on one sessions • Learners requesting more practice • Practice on each other outside CLSC • Gronich theatre on Tuesday afternoons • Voluntary with no assessment • Tutor to provide guidance • Development of Policy and consent form • Environmental Health and Safety (EHS) will review • UGMS in support of implementing these optional supplementary Clinical Skills practice sessions • Practice on each other is common practice at other medical schools and at MUN nursing • Learners can request accommodations for practice sessions • University of Toronto, Ottawa and Saskatchewan policies may be adapted for MUN policy • Consultation with legal, privacy and risk ongoing • Room Bookings have been completed • Scheduled to begin 12 January allowing three (3) one-hour sessions per learner. • Alan Goodridge expressed that the Clinical Skills learning objectives for Neurology cannot be met in light of the major 	<p>Motion to approve Clinical Skills Extra Practice Sessions.</p> <p>Moved: A. Goodridge</p> <p>Second: A. Pendergast</p> <p>In Favour: all</p> <p>Opposed: none</p> <p>Abstained: none</p> <p>APPROVED</p> <p>ACTION: N. Duggan to bring to Phase 4 Management Team and discuss options for skills development in Phase 4.</p>

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	<p>impacts relating to COVID-19. Exploring opportunities in Phase 4 for additional Clinical Skills development.</p> <ul style="list-style-type: none"> • Pediatrics skills will be deferred • If time and space becomes available we will re-evaluate the delivery of Clinical Skills • Learners will be assessed and concerns with progress will be addressed • N. Duggan emphasized that we would not want make up for skills to be ad hoc. We need to proactively plan for opportunities for directed teaching for clinical skills in the absence of clinical skills exposure in Phases 1, 2 and 3. 	
	3. Standing Committee reports	
5 minutes	a) PESC (Attached documents for review)	
5 minutes	<p>b) SAS (Attached documents for review)</p> <ul style="list-style-type: none"> • Considering in-person exam resumption (brought to COVID-19 Task Force) • Task Force was not in support of the resumption of in-person exams during pandemic with investment in Proctorio • Changes to Phase 2 Community Engagement – virtual learning – essay and Powerpoint group presentation, workbook replace by Powerpoint • Presentations with Powerpoint will be recorded and put on D2L • Logistical concerns from learners brought back to CHH • Rubrics to be developed • New wording for Learner Well-Being Consultant 	<p>Motion to Approve Assessment plans for Phase 2.</p> <p>Moved: V. Curran Second: N. Duggan In Favour: all Opposed: none Abstained: none APPROVED</p>

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	<ul style="list-style-type: none"> • Environmental Scan <ul style="list-style-type: none"> ○ Scrap Paper was permitted and discontinued or was not permitted at other Medical Schools ○ MCC is not permitting the use of scrap paper for the MCCQE Part 1 ○ Outcome of SAS vote was four (4) in favour, three (3) opposed for discontinuing the use of scrap paper 	<p>Motion to discontinue the use of scrap paper for invigilated exams.</p> <p>Moved: V. Curran Second: N. Duggan</p> <p>ANONYMOUS POLL In Favour: 8 Opposed: 5 Abstained: 2 APPROVED</p>
5 minutes	<p>c) iTac</p> <ul style="list-style-type: none"> • Discussed under previous items 	
5 minutes	<p>d) COWG (Attached documents for review)</p> <p>i. Introduction of in-person laboratory sessions</p> <ul style="list-style-type: none"> • Use of Tuesday afternoon for laboratory scheduling • Extend the time beyond the regular end of day to 5 pm • Shift lunch break to 11-12 in some sessions • Overlap with Clinical Skills will be overseen to avoid learners being double booking 	<p>Motion to approve the rare use of Protected Time to accommodate scheduling of in-person Phase 2 laboratories.</p> <p>Moved: A. Haynes Second: A. Goodridge In Favour: all Opposed: none Abstained: none APPROVED</p>

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	<p>ii. Attendance Required vs. Mandatory sessions in the MD program</p> <ul style="list-style-type: none"> • Feedback regarding the use of Mandatory in the MD program schedule • Attendance required for community engagement and clinical skills only • Mandatory sessions would be for small group learning, guest speakers, etc. • Mandatory gives the impression that some sessions are valued more highly than others. • Decision should not be arbitrary • Sessions required for the purposes of Accreditation should be mandatory • Hands on, unique, skills development and any other sessions which should be set within some predetermined guidelines • Will need to develop a guiding principles document outlining (or in alignment with) our values around the concept of professionalism and mandatory attendance with respect to UGME teaching and learning, and what best aligns with Accreditation standards/requirements. 	<p>Motion to remove the Mandatory designation and develop guidelines around attendance which align with accreditation standards.</p> <p>Moved: T. Adey Second: H. Jackman In Favour: all Opposed: none Abstained: none APPROVED</p> <p>ACTION: COWG to develop guiding principles document pertaining to the curriculum and mandatory attendance that aligns with accreditation standards.</p>
5 minutes	<p>4. Phase 4 report</p> <ul style="list-style-type: none"> • Nothing requiring action of UGMS. 	
5 minutes	<p>5. Phase 3 report (Attached documents for review)</p> <ul style="list-style-type: none"> • Nothing beyond report. 	

