

UGMS Committee Minutes

Wednesday, 15 July 2020
4:00 pm via Zoom

Attendees: T. Adey, L. Alcock, C. Campbell, V. Curran, N. Duggan, J. Gill, A. Haynes, T. Hearn, E. Hillman, B. Kerr, T. Lambert, C. Peddle, A. Pendergast, S. Pennell, J. Reddigan, M. Steele, L. Webster, K. Zipperlen

Absent: H. Jackman, C. Skanes

Regrets: A. Goodridge

| Topic | Details | Action Items and person responsible |
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| Introduction and Welcome | T. Adey called meeting to order at 4:03 pm. T. Adey, as the new chair of the committee, introduced UGMS administrative team B. Kerr and K. Zipperlen. C. Pye is no longer acting as recording secretary for this committee. T. Adey expressed thanks to C. Pye for her hard work and support provided to the committee. | |
| Agenda review - Review for Conflict of Interest - Confirmation of Agenda | No conflicts of interest declared. Phase 4 Management Team terms of reference added to agenda under new business. Motion: adopt agenda as amended. | Moved: N. Duggan Seconded: J. Gill All in favor. Motion carried. |
| Review and approval of June 17, 2020 minutes | Error in Phase 2 action items, need to reference Phase 2 not Phase 3. Motion: approve minutes as amended. | Moved: J. Gill Seconded: N. Duggan All in favor. Motion carried. |
| 1. Matters arising from the minutes | Question regarding ability of corresponding committee member to vote. Need to clarify, J. Reddigan and C. Peddle currently working on revised terms of reference (ToR) for UGMS committee. | T. Adey to review ToR based on current draft and to circulate at next meeting for discussion. |
| 1.1 Feedback for faculty development needs | Committee asked to email feedback regarding faculty development needs to Dr. S. Shorlin in OPED. | |
| 1.2 Assessment plan Phase 1 Class of 2024 MED 5740 | V. Curran presented assessment plan for MED 5740 course, see supporting documentation here for details. Motion: approve assessment plan for MED 5740 course, Class of 2024, as presented. | Moved: C. Peddle Seconded: J. Gill All in favor. Motion carried. |
| 1.3 Assessment plan Phase 3 Class of 2023 MED 7750 | V. Curran presented assessment plan for MED 7750 course, see supporting documentation here for details. This assessment plan has been approved by SAS. Motion: approve assessment plan for MED 7750 course, Class of 2023, as presented. | Moved: J. Gill Seconded: C. Peddle All in favor. Motion carried. |

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| <p>1.4 Approval of curricular change forms</p> | <p>A. Haynes presented curricular changes in Phase 2, see supporting documentation here for details. Motion: approve Phase 2 curricular changes as presented.</p> | <p>Moved: N. Duggan Seconded: E. Hillman All in favor. Motion carried.</p> |
| | <p>J. Gill and A. Haynes presented curricular changes in Phase 3, see supporting documentation here for details. Motion: approve Phase 3 curricular changes are presented.</p> | <p>Moved: J. Gill Seconded: L. Alcock All in favor. Motion carried.</p> |
| | <p>N. Duggan presented proposal by A. Taher to add Laboratory Medicine rotation into Core Experiences course. Phase 4 Management Team did not support this proposal citing:</p> <ul style="list-style-type: none"> • Laboratory Medicine (LM) not part of 3rd year curriculum in any other school • Schedule with current rotations already tight • Issues with creating comparable learning experience at various sites • Current lack of defined objectives and mapping to EPA framework. <p>N. Duggan in discussion with A. Taher, possibly add LM content into Core longitudinally, suitable as Selective in 4th year. Motion: not support addition of Laboratory Medicine into Core Experiences course as proposed and presented.</p> | <p>Moved: N. Duggan Seconded: C. Peddle All in favor. Motion carried.</p> |
| <p>1.5 UGME exam deferral policy</p> | <p>J. Reddigan presented draft of revised exam deferral policy. Review done with C. Peddle and E. Hillman to ensure alignment with MUN regulations; generally principles in calendar apply but specifics are in Faculty of Medicine policy. Proposal to Registrar's Office is to have MD program be exempted from final examination regulations and to change language in calendar with a reference to Faculty of Medicine policy. Policy to be tabled again once the calendar revisions have been approved. Discussion regarding title of policy, consensus to have terms "exam" and "assessment" included for clarity; policy also covers other assessments. Regarding need to provide documentation for family death, change wording to "may be requested". An appeal process should be in place, need to update wording to reflect that.</p> | <p>J. Reddigan to make revisions to exam deferral policy based on discussion. Final draft of policy to be tabled at next meeting.</p> |

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| 2. New business | | |
| 2.1 P4 rotation changes | <p>N. Duggan presented modified Core Experiences template for the Class of 2022, see supporting documentation here for details. First 7 weeks will be virtual learning such as Academic Half Days but also new content about virtual care, learner experiences with clinical learning during Covid-19. Clinical time reduced to 41 weeks. Rotations (except Emergency Medicine and anesthesia) shortened to accommodate that, also switch in rotation order for track 8 to resolve issue with overlapping cohorts in March.</p> <p>Motion: approve revised Core Experiences template for the Class of 2022.</p> | <p>Moved: N. Duggan Seconded: T. Adey All in favor. Motion carried.</p> |
| 2.2 P4 Terms of reference | <p>N. Duggan presented revised Phase 4 Management Team terms of reference (ToR), see supporting document here for details. Review needed as ToR outdated. Input from Phase 4 Team and J. Reddigan for revisions. Updates to membership and changes to operations such as quorum requirement. Need to update course names (Physician Competencies IV, Clinical Skills IV). Phase 4 Team has approved new ToR. UGMS needs more time to review as document only circulated day of meeting.</p> | <p>Phase 4 Management Team terms of reference to be tabled at next meeting.</p> |
| 2.3 Review of UGMS meeting process | <p>T. Adey discussed revised process for UGMS meetings. Minutes to be sent within 5 business days after meeting. Agenda to be sent Friday before meeting, members need to submit documents prior to that day. UGMS admin team meets weekly to discuss matters related to UGMS. Proposal to have committee reports circulated Friday before the meeting so members can review. This should be a brief report to update/bring matters forward. UGMS admin to develop template for report.</p> | <p>UGME admin team to develop summary report template and circulate for feedback.</p> |
| 3. Standing Committee Reports | | |
| 3.1 PESC | <p>Tabled for next meeting. H. Coombs and A. Goodridge to meet with T. Adey to discuss current program evaluation matters.</p> | |
| 3.2 SAS | <p>See above discussion of assessment plans.</p> | |

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| <p>3.3 iTac</p> | <p>T. Adey shared message from Vice-President Academic regarding online invigilated exams: need to balance integrity of academic experience with student equity and access. M. Steele indicated that learners need to be accommodated if they are unable to take invigilated exam at home such as a designated test site.</p> <p>S. Pennell presented two options for online proctored exams that work with Questionmark platform: WebEx with Questionmark secure or Questionmark Proctorio. S. Pennell reviewed the pros and cons for each option, see supporting documentation here for details. Both are invasive of learner privacy. WebEx requires one invigilator per 9 learners, otherwise no additional cost. C. Peddle noted most current invigilators not comfortable with proctoring online exams. Proctorio doesn't require invigilators but cost estimate \$18,000 USD; requires privacy impact and cloud analysis by Chief Information Officer. Chief Operating Officer P. Tucker has advised S. Pennell that costs are manageable. S. Pennell to further discuss online invigilated exams with Chief Information Officer (CIO) and Privacy Officer. L. Webster concerned about learner access to consistent internet and camera.</p> <p>S. Pennell provided update regarding upgrades for Aperio System and EMS Cloud Service. HSIMS will also have staff available to be moderator for live sessions and provide tech support. All lecture recordings since pandemic shut-down will not be deleted and can be re-used. Faculty can send request to D2L as expressed permission is required.</p> | <p>S. Pennell to disseminate further information regarding Proctorio.</p> <p>S. Pennell to share presentation with committee.</p> <p>L. Webster and C. Campbell to get feedback from their classes regarding online proctored exams and to email this to T. Adey</p> <p>*T. Adey may request e-vote once further feedback received as time sensitive matter.</p> |
| <p>3.4 COWG</p> | <p>B. Kerr reported virtual delivery of content was discussion at last UCL meeting. Some sessions are not suitable for online delivery. COWG have met with A. Pendergast to review Phase 1 sessions regarding online delivery, will reach out to faculty as needed. COWG will meet with J. Gill regarding Phase 3. Update regarding progress in reviewing curricular objectives (half of them now updated) and initiative to review curriculum regarding diversity.</p> | |