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5 minutes	<p>6. Phase 2 report (Attached documents for review)</p> <ul style="list-style-type: none"> • Proposal to add one 1-hour session relating to indigenous health to create a continuum across phases • Building on Phase 1 Introduction • Leading into Phase 3 session • Permissible within the scheduling constraints 	<p>Motion to approve the addition of Phase 2 Indigenous Health session.</p> <p>Moved: H. Jackman Second: N. Duggan In Favour: all Opposed: none Abstained: none APPROVED</p>
5 minutes	<p>7. Phase 1 report (Attached documents for review)</p> <ul style="list-style-type: none"> • Biostatistics will be reviewed in the new year 	
5 minutes	<p>8. Report from NB (Attached documents for review)</p> <ul style="list-style-type: none"> • No further report 	
5 minutes	<p>9. Accreditation matters</p> <ul style="list-style-type: none"> • No report 	
5 minutes	<p>10. Learner issues (C. Campbell / Y. Gummadi)</p> <ul style="list-style-type: none"> • Supporting document for review • No further issues 	
5 minutes	<p>11. SMC / Senate / SCUGS / University issues (Attached documents for review)</p> <ul style="list-style-type: none"> • COVID Task Force meeting weekly. T. Adey brings UGME issues to the Task Force • Hosted Phase 1-3 and Phase 4 town halls on 01 December 2020. We are working to resolve identified issues • Start dates for 2021 will remain the same • Aboriginal terminology will be replaced by Indigenous • Senior Management Committee, Faculty Council and COVID Task Force updates from UGME monthly • Dean seeking Reappointment • Dr. M. Wells appointed Medical Director CLSC • Memorial-UPEI joint MD program being explored • T. Adey attends monthly meeting with AFMC Undergraduate Associate Deans and regularly corresponds to align approaches where possible. 	



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	12. Policy <ul style="list-style-type: none">• Many policy matters in progress	
5 minutes	13. UGME office report (Attached documents for review) <ul style="list-style-type: none">• UGME Administrator position re-advertised by HR• Thanks from A. Pendergast to UGME for taking on the tasks relating to UGME Administrator position	
	T. Adey wishes the committee a happy holidays and thanks them for their leadership.	
Next Meeting January 20, 2021		

Keep in View	UGMS terms of reference, including voting rights Exam deferral policy
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Proposal for extra practice sessions January-June 2021

Tuesday afternoons:

January 12, January 19, January 26, Feb 2, Feb 9, Feb 16, Feb 23, March 2, March 9, March 16, March 23, March 30 (12 Tuesday's)

2-3pm: session 1

3-3:30pm: cleaning

3:30-4:30pm: session 2

May 11, May 18, May 25, June 1, June 8 (5 Tuesday's)

2-3pm: session 1

3-3:30pm: cleaning.

3:30-4:30pm: session 1

Would require:

- The Gronich lecture theatre be divided into 5 spaces separated slightly by dividers if possible (4 corners and middle of the room)
- 5 stretchers in each "space"
- Linens for stretchers
- PPE/pre screening/and wipes with sanitizer to clean instruments between users if needed.
- An individual to co-ordinate the sign up/tutor recruitment/screening
- Policies in place regarding privacy
- Written consent to participate in these extra practice sessions
- Cleaning required in between session 1 and session 2. Normally, the staff person would change sheets and wipe down any touch spots (instruments) and the housekeeping staff would do a more thorough cleaning.

Other Notes:

Based on Maximum capacity of 20 people:

17 Learners

1-2 tutors

1 support person for screening and organization of logistics.

- Learners may voluntarily act as "patient" to enable practice of px exam skills with their peers.
- Physical distancing of 6 feet must be maintained in the room unless learners are practicing the px exam.
- A maximum of 17 learners can attend and learners may attend with people in their bubble up to a maximum of 4 learners/group. (but no more than 17 learners in total in the room at a time)
- If learners want to sign up on their own, they can do so and will be matched with others
- In all instances, learners will be required to wear PPE as they do now for skills sessions that take place within the CLSC.
- Learners need to bring their own equipment and it must be wiped down between users if shared.
- 1-2 tutors (residents or faculty) will circulate through the groups to answer questions/teach. If tutors touch "patients" they will need to wash hands/change PPE before touching another "patient"
- 1 admin person will be in/out of room as required
- Sessions will be open to phase 2 and phase 3 learners throughout this time but in the two weeks prior to the OSCE, priority will be given to those learners who will be doing the OSCE (phase 3 in April/phase 2 in June).
- In the event that a learner is unable to participate in these practice sessions, they would contact Kelly Penton and /or Maria Goodridge and an alternate accommodation will be provided whenever possible.