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| 4. Phase 4 report | N. Duggan updated that Class of 2021 has re-started clinical rotations. Phase 4 Management Team meeting tomorrow. | |
| 5. Phase 3 report | J. Gill updated that Class of 2022 has been promoted to Phase 4. | |
| 6. Phase 2 report | Tabled for next meeting | |
| 7. Phase 1 report | A. Pendergast indicated work continues on Early Clinical Experiences. | |
| 8. Report from NB | T. Lambert voiced satisfaction with Horizon NB regarding appropriate policies and procedures for learners returning to clinical rotations. | |
| 9. Accreditation matters | T. Hearn updated that accreditation has been moved to April 2022. T. Hearn has meeting scheduled with CACMS, will also discuss Memorial University. | |
| 10. Senate / SCUGS/ University issues | M. Steele indicated that university will have a committee to review the Course Evaluation Questionnaire. This will be discussed at Senate meeting. | |
| 11. Senior Management Committee / Policy | UGME Leadership met with National Council of Canadian Muslims, received action items. COWG will develop strategy to ensure diversity in the MD program curriculum. | |
| 12. UGME Office report | No further updates. | |
| 13. Learner Reports | C. Campbell (Class of 2022): Class of 2022 awaiting finalized schedule for rotations, otherwise no concerns. L. Webster (Class of 2021): will provide more detailed feedback at the next meeting. Concerns are progress exam and scheduling of Electives. C. Peddle indicated they are still working with AFMC to use portal for home institution electives. UGME will update learners as soon as information is available. | |
| Next Meeting | Next meeting August 13, 2020 (second week of August instead of third). T. Adey adjourned meeting at 6 pm. | |

[BACK TO MINUTES](#)**Revisions to Course Assessment Plans****Executive Summary****Phase: 1****Class: 2024**Course number and name: **MED 5740. Community Engagement I**

- 1) Summary of Major Changes from Most Recent Course Offering
 - **Revised course description as in MUN Calendar**
- 2) Changes to Assessment Methods
 - **Early Clinical Experiences “four visits” changed to “four virtual visits in small groups”**
- 3) Changes to Assessment Criteria for Successful Completion
 - **No changes**
- 4) New Language or Statements
 - **Course description**
 - **Consequences of fail grade**

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| New language/statements |
| MED 5740. Community Engagement I places students in early clinical experiences with a family physician. Through a variety of sessions, students will also explore concepts of health and its determinants. |
| 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. |

MED 5740: Community Engagement I

Phase 1 Class of 2023

Fall 2019

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 5740: Community Engagement I**.

MED 5740: Community Engagement I places students in early clinical experiences with a family physician. Through a variety of sessions, students will also explore concepts of health and its determinants.

~~Community Engagement I introduces the knowledge and skills necessary for the understanding of contemporary issues in community health and the integration of population health principles into clinical practice settings through academic work and a community placement (Early Clinical Experience).~~

Early Clinical Experience consists of four virtual visits in small groups with a family medicine preceptor. Attendance at all sessions is mandatory. In case of illness, the learner must have a leave request approved by the Phase 1 Lead. To successfully complete the Early Clinical Experience, a minimum of three visits is required with approved leave from the Phase 1 Lead.

COURSE ASSESSMENT

Formative assessments do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of a formative assessment in the Early Clinical Experience. During the four visits, learners will be required to have their family medicine preceptor complete the formative assessment, which focuses on professionalism.

Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course. The process for review of the summative examination is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).

Summative assessments include: (a) written group assignment on Community Health sessions and, (b) a reflection on the Early Clinical Experience. 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:

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| a. Community Health Sessions Assignments | 50% |
| b. Early Clinical Experience Reflection | 50% |
| TOTAL | 100% |

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

a. Community Health Sessions Assignments

The topics of Determinants of Health, Social Justice and Accountability, Global Health, Special Populations, and Indigenous Health, offer you, the learner, the opportunity to enhance and explore your own knowledge, thinking, biases and experiences related to the social, cultural, environmental and economic conditions that determine individual and community capacity to achieve health. Learners will draw on examples and scenarios from the assigned reading, **How We Do Harm** by Dr. Otis Webb Brawley, to answer questions reflecting on the concepts, discussions, presentations and shared information. The cases and scenarios are useful to reflect on the significance of the concepts in a clinical setting but it is the concepts or topics that should form the foundation of your assignment. The reading is American and reflects many challenges that exist in the American health care system however the social, economic, environmental and cultural issues that are represented by the cases are very relevant in the Canadian healthcare system. While many healthcare services are covered through our Medicare programs, accessibility is still markedly influenced by the determinants of health.

To complete the assignment students must read the book. To take full advantage of the learning experience it is critical to read the book early. Your assignment may refer to specific examples or you may be requested to choose something from the book. Therefore, being knowledgeable about the content will be important. Through the reflective process you will gain new and different understandings and challenge yourself to see the role of the determinants in relation to the meaning of health and illness.

Assignment Instructions:

For this assignment, you are required to reflect critically on the question/s posed for each of the individual Community Health topic areas presented in Phase 1 under Concepts of Health and its Determinants. You will work in groups of 5 to address the question/s assigned for each topic. All members of the group should contribute to the content, each assignment should have a **different lead author** who is responsible for the actual writing and for submitting the assignment. The lead author should be identified on the submission however the grade will be a group mark so each student should be confident the submission reflects the perspective of all individuals in the group and be comfortable with the submission. Someone in the group should also make **brief** notes of the discussion, documenting key ideas to help the lead author in the writing process. These notes should be attached to the submission.

Using content from the assigned reading as specified in each question you will reflect on:

1. How the example from the reading relates to the content for the specific topic area?
2. What surprised, affirmed, or challenged your thinking the most with respect to health and illness?
3. How the information learned might influence your future role as a physician in practice and in the community?
4. What population(s) or concept(s) presented in the sessions highlight the challenges you might encounter in providing a safe and non-judgmental climate for care?

Answers should:

1. Demonstrate an understanding of the importance of determinants of health as they relate to vulnerability, health of individuals and social groups, and social justice in health care;
2. Demonstrate an awareness of how diversity influences our understanding of the healthy person and social groups;
3. Discuss the importance of advocacy and public policy in promoting healthy communities;
4. Discuss your perceptions and biases as they relate to the sessions listed above.

This is a short answer assignment, approximately 500 words. It is an opportunity to develop concise writing skills while ensuring you adequately share the knowledge and insight you have acquired. Feel free to use bullet points or lists of ideas. Each short assignment will be worth 10% and the final grade for this component of Community Health Phase I will be the sum of the grades on each assignment. References other than lecture notes, required readings for the class and the assigned reading, should not be required for this assignment but if you do use other resources ensure all resources are referenced correctly. A rubric will be available on D2L. The individual assignments can be submitted **any time** before [October 15](#) but all assignments must be received by that date. **The pass mark is 70%.**

These assignments are due [October 15, 2020](#).

b. Early Clinical Experience Reflection

Learners will write a reflection of 1500-2000 words on their Early Clinical Experience visits. Details of the reflection and a rubric will be available on Brightspace (D2L). The pass mark for the reflection is 70%.

This assignment is due **December 11, 2020**.

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 student wellness 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.](#)

~~[As outlined in Section 10.5.2 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.](#)~~

Version: [May 13, 2020](#)

[Approved by SAS: May 27, 2020](#)

Approved by UGMS:

Revisions to Course Assessment Plans**Executive Summary****Phase: 3****Class: 2023**Course number and name: **MED 7750. Community Engagement III**

- 1) Summary of Major Changes from Most Recent Course Offering
 - **Revised course description**
 - **New assessments for sessions moved into Phase 3 from other phases, with appropriate weighting**
- 2) Changes to Assessment Methods
 - **MCQ examination will include Emergency Response Preparedness, Environmental Health, Administration and Health Systems, Physician and Public Health, and Nutrition and Health sessions with weighting adjusted appropriately**
 - **In-class essay on Health Beliefs replaced by essay based on the Health Inequalities/Healthy Sexualities/Weight Stigma sessions (description below in assessment plan)**
 - **Indigenous Health case study assignment based on addition of new session (description below in assessment plan)**
- 3) Changes to Assessment Criteria for Successful Completion
 - **No changes**
- 4) New Language or Statements
 - **Course description**
 - **Consequences of fail grade**

New language/statements

[MED 7750: Community Engagement III](#) places students in physicians' practices to further experience interactions among patients, their family physician and the health care system when presenting with a change in health status. Through a variety of sessions, students will also explore other community health related topics.

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.

MED 7750: Community Engagement III
Phase 3 Class of 2023
2020-2021
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 7750: Community Engagement III**.

MED 7750: Community Engagement III places students in physicians' practices to further experience interactions among patients, their family physician and the health care system when presenting with a change in health status. Through a variety of sessions, students will also explore other community health related topics.

~~comprises sessions devoted to administration and health systems, health illness beliefs, aboriginal health, and obesity. It also places learners in physicians' practices for two weeks to further experience interactions among patients, their family physician and the health care system when presenting with both new and chronic conditions.~~

Attendance is mandatory for the community placement component of MED 7750: Community Engagement III. 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 are also expected to review and learn from their performance on the summative assessments that occur throughout the course. The process for review of summative examinations is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).