With 34 slots (2/afternoon and 1 hour each) allocated to this, and 17 learners permitted during each slot, this will allow 3.6 sessions for each learner at maximum capacity.

If we find that this is more than enough, I would suggest that we have only one slot/afternoon and this would reduce the need for cleaning in between sessions each afternoon.



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December 2020

Phase Team or Sub-Committee: Program Evaluation Subcommittee (PESC)

Liaison to the UGMS: Dr. Alan Goodridge, Chair of PESC

Date of Last Phase Team or Sub-Committee Meeting: 17 / November / 2020

Date of Next Phase Team or Sub-Committee Meeting: 15 / December / 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
QI Sessions: H. Coombs noted that QI Sessions have been held for Phase 1 (October 30th) and Phase 3 (November 17th). At the QI Session for Phase 4 (September 30th), issues related to communication and rotation logistics were addressed; H. Coombs is awaiting feedback from the student rep about Phase 4 QI expectations.	H. Coombs to follow-up with Phase 4(1) class rep	Complete
Concerns Regarding Restrictions: A. Goodridge shared a draft letter to the COVID Task Force regarding student concerns about the impact of COVID-19 restrictions on their learning. He felt it was PESC’s responsibility to bring these concerns forward to the Task Force as part of due-diligence. PESC reviewed and discussed the letter and agreed to forward it on to the Task Force with some revisions.	H. Coombs to revise the letter based on PESC feedback	Complete
Phase 1 Updates: A. Pendergast reported on continuing issues related to Biostatistics. The Phase 1 students have raised concerns about the way Biostatistics was taught and some of the content presented. There has been some anxiety about the upcoming exam and some students do not feel adequately prepared. A. Pendergast asked for advice on addressing these concerns in a timely manner, since the exam was in two days. PESC agreed with a proposed postponement of the exam until the issues could be discussed at UGMS. T. Adey agreed that the exam could be postponed under the circumstances. Since this was an urgent matter, A. Pendergast would email the Class today about proceeding with, or postponing, the exam.	A. Pendergast to email the Phase 1 students about postponing the Biostatistics Exam	Complete

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Agenda Items Requiring UGMS Action:
1.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1.
2.
3.

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Phase Team or Sub-Committee: Student Assessment Subcommittee

Liaison to the UGMS: Dr. Vernon Curran

Date of Last Phase Team or Sub-Committee Meeting: 25/November/2020

Date of Next Phase Team or Sub-Committee Meeting: 27/January/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Summary of historical grade statistics	SAS reviewed, no action required	Done
Summary of Phase 4 Progress Test Scores	SAS reviewed; compare learner performance with other schools	Active
Review of written assignments & tools	SAS reviewed; follow-up completed	Done
Provide learners with practice of whiteboard feature in Proctorio	S. Pennell initiated set-up of test exam that learners can access any time	Done
Explore possible return to in-person exams	T. Adey has brought this to task force; exams will remain remote	Done

Agenda Items Requiring UGMS Action:
1. Approval of Community Engagement II assessment plans (Class of 2024)
2. Review of scrap paper use for remote examinations and SAS motion
3.

Additional Comments, Suggestions, New or Pending Business:
1.

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Revisions to Course Assessment Plans Executive Summary

Phase 2

Course number and name: **MED6780 Community Engagement II**

- 1) Summary of Major Changes from Most Recent Course Offering
 - **The Community Visit has been replaced by a virtual learning activity.**
 - **The assessments for this activity include an essay and a PowerPoint presentation and will be based on group work.**
 - **The Community Visit workbook/preceptor assessment has been replaced by a PowerPoint presentation.**
- 2) Changes to Assessment Methods

Changes noted above

Previous Assessment Method(s)	Revised Assessment Methods
Community Engagement Sessions Reflection Assignment	No change
Community Visit Essay	Adapted to virtual delivery
Community Visit Workbook/Preceptor Assessment	PowerPoint presentation

- 3) Changes to Assessment Criteria for Successful Completion
 - **No changes**
- 4) New Language or Statements
 - **Updated course description to align with university calendar.**
 - **Using new title of Learner Well-Being Consultant.**

New language/statements
MED6780 Community Engagement II places learners in community sites to experience a variety of aspects of the health care system with various health agencies, a family physician and other health care providers. Through a variety of sessions, learners will also explore assessing health and interventions at the population and individual level.

MED 6780 Community Engagement II
Phase 2 Class of 2024
Winter/Spring 2021

Assessment Plan

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 6780 Community Engagement II**.

MED 6780 Community Engagement II places learners in community sites to experience a variety of aspects of the health care system with various health agencies, a family physician and other health care providers. Through a variety of sessions, learners will also explore assessing health and interventions at the population and individual level.

The Community Visit and Debrief are mandatory attendance. All absences must be approved by the standard UGME process.