Summative assessments include: (a) the Family Medicine Handbook, the *Black Bag*, completed during the Community Visit, (b) an online written multiple-choice (MCQ) examination on the [Emergency Response Preparedness, Environmental Health, Administration and Health Systems, Physician and Public Health, and Nutrition and Health](#) sessions, (c) an ~~in-class~~ essay in-based on the ~~Health Illness Beliefs/Inequalities/Healthy Sexualities/Weight Stigma~~ sessions, and (d) a written assignment on the [Aboriginal/Indigenous Health](#) sessions. Each of these summative assessments is graded on 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:

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|---|------------|
| a. Community Visit Handbook | 65% |
| b. Administration and Health Systems MCQ Examination | <u>21%</u> |

- c. ~~Health Illness Beliefs~~ Health Inequities/Healthy Sexuality/Weight Stigma Essay
7%
- d. ~~Aboriginal/Indigenous~~ Health Case Study Assignment
7%

TOTAL 100%

Summative assessment consists of the following components:

| Component | Summative assessment method | Length | Due date | Contribution to final grade |
|--|------------------------------------|---|----------|-----------------------------|
| Community Visit Black Bag | Handbook | NA | | 65% |
| <u>Emergency Response Preparedness, Environmental Health, Administration and Health Systems, Physician and Public Health, and Nutrition and Health Administration and Health Systems</u> | MCQ Examination | NA | | 21% |
| <u>Health Inequities/Healthy Sexuality/Weight Stigma</u> Health Illness Beliefs | In-class essay Reflective essay | Maximum 500 words 1000-1500 words | | 7% |
| Aboriginal/Indigenous Health | Case Study Assignment | Maximum 500 words 1000-1500 words maximum | | 7% |
| Total | | | | 100% |

a) Community Visit Black Bag

The Family Medicine Handbook, the *Black Bag*, identifies tasks associated with each of the CanMEDS objectives for Phase 3. The tasks in this handbook will be reviewed and signed off by the preceptor and the learner throughout the 2-week community visit. An overall score of 3 (scale of 1-4) on the assessment sheet is required to pass. This score will be converted to a score out of 100 for the purposes of determining its contribution to the overall course grade. The handbook and this assessment sheet must be received by the debriefing session following the visit on **June 22, 2020**.

b) MCQ Examination

The [Emergency Response Preparedness, Environmental Health, Administration and Health Systems, Physician and Public Health, and Nutrition and Health](#) sessions will be assessed with an online multiple-choice question (MCQ) examination. The examination will take place [on TBD](#).

A modified Hofstee method is used to set the standard for the summative written examination. Using this method, the UGMS sets the following parameters for Phase 3:

- 1) mark above which all learners will receive a pass is 70%
- 2) maximum percentage of learners who can fail an exam is 10%
- 3) maximum percentage of learners who can pass an exam is 100%
- 4) mark below which a learner will fail, subject to the limit set [in](#) #2 is 60%

In Phase 3, the modified Hofstee method determines the final pass mark if any learners achieve a mark less than 70%. This Hofstee pass mark will be between 60 and 70%.

Learners who fail this examination will be required to write a reassessment examination scheduled for **March 19, 2020**.

c) [Health Inequities/Healthy Sexuality/Weight Stigma](#)~~Health Illness Beliefs~~

[Assignment Due: TBD](#)

[Word Limit: 1000-1500 words](#)

As future health care providers it is important to recognize the impact of social determinants of health on individual and population health. At the same time it is crucial to recognize the role that social values, institutional structures and preconceived ideas about what it means to be healthy affect how care is designed and delivered. In these Community Engagement sessions we present you with a number of ideas for addressing socially constructed assumptions and biases. Using the definitions and concepts around allyship, advocacy, and anti-oppressive practice, reflect on your understanding of how privilege and social norms can be challenged in the following:

1. Addressing health inequities stemming from institutional racism and structural violence
2. Shaping access to care around sexual health and well-being for all people in society, regardless of age, orientation, sexuality, gender, ability or body size.
3. Recognizing and doing away with negative attitudes in health care (and society) towards large sized people

The following questions can be used as guideposts to complete this assignment:

Have these sessions facilitated greater insight into the way privilege works?

Have you been able to identify some of your own biases?

Have you been able to challenge some of the ways medical practice incorporates bias and institutional racism, sexism, class privilege, heteronormativity, transphobia and fat discrimination?

Can allyship be aligned with advocacy? How might it differ?

How might you include allyship as part of the role of the physician as advocate with the populations discussed in these sessions?

In the session on Health Inequities, we present you with a number of ideas for addressing the health inequities that are a result of institutional racism, structural violence and socially constructed assumptions and biases. Using the definition and concepts around allyship and anti-racist, anti-oppressive practice discuss your understanding of privilege and social norms in the following:

— Shaping access to care around sexual health and well being for all people in society, regardless of age, orientation, sexuality, gender, ability or body size.

— Creating negative attitudes in health care (and society) towards large sized people

Have these sessions facilitated greater insight into the way privilege works? Have you been able to identify your own biases? Have you been able to challenge some of the ideas you thought were the norm by extending your view of what is socially constructed and acceptable? Discuss how allyship is aligned with advocacy (and yet might differ) and how you might use allyship as part of the role of the physician as advocate with the populations discussed in these sessions.