COURSE ASSESSMENT

Formative assessments do not count towards the final grade and are intended to help learners monitor their learning. Learners will receive formative feedback from the academic advisors during their virtual Community Visit (virtual community-engagement learning activity). Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course.

Summative Assessments include: (a) a reflection assignment on the Community Engagement sessions, (b) a group essay on the virtual Community Visit, and (c) a group PowerPoint presentation on the virtual Community Visit. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course.

The contribution of marks from each summative assessment towards the final course grade is as follows:

a. Community Engagement Sessions Reflection Assignment	25%
b. Essay on virtual Community Visit (group)	50%
c. PowerPoint Presentation on virtual Community Visit (group)	<u>25%</u>
TOTAL	100%

The final grade and average will be compiled at the end of the Phase.

a) Community Engagement Sessions Reflection Assignment

25%

The topics of Health Promotion, Disease and Injury Prevention, Global Health, Health Beliefs, Arts and Health, and Nutrition offer learners the opportunity to explore their own thinking, biases, experiences, and awareness.

In this assignment, as learners, you will write a synthesis paper in which you reflect critically on how **all** the above CE sessions contributed to your knowledge about social determinants of health and challenges in achieving health equity. **(1500-2000 words)**

Your paper should:

1. Demonstrate an understanding of the importance of social determinants of health
2. Discuss the importance of advocacy and public policy in promoting healthy communities;
3. Discuss your perceptions and biases as they relate to the sessions listed above.

You can be creative! The reflection can take the form of a standard academic paper OR a creative work such as prose, poetry, a piece of artwork, photography, musical or theatrical pieces, digital stories, zines, short stories, or other creative and expressive work. Details of the exercise and a rubric will be available on Brightspace (D2L). For creative works learners should prepare a brief written statement demonstrating how their creative piece will address the requirements of the assignment and discuss this with one of the CE instructors.

The pass mark for the reflection exercise is 70%.

Due Date: April 19, 2021

Virtual Community Visit

Learners will engage in a virtual Community Visit (virtual community-engagement learning activity). This learning activity is done remotely and aims to acquaint the learner with the various determinants of health of a rural community. During the virtual community-engagement learning activity, learners are expected to explore and learn how community-based health organizations contribute to improving the health and wellbeing of populations.

Learners will be grouped into teams of 5 to 6 members, and assigned an academic advisor. The learner teams will be virtually assigned to a community, primarily in areas of rural and remote Newfoundland and Labrador, New Brunswick, and Prince Edward Island.

b) Essay on virtual Community Visit

50%

Each learner team must complete a written essay based on their virtual Community Visit. The essay is an integrated paper comprising four components: 1. Introduction and community profile; 2. Organizational review; 3. Discussion of key assets and challenges and two photographs representing one main asset and challenge of the community; and 4. Conclusion that discusses which modifiable determinant of health would have the greatest impact on well-being in the community and why. Learners need to provide references for health status indicators, ideas that are not their own, and any other information gathered from key informants in the community. A consistent referencing format should be chosen.

This assignment is to be submitted following the completion of the virtual learning activity but no later than the due date specified below via Brightspace (D2L) drop box. Detailed information about the essay will be available on Brightspace (D2L). The essay should be a **minimum of 2,600 words and a maximum of 3,000 words**.

The pass mark for this assessment is 70%.

Due Date: June 7, 2021

c) PowerPoint presentation on virtual Community Visit

25%

Each team must complete a PowerPoint presentation based on their virtual Community Visit. The aim of the PowerPoint presentation is for the team to indicate their understanding of the community profiling and organizational review in statistics, graphs, figures, pictures, and other visualized tools. Try to use as few words as possible. The PowerPoint presentation should be between 10 and 15 slides including the following components:

- The community profile.
- An organizational review and identification of the social determinants of health.
- How did you approach the group assignment, who did what, and how did you work as a group?

The PowerPoint should have audio recorded over each slide. The PowerPoint should be submitted to the Brightspace (D2L) dropbox by the deadline.

The pass mark for this assessment is 70%.

Due Date: June 7, 2021

REASSESSMENT

- Reassessment will be required if a learner achieves <70% on any summative assessment.
- Learners will be required to re-submit the assessment for the component they have failed addressing the inadequacies that have been identified.
- Assignments for reassessment must be submitted within two weeks after the learner is notified by the Undergraduate Medical Education (UGME) office. In circumstances where a learner has multiple reassessments due in the same two-week time frame, an extension of the deadline date can be made at the discretion of the Phase Lead.
- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a re-assessment is 70%.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the Learner Well-Being Consultant if the student so wishes, to support the learner's academic needs.

LATE ASSIGNMENTS

Late assignments will not be accepted for grading without prior approval from the Phase Lead through the deferred examination and assessment procedure. Section D.1 of the [Summative Procedure for Phases 1-3](#) states "Learners seeking to defer a summative MCQ examination or other assessment must follow the [Undergraduate Medical Education Deferred Examination Policy](#)." The maximum mark that any assignment submitted after the due date may receive is 70%, unless prior approval is granted.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Achieve an average grade of $\geq 70\%$ based on the weighted pass marks across the course assessments,
- Complete and submit all course assignments and assessments, and
- Attend all sessions as per the course requirements.