This session will be assessed with an in-class essay assignment of 500 words maximum on **September 12, 2019**. The assignment is due on **September 15, 2019**.

d) AboriginalIndigenous Health

d) Indigenous Health

Assignment Due: TBD, 2021

Word Limit: 1000-1500 words

Case Study: Pien Ashini

You are a physician in family medicine at the Labrador Health Centre in Happy Valley-Goose Bay, Labrador. Pien Ashini, an Elder from the nearby Innu Nation community of Minai-nipi, is a new patient of yours. He is 62 years old. A battery of blood tests initiated by the Nurse Practitioner at the health clinic in his community determines that Pien has Type 2 diabetes. Pien does not appear to be very receptive to the diagnosis. In fact, it seems that he only came to see you out of a favour to his granddaughter Selma who is a third-year nursing student at Memorial. He informs you that he will be seeking advice from Wiskacân, a renowned healer in his community. You have heard about Wiskacân from other Innu patients. From what you have been told she is rather skeptical about the “settlers’ medicine” and encourages her community to seek help from her. She is well respected for her healing abilities. In this particular case, however, you are uneasy. You are concerned that Pien might forego your prescribed treatment which could cause him to slip into a diabetic coma. You want to show your respect for Pien’s culture and medicines but at the same time you do not want him to ignore your advice. You are also concerned about the ethical and legal implications of how you approach this situation.

Assignment Description

Reflect upon the unfolding event described in the case study. Your reflection should focus on the following:

Affective Response

1. What is your initial emotional response to the patient?
2. What assumption about the patient, his family and community might you be carrying into this interaction that could have bearing on your emotional response?

Cognitive Response

1. Identify two social determinants of health based on Loppie and Wein’s (2009) framework that could have an impact on Pien’s current health condition and his reticence to seek medical advice from you. Include in this response a brief discussion, including one example, of systemic racism evident in health care services in Canada that has been, and continues to be, experienced by members of Indigenous communities.

Behavioral Response

1. What can you do as a professional health care provider to ensure that Pien, his family and community receive culturally safe care?
2. What health care services, including the knowledge of Indigenous communities, could you draw on to assist you in providing such care?
3. What two CanMEDS roles would you be fulfilling in your actions?

Overarching Response

1. What ethical and legal considerations discussed in Session 2 (Indigenous Health IV) have had an impact on your affective, cognitive and behavioral responses?

Thoughts expressed by guest presenters or in assigned readings are recommended to substantiate your points of view. Citations other than the assigned readings are accepted as well. Be sure to reference the citations.

REASSESSMENT

- Reassessment will be required if a learner achieves <70% on any summative assessment, or less than the Hofstee pass mark on the Administration and Health Systems examination, excluding the preceptor assessment which cannot be reassessed.
- For the [MCQ](#) examination, learners will write a reassessment MCQ examination.
- For the other components, excluding the preceptor assessment, learners will be required to resubmit 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 reassessment is 70% or the Hofstee pass mark in the case of the [MCQ](#) examination.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the student wellness 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 any assignment submitted after the due date can receive is 70%, unless prior approval is granted.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Achieve an average grade of $\geq 70\%$ across all assessments or the adjusted Hofstee pass score 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.](#)

~~[As outlined in 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.](#)~~

Version: [July 02, 2020](#)

[Approved](#) by SAS: [July 02, 2020](#)

Approved by UGMS:

| Faculty | Date of Submission | Session | Change Type | COWG | Phase |
|-----------------|---------------------------|--|-------------------------|---------------|---------------|
| Phase 2 | | | | | |
| Steve Duffett | May 26th 2020 | Ischemic Heart Disease | Addition of a lecture | May 29th 2020 | June 1st 2020 |
| Steve Duffett | May 26th 2020 | Introduction to Cardiovascular Medicine | Addition of a lecture | May 29th 2020 | June 1st 2020 |
| Steve Duffett | May 26th 2020 | Pericardial and Myocardial Disease | Move to different phase | May 29th 2020 | June 1st 2020 |
| Alison Haynes | May 28th 2020 | Clinical Correlations of the Abdomen | Move to different phase | May 29th 2020 | June 1st 2020 |
| Alison Haynes | May 28th 2020 | Surgery of the Biliary Tract | Move to different phase | May 29th 2020 | June 1st 2020 |
| Alison Haynes | May 28th 2020 | Abdomen Anatomy | Move to different phase | May 29th 2020 | June 1st 2020 |
| Alison Haynes | May 28th 2020 | Vision and Vision Lab | Move to different phase | May 29th 2020 | June 1st 2020 |
| Phase 3 | | | | | |
| Laura Gillespie | Apr 30th 2020 | Gametogenesis | Remove session | Apr 30th 2020 | Jun 3rd 2020 |
| Laura Gillespie | Apr 30th 2020 | Metabolism of Endogenous Lipids | Remove session | Apr 30th 2020 | Jun 3rd 2020 |
| Pam Pike | May 19th 2020 | Acute Kidney Injury | Increasing lecture time | May 29th 2020 | Jun 3rd 2020 |
| Josh Mercer | May 22nd 2020 | Approach to Oral Conditions and Pruritus | Addition of lecture | May 29th 2020 | Jun 3rd 2020 |
| Daryl Pullman | May 25th 2020 | Ethics | Addition of lecture | May 29th 2020 | Jun 3rd 2020 |
| Alison Haynes | May 28th 2020 | Peripheral Nervous System Anatomy | Move to different phase | May 29th 2020 | Jun 3rd 2020 |
| Alison Haynes | May 28th 2020 | GU Anatomy | Move to different phase | May 29th 2020 | Jun 3rd 2020 |
| Andrew Latus | May 29th 2020 | Mental Health | Reduce time | May 29th 2020 | Jun 3rd 2020 |
| Andrew Latus | May 29th 2020 | Anxiety Disorders | Increase time | May 29th 2020 | Jun 3rd 2020 |
| Phase 4 | | | | | |
| Altat Taher | Apr 6th 2020 | Clerkship Rotation in Lab Medicine | Addition of rotation | Apr 14th 2020 | May 21st 2020 |

Modified Core MED 8710 Template Class of 2022 FINAL

[BACK TO MINUTES](#)

Pre-Clinical Core Virtual Learning:

Week 1: August 17-21, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|----------|
| Morning | | | | | Progress |
| Afternoon | | | | | Test |

Week 2: August 24-28, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Week 3: August 31-September 4, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Week 4: September 7-11, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|------------|---------|-----------|----------|--------|
| Morning | Labour Day | | | | |
| Afternoon | Holiday | | | | |

Week 5: September 14-18, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Week 6: September 21-25, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

Week 7: September 28-October 2, 2020

| Date/Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |

NL Core Templates by Stream Number

| Date/Stream | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Week |
|-------------|---|---|---|---|---|---|---|---|------|
| Oct 5 | O | X | M | M | F | S | P | P | 1 |
| Oct 12 | O | X | M | M | F | S | P | P | 2 |
| Oct 19 | O | X | M | M | F | S | P | P | 3 |
| Oct 26 | O | X | M | M | F | S | P | P | 4 |
| Nov 2 | O | X | M | M | F | S | P | P | 5 |
| Nov 9 | X | O | M | M | F | S | P | P | 6 |
| Nov 16 | X | O | M | M | F | S | P | P | 7 |
| Nov 23 | X | O | M | M | S | P | F | S | 8 |
| Nov 30 | X | O | M | M | S | P | F | S | 9 |
| Dec 7 | X | O | M | M | S | P | F | S | 10 |
| Dec 14 | M | M | O | X | S | P | F | S | 11 |
| Dec 21 | | | | | | | | | |
| Dec 28 | | | | | | | | | |
| Jan 4 | M | M | O | X | S | P | F | S | 12 |
| Jan 11 | M | M | O | X | S | P | F | S | 13 |
| Jan 18 | M | M | O | X | S | P | F | S | 14 |
| Jan 25 | M | M | O | X | P | F | S | F | 15 |
| Feb 1 | M | M | X | O | P | F | S | F | 16 |
| Feb 8 | M | M | X | O | P | F | S | F | 17 |
| Feb 15 | M | M | X | O | P | F | S | F | 18 |
| Feb 22 | M | M | X | O | P | F | S | F | 19 |
| Mar 1 | M | M | X | O | P | F | S | F | 20 |
| Mar 8 | F | S | P | S | P | F | S | F | 21 |
| Mar 15 | F | S | P | S | X | O | M | M | 22 |
| Mar 22 | F | S | P | S | X | O | M | M | 23 |
| Mar 29 | F | S | P | S | X | O | M | M | 24 |
| Apr 5 | F | S | P | S | X | O | M | M | 25 |
| Apr 12 | F | S | P | S | X | O | M | M | 26 |
| Apr 19 | F | S | P | S | O | X | M | M | 27 |
| Apr 26 | S | P | F | P | O | X | M | M | 28 |
| May 3 | S | P | F | P | O | X | M | M | 29 |
| May 10 | S | P | F | P | O | X | M | M | 30 |
| May 17 | S | P | F | P | O | X | M | M | 31 |
| May 24 | S | P | F | P | M | M | X | O | 32 |
| May 31 | S | P | F | P | M | M | X | O | 33 |
| Jun 7 | S | P | F | P | M | M | X | O | 34 |
| Jun 14 | P | F | S | F | M | M | X | O | 35 |
| Jun 21 | P | F | S | F | M | M | X | O | 36 |
| Jun 28 | P | F | S | F | M | M | O | X | 37 |
| Jul 5 | P | F | S | F | M | M | O | X | 38 |
| Jul 12 | P | F | S | F | M | M | O | X | 39 |
| Jul 19 | P | F | S | F | M | M | O | X | 40 |
| Jul 26 | P | F | S | F | M | M | O | X | 41 |