As outlined in the [MD program objectives](#), the Faculty of Medicine at Memorial University values professionalism as a core competency and a requirement of the MD program. Recognizing that medical learners are developing their professional identity, professionalism lapses will be remediated where possible and appropriate. Unsuccessful remediation will result in failure of the Phase. Professionalism lapses may render a learner incompatible with continuation in the MD program (as outlined in the Memorial University Calendar [Regulation 10.5 Promotion](#)).

Organization, grammar, citations and referencing should be of the quality expected of university graduates. This standard will be considered in the grading process.

Learners will receive their grades from the Undergraduate Medical Education (UGME) office via One45.

As outlined in [Section 10.5.2 and 10.5.3](#) of the Regulations for the Degree of Doctor of Medicine in the University calendar, learners with a Fail grade in any course cannot be promoted to the next Phase. Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.

Review of invigilation of remote examinations – scrap paper use

Teaching faculty have expressed their continued concern over the use of scrap paper and impacts on exam integrity. The below summary may aid the review and discussion of this topic by the committee.

Discussion points regarding scrap paper use

Possible risks (with new points added):

- Integrity of exam could be compromised if exam questions are copied during the exam.
- A few faculty members have expressed concern over questions becoming unusable if exam integrity is jeopardized.
 - Additional work for faculty to generate new questions when they had to already develop new ones to replace questions used for open book exams.
- Faculty members may choose to not have summative questions used on remote invigilated exams.
- Destruction of scrap paper cannot be guaranteed for exams taken at home.

Feedback from learners:

- The whiteboard feature in Proctorio is not an efficient tool to use during exams.
- Pathways and other complex features are easier drawn on paper and cannot be easily replicated in the whiteboard feature.
- The exams are stressful, especially given the remote delivery during this time, and not having access to scrap paper is adding to this.

Scrap paper use and exams at other institutions

- University of Ottawa, University of Sunnybrook, Queens University, University of Saskatchewan use online invigilation but do not allow scrap paper.
 - University of Ottawa allowed scrap paper initially but decided against its use.
- McGill University is doing open book exams but has plan in place to move back to in-person exams.
- University of Calgary is already back to in-person exams, they were not using online invigilation.
- Medical Council of Canada is no longer allowing scrap paper for their remotely proctored exams as of October 2020. Candidates can use an electronic scratchpad during their exam.

Possible options to mitigate risk of scrap paper use

- Do not allow learners to use scrap paper and have them use the integrated whiteboard feature only.
 - Point to consider: see learner feedback above
- Ask learners to destroy scrap paper in front of camera at the end of the exam.
 - Points to consider: time-consuming to review recordings of all learners who are using scrap paper.
- Allow fill-in-the-blank questions as temporary measure for faculty members who would like to avail of this option. Normally only MCQ are allowed as per summative assessment procedure.

- Points to consider: this type of exam item requires manual entry. Additional work load for HSIMS and UGME staff. Delay for learners receiving their exam results.
- If faculty members are concerned, move their questions at the beginning of the exam and don't allow scrap paper for those questions.
 - Point to consider: learners can go back to beginning of exam at any point.
- Change to in-person exams for spring semester.
 - Points to consider: continued risk of pandemic and possible changes to public health guidelines, approval process and timeline, determining spaces available for exam taking.

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Phase Team or Sub-Committee: Curriculum Oversight Working Group

Liaison to the UGMS: Alison Haynes / Brian Kerr

Date of Last Phase Team or Sub-Committee Meeting: November 2020

Date of Next Phase Team or Sub-Committee Meeting: December 2020

Agenda Items Requiring Phase Team or Sub-Committee Action						
Phase	Item (Session)	Change Type			Action	
		Title Change	Reword Objectives	Modify MCC Objectives	Approved	Implemented
3	Variation in Human Genome	x	x		x	x
3	Multiple Inheritance		x		x	x

Agenda Items Requiring UGMS Action:
1. Proposal for new Phase 2 Indigenous Health session (see Curriculum Change Form)
2. Mandatory sessions on the schedule.

Additional Comments, Suggestions, New or Pending Business:
1. Discussions ongoing with Anatomy/Neuroanatomy faculty about possibility of in-person labs.
2. Dealing with schedules, getting teaching material(s), as well as addressing learner concerns/requests re. curriculum and delivery.

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Curriculum Change Form

Your Name:

Heidi Coombs

Your Email:

heidi.coombs@med.mun.ca

Your Discipline:

CHH -- Indigenous Health (History)

Select Phase:

Phase 2

Session Title:

Indigenous Health III: The Impacts of Colonialism on Indigenous Health in Newfoundland and Labrador

Curriculum content change type:

Major Changes

Session title modification:

Please provide the existing session title followed by the new proposed title:

Re-wording of session objectives:

Please outline the current objective including Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

Splitting a session into multiple sessions, or merging multiple sessions into one:

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

Change type(s):

Adding or removing a session

Proposal:

Please accept this submission as a proposal to teach a new 1-hour session on the impacts of colonialism on the health and wellbeing of Indigenous Peoples in Newfoundland and Labrador (NL) as part of the Phase 2 curriculum. This history is unique in Canada and is often overlooked in surveys of Canadian Indigenous experiences. Such omissions have had significant repercussions for Indigenous communities in our province.

The proposed session will build on Phase 1 of the Indigenous Curriculum which introduces learners to Indigenous Peoples in Canada nation-wide, the larger themes related to Indigenous health, and the current health status of Indigenous Peoples in the country. This session will specify those themes with relevance to Indigenous Peoples in this province and implications for their current health status. It will also help to provide increased foundational history and knowledge in preparation for the Phase 3 Indigenous Curriculum, which considers more inclusive and safe health care for indigenous populations.

Academic Rationale:

Indigenous Peoples in NL have had some of the longest experiences of colonialism in Canada. These experiences have been quite distinctive when compared to the rest of Canada as a result of:
1) the unique purpose and nature of European presence in NL;

- 2) successive colonial governments that did not recognize Indigenous rights or negotiate treaties;
- 3) the slow development of local government institutions and representation/presence;
- 4) relatively late but disruptive industrial and military development in Indigenous areas; and,
- 5) the omission of Indigenous Peoples from the 1949 Terms of Union, which resulted in federal invisibility and denied First Nations in NL the same rights as those elsewhere in Canada.

The proposed session will provide important context for future practicing physicians in terms of this unique colonial history. Significant European presence/activities, as well as government policy by way of particular colonial institutions had a direct impact on the health and wellbeing of Indigenous Peoples in this province. The goal will be to better prepare undergraduate learners with an understanding of the current patient population in this province and to hopefully expedite proper reconciliation towards Indigenous people in our province.

We are at a point where our medical history must be revisited, revised, and re-visioned. Offering this session as part of the undergraduate curriculum is a step in this direction. It will provide the opportunity to insert more Indigenous experiences and help to reconceptualise the history of medicine in NL.

Furthermore, considering the uniqueness of this history, as well as the University's "special obligation to the people of this province," the experiences of Indigenous Peoples in this province deserves its own session in the Undergraduate Medical

Education curriculum at Memorial University. Since learners in the program will be the future physicians and surgeons treating Indigenous patients from NL, it is imperative that they learn more about the Indigenous population and understand the reasons why those patients are some of the most marginalized in Canada.

Lastly, the session being proposed will address section 1.3 of Memorial University's Strategic Framework for Indigenization 2020-2025 – Increasing Knowledge of Indigenous Peoples and Places. It will also complement the Faculty of Medicine's Strategic Plan, Destination Excellence 2018-2023, in terms of preparing learners to understand the context and legacy of colonialism in NL and to recognize the specific ways in which colonialism has undermined Indigenous health and wellbeing in this province.

Learning Objectives:

Through this session, students will be able to:

-- Describe some of the ways in which the colonial encounter for Indigenous Peoples in NL has been unique in Canada.

-- Identify some of the impacts of colonialism and colonial institutions on the health and wellbeing of Indigenous Peoples in NL.

Delivery of Proposed Change:

1-hour online session (Pre-Recorded/WebEx)

Assessment:

No additional course assessment requirements.

UGMS Summary Report

December 2020

Phase Team or Sub-Committee: Phase 3 Management Team

Liaison to the UGMS: D. Jasbir Gill, Phase 3 Lead

Date of Last Phase Team or Sub-Committee Meeting: 02/12/2020

Date of Next Phase Team or Sub-Committee Meeting: 06/01/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
No specific action items emerged from our last meeting		

Agenda Items Requiring UGMS Action:
1. Proposal for learner-to-learner extra Clinical Skills practice of physical examination skills sessions January-June 2021.
2.

Additional Comments, Suggestions, New or Pending Business:
1.
2.

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UGMS Summary Report

December 2020

Phase Team or Sub-Committee: Phase 2 Team

Liaison to the UGMS: Heather Jackman

Date of Last Phase Team or Sub-Committee Meeting: 07/12/2020

Date of Next Phase Team or Sub-Committee Meeting: 11/01/2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Indigenous Health Expansion Phase 2	Addition of Indigenous Health session to build on Phase 1 Intro	Approved
IPE Scheduling Conflict	Move IPE session to afternoon February 19 th to coordinate with other health Professions	Approved
Community Health Assessment Plan	2-week Community Visit will be changed to Online Virtual Group session with PowerPoint presentation	SAS

Agenda Items Requiring UGMS Action:
1. Proposal for Anatomy and Neuroanatomy hands-on lab sessions for approval by Task Force
2. Proposal for additional Clinical Skills sessions now that feedback from Class has been received
3. Additional Phase 2 Indigenous Health session

Additional Comments, Suggestions, New or Pending Business:
1.
2.

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UGMS Summary Report

December 2020

Phase Team or Sub-Committee: Phase 1 Management Team

Liaison to the UGMS: Amanda Pendergast

Date of Last Phase Team or Sub-Committee Meeting: 26 / Nov / 2020

Date of Next Phase Team or Sub-Committee Meeting: 28 / Jan / 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action:
1.
2.

Additional Comments, Suggestions, New or Pending Business:
1. Biostatistics-consider revision for 2021
2.
3.

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UGMS Summary Report

December 2020

Phase Team or Sub-Committee: NB report

Liaison to the UGMS: Todd Lambert

Date of Last Phase Team or Sub-Committee Meeting: N/A

Date of Next Phase Team or Sub-Committee Meeting: N/A

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action:
1.
2.

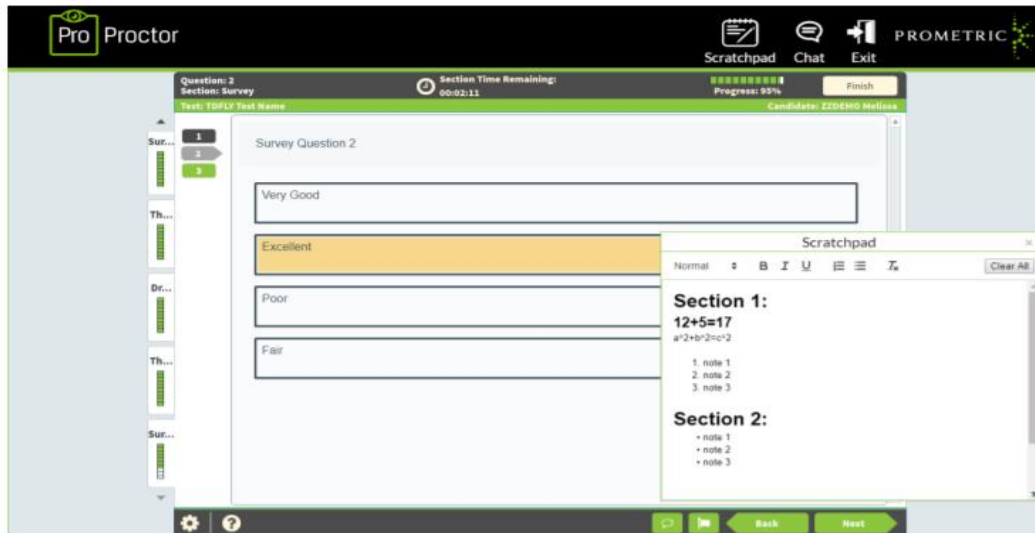
Additional Comments, Suggestions, New or Pending Business:
1. MUN NB unit strategic planning starts Jan 19, 2021
2. 2 tracks for Fredericton LIC confirmed
3. MUN NB MOU discussions with government expected in early 2021

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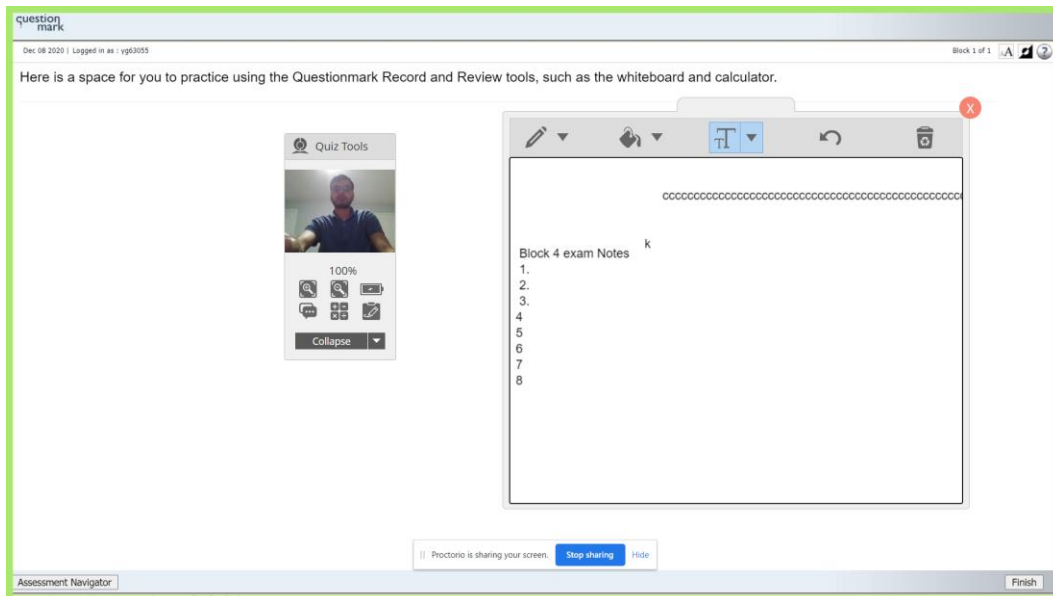
Student Thoughts on Scrap Paper Policy Removal

1. Students can no longer flag questions on Proctorio which means students will have to return to the white board to write down all of their flagged questions individually or scroll through every single exam question when they finish to find the questions they are uncertain about - which isn't feasible for exams of 50+ questions (note: particularly in Phase 3, most if not all are well above 50 questions)
2. The white board is tiny and using it for exam notes is not practical (lack of clarity over size)- its functionality is also limited compared to other exam software. It also is not practical for topics that need to be drawn instead of typed (ex: Krebs's cycle, Menstrual cycle, HPO/HPA axes, Punnett squares, inheritance patterns)
3. SAS vote was 4-3 in favour of removal - close and not unanimous.
4. Sample size for schools who have removed scrap paper is small - not much of a consensus for ruling in or out scrap paper.
 - a. Only hearing from 4-6 schools is not an adequate reason for MUN Medicine to adopt their stance of scrap paper. We still have not heard from the majority of medical schools in our country and ignoring their input in this situation assumes that they agree with whatever MUN decides. It is also biased towards the faculty perspective and ignores student input. Using the information from a small amount of medical schools yields poor quality evidence and basing a decision on this data is bad research.
5. Regardless of input from other faculties, the students at MUN med have advocated strongly against its loss for legitimate reasons. Online learning is harder and taking away scrap paper will make exams more difficult, compared to in-person. There has been no major difference in student assessment performance when comparing in-person to online learning, but this does not mean that the students do not perceive the exams as more difficult. Focusing on the lack of a significant difference between student performance pre/post online learning diminishes the extreme stress and pressure that students are under during online learning.
6. If there is genuine concern about questions being released; scrap paper is likely not the route that any would-be offender would take. It would be very time consuming. It is much easier, for example, to set up a GoPro or any camera to record the computer screen while out of shot of the webcam. This argument is quite weak, as the likelihood that questions are distributed this way is terribly low.
7. We have some details regarding limitations of functionality below:

MCCQE/Licensing Exam - Online ProProctor “Scratchpad”



MUN Med Block Exams - Proctorio “Whiteboard”



There is some confusion about the whiteboard function - while in the practice setting - there is adequate space - during our previous block exams, students report the whiteboard being much smaller - perhaps as low as only 3-5 cm by 3-5 cm across. There are major problems with Proctorio’s text functionality - text is disorganized and limited in functionality relative to the MCCQE exam software. One major issue is that once you write a line of text, if you move away and write a line of text elsewhere - it is impossible to go back and erase your past text apart from

the undo function, (which undoes word by word). In this sense, the whiteboard function is like a chalkboard as opposed to a “lined piece of paper” or even a word document or other text document. This means it is much harder to keep a logical workflow compared to scrap paper or how the ProProctor/Prometric software is organized. The pencil function for drawing is impractical for drawing compared to a real pencil as students cannot use a tablet for exams. These concerns may detract from students’ exam experience.



UGMS Summary Report

December, 2020

Phase Team or Sub-Committee: Associate Dean, UGME

Liaison to the UGMS: Tanis Adey

Date of Last Phase Team or Sub-Committee Meeting: December 2020

Date of Next Phase Team or Sub-Committee Meeting: January 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action:

Additional Comments, Suggestions, New or Pending Business:
1. COVID-19 Task Force continues to meet weekly.
2. Town Halls – UGME hosted virtual Town Halls for Phase1-3, Phase 4. We are working toward resolutions to concerns raised at the Town Halls.
3. The Faculty of Medicine has an approved exemption from Memorial University’s delayed Winter 2021 start date. The MD program will begin or resume after the holiday as originally scheduled.
4. Senate Committee on Undergraduate Education: <ul style="list-style-type: none"> a. Remove the term "Aboriginal" from all references and replace with "Indigenous" b. Guide for Informal and Unit Level Resolutions in Allegations of Academic Misconduct
5. UGME Updates provided at SMC and Faculty Council monthly
6. Dean Steele has indicated her interest in renewing her appointment as Dean.
7. Memorial University Senate minutes https://www.mun.ca/senate/meetings/2011-2020/

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UGMS Summary Report

December, 2020

Phase Team or Sub-Committee: UGME Office

Liaison to the UGMS: Carla Peddle

Date of Last Phase Team or Sub-Committee Meeting: 15 December, 2020

Date of Next Phase Team or Sub-Committee Meeting: 12 January, 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Recruitment of Academic Program Administrator (Research, ILS, Phase 4 Assessment Monitoring)	Human Resources reposted the position	Ongoing

Agenda Items Requiring UGMS Action:
1.
2.

Additional Comments, Suggestions, New or Pending Business:
1. Clinical Skills Practice Session Administration/Staffing
2.

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