Length of each block:

Internal Medicine: 8 weeks

Emergency Medicine: 2 weeks

Obstetrics: 5 weeks

Psychiatry: 5 weeks

Surgery: 7 weeks (incl. anaesthesia)

Pediatrics: 7 weeks

Family Medicine: 7 weeks

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Phase 4 Management Team - Terms of Reference

Overview

The Undergraduate Medical Studies (UGMS) Committee is responsible for the oversight of the integrated curriculum that comprises the Faculty of Medicine [Doctor of Medicine \(M.D.\)](#) program. The operational oversight of each curricular phase rests with a Phase Management Team. All Phase Management Teams report to the UGMS via the Phase Lead.

The Office of Undergraduate Medical Education provides administrative support to the Phase Management Team. [The Faculty Handbook describes the responsibilities of Phase Leads and the expectations for Phase Management Team members.](#)

Membership

Voting members:

Phase 4 Lead (Chair)

Phase 4 Discipline Coordinator:

- Anesthesia
- Emergency Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry
- Rural Family Medicine
- Surgery

Lead, Assessment

Lead, Electives

Lead, Selectives (Advanced Practice Integration)

Lead, Advanced Procedural Competencies (to become Clinical Skills IV)

Lead, Practice Continuum (to become Physician Competencies IV)

Lead, Research

Two [\(2\)](#) learner representatives, one (1) from each Phase 4 class

Associate Dean, office of Learner Equity and Wellness) or delegate

Assistant Dean, New Brunswick or delegate

Assistant Dean, Prince Edward Island or delegate (note: position unfilled)

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Non-Voting Members

Associate Dean, UGME or delegate

Coordinator, UGME

Curriculum & Accreditation Advisor

One (1) learner representative from Phase 3

Representative, Student Assessment Subcommittee

Representative, Program Evaluation Subcommittee

Representative, Health Sciences Information and Media Services

Representative, Clinical Learning and Simulation Centre

Academic Program Administrator, UGME

Administrative Assistants, PEI, NB and YK

Phase 4 Academic Program Assistant (recording secretary)

Operations

- The Phase 4 Management Team (Team) meets monthly and at the call of the Phase 4 Lead.
- Quorum ~~shall be~~ 50 % the number of voting members ~~equaling 50 %~~ plus one.
- Voting may also take place via email with responses sent to ugme.phase4@med.mun.ca
- Decisions on substantive issues are decided by majority vote whereas other routine matters may be decided by [Team](#) consensus.
- Committee members are expected to attend at least 75% of meetings. If unable to attend a meeting, members are to send advance notice of their absence.
- Meeting minutes that reflect the activity of the committee shall be recorded.
- Approved minutes are posted on the UGME website.
- Learner representatives will be appointed by the President of the Medical Student Society (MSS), subsequent to a call for expressions of interest
 - The term of appointment for learner representatives is one (1) year, once renewable
- Each representative from the Student Assessment Subcommittee, Program Evaluation Subcommittee, Health Sciences Information and Media Services and the Clinical Learning and Simulation Centre shall be appointed as per the procedures of the respective subcommittee/unit.
 - The term of appointment for the subcommittee/unit representatives is three (3) years, renewable
- The Team may involve or consult individuals with specific expertise as needed.
- The Team may develop working groups for the operation of each course within the Phase.

Responsibilities

The Phase 4 Management Team is responsible for overseeing the delivery of the Phase 4 curriculum as outlined in the University Calendar. These responsibilities include matters pertaining to but not limited to:

- implementing policy of the UGMS

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- performing other activities delegated by the UGMS Committee
- communicating recommendations to the UGMS Committee
- monitoring timely formal formative and summative feedback
- reviewing required clinical experiences and mandatory procedures annually
- providing liaison with the Office of Learner Equity and Wellness in matters related to Phase 4
- monitoring curriculum delivery to ensure comparable educational experience and equivalent methods of assessment across all instructional sites

The Team is responsible for monitoring learner progress throughout the phase and assigning and recommending remediation activities as appropriate. Learner progress is discussed during an *in camera* session that does not include the ~~student members~~ [learner representatives](#) or non-voting members except the recording secretary and Coordinator, UGME. Minutes of student progress meetings are confidential and not posted on the UGME website.

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Approval: UGMS Committee

Version Date:

Revised: