UGMS Meeting Minutes

Wednesday, May 19, 2021
4:00-5:30 p.m.

Members (in alphabetical order):

Dr. Tanis Adey (chair), Associate Dean UGME	voting	Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting
Lindsay Alcock, Librarian & Head of Public Services HSL	voting	Dr. Andrew Hunt, Assistant Dean DME	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	Dr. Boluwaji Ogunyemi, Assistant Dean, Social Accountability	voting
Dr. Alan Goodridge, PESC Chair	voting	Carla Peddle, Manager UGME	voting
Melanie Greene, Policy Analyst	corresponding	Dr. Amanda Pendergast, Phase 1 Lead	voting
Yaswanta Gummadi, Learner representative Class of 2023	voting	Stephen Pennell, Chair iTac	voting
Dr. Alison Haynes, Curriculum Lead	voting	Michelle Simms, UGME Administrator	recording secretary
Dr. Taryn Hearn, Accreditation Lead	voting	Dr. Margaret Steele, Dean of Medicine	ex officio (non-voting)

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

Regrets (in alphabetical order): Y. Gummadi; M. Simms; M. Steele

Absent (in alphabetical order):

Topic	Action
Welcome and round table introductions for two new members: • Boluwaii Ogunyemi, Assistant Dean, Social Accountability • Andrew Hunt, Assistant Dean, Distributed Medical Education	
Agenda review • Review for Conflict of Interest o None declared • Confirmation of Agenda	Motion to approve the agenda. **Moved:** A. Pendergast **Second:** A. Haynes **In favor:** all **APPROVED**

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Wednesday, May 19, 2021
4:00-5:30 p.m.

Review and approval of prior minutes – April 21, 2021	Motion to approve the minutes from the 21 April, 2021 meeting. **Moved:** S. Pennell **Second:** A. Goodridge **In favour:** all **Opposed:** none **Abstained:** V. Curran, B. Ogunyemi, A. Hunt **APPROVED**
1. Matters arising from the minutes 1.1. T. Adey to discuss with CLSC in May or June and then bring to Task Force to bring to EHS asking for an increase in capacity for CLSC for the fall. • Pending Memorial update on Fall planning. 1.2. T. Adey to ask Task Force about return to campus for learners. • S. Pennell reports 1M102 can hold 80 people and 1M102 can hold 70 with the remaining 10 learner distributed amongst small learning rooms. 1.3. A. Haynes, B. Kerr and D. Stokes to review COS ToR and develop proposal. • See COS report. 1.4. C. Peddle to draft email to send to members for feedback of AFMC accreditation. • Completed 1.5. M. Simms/B. Kerr to request e-vote on continued accreditation by LCME. • Completed 1.6. B. Kerr to add 'ex-officio' to the ToR. • Completed 1.7. T. Adey to bring UGMS ToR to Faculty Council. • Approved at Faculty Council. 1.8. S. Pennell to include the essay type question for learners notes on next exam. • Essay question for note taking worked well. • Empty essay questions does not necessarily mean learners did not use it. Notes can be erased before submitting the exam.	

MEMORIAL UNIVERSITY
Faculty of Medicine

UGMS Meeting Minutes

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1.9. S. Pennell to request email to be sent by E. Winter to learners. • Completed 1.10. T. Adey to bring learner concerns relating to the absence of visiting electives for the class of 2022 to the AFMC undergraduate medical education deans. • T. Adey advocated but decision was upheld to not offer visiting electives at this time. • Proactively exploring strategies with local preceptors particularly in post graduate training programs not offered at Memorial University. 1.11. T. Lambert to send out New Brunswick Strategy Map for before next meeting. • See NB update	
2. E-Votes 2.1. PoCUS consent changes and e-vote – APPROVED • Motion to approve the PoCUS consent form with amendments relating to the female pelvic examination and male bladder examination. (Attached document) 2.2. Feedback and e-vote regarding LCME – APPROVED • Motion to approve the language relating to the continuation of the LCME accreditation. (Attached document)	
3. New business 3.1. Distributed Medical Education Strategy Map (Attached document for review) • Presentation will be shared • Feedback from the Culture of Excellence (CoE) Project Team to seek input from the Indigenous Affairs Office, and to reconsider the use of the word "empower." 3.2. New Brunswick Strategy Map (Attached document for review) • Overlapped and aligned with the Destination Excellence 3.3. Canadian Undergraduate Deans Statement on Professionalism Document (Attached document for review) • Review the recommendations around documentation of learner professionalism lapses on the Medical Student Performance Record (MSPR).	**ACTION:** UGMS Committee to provide any feedback to A. Hunt by 28 May, 2021. **ACTION:** UGMS Committee to provide any feedback to T. Lambert by 28 May, 2021. **ACTION:** Phase Leads to review the recommendations in the context of recent cases to

• E. Hillman notes that we need to consider the documentation of professionalism lapses. Academic Record refers to transcript and cannot be expunged. • E. Hillman recommends that this document align with Memorial's Professional Suitability document (in development). 3.4. Inclusion of DME and Social Accountability as standing reports • Approved 3.5. Communication Pathways Document (Attached document for review) • Feedback will be sought from Phase Management teams and MedSoc.	determine whether the recommendations are reasonable. **ACTION:** C. Peddle to share Communication Pathways document with C. Campbell.
3.6. Unit Assessment Recommendation #5: The Respectful Environment Working Group will establish the essential elements of mandatory training on IBH&SH that are required by all learners, faculty and staff members in the faculty. Modules, workshops or other mechanisms will be developed and delivered on a regular basis. • B. Ogunyemi suggests that some of this content may fit well in Phase 4. • Important to accreditation.	**ACTION:** A. Haynes to present to COS and report back to UGMS.
4. Standing Committee reports	
a) PESC (see attached report) • MCCQE review deferred	
b) SAS (see attached report) • Phase 4 Assessment Plans • Changes to the Invigilation Policy	Motion to approve the Phase 4 assessment plans as provided in the executive Summary. **Moved:** V. Curran **Second:** N. Duggan **In favour:** all **Opposed:** none **Abstained:** none **APPROVED**

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	Motion to approve the changes to the invigilation guidelines relating to IP addresses. **Moved:** V. Curran **Second:** S. Pennell **In favour:** all **Opposed:** none **Abstained:** none **APPROVED**
c) iTac (see attached report) • No action Items	
d) COS (see attached report) • COS ToR review ▪ Will vote on the COS ToR in the June UGMS meeting • Proposed definition for "mandatory" sessions ▪ Require learners to attend the following types of sessions to meet objectives of the MD program as outlined.	**ACTION:** UGMS Committee to review the COS ToR and provide any feedback. **ACTION:** M. Simms to include COS ToR on the Agenda for approval at June UGMS meeting. **ACTION:** The UGME Leadership Team to discuss possible consequences
5. Phase 4 report • Update re. Clinical learning during the COVID-19 Pandemic Guidelines for Phase 4 Learners in the MD Program (see attached document) • This has been circulated to all relevant parties.	**ACTION:** A. Hunt to send revised guidelines to the leadership in the distributed Health Authorities.
6. Phase 3 report (see attached report) • No action items	
7. Phase 2 report • No action items	

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8. Phase 1 report • No action items	
9. Report from NB (see attached report) • No action items • CaRMS second iteration is delaying elective placement for Class of 2022 as departments need to know post-graduate number to determine capacity for elective learners. • MOU renewal underway.	
Ad Hoc Opportunity for Social Accountability and Distributed Medical Education to add a comment today.	**ACTION:** B. Kerr to forward UGMS Report template to B. Ogunyemi and A. Hunt.
10. Accreditation matters • We can use the previously completed DCIs to inform our responses to the 2022 DCI.	**ACTION:** B. Kerr to forward previously completed DCIs to C. Peddle/T. Adey for reference.
11. Learner issues • Visiting Electives Follow up o Looking for opportunities for local electives with preceptors who have contacts at schools with residency programs in the discipline of choice. • Concern with NBME shift in percentage of US-specific social content. o N. Duggan reported that learners will not be disadvantaged by this shift.	
12. Associate Dean Update (see attached report)	
13. Policy • The Learner Mistreatment Policy is very close to being finalized.	
14. UGME office report • No action items	
Next Meeting June 16, 2021 **Adjourned: 5:45 p.m.**	
Keep in View	Exam deferral policy

Faculty of Medicine

Consent to Participate in Point of Care Ultrasound (POCUS) Examination

As much as possible, the Faculty of Medicine attempts to provide simulated and real patients for learners to learn anatomy and clinical skills with point of care ultrasound (PoCUS). In some cases, it is not possible to recruit patients. In such cases, we may ask that learners examine each other to ensure learners get the opportunity to practice specific skills to achieve the objectives of the course.

Prior to engaging in any peer examination, we want to ensure that you have the opportunity to provide consent to allow other learners in your clinical skills or anatomy group to practice their PoCUS examination skills on you. This is a good opportunity to help your classmates to learn these skills in a safe environment and to get feedback from a peer or tutor.

We acknowledge that there may be some discomfort in participating in PoCUS sessions and it is important for you to know that you are not required or obligated to provide consent and your learning will not be adversely affected should you not give consent. If you choose not to consent to PoCUS exams in general, or of any specific regions, this will not adversely affect your assessment of performance. You may also change your mind about providing consent at any time and this similarly will have no adverse effect on your learning or assessments.

If you have any additional specific concerns or needs related to participating or not participating in PoCUS sessions by peers, you may confidentially contact the course administrative coordinator, course director, and/or the Office of Learner Well-Being and Success to help address any specific needs or concerns.

**THERE WILL NEVER BE peer or tutor assessment for uterus, ovaries, bladder, breast, genital, or rectal areas.

Please indicate your consent from the options below:

A. Consent

☐ I give consent to all PoCUS examinations with the exception of uterus, ovaries, bladder, breast, genital and rectal area.

B. No Consent

☐ I do not give consent for any PoCUS examinations.

C. I wish to make alternate arrangements

☐ I have/will connect with the Office of Learner Well-Being and Success to discuss my consent decision and will work with them to inform the administrative team.

D. Partial Consent

I give consent to some peer examination using PoCUS. I consent to the examinations specified below (check any that you DO consent to):

☐ Chest/thorax (heart and lung)

☐ Abdomen (gallbladder, renal, aorta, liver and spleen)

☐ Upper Limb (shoulder, tendons of the fingers)

☐ Lower Limb (knee, ankle)

☐ Head and Neck (eyes, blood vessels, thyroid)

Name: _____

Signature: _____

Date: _____

Access to Information and Protection of Privacy

Personal information is collected under the authority of the Access to Information and Protection of Privacy Act, 2015 (SNL2015 Chapter A-1.2) and is used for the purposes of academic learning, administration and evaluation, and program planning and evaluation. Questions about this collection and use of personal information may be directed to the FoM Policy Analyst at 709-864-6399.

BACK TO MINUTES

From: UGME - Advisor Email Account
To: [redacted]
Cc:
Subject: E-VOTING REQUIRED RE: Motion on Continuation of LCME Accreditation
Date: April 30, 2021 9:55:14 AM
Importance: High

To the UGMS Committee,

In circulating the responses to questions surrounding the future of LCME Accreditation of Canadian medical schools, we received limited feedback indicating that no further revisions are required. The following feedback will be provided to the Dean of Medicine for consideration by the AFMC Board of Directors:

1. The Undergraduate Medical Studies (UGMS) committee feels that a continued relationship with LCME under the new requirements would have little value to our program with the historical context of few learners participating in the National Residency Matching Program (NRMP). Upholding the LCME accreditation would require a significant amount of unnecessary work in addition to the requirements for CACMS accreditation.

2. The UGMS committee did not see the benefit of asking the AFMC to renegotiate the MOU with LCME, given the variability amongst accreditation standards and elements and the new LCME requirements.

3. With the Committee on the Accreditation of Canadian Medical Schools recognized by the World Federation on Medical Education (WFME) the UGMS committee felt that Memorial University would not be in favor of seeking accreditation with LCME independently.

In light of the feedback I would like to make a motion:

Motion: T. Adey
Second: C. Peddle

The Undergraduate Medical Studies Committee is not in support of continuing to seek accreditation with the Liaison Committee on Medical Education (LCME) under the revised requirements.

I ask that you reply to this e-vote with one of the following responses no later than ***5:00 p.m. Tuesday 4 May, 2021***:

IN-FAVOUR
OPPOSED
ABSTAIN

Kind regards,
Tanis

BACK TO MINUTES

Distributed Medical Education Strategy Map

Thus achieving our mission and vision	**Our Mission** **Working in the spirit of collaboration and respect, Distributed Medical Education is committed to excellence in education delivery, research, and support of our learners, faculty and staff at all of our distributed sites to ultimately contribute to the health of our communities.**		
	Our Vision **Through collaboration and engagement with our distributed partners, we will optimize medical education delivery and research at our distributed sites and empower people to enhance health and well-being in our communities.**		
to meet the needs of the people we serve,	**Improving Lives**		
	Thriving learners and graduates	**Thriving faculty**	**Healthier communities**
	• Learners rate their support from DME for placements at distributed sites as excellent • Learners have sufficient opportunities for placements in distributed sites • DME faculty and staff enhance the experiences of learners through the promotion of diversity and teamwork	• Encourage publications • Distributed faculty feel valued and supported • DME faculty and staff feel included as part of the FoM community • Engage in scholarly work to meet the educational needs of learners in distributed sites • Engage in research and scholarly work that addresses the needs of the communities	• Learners are motivated to stay in our communities after graduation and to support those in underserved, rural, and remote areas • Faculty are motivated to stay in their community
so we can operate with effectiveness and excellence,	**Excellence in all we do**		
	Education excellence	**Research excellence**	**Social accountability**
	• Contribute to the delivery of dynamic and innovative programming at distributed sites • Provide accommodations and supports to ensure a productive experience for learners at distributed sites • Support and advocate for longitudinal integrated placements in distributed sites • Enable distributed faculty to succeed as educators • Provide learners with access to appropriate distributed site(s) to develop required competencies • Working with relevant offices at the FoM, provide access to career planning with a focus on pursuing careers in rural, remote or underserved areas	• Promote community-based research projects by learners and faculty • Enhance evidence-based learning and research by faculty and learners at distributed sites • Support initiatives to promote research or contribute to research climate by providing research ideas • Pursue opportunities for publishing scholarly papers on distributed medical education	• Promote community engagement to learners at distributed sites • Develop partnerships that strengthen community capacity, including underserved populations, at distributed sites • Create and/or maintain relationships with landlords and the general community as appropriate • In collaboration with other FoM offices and external partners such as municipalities and Regional Health Authorities, seek opportunities for new teaching sites in rural and remote areas
to build a strong and prepared team,	**Our empowered people**			
	Culture of Excellence	**Inspiring Leadership**	**Exceptional People**	**Robust Infrastructure**
	• Unify our DME team around excellence and achieving our mission and vision • Create a productive, engaging, enjoyable and supportive work experience for our faculty and staff • Embrace change • Weave social accountability into everything we do • Promote a culture of lifelong learning for our faculty, staff, and learners	• Encourage and support leadership development for faculty and staff • Create opportunities for distributed faculty to participate on Faculty of Medicine (FoM) committees • Develop, in collaboration with appropriate offices in the FoM, policies related to distributed faculty • Addition of distributed faculty to committees	• Facilitate, in collaboration with appropriate offices at the FoM, mentorship opportunities for distributed faculty, staff and learners • Develop, in collaboration with appropriate offices at the FoM, a recruitment and retention plan for faculty • Develop, in collaboration with Human Resources, a recruitment and retention plan for staff • Optimize rural rotation appeal to attract learners to distributed sites • Develop a standardized, streamlined, and collaborative faculty appointment process and reporting structure • Provide robust onboarding for distributed faculty and staff • Foster an environment that encourages wellness for all • Recognize and celebrate our achievements	• Promote visibility of Academic Program Administrators in distributed sites for better access to learners and faculty • Advocate for appropriate space for faculty, staff, and learners in distributed sites • Improve IT infrastructure for distributed faculty and staff by working with appropriate offices at the FoM or external partners • Ensure teaching resources to meet educational requirement are in place for distributed faculty and learners • Regularly meet with distributed staff and faculty

we use our resources wisely,	**Our enduring legacy - sustainability**		
	Efficient, Effective Resourcing	**Continuous Performance Management and Improvement**	**Dynamic Advocacy**
	• Allocate resources based on strategic priorities in direct alignment with our mission • Optimize team-building opportunities for our faculty, staff, and learners	• Track, measure, and analyze our performance of key services through benchmarking metrics via a DME scorecard • Use data to continuously improve our performance and set improvement goals and identify areas of potential, sustainable growth • Monitor our external environment and adapt accordingly	• Identify, foster, and participate in partnerships that advance our mission and vision • Communicate with our partners • Promote the mission and vision of the Office of DME and the mission and vision of the Faculty of Medicine • Demonstrate the value of the DME
Guided by our values,	**Our Values**		
	Put the needs of our learners and communities at the forefront of everything we do		
	Support distributed faculty and staff to achieve success and inclusivity with the Faculty of Medicine		
	Act and lead with integrity and professionalism		
	Embrace learning, creativity and innovative thinking in all we do		
	Engage with our community partners to achieve our shared goals and to provide authentic experiences for learners in distributed sites		

EXCELLENCE IN DISTRIBUTED MEDICAL EDUCATION

DME STRATEGIC PLAN FOR UGMS

May 19, 2021

Sandra Badcock

Dr. Andrew Hunt

LAND ACKNOWLEDGEMENT

We acknowledge that the lands on which Memorial University's campuses are situated are in the traditional territories of diverse Indigenous groups, and we acknowledge with respect the histories and cultures of the Beothuk, Mi'kmaq, Innu and Inuit of this province.

DESTINATION EXCELLENCE IMPACT

OUR GUIDING VALUES

- Put the needs of our learners and communities at the forefront of everything we do
- Support distributed faculty and staff to achieve success and inclusivity with the Faculty of Medicine
- Act and lead with integrity and professionalism
- Embrace learning, creativity and innovative thinking in all we do
- Engage with our community partners to achieve our shared goals and to provide authentic experiences for learners in distributed sites

OUR MISSION

Working in the spirit of collaboration and respect, Distributed Medical Education is committed to excellence in education delivery, research, and support of our learners, faculty and staff at all of our distributed sites to ultimately contribute to the health of our communities.

OUR VISION

Through collaboration and engagement with our distributed partners, we will optimize medical education delivery and research at our distributed sites and empower people to enhance health and well-being in our communities.

Distributed Medical Education Strategy Map

Thus achieving our mission and vision

Our Mission

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to meet the needs of the people we serve,

Improving Lives

Thriving learners and graduates	Thriving faculty	Healthier communities
• Learners rate their support from DME for placements at distributed sites as excellent • Learners have sufficient opportunities for placements in distributed sites • DME faculty and staff enhance the experiences of learners through the promotion of diversity and teamwork	• Encourage publications • Distributed faculty feel valued and supported • DME faculty and staff feel included as part of the FoM community • Engage in scholarly work to meet the educational needs of learners in distributed sites • Engage in research and scholarly work that addresses the needs of the communities	• Learners are motivated to stay in our communities after graduation and to support those in underserved, rural, and remote areas • Faculty are motivated to stay in their community

so we can operate with effectiveness and excellence,

Excellence in all we do

Education excellence	Research excellence	Social accountability
• Contribute to the delivery of dynamic and innovative programming at distributed sites • Provide accommodations and supports to ensure a productive experience for learners at distributed sites • Support and advocate for longitudinal integrated placements in distributed sites • Enable distributed faculty to succeed as educators • Provide learners with access to appropriate distributed site(s) to develop required competencies • Working with relevant offices at the FoM, provide access to career planning with a focus on pursuing careers in rural, remote or underserved areas	• Promote community-based research projects by learners and faculty • Enhance evidence-based learning and research by faculty and learners at distributed sites • Support initiatives to promote research or contribute to research climate by providing research ideas • Pursue opportunities for publishing scholarly papers on distributed medical education	• Promote community engagement to learners at distributed sites • Develop partnerships that strengthen community capacity, including underserved populations, at distributed sites • Create and/or maintain relationships with landlords and the general community as appropriate • In collaboration with other FoM offices and external partners such as municipalities and Regional Health Authorities, seek opportunities for new teaching sites in rural and remote areas

to build a strong and prepared team,

Our empowered people

Culture of Excellence	Inspiring Leadership	Exceptional People	Robust Infrastructure
• Unify our DME team around excellence and achieving our mission and vision • Create a productive, engaging, enjoyable and supportive work experience for our faculty and staff • Embrace change • Weave social accountability into everything we do • Promote a culture of lifelong learning for our faculty, staff, and learners	• Encourage and support leadership development for faculty and staff • Create opportunities for distributed faculty to participate on Faculty of Medicine (FoM) committees • Develop, in collaboration with appropriate offices in the FoM, policies related to distributed faculty • Addition of distributed faculty to committees	• Facilitate, in collaboration with appropriate offices at the FoM, mentorship opportunities for distributed faculty, staff and learners • Develop, in collaboration with appropriate offices at the FoM, a recruitment and retention plan for faculty • Develop, in collaboration with Human Resources, a recruitment and retention plan for staff • Optimize rural rotation appeal to attract learners to distributed sites • Develop a standardized, streamlined, and collaborative faculty appointment process and reporting structure • Provide robust onboarding for distributed faculty and staff • Foster an environment that encourages wellness for all • Recognize and celebrate our achievements	• Promote visibility of Academic Program Administrators in distributed sites for better access to learners and faculty • Advocate for appropriate space for faculty, staff, and learners in distributed sites • Improve IT infrastructure for distributed faculty and staff by working with appropriate offices at the FoM or external partners • Ensure teaching resources to meet educational requirement are in place for distributed faculty and learners • Regularly meet with distributed staff and faculty

we use our resources wisely,

Our enduring legacy - sustainability

Efficient, Effective Resourcing	Continuous Performance Management and Improvement	Dynamic Advocacy
• Allocate resources based on strategic priorities in direct alignment with our mission • Optimize team-building opportunities for our faculty, staff, and learners	• Track, measure, and analyze our performance of key services through benchmarking metrics via a DME scorecard • Use data to continuously improve our performance and set improvement goals and identify areas of potential, sustainable growth • Monitor our external environment and adapt accordingly	• Identify, foster, and participate in partnerships that advance our mission and vision • Communicate with our partners • Promote the mission and vision of the Office of DME and the mission and vision of the Faculty of Medicine • Demonstrate the value of the DME

Guided by our values,

Our Values

Put the needs of our learners and communities at the forefront of everything we do
Support distributed faculty and staff to achieve success and inclusivity with the Faculty of Medicine
Act and lead with integrity and professionalism
Embrace learning, creativity and innovative thinking in all we do
Engage with our community partners to achieve our shared goals and to provide authentic experiences for learners in distributed sites

OUR ENDURING LEGACY

CONTINUOUS PERFORMANCE MANAGEMENT AND IMPROVEMENT

- Use data to continuously improve our performance and set improvement goals and identify areas of potential, sustainable growth

DYNAMIC ADVOCACY

- Demonstrate the value of the DME

OUR EMPOWERED PEOPLE

CULTURE OF EXCELLENCE

- [ ] Weave social accountability into everything we do

INSPIRING LEADERSHIP

- [ ] Create opportunities for distributed faculty to participate on Faculty of Medicine committees

OUR EMPOWERED PEOPLE

EXCEPTIONAL PEOPLE

- Facilitate, in collaboration with appropriate offices at the Faculty of Medicine, mentorship opportunities for distributed faculty, staff and learners
- Optimize rural rotation appeal to attract learners to distributed sites
- Foster an environment that encourages wellness for all

ROBUST INFRASTRUCTURE

- Promote visibility of Academic Program Administrators in distributed sites for better access to learners and faculty
- Ensure teaching resources to meet educational requirement are in place for distributed faculty and learners
-

EXCELLENCE IN ALL WE DO

EDUCATION EXCELLENCE

- Contribute to the delivery of dynamic and innovative programming at distributed sites
- Provide accommodations and supports to ensure a productive experience for learners at distributed sites
- Support and advocate for longitudinal integrated placements in distributed sites
- Provide learners with access to appropriate distributed site(s) to develop required competencies

RESEARCH EXCELLENCE

- Promote community-based research projects by learners and faculty
- Enhance evidence-based learning and research by faculty and learners at distributed sites

SOCIAL ACCOUNTABILITY

- Promote community engagement to learners at distributed sites
- In collaboration with other Faculty of Medicine offices and external partners such as municipalities and Regional Health Authorities, seek opportunities for new teaching sites in rural and remote areas

IMPROVING LIVES

THRIVING LEARNERS AND GRADUATES

- Learners rate their support from DME for placements at distributed sites as excellent
- Learners have sufficient opportunities for placements in distributed sites
- DME faculty and staff enhance the experiences of learners through the promotion of diversity and teamwork

THRIVING FACULTY

- Engage in scholarly work to meet the educational needs of learners in distributed sites
- Engage in research and scholarly work that addresses the needs of the communities

HEALTHIER COMMUNITIES

- Learners are motivated to stay in our communities after graduation and to support those in underserved, rural, and remote areas
- Faculty are motivated to stay in their community

HOW DO WE INCORPORATE DISTRIBUTED MEDICAL EDUCATION IN ALL THAT WE DO?

QUESTIONS FOR US?

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

<table>
<tr><td rowspan="2">Thus achieving our mission and vision</td><td colspan="3">Our Mission
To build partnerships that result in exceptional learning opportunities in New Brunswick’s rural and urban clinical settings and, with the help of engaged and supportive faculty and staff, our learners graduate as confident, resilient and versatile practitioners ready to help improve the health of the communities they serve.</td></tr>
<tr><td colspan="3">Our Vision
Through excellence, we will be a highly sought destination for distributed medical education in Atlantic Canada, known for engaged faculty, adaptive learners, and impactful professional activities that improve knowledge, skills and ultimately the health of the communities we serve.</td></tr>
<tr><td rowspan="3">to meet the needs of the people we serve,</td><td colspan="3">Improving Lives</td></tr>
<tr><td>Thriving learners and graduates</td><td>Impactful research and scholarship</td><td>Healthier communities</td></tr>
<tr><td>New Brunswick medical education learners are well-equipped, connected and supported as they develop superior knowledge and skills in the context of high quality clinical experiences, virtually and in-person. New Brunswick medical education graduates have the competencies required to thrive in and advocate for the communities they serve.</td><td>Matching the shared interests of learners and faculty, medical research in New Brunswick receives broad support, especially in underserved and vulnerable populations.</td><td>By embracing social responsibility and through exceptional mentoring, clinical experiences and institutional partnerships, graduates are motivated to establish their initial practice settings in New Brunswick.</td></tr>
<tr><td>Highly rated clinical rotations
Learners report feeling connected and supported throughout their educational journey
Graduates successfully navigate the changing, technology-mediated healthcare landscape environment
Graduates thrive in their work and advocate for improvements in the health of their communities
Learners are active members of the health care team providing care for patients and understanding the organizational structure of which they are a part.</td><td>Research addresses and explores issues in underserved and vulnerable populations
As a result of matching students and faculty with shared research interests, our research and scholarship products are impactful and relevant to the NB context
Scholarship of teaching and learning is vibrant</td><td>Learners are motivated to remain in, or return to, NB
Partnerships that enhance our mission are in place
Expanded programming innovations aid in motivating learners to practice in rural areas of NB
Faculty and learners embrace social responsibility to enhance the health of our communities
Graduates have knowledge and skills particularly suited to the New Brunswick setting</td></tr>
</table>

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

	Excellence in all we do		
	Education excellence	**Research excellence**	**Social accountability**
	New Brunswick teaching and learning modalities are sufficiently numerous and diverse; skilled mentors and faculty are broadly distributed throughout the province, so that learners stay well and are poised for success.	Faculty and learners collaborate on New Brunswick-specific research projects that are nurtured, coordinated and promoted	Skilled and knowledgeable graduates, familiar with the social determinants of health, can identify, respond to, and advocate for the healthcare needs of New Brunswick, including our rural communities.
so we can operate with effectiveness and excellence,	• Cultivate and enhance existing UG clinical academic programming • Increase residency training capacity • Actively engage in Accreditation processes • Develop innovative programming including Longitudinal Integrated Clerkships and rural streams opportunities • Learner Well-being and Success Directors are engaged and advocating for learners with a focus on learners in difficulty • Learners are often invited to local rounds and teaching opportunities in addition to normal didactic sessions. • Continue to develop opportunities for unique longitudinal experiences allowing for continuity of care in the community and the hospital • Continue to develop competency- based learning tailored to individual needs • Support exceptional teachers to mentor, assess and support learners • Provide resources for faculty to build their teaching skills • Improve career planning and mentorship programs • Ensure that New Brunswick learners benefit from a collegial working relationship with their counterparts from other medical education jurisdictions.	• Encourage collaborative projects involving learners in clinical settings and disciplines • Promote and nurture the development of research and research skills • Promote the involvement of New Brunswick-based physicians in research curriculum.	• Identify and respond to training needs in the NB physician and healthcare landscape • Provide experiences to learners that promote and encourage NB-based practice/employment • Listen to and collaborate with Indigenous and Acadian populations we serve • Prepare learners to understand and appreciate the effects of the Social Determinants of Health on health and actively advocate for patients and their communities. • Train graduates with skills and knowledge specific to the New Brunswick healthcare context • Promote the contributions of our learners to communities and to society

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

	Our empowered people			
	Culture of Excellence	**Inspiring Leadership**	**Appealing Workplace**	**Robust Infrastructure**
	Throughout medical education in New Brunswick, learners and faculty are welcomed as integral members of a collaborative, professional and enjoyable lifelong learning team in which the quality of programming is of utmost importance.	Faculty, learners and staff find that opportunities for leadership growth are plentiful and embedded throughout medical education workplaces in New Brunswick.	The combination of compassionate care of self and others, the celebration of our singular achievements, a focus on the optimal work/life balance and appropriate succession planning make for a professional and appealing workplace.	Data management in the context of our IT and communications networks ensures that appropriate information is distributed to faculty, staff and learners at the right time, and that access to new technology, equipment and labs is optimized.
to build a strong and prepared team,	• Foster team unity around our mission and vision • Explicit support of and communications to all teaching sites. • Create a productive, enjoyable, collaborative work environment by leveraging our diversity • Incorporate social accountability in all decisions • Faculty, learners, and staff are committed to lifelong learning.	• Create an environment where leadership skills are nurtured in faculty, learners, and staff • Create opportunities for learners to achieve their potential • Provide opportunities to refine leadership abilities for all.	• Create a succession plan for key faculty and staff roles • Celebrate and publicize the achievements of faculty, learners, and staff • Provide appropriate faculty and staff development opportunities • Facilitate strong mentorship opportunities for faculty, learners and staff at all stages of their respective careers • Foster a work/life/study balance that promotes wellness for all and that is sustainable • Foster a wellness environment that exemplifies the qualities of compassion and caring for self as well as others.	• Harness the power of our IT and communications networks. • Design a communications plan for dissemination of information to learners, faculty, and staff • Use appropriate software to manage data and track learner locations and progress • Provide comfortable spaces for learners to network and collaborate with others Advocate for access to new technology, equipment and labs and effectively integrate these items into our work.

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

	Our enduring legacy - sustainability		
	Efficient, Effective Resourcing	**Continuous Performance Management and Improvement**	**Dynamic Advocacy**
	Communications with New Brunswick Department of Health (DoH) are strong, and relationships with alumni are leveraged so as to enhance faculty engagement and sharing of local resources.	Data management is optimized, including rotational, faculty and learner evaluations, and our graduate and alumni tracking system is robust.	Relationships with partners are invested in; connections with central campus senior leadership and disciplines are secure; the MOU between NB and MUN is in place for years to come, and learner contributions to communities they serve are promoted.
we use our resources wisely,	• Allocate resources to our strategic priorities • Facilitate continued support and communication from NB Department of Health (DoH) to key stakeholders • Build and leverage relationships with alumni to increase physician retention and interest in the New Brunswick core clerkship	• Track, measure and analyze our performance through rotation and faculty evaluations and other feedback mechanisms • Use feedback to identify strengths and areas for improvements • Track learner data using appropriate software so we can compare year over year where demand is, etc. • Build capacity to track Alumni location of first clinical practice in or away from NB	• Promote our unit mission and vision, as well as the mission and vision of the Faculty of Medicine at Memorial • Identify, activate, and foster relationships with partners • Strengthen connections with the central Memorial campus senior leadership and disciplines • Secure MOU between NB and Memorial University for years to come
Guided by our values,	**Our Values**		
	Put the needs of our learners and communities at the forefront of everything we do		
	Support faculty and staff to succeed		
	Act and lead with integrity and professionalism		
	Embrace learning, creativity and innovative thinking in all we do		
	Foster inter-dependent teamwork and collaboration		

Canadian Undergraduate Deans Statement on Professionalism

DRAFT

Preamble:

Physician professionalism comprises a set of knowledge, attitudes and skills essential to the provision of effective and safe patient care and therefore essential to the practice of medicine. It is accepted and required as a core competency by all accrediting and licensing bodies, and as an essential, integrated component of progression for all Canadian medical education programs. The AFMC Residency Match Committee Subcommittee on Application and File Review recommendation 1 (b) states that ***"All 17 medical schools use a common standardized approach and the same criteria in documenting professionalism issues on the MSPR."*** This document is intended to serve as a guide for documentation of professionalism lapses in order to increase equity and standardization across Canadian medical schools.

Background:

Although precise definitions vary, it is universally understood that professionalism requires both *cognitive* and *behavioural* components. Both the Royal College of Physicians and Surgeons and College of Family Physicians of Canada incorporate professionalism as a core competency within their respective frameworks.

> *"The Professional Role reflects contemporary society's expectations of physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, adherence to ethical standards, and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency with respect to potential conflicts of interest."*
>
> From The Royal College of Physicians and Surgeons of Canada – CanMEDS Role: Professional

> *"the Professional Role is guided by codes of ethics and commitment to clinical competence, the embracing of appropriate attitudes and behaviours, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments from the basis of a social contract between a physician and society."*
>
> From Family Medicine Professional, CanMEDS-FMU

Medical schools are therefore obligated to not only ensure that the cognitive components are taught and learned, but also that the behavioural components are accepted and demonstrated by their learners and graduates.

Medical schools in Canada are housed within publicly funded universities. Medical students therefore come under the governance of their parent universities which have specific and often individual or unique expectations regarding student behaviour, but these expectations are not necessarily based on the requirement that all students be entrusted to function within the clinical, patient care environment, nor that they must achieve competence necessary to achieve licensing and ongoing medical training. Medical schools are therefore required to ensure that appropriate standards for professional behaviour of students are operative within their institutions and that they ensure students achieve those standards.

Professionalism is now understood to be a complex and contextual competency that develops longitudinally throughout medical training (Lucey & Souba, 2010). Professional identity formation occurs through gaining the knowledge, competencies and acumen of professional behaviour and integrating them into one's professional identity (Mak-van der Vossen et al., 2020). The process of professional identity formation occurs through learning from mistakes (Parker et al. 2008; Rabow et al., 2010). Most medical students act professionally and rarely, if ever, behave in a manner that is unprofessional (Hickson et al. 2007) and when professionalism lapses occur there may be a number of contributing factors including contextual factors as well as personal, interpersonal and external stressors (Hickson et al., 2007).

Professionalism lapses are associated with low morale and increased adverse events. Student professionalism lapses in medical school are associated with future disciplinary action by regulating bodies (Papadakis, 2005). This highlights the importance of addressing professionalism lapses in medical school. However, professionalism is inherently difficult to assess in national standardized assessments and there is a reluctance for preceptors to report student professionalism lapses, in part, due to a concern that it will negatively impact the student's career (Ziring et al., 2018). Thus, reaching a common understanding is crucial to improving future physician behaviours and outcomes. This document is prepared with the intention of defining a common understanding, terminology and suggested framework for the approach to professionalism lapses among all Canadian medical schools to better enable them to develop effective programming and equitable approaches.

Principles:

1. Professionalism is a competency which develops longitudinally in the medical student and whereby learning can occur from mistakes (Parker et. al, 2008; Rabow et.al., 2010).
2. Professionalism lapses may indicate that the student requires support in their professional identity formation (Mak-van der Vossen et al., 2020)

3. Professionalism lapses may be an indicator of student burnout or illness (Dyrbye et al., 2010; Roberts,2010,). Consequently, supports and resources should be provided to students who demonstrate a professionalism lapse .
4. Professional behaviour is essential to the provision of safe and effective patient and team-based care.
5. Professional behaviour is a mandatory expectation of all involved in patient care.
6. Medical students are actively involved in the delivery of patient care and in team-based processes, so are therefore required to maintain high standards of professional behaviour aligned with the profession.
7. Professional behaviour is essential to all aspects of physician activity and is a necessary prerequisite to entry to any postgraduate program.
8. Professional behaviour is a continuing expectation, spanning medical school, postgraduate medical training and independent medical practice.
9. Understanding and adherence to the core principles of professionalism are expectations of undergraduate medical education and a mandatory graduation expectation.
10. High standards of professionalism should permeate all aspects of the medical education environment, including leadership, students and residents, teaching faculty and administrative staff, through policy and practice.

Obligations common to all medical schools:

1. Provision of educational content throughout the curriculum that ensures students understand and demonstrate the principles of professionalism.
2. Mechanisms to ensure that students understand and demonstrate their ethical and legal obligations within the patient care environment.
3. Mechanisms to ensure all faculty including all teaching sites and postgraduate trainees involved in supervision of medical students understand and demonstrate high standards of professional behaviour as mentors and educators.
4. Mechanisms to monitor and respond to lapses or failure of student professional behaviour, including identification, determination of root cause, provision of support and remediation strategies.

Operational considerations:
(It is recognized that, among medical schools, the specific forms and processes will vary based on individual policies and institutional requirements)

1. **Definitions.**
   An understanding regarding the categorization of professional concerns. This should be based on three key criteria: chronicity; harm and awareness.

2. **Mechanisms by which professionalism concerns come to attention.**

Professionalism concerns may be brought forward by faculty, students, residents, administrative staff, other health professionals, members of the larger university community and by the general public. Schools should provide a variety of avenues to report professionalism concerns, including a method that allow for anonymous reporting. Documents related to reporting professionalism concerns, including reporting forms and related policies and procedures, should be available on the school website.

3. **Processes by which professionalism concerns are assessed.**
   Professionalism concerns are reviewed by a designated individual or group that has been identified for intake of professionalism concerns. For example, Assistant Dean, Academic Affairs. There should be a fully transparent and understood protocol for processing of such concerns. For example, more serious concerns may be referred to a Review Committee. Processes should be in place for provision of student advising and personal support through this process.

4. **An understanding regarding the expected or "usual" response to each level of concern.**
   Examples of potential responses to increasingly severe professionalism concerns:
   - a simple undocumented discussion for purely formative purposes, for example, a "coffee cup conversation" (Hickson et al., 2007).
   - a documented discussion with understanding that it be expunged if not repeated
   - assignment of a mentor
   - a remediation exercise recorded temporarily on the condition that no further concerns occur
   - a remediation requiring documentation in the student record
   - a remediation requiring documentation in the MSPR
   - a remediation requiring repeat of a course or year
   - dismissal from medical school

For what aspects is there value and opportunity for a common approach to professionalism concerns among Canadian medical schools?

Canadian medical schools would benefit by undertaking common definitions and potential responses to each level of concern. With this goal in mind, the following is proposed as a guide:

	Professionalism Concern	**Examples include but are not limited to:**	**Potential Interventions include but are not limited to:**	**Documentation principles:**
Level 1	A first-time concern <u>and</u>	• *Submitting an assignment late*	Conversation to review the incident to identify underlying causes, provide	No further review or permanent documentation required although

Opportunity for improvement	No or very minor harm to others (patients, other students, faculty, the public or institutions), and Acknowledgement and acceptance of responsibility and Potential for remediation with, but not limited to, education, apology and/or reflection	• *Arriving late for a mandatory lecture or clinical learning experience* • *Missing a mandatory session* • *Inappropriate and disrespectful use of language (in a communication, assignment, etc.)* • *Receiving or responding to feedback inappropriately*	support and improve future performance	record of the encounter should be retained by the reviewing party in the event of future issues
Level 2 *Concerning Pattern of Behaviour Requiring Intervention*	Previous Level 1 concerns or Minor direct or indirect harm to others (as above) or Lack of insight into the concerns raised by the incident, and Potential for remediation through, but not limited to, education, apology, reflection, and/or formal course of study	• *Repeated failure to meet deadlines or respond promptly to calls, particularly when patient care may be impacted* • *Minor, unintentional incidents of academic misconduct*	Conversation to review the incident to identify underlying causes, provide support and improve future performance A program of remediation to include elements such as: • completion of assigned learning tasks • mentorship • sufficient time to demonstrate improvement	Documentation to be expunged from academic record if remediation successfully completed and no further transgressions during completion of MD Program
Level 3 *Concerning Pattern of Behaviour Persisting Following Remediation* OR *Threatening or dangerous behaviour requiring*	Previous Level 1 or 2 concerns that persist despite remediation , or Significant, or potential for significant harm to others (as above), and Student shows limited insight into the concerns raised by the incident, and	• *Demonstrating a pattern of not responding to call for assistance* • *Failing to communicate absences in a timely fashion* • *Incidents of academic misconduct* • *Breaching of patient confidentiality* • *Inappropriate or offensive communication (in-person, internet, etc.)*	Conversation to review the incident to identify underlying causes, provide support and improve future performance A program of remediation to include elements such as: • completion of assigned learning tasks, • mentorship	Inclusion in the MSPR recommended

major intervention	Potential for remediation through formal program(s) and reassessment.		• sufficient time to demonstrate improvement	
Level 4 *Behaviour Potentially Incompatible with Practice of Medicine*	Multiple previous professionalism concerns raised, or Failure to remediate previous concerns, or Egregious or potential for egregious harm to others (as above), or Behaviour inconsistent with a future career in medicine	•*Physically or sexually assaulting a patient, colleague, faculty or staff* •*Breaching the Criminal Code of Canada with a conviction* •*Unwelcome and inappropriate communication or contact, where the behavior is known or reasonably ought to be known to be unwelcome* •*Unauthorized and intentional release of or accessing confidential information*	Conversation to review the incident to identify underlying causes, provide support and improve future performance if appropriate in the context of the behaviour A program of remediation to include elements such as: • completion of assigned learning tasks • mentorship • sufficient time to demonstrate improvement Dismissal from medical school	Inclusion in MSPR

References

ARMC Subcommittee on Application and File Review Recommendations to the AFMC Residency Match Committee on the 2021 R1 Match. Approved by the AFMC Board of Directors, October, 2020

Dyrbye, L. N. , Massie, F. S. , Eacker, A. , Harper, W. , Power, D. , Durning, S. J. , Thomas, M. R. Moutier, C. , Satele, D. , Sloan, J. & Shanafelt, T. D. (2010). Relationship Between Burnout and Professional Conduct and Attitudes Among US Medical Students. JAMA: The Journal of the American Medical Association, 304(11), 1173–1180.

Hickson, G. B., Pichert, J. W., Webb, L. E., & Gabbe, S. G. (2007). A complementary approach to promoting professionalism: identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*, *82*(11), 1040-1048.

Lucey, C., & Souba, W. (2010). Perspective: the problem with the problem of professionalism. *Academic Medicine*, *85*(6), 1018-1024.

Mak-van der Vossen, M., Teherani, A., van Mook, W., Croiset, G., & Kusurkar, R. A. (2020). How to identify, address and report students' unprofessional behaviour in medical school. *Medical teacher*, *42*(4), 372–379. https://doi-org.qe2a-proxy.mun.ca/10.1080/0142159X.2019.1692130

Papadakis, M. A., Teherani, A., Banach, M. A., Knettler, T. R., Rattner, S. L., Stern, D. T., Veloski, J. J., & Hodgson, C. S. (2005). Disciplinary action by medical boards and prior behavior in medical school. *The New England journal of medicine*, *353*(25), 2673–2682. https://doi-org.qe2a-proxy.mun.ca/10.1056/NEJMsa052596

Parker, Malcolm, MBBS, M, Litt, M, Luke, Haida, Zhang, Jianzhen, BMed, MPH, et al. (2008). The "Pyramid of Professionalism": Seven Years of Experience With an Integrated Program of Teaching, Developing, and Assessing Professionalism Among Medical Students. Academic Medicine, 83, 733-741. https://doi.org/10.1097/ACM.0b013e31817ec5e4

Rabow MW, Remen RN, Parmelee DX, Inui TS. Professional formation: extending medicine's lineage of service into the next century. Acad Med. 2010 Feb;85(2):310-7. doi: 10.1097/ACM.0b013e3181c887f7. PMID: 20107361.

Roberts LW. Understanding Depression and Distress Among Medical Students. *JAMA.* 2010;304(11):1231–1233. doi:10.1001/jama.2010.1347

Ziring D, Frankel RM, Danoff D, Isaacson JH, Lochnan H. Silent Witnesses: Faculty Reluctance to Report Medical Students' Professionalism Lapses. Acad Med. 2018 Nov;93(11):1700-1706. doi: 10.1097/ACM.0000000000002188. PMID: 29489466.

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BACK TO MINUTES

Undergraduate Medical Education
COMMUNICATION PATHWAYS
CLASS OF 202#

Is the communication important to the entire class? Can LEARNER LEADERS help coordinate this communication?

YES

- **Curriculum** — UGMS rep name & email
- **Quality Improvement & Program Evaluation** — PESC rep name & email
- **Exams & Assessments** — SAS rep name & email
- **Cohort Wellness** — Wellness rep name & email
- **Community Engagement** — Community Engagement rep name & email
- **Physician Competencies** — Physician Competencies rep name & email
- **The Patient Course** — Patient rep name & email
- **Interprofessional Education Rep** — IPE rep name & email
- **Integrated Learning Sessions** — ILS rep name & email
- **Research** — Research rep name & email
- **Clinical Skills** — Clinical Skills rep name & email

NO

Is this a PERSONAL WELLNESS matter?

YES

Charlotte Dove, Tina Pomeroy
Learner Wellness Consultants

NO

Is this an ACADEMIC matter?

Yes

- **Integrated Learning Sessions** — Phase ILS Lead
- **Research** — Phase Research Lead
- **Physician Competencies** — Physician Competencies Lead
- **Clinical Skills** — Clinical Skills Chair
- **Academic Performance, The Patient Course, Interprofessional Education** — Phase Lead

NO

Is this an ADMINISTRATIVE matter?

YES

- **Scheduling/Lectures** — Vivian Whelan, Phase 1-3
- **Assessment & Exam** — Elas Winter, Assessment
- **Research Curriculum** — Michelle Simms, Admin
- **Clinical Skills** — Kelly Penton, CS
- **Community Engagement** — Renee Mercer, Phase 2 CE; Sarah Eustace Phase 3

NO

I DON'T KNOW

Carla Peddle
Coordinator, UGME

BACK TO MINUTES

UGMS Summary Report

May 2021

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: 20 / April / 2021

Date of Next Phase Team or Sub-Committee Meeting: 18 / May / 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	**Recommended Action**	**Status**
Review of AFMC Graduate Questionnaire (carried over from previous meeting).	H. Coombs to retrieve data from the FOM Mistreatment Survey.	Currently working on this with Dr. Olga Heath and Dr. Nic Fairbridge.
Faculty/instructors who go overtime and/or use too many slides in their lectures (carried over from previous meeting).	A. Goodridge and H. Coombs to put together guidelines related to faculty going overtime and/or using too many slides.	To be discussed at PESC on May 18th before drafting guidelines.
Phase 4 MED8710 Response Reports	N. Duggan to follow-up with CDCs regarding outstanding Response Reports. N. Duggan to follow-up with Dr. Amir Gammal about the Anesthesia Report. N. Duggan to ask Dr. Jessica Bishop to revise the Family Medicine Report. N. Duggan to follow-up with Dr. Chris Smith about the Surgery Report. N. Duggan to report back to PESC about changes to the EPAs Clinic Cards.	In Progress

UGMS Summary Report

May 2021

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

Additional Comments, Suggestions, New or Pending Business:
1. Dr. Goodridge to present the results of the MCCQE Part I.
2.
3.

BACK TO MINUTES

UGMS Summary Report

May 2021

Phase Team or Sub-Committee: Student Assessment Subcommittee

Liaison to the UGMS: Dr. Vernon Curran

Date of Last Phase Team or Sub-Committee Meeting: 28/April/2021

Date of Next Phase Team or Sub-Committee Meeting: 26/May/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	**Recommended Action**	**Status**
Recommendations from curricular review – Navigate demonstration by Registrar's Office staff	Explore use of Navigate platform for monitoring of learner academic progress in Phases 1-3. S. Pennell and K. Zipperlen met to discuss next steps.	Ongoing
Recommendations from curricular review – Explanations for formative questions	Develop template for providing explanations for formative questions and share with BMS faculty and Phase Management Teams. Encourage faculty to provide explanations with exam question submission.	Ongoing
New EPA 14: Social determinants of health	SAS approved EPA 14 pilot as optional assessment component for Core Experiences, Electives and Selectives starting in academic year 2021-2022	Complete

Agenda Items Requiring UGMS Action:
1. Re-approval of Electives and Selectives assessment plans (Class of 2022), EPA 14 added
2. Approval of Phase 4 assessment plans (Class of 2023)
3. Approval of Phase 4 Prep assessment plan (Class of 2023)
4. Approval of revised invigilation guidelines

Additional Comments, Suggestions, New or Pending Business:

Executive Summary for Phase 4 assessment plans

The Student Assessment Subcommittee is proposing the following changes to the Phase 4 assessment plans for the academic year 2021-2022:

MED 8730 Electives and MED 8740 Selectives (Advanced Practice Integration) assessment plans for Class of 2022

- ✓ Addition of EPA 14 language
  - *EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.*
  - *EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor.*

MED 8710 Core Experiences (block-rotation stream) Class of 2023

- ✓ New pass score for summative progress test will be determined based on progress test performance from the classes of 2020-2022.
- ✓ Psychiatry: addition of formative ITAR and removal of summative Mini-CEX (keeping formative Mini-CEX)
- ✓ Introduction of EPA 14 as pilot in Core Experiences for all disciplines. Addition of EPA 14 language
  - *EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.*
  - *Achieving entrustability in EPA 14 is strongly encouraged but not required.*
  - *E-clinic cards, mid-point ITARs and/or ITARs may be used to document learner performance. EPA 14 may be assessed in any rotation. Learners should discuss appropriate assessment opportunities with their preceptor and/or the Clerkship Discipline Coordinator. Assessment of EPA 14 is not included when determining learner progress in the Core Experiences course.*
  - *Any of the 13 EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.*

MED 8710 Core Experiences (LIC stream) Class of 2023

- ✓ Introduction of EPA 14 as pilot in LIC. Addition of EPA 14 language (see above)
- ✓ Disciplines complete summative ITARs (formerly only formative)
- ✓ Course success criteria now includes following statement
  - *Documented entrustability in a majority of EPAs within at least four disciplines as documented in the summative discipline ITARs*
- ✓ All ITARs completed for the 6, 9 and 12 months comprehensive review need to show "progressing as expected" for learner to not be discussed at review.

MED 8730 Electives and MED 8740 Selectives (Advanced Practice Integration) assessment plans for Class of 2023

- ✓ No changes to Selectives assessment
- ✓ Addition of language regarding research electives to Electives assessment
  - *For research electives, a learner may additionally choose non-EPA based objectives based on their individual research project.*

Phase 4- INTEGRATION INTO PRACTICE
MED 8730: Electives
2021-2022
Class of 2022

Description
Are offered in two to four week blocks in approved areas of study for a maximum of twelve weeks.

Entrustable Professional Activities (EPAs)
EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.
EPA 14*: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

* EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor.

Course Structure
The course includes 12 weeks to be completed after core clerkship. Minimum 2 week duration per elective. Can be completed locally, nationally or internationally on approval by the UGME office.

As outlined in the AFMC Student Electives Diversification Policy, learner elective opportunities cannot exceed a maximum of eight weeks in any single entry-level discipline. An entry-level discipline is an Entry Route in the PGY-1 (R1) match. Each of these entry-level disciplines leads to specialty certification with either the RCPSC or the CCFP. Electives in subspecialties that are part of a PGY-3 (R3) match (such as the subspecialties in Internal Medicine and Pediatrics) are counted as separate disciplines. As such, electives in these subspecialties do not count towards the 8-week maximum in the general specialty.

Objectives

To be set by the learner specific to a discipline of choice and specific to EPAs of choice to ensure further individual development. Specific objectives or EPA's may be specified at the discretion of the clerkship committee in specific cases based on a particular learner's performance in MED 8710: Core Experiences.

Assessment
In Training Assessment Report (ITAR) - Clinical
EPAs to be assessed to be linked to customized objectives above.

Course Success Criteria

To pass the course, a learner must:

- **Achieve entrustability as documented in the ITAR for all EPAs identified for each elective rotation**
- **Obtain an overall rating of performance as appropriate for this level of training in the ITAR for all elective rotations**
- **Have no outstanding concerns with professionalism**

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).

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 graduation. 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.

Version date: ~~July 31, 2020~~April 27, 2021
Approved by SAS: April 22, 2020
Approved by UGMS: April 29, 2020

Phase 4- INTEGRATION INTO PRACTICE
MED 8740: Advanced Practice integration (Selectives/P2P)
2021-2022
Class of 2022

Description
Enables learners to be assigned to a physician, physician group or discipline for experiences that focus on following patients as they interact with the health care system.

Entrustable Professional Activities (EPAs)
EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.
EPA 14*: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

* EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor.

Course Structure

A summary of requirements for MED 8740 is available here.

12 weeks

Option 1:
4 consecutive weeks in a rural site* in one of the core disciplines for the Rural Core Selective (Family Medicine, Pediatrics, Internal Medicine, Obstetrics and Gynecology, Psychiatry, General or Orthopedic Surgery, Emergency Medicine, Anesthesia, Anesthesia/Emergency Medicine)
4 weeks Surgery (two 2 week selectives or one 4 week selective)

4 weeks Non-core (two different 2 week selectives) in lab medicine, radiology, or a discipline of the learner's choice.

* Definition of rural site

For the province of Newfoundland and Labrador, a rural site is defined as having a population of less than 50,000 people and not within a one hour commute of a population centre exceeding 100,000. For the province of New Brunswick, rural includes any location outside the main centers of New Brunswick (Moncton, Saint John, Fredericton).

Option 2:
Progression to Postgraduate (P2P)
12 weeks integrated selectives based with a rural preceptor or other preceptor appropriate to the learner's needs.

Objectives for P2P

Medical Expert

- Take a witnessed complete and accurate patient-centred history appropriate to the patient's experience (EPA 1, 8, 14)
- Perform a witnessed complete and accurate physical examination based on the patient's problem (EPA 1, 8)
- Provide opportunities for longitudinal experiences in management of multiple co-morbidities across all age groups, especially for elderly care (EPA 2 - 5, 9, 13, 14)
- Provide opportunities to increase learner experiences in areas of need/ interest (EPA 1-14)

Communicator

- Communicate effectively with third parties other than health professionals (EPA 9, 13)
- Effectively convey oral and written information associated with a medical encounter in an office setting (EPA 5, 6, 9, 13, 14)

Collaborator

- Participate effectively with physicians (intra-professional) and other health care professionals (inter-professional) to provide ongoing care for individuals, communities, and populations (EPA 5, 9, 13, 14)

Leader

- Allocate health care resources effectively (EPA 3 - 5, 9, 13)
- Employ information technology as appropriate for patient care and practice management (EPA 6, 7)
- Review and improve an appropriate clinical deficiency within the office practice (EPA 10, 14)

Health Advocate

- Assess and respond to the specific determinants of health relevant to the individual, the community, and/or the population (EPA 3 - 6, 9, 13, 14)

Scholar

- Apply principles of research and information to learning and practice (EPA 5, 10)
- Facilitate the learning of others as part of professional responsibility (EPA 5, 9, 10, 13, 14)

Professional

- Accept responsibility for ensuring continuity of care (EPA 7, 10, 14)
- Maintain patient confidentiality (EPA 5, 9, 13)
- Show respect for others in complex situations (EPA 1 – 7, 9 – 11, 13, 14)

Objectives/Learning Plan

Each learner required to submit personal objectives/learning plan linked to EPAs and in response to their progress to date.

Learners identified as requiring remediation will require objectives/learning plan to be developed in conjunction with UGME (Clerkship Coordinator) and approved by the Phase 4 Management Team. These learners will be required to complete these electives in NL/NB/PEI with a Memorial Faculty member as a preceptor.

Teaching and Learning Methods

Clinical teaching

Assessment plan

In Training Assessment Report (ITAR) – Clinical

Option 1:
Summative ITAR at the end of the rotation for all selectives.

Option 2:
Formative: Mid rotation ITAR at 6 weeks. Clinic cards/field notes.
Summative: ITAR at the end of the rotation.

EPAs to be assessed to be linked to customized objectives above.

Reassessment/Remediation

Customized to the EPAs deemed pre-entrustable after completion of the 12 weeks and designed by Phase 4 Management Team.

Course Success Criteria

To pass the course, a learner must:

- **Achieve entrustability as documented in the ITAR for all EPAs identified for each selective/P2P rotation**
- **Obtain an overall rating of performance as appropriate for this level of training in the ITAR for all selective/P2P rotations**
- **Have no outstanding concerns with professionalism**

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).

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 graduation. 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.

Version date: April 27, 2021
Approved by SAS:
Approved by UGMS:

Revisions to Course Assessment Plans
Executive Summary

Phase 4

Course number and name: **MED 8720 Core Experiences (block rotation stream)**

1) Summary of Major Changes from Most Recent Course Offering
   Course rotations will be offered in regular length.
   New pass score for summative progress test will be determined based on progress test performance from the classes of 2020-2022.
   New EPA 14 of social determinants of health will be introduced as a pilot.

2) Changes to Assessment Methods
   Psychiatry: addition of formative ITAR (was left off previous plan); considering removal of summative Mini-CEX pending discussion with discipline committee
   No changes to assessment methods in other disciplines

3) Changes to Assessment Criteria for Successful Completion
   No changes

4) New Language or Statements
   Language regarding new EPA 14 added:

   - **EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.**
   - **Achieving entrustability in EPA 14 is strongly encouraged but not required.**
   - **E-clinic cards, mid-point ITARs and/or ITARs may be used to document learner performance. EPA 14 may be assessed in any rotation. Learners should discuss appropriate assessment opportunities with their preceptor and/or the Clerkship Discipline Coordinator. Assessment of EPA 14 is not included when determining learner progress in the Core Experiences course.**

MED 8710: Core Experiences
Block Rotation-based Stream
Academic Year 2021-2022
Class of 2023

Assessment Plan

The Core Experiences course immerses learners in the clinical environment through experiences in core disciplines with a focus on prescribed experiences in Anesthesia, Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Rural Family Medicine, and Surgery. In the block rotation-based stream, learners are trained in these disciplines in a sequential curriculum. EPA refers to Entrustable Professional Activity.

EPAs that must be assessed in the block rotation-based stream:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.
EPA 14*: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Learners are expected to achieve documented entrustability in ~~all of the 13~~ EPAs 1-13 by the end of the course. Achieving entrustability in EPA 14 is strongly encouraged but not required.

*pilot introduction of EPA 14

Course Structure
Core Disciplines: Anesthesia, Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Rural Family Medicine, Surgery
Disciplines will be encountered in a sequence of rotations over the duration of the course.

Objectives
EPAs are linked to clinical objectives (in C-Blue) for each required clinical experience.

Teaching and Learning Methods
Clinical bedside teaching
Academic teaching - academic half day presentations and online modules.

Assessment
Assessment is administered by each rotation/discipline at each site but collated and monitored by the Undergraduate Medical Education (UGME) office to ensure progression through the Core Experiences course. The Phase 4 Management Team decides on promotion from this course through a comprehensive review of learner performance. The Phase 4 Management team plans remediation specific to a learner's requirements as per the results of assessments throughout the Core Experiences course.

Assessment Methods

In Training Assessment Report (ITAR) (formative mid-point and summative end point)
The formative and summative ITARs are based on EPAs. ITARs are completed by the Clerkship Discipline Coordinators based on feedback from e-clinic cards and other assessments.

E-clinic Cards (formative)
E-clinic cards are completed using the T-Res app and are based on the EPAs as appropriate to the rotation. A supervisor's written assessment of a learner's performance must be regularly completed throughout core block rotations using the designated e-clinic card app in T-Res (minimum two per week with a minimum of 5 EPAs per week represented).

1. Clinic cards are part of your formative assessment. They contribute to your further development by documenting a coaching conversation between you and your preceptor.
2. Clinic cards should contain comments about your progress towards entrustability in an EPA as well as coaching tips to help you achieve entrustability.
3. Clinic cards are based in the 'coaching conversation' you have with your preceptor. Comments should be a brief, accurate documentation of the actual feedback you receive.
4. Clinic card comments are formative, so they do not appear on your final ITARs or the MSPR.
5. To ensure that the feedback in your clinic cards is accurate and useful for your continuing development, your preceptors have the responsibility to review it and sign off only if they feel it reflects the feedback given.

6. Professionalism is valued as a core competency and a requirement of your MD program. You should keep professional values of accountability and integrity in mind when completing your clinic cards.

Assessment of EPA 14

E-clinic cards, mid-point ITARs and/or ITARs may be used to document learner performance. EPA 14 may be assessed in any rotation. Learners should discuss appropriate assessment opportunities with their preceptor and/or the Clerkship Discipline Coordinator. Assessment of EPA 14 is not included when determining learner progress in the Core Experiences course.

Prescribed Clinical Experiences (summative)

Learners are required to log each Prescribed Clinical Experience in T-Res at least once during the Core Experiences course.

Mini-CEX (summative)

Learners must complete at least one mini-CEX assessment of witnessed and assessed history and physical/mental status examination in each rotation except Anesthesia.

Progress Testing (formative and summative)

Learners will write the NBME Comprehensive Clinical Science examination at 0 (~~end of Phase 3~~beginning of Phase 4), 4, 8 months, and in the last month of core clerkship as a progress test. This is a multiple-choice question (MCQ) examination to assess clinical knowledge. The first three examinations will be formative and learners will be provided with feedback on their performance. The final examination will be summative but will not be reported on the MSPR. Learners who fail the final examination will write a reassessment examination prior to the beginning of their fourth year.

Exam dates for class of 2022

0 (beginning of Phase 4):	~~August 21, 2020~~August 20, 2021
4 month:	~~December 04, 2020~~December 3, 2021
8 month:	~~April 09, 2021~~April 8, 2022
Final:	~~July 29, 2021~~July 28, 2022
Reassessment:	~~August 12, 2021~~August 11, 2022

Discipline-specific Assessments (formative and summative)

Anesthesia: completion of teaching modules; procedural checklists
Emergency Medicine: completion of EM teaching modules
Internal Medicine: completion of online cases
Obstetrics/Gynecology: MCQ examination
Pediatrics: mid-term assignment; CLiPP cases; Health Advocate essay
Rural Family Medicine: Rourke Baby Record 18 month e-module; presentation and participation in student led Academic Half Days; completion of Learn-FM online cases; formative MCQ examination

These competency-based assessments do not result in numerical scores with the exception of the formative and summative progress tests, and the Rural Family Medicine formative MCQ examination.

Assessment Plan Core Block Rotation-based Stream

Learners are assessed regularly throughout the Core Experiences course.

Formative assessment

1) Mid-point ITARs for rotations greater than 2 weeks
2) E-clinic Cards
3) Progress testing (NBME Comprehensive Clinical Science Examination) at 0 (~~end of Phase 3~~beginning of Phase 4), 4, and 8 months
4) Obstetrics and Gynecology MCQ examination
5) Pediatrics mid-term assignment
6) Pediatrics completion of CLiPP cases
7) Pediatrics Health Advocate essay
8) Rural Family Medicine completion of Learn-FM cases
9) Rural Family Medicine Rourke Baby Record 18 month e-module
10) Rural Family Medicine formative MCQ examination

Summative assessment

1) Summative ITARs at end of each rotation
2) Prescribed Clinical Experiences completion
3) Mini-CEX: One per discipline
4) Progress testing (NBME Comprehensive Clinical Science Examination) in the last month of ~~core clerkship~~Core Experiences course
5) Anesthesia mandatory technical skills log (checklists)
6) Anesthesia completion of 5 online modules with MCQ quiz for each
7) Emergency Medicine completion of EM teaching modules
8) Internal Medicine self-assessment: completion of 8 SIMPLE cases
9) Rural Family Medicine Academic Half Day presentation and participation

Progress Testing Scores

The pass score for the final progress test will be determined based on the progress test performance from the classes of 2020-2022. The pass score is TBD and will be used for the final progress as well as the reassessment test. ~~test was determined by calculating the pass scores for the Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery NBME subject examinations based on the MUN results for the classes of 2017-2019. The average of these pass scores will be used as the pass score for the final progress test and the reassessment test. For the class of 2022, the pass score is 53%.~~

For the formative (0, 4 and 8 month) tests, the mean and standard deviation for each test will be used to determine a Z-score for each learner's score on the test. The Z- score indicates how well the learner has performed relative to the mean score for all learners writing that test. The following benchmarks for performance will be used:

Satisfactory:	Z-score -1.5 or greater
Borderline:	Z-score -2.0 or greater; less than -1.5
Unsatisfactory:	Z-score less than -2.0

All learners with an unsatisfactory score will be required to meet with a member or members of the Phase 4 Management Team to develop a learning plan to address their educational needs.

All learners with a borderline score will be offered the opportunity to meet with a member or members of the Phase 4 Management Team to develop a learning plan to address their educational needs.

Learners with a satisfactory score may also request a meeting with a member or members of the Phase 4 Management Team if they are interested in further coaching.

Phase 4 Comprehensive Review

At 6, 9 and 12 months: An assessment profile will be created for each learner by the UGME office and reviewed by the Phase 4 Management Team. The progress of any learner not progressing as expected (e.g. not meeting the criteria below) will be discussed at the related comprehensive review. Learner performance in EPA 14 is not included in the criteria for continued progress and the comprehensive review.

A learner must meet the following criteria for continued progress in MED 8710: Core Experiences (Block Rotation-based Stream) without discussion at the **6-month comprehensive review**:

1. Documented entrustability in a majority of all EPAs within at least one rotation,
2. At least 2 assessments entrustable for at least one EPA,
3. All summative ITARs to date indicate the learner is "progressing as expected",
4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for continued progress in MED 8710: Core Experiences (Block Rotation-based Stream) without discussion at the **9-month comprehensive review**:

1. Documented entrustability in a majority of all EPAs within at least one rotation,
2. At least 2 assessments entrustable for the majority of EPAs for which there are 3 or more assessments,
3. All summative ITARs to date indicate the learner is "progressing as expected",

4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for successful completion of MED 8710: Core Experiences (Block Rotation-based Stream) without discussion at the **12-month comprehensive review**:

1. Documented entrustability in a majority of all EPAs within at least four rotations, with at least the last two rotations excluding Anesthesia and Emergency Medicine having documented entrustability in a majority of all EPAs,
2. At least 2 assessments entrustable for ~~any one~~ EPAs 1-13,
3. All summative ITARs indicate the learner is "progressing as expected",
4. Passing grade in the final progress test,
5. Completion of all discipline-specific assignments at a satisfactory level, and
6. No documented concerns with professionalism.

To inform the decision about progression for each learner, the Clinical Discipline Coordinators will present documentation of pre-entrustability or entrustability in the form of the various discipline-specific assessment methods.

Remediation and Reassessment
All discipline-specific assignments must be completed at a satisfactory level as determined by each discipline. Learners failing a discipline-specific assignment must be reassessed. A learner may be reassessed only once for each failed assignment.

The performance of any learner with an unsatisfactory or borderline score in the initial NBME progress test, the 4 month NBME progress test, or the 8 month NBME progress test; or failing the final NBME progress test will be discussed during the comprehensive review. Learners who fail the final progress test will write the NBME progress test as a reassessment prior to the beginning of their fourth year. Reassessment, including repeating MED 8710, will be at the discretion of the Phase 4 Management Team. The Phase 4 Management Team will review progress test performance in conjunction with the clinical assessment for the Core Experiences course.

Documented professionalism concerns for any learner will be discussed at the comprehensive review. Remediation and reassessment will be at the discretion of the Phase 4 Management Team.

Course Success Criteria

To pass the course, a learner must:

- **Achieve documented entrustability in a majority of all EPAs within at least four rotations, with at least the last two rotations excluding Anesthesia and Emergency Medicine having documented entrustability in a majority of all EPAs**
- **Achieve at least 2 assessments entrustable for ~~any one~~ EPAs 1-13**
- **Achieve "progressing as expected" in all summative ITARs**
- **Receive a passing grade in the final progress test or reassessment**
- **Complete all discipline-specific assignments at a satisfactory level**
- **Have no outstanding concerns with professionalism**

The final decision on passing or failing the MED 8710: Core Experiences course occurs during the Phase 4 Management Team comprehensive review and will be made via consensus decision. In the absence of a consensus, the decision will be made via anonymous vote amongst the Phase 4 Management Team. In this case final decision requires a majority vote.

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).

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 graduation. 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.

Definition of rural site

For the province of Newfoundland and Labrador, a rural site is defined as having a population of less than 50,000 people and not within a one hour commute of a population centre exceeding 100,000. For the province of New Brunswick, rural includes any location outside the main centers of New Brunswick (Moncton, Saint John, Fredericton).

Version date: April 21, 2021

Approved by SAS:

Approved by UGMS:

Revisions to Course Assessment Plans
Executive Summary

Phase 4

Course number and name: **MED 8710 Core Experiences LIC rotation stream**

1) Summary of Major Changes from Most Recent Course Offering
   Course rotations will be offered in regular length.

   New pass score for summative progress test will be determined based on progress test performance from the classes of 2020-2022.

   New EPA 14 of social determinants of health will be introduced as a pilot.

2) Changes to Assessment Methods

Previous Method	New Method
Family Medicine Preceptors and other disciplines complete formative ITARs at 48 weeks.	Family Medicine Preceptors and other disciplines complete summative ITARs at 48 weeks.
Summative ITAR at the end of LIC: every EPA is assessed a minimum of 3 times as entrustable during Core Experiences.	Summative ITAR at the end of LIC: every EPA is assessed a minimum of 2 times as entrustable during Core Experiences.

3) Changes to Assessment Criteria for Successful Completion
   Change to criteria 1

Previous Criteria	New Criteria
Achieve documented entrustability in the summative ITAR completed by the LIC Coordinator, compiling all data for all EPAs	Documented entrustability in a majority of EPAs within at least four disciplines as documented in the summative discipline ITARs

4) New Language or Statements
   - **Requirement 1 for 6, 9 and 12-month comprehensive review**
   - **Requirement 3 for 6, 9 and 12-month comprehensive review**
   - **Language for EPA 14**

New language/statements
Language for EPA 14: • EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning. • Achieving entrustability in EPA 14 is strongly encouraged but not required. • E-clinic cards, progress reports and/or ITARs may be used to document learner performance. EPA 14 may be assessed in any rotation. Learners should discuss appropriate assessment opportunities with their preceptor and/or the LIC Coordinator. Assessment of EPA 14 is not included when determining learner progress in the Core Experiences course.
6 months comprehensive review: • Documented entrustability in EPAs 1, 4, 6, and 13 based on most recent formative ITAR for Family Medicine and formative discipline ITARs completed to date • All formative ITARs to date indicate learner is "progressing as expected"
9 months comprehensive review: • Documented entrustability in EPAs 1, 2, 3, 4, 5, 6, 8, 10 and 13 based on most recent formative ITAR for Family Medicine and formative discipline ITARs completed to date • All formative ITARs to date indicate learner is "progressing as expected"
12 months comprehensive review: • Documented entrustability in a majority of EPAs within at least four disciplines based on the summative discipline ITARs • All summative ITARs indicate the learner is "progressing as expected" • At least 2 assessments entrustable for EPAs 1-13

MED 8710 Core Experiences
Longitudinal Integrated Clerkship (LIC) Stream
Academic Year 2021-2022
Class of 2023

Assessment Plan

The Core Experiences course immerses learners in the clinical environment through experiences in core disciplines with a focus on prescribed experiences in ~~a~~Anesthesia, ~~e~~Emergency M~~m~~edicine, I~~i~~nternal M~~m~~edicine, O~~o~~bstetrics and ~~g~~Gynecology, P~~p~~ediatrics, ~~p~~Psychiatry, ~~r~~Rural ~~f~~Family ~~m~~Medicine, and ~~s~~Surgery. In the LIC stream, learners are trained in these disciplines in a longitudinal, integrated curriculum. EPA refers to Entrustable Professional Activity.

EPAs that must be assessed in the LIC:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.
EPA 14*: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Learners are expected to achieve documented entrustability in all of the 13 EPAs by the end of the LIC.
Achieving entrustability in EPA 14 is strongly encouraged but not required.

*pilot introduction of EPA 14

Course Structure
Core disciplines: Anesthesia, Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Rural Family Medicine, Surgery.
Disciplines will be encountered in an initial mini burst followed by integrated experiences over the duration of the LIC.

Objectives
EPAs are linked to clinical objectives (in C-Blue) for each required clinical experience.

Teaching and Learning Methods

Clinical bedside teaching
Academic teaching – academic half-day presentations and online modules

Assessment

Assessment is administered by the LIC leadership at each site but collated and monitored by the Undergraduate Medical Education (UGME) office to ensure progression through Core Experiences. The Phase 4 Management Team decides on promotion from this course through a comprehensive review of learner performance. The Phase 4 Management Team plans remediation specific to a learner's requirements as per the results of assessments throughout Core Experiences.

Assessment Methods

In Training Assessment Report (ITAR) (formative and summative)

The formative and summative ITARs are based on EPAs. A formative ITAR will be completed by the Primary LIC Preceptor every 6 weeks~~, by Anesthesia at 48 weeks~~, and by the other disciplines at 24 weeks ~~and 48 weeks during the LIC~~, based on feedback from e-clinic cards and other formative assessments. The Primary LIC Preceptor and other disciplines will complete a summative ITAR at the end of the LIC. A final summative ITAR will be completed by the LIC Coordinator at the end of the LIC.

E-clinic Cards (formative)

E-clinic cards are completed using T-Res2 app and are based on the EPAs. Learners in the LIC are required to complete a **minimum** of one e-clinic card per clinical day, with one clinic card required for each clinical half-day.

1. Clinic cards are part of your formative assessment. They contribute to your further development by documenting a coaching conversation between you and your preceptor.
2. Clinic cards should contain comments about your progress towards entrustability in an EPA as well as coaching tips to help you achieve entrustability.
3. Clinic cards are based in the 'coaching conversation' you have with your preceptor. Comments should be a brief, accurate documentation of the actual feedback you receive.
4. Clinic card comments are formative, so they do not appear on your final ITARs or the MSPR.
5. To ensure that the feedback in your clinic cards is accurate and useful for your continuing development, your preceptors have the responsibility to review it and sign off only if they feel it reflects the feedback given.
6. Professionalism is valued as a core competency and a requirement of your MD program. You should keep professional values of accountability and integrity in mind when completing your clinic cards.

Each EPA must be assessed on a new e-clinic card.

Assessment of EPA 14

E-clinic cards, progress reports and/or ITARs may be used to document learner performance. EPA 14 may be assessed in any rotation. Learners should discuss appropriate assessment opportunities with their preceptor and/or the LIC Coordinator.

Assessment of EPA 14 is not included when determining learner progress in the Core Experiences course.

Prescribed Clinical Experiences (summative)
Learners are required to log each Prescribed Clinical Experience in T-Res once (minimally) during the LIC.

Mini-CEX (formative and summative)
Learners must complete one formative mini-CEX assessment of witnessed and assessed history and physical/mental status examination for each of Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Rural Family Medicine, and Surgery. Learners must complete one summative mini-CEX assessment of witnessed and assessed history and physical/mental status examination for each of the 8 core disciplines.

Progress Testing (formative and summative)
Learners will write the NBME Comprehensive Clinical Science Examination at 0 (end of Phase 3), 4, 8 months and in the last month of core clerkship as a progress test. This is a multiple-choice question (MCQ) examination to assess clinical knowledge. The first three examinations will be formative and learners will be provided with feedback on their performance. The final examination will be summative but will not be reported on the MSPR. Learners who fail the final examination will write a reassessment examination prior to the beginning of their fourth year.

Exam dates for class of 2023

0 (end of Phase 3):	August 201, 20210
4 month:	December 0403, 20201
8 month:	April 0908, 20212
Final:	July 298, 20212
Reassessment:	August 121, 20212

Discipline-specific Assessments (formative and summative)
Anesthesia: completion of teaching modules; procedural checklists
Emergency Medicine: completion of EM teaching modules
Internal Medicine: completion of online cases
Obstetrics/Gynecology: MCQ examination
Pediatrics: mid-term assignment; CLiPP cases; Health Advocate essay
Rural Family Medicine: Rourke Baby Record 18 month e-module; presentation and participation in learner-led Academic Half Days; completion of Learn-FM online cases; formative MCQ examination

These competency-based assessments do not result in numerical scores with the exception of the formative and summative progress tests, and the Rural Family Medicine formative MCQ examination.

Assessment Plan Core LIC Stream
Learners are assessed regularly throughout the LIC.

Formative assessment

1) Clinic cards (T-Res2): minimum one card per clinical day, expectation for one card per clinical half-day

2) Formative ITARs once every 6 weeks by the Primary LIC Preceptor~~, by Anesthesia at 48 weeks,~~ and by other disciplines at 24 weeks ~~and 48 weeks~~
3) Formative meeting once every 4 weeks with LIC Coordinator: identify EPAs to focus on in subsequent 4 weeks; learner ensures feedback is received for all EPAs over the LIC
4) A progress review every 12 weeks with the LIC Coordinator using all of the accumulated assessment data to create an ongoing learning plan specific to the individual needs of the learner
5) Minimum of one formative Mini-CEX in each of Emergency Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Rural Family Medicine, and Surgery.
6) Progress testing (NBME Comprehensive Clinical Science Examination) at 0 (end of Phase 3), 4, and 8 months
7) Obstetrics and Gynecology MCQ examination at 6 months
8) Pediatrics mid-term assignment
9) Pediatrics completion of CLiPP cases
10) Pediatrics Health Advocate essay
11) Rural Family Medicine completion of Learn-FM cases
12) Rural Family Medicine Rourke Baby Record 18 month e-module
13) Rural Family Medicine formative MCQ examination

Summative assessment

1) Summative ITAR by LIC Coordinator at the end of LIC: Every EPA is assessed a minimum of ~~3~~2 times as entrustable during Core Experiences. If unable to ensure this clinically, other forms of assessment will be designed, e.g. written essays, oral examinations
~~1)~~2) Summative ITARs for each discipline at end of LIC
~~2)~~3)Prescribed Clinical Experiences completion
~~3)~~4)Mini-CEX: One per discipline for all core disciplines
~~4)~~5)Progress testing (NBME Comprehensive Clinical Science Examination) in the last month of core clerkship
~~5)~~6)Anesthesia mandatory technical skills log (checklists)
~~6)~~7)Anesthesia completion of 5 online teaching modules with MCQ quiz for each
~~7)~~8)Emergency Medicine completion of EM teaching modules
~~8)~~9)Internal Medicine self-assessment: completion of 8 SIMPLE cases
~~9)~~10) Rural Family Medicine Academic Half Day presentation and participation

Progress Testing Scores

~~The pass score for the final progress test was determined by calculating the pass scores for the Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery NBME subject examinations based on the MUN results for the classes of 2017-2019. The average of these pass scores will be used as the pass score for the final progress test and the reassessment test. For the class of 2022, the pass score is 53%.~~ The pass score for the final progress test will be determined based on the progress test performance from the classes of 2020-2022. The pass score is TBD and will be used for the final progress as well as the reassessment test.

For the formative (0, 4 and 8 month) tests, the mean and standard deviation for each test will be used to determine a Z-score for each learner's score on the test. The Z- score indicates how well the learner has performed relative to the mean score for all learners writing that test. The following benchmarks for performance will be used:

Satisfactory: ——————Z-score -1.5 or greater
Borderline: ——————Z-score -2.0 or greater; less than -1.5
Unsatisfactory: Z-score less than -2.0

All learners with an unsatisfactory score will be required to meet with a member or members of the Phase 4 Management Team to develop a learning plan to address their educational needs.

All learners with a borderline score will be offered the opportunity to meet with a member or members of the Phase 4 Management Team to develop a learning plan to address their educational needs.

Learners with a satisfactory score may also request a meeting with a member or members of the Phase 4 Management Team if they are interested in further coaching.

Phase 4 Comprehensive Review

At 6, 9, and 12 months: An assessment profile will be created for each learner by the UGME office and reviewed by the Phase 4 Management Team. The progress of any learner not progressing as expected (e.g. not meeting the criteria below) will be discussed at the related comprehensive review.

A learner must meet the following criteria for continued progress in MED 8710: Core Experiences (LIC Stream) without discussion at the **6-month comprehensive review**:

1. Documented entrustability in EPAs 1, 4, 6, and 13 based on most recent formative ITAR for Family Medicine and formative discipline ITARs completed to date~~,~~
2. At least 2 assessments entrustable for each EPA,
3. ~~Most formative ITARs indicate the learner is "progressing as expected",~~ All formative ITARs to date indicate learner is "progressing as expected"

~~3.~~4. Satisfactory score in most recent progress test,
~~4.~~5. Completion of all discipline-specific assignments to date at a satisfactory level, and
~~5.~~6. No documented concerns with professionalism.

A learner must meet the following criteria for continued progress in MED 8710: Core Experiences (LIC Stream) without discussion at the **9-month comprehensive review**:

1. Documented entrustability in EPAs 1, 2, 3, 4, 5, 6, 8, 10 and 13 based on most recent formative ITAR for Family Medicine and formative ITARs completed to date~~,~~
2. At least 2 assessments entrustable for each EPA,
3. ~~Most recent formative ITAR completed by the LIC Coordinator, compiling all assessment data, indicates that the learner is "progressing as expected",~~ All formative ITARs to date indicate learner is "progressing as expected"
4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for successful completion of MED 8710: Core Experiences (LIC Stream) without discussion at the **12-month comprehensive review**:

~~1. Documented entrustability in the summative ITAR completed by the LIC Coordinator, compiling~~

~~all assessment data for all EPAs,~~ 1. Documented entrustability in a majority of EPAs within at least four disciplines based on the summative discipline ITARs

~~2.~~1. At least ~~2~~2 assessments entrustable for ~~each~~ EPAs 1-13,

~~3. Summative ITAR completed by the LIC Coordinator, compiling all assessment data, indicates that the learner is "progressing as expected",~~ All summative ITARs indicate the learner is "progressing as expected",

~~4.~~2. Passing grade in the final progress test,

~~5.~~3. Completion of all discipline-specific assignments at a satisfactory level, and

~~6.~~4. No documented concerns with professionalism.

To inform the decision about progression for each learner, the LIC Coordinator will present documentation of pre-entrustability or entrustability of each EPA in the form of the various discipline-specific assessment methods.

Remediation and Reassessment

All discipline-specific assignments must be completed at a satisfactory level as determined by each discipline. Learners failing a discipline-specific assignment must be reassessed. A learner may be reassessed only once for each failed assignment.

The performance of any learner with an unsatisfactory or borderline score in the initial NBME progress test, the 4 month NBME progress test, or the 8 month NBME progress test; or failing the final NBME progress test will be discussed during the comprehensive review. Learners who fail the final progress test will write the NBME progress test as a reassessment prior to the beginning of their fourth year. Reassessment, including repeating MED 8710, will be at the discretion of the Phase 4 Management Team. The Phase 4 Management Team will review progress test performance in conjunction with the clinical assessment for the Core Experiences course.

Documented professionalism concerns for any learner will be discussed at the comprehensive review. Remediation and reassessment will be at the discretion of the Phase 4 Management Team.

Course Success Criteria

To pass the course, a learner must:

- ~~**Achieve documented entrustability in the summative ITAR completed by the LIC Coordinator, compiling all data for all EPAs**~~ **Documented entrustability in a majority of EPAs within at least four disciplines as documented in the summative discipline ITARs**
- **Achieve at least 2 assessments entrustable for ~~each~~ EPAs 1-13**
- **Achieve "progressing as expected" in the summative ITAR completed by the LIC Coordinator, compiling all assessment data**
- **Receive a passing grade in the final progress test or reassessment**
- **Complete all discipline-specific assignments at a satisfactory level**
- **Have no outstanding concerns with professionalism**

The final decision on passing or failing the MED 8710: Core Experiences course occurs during the Phase 4 Management Team comprehensive review and will be made by consensus decision. In the absence of a consensus, the decision will be made via anonymous vote amongst the Phase 4 Management Team. In

this case final decision requires a majority vote.

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).

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 graduation. 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.

Definition of rural site

For the province of Newfoundland and Labrador, a rural site is defined as having a population of less than 50,000 people and not within a one hour commute of a population centre exceeding 100,000. For the province of New Brunswick, rural includes any location outside the main centers of New Brunswick (Moncton, Saint John, Fredericton).

Version date: ~~March 22~~April 21, 2021
Approved by SAS:
Approved by UGMS:

Phase 4 - Integration Into Practice
Academic Year 2021-2022
Class of 2023

Assessment Plan

Regular aggregate assessments of learners across all courses in Phase 4 are designed to track the longitudinal progression of each learner towards competence prior to residency. EPA is defined as Entrustable Professional Activity. EPAs are units of professional practice, defined as tasks or responsibilities that learners are entrusted to perform without direct supervision by the end of Phase 4.

Entrustable Professional Activities (EPAs)

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an inter-professional team.
EPA 14*: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

*pilot introduction of EPA 14

Phase Structure

Phase 4 consists of the following courses:

MED 8710: Core Experiences – Block Rotation-based or Longitudinal Integrated Clerkship (LIC)
MED 8720: Clinical Skills IV
MED 8730: Electives
MED 8740: Advanced Practice Integration (Selectives/P2P)
MED 8750: Physician Competencies IV

Assessment

Assessment is administered within each course but collated and monitored by the Undergraduate Medical Education (UGME) office to ensure progression through Phase 4. The Phase 4 Management Team performs a comprehensive review of learner performance and plans remediation specific to a learner's requirements as per the results of assessments throughout Core Experiences. The Phase 4 committee recommends to the Promotions Committee the promotion of the learners who have met all competency requirements by the end of Phase 4.

Assessment Plan Phase 4

Assessment data from all courses is combined into an aggregate assessment profile for each learner at 6, 9 and 12 months. This process will be repeated at 18 months for any learner requiring remediation after the review of the 12 month aggregate assessment profile.

Progress Testing (formative and summative)

Learners will write the NBME Comprehensive Clinical Science examination at 0 (~~end of Phase 3~~beginning of Phase 4), 4, 8 months, and in the last month of core clerkship as a progress test. This is a multiple-choice question (MCQ) examination to assess clinical knowledge. The first three examinations will be formative and learners will be provided with feedback on their performance. The final examination will be summative but will not be reported on the MSPR. Learners who fail the final examination will write a reassessment examination prior to the beginning of their fourth year.

Exam dates for class of ~~2022~~ 2023

0 (~~end of Phase 3~~beginning of Phase 4):	August ~~21, 2020~~20, 2021
4 month:	December ~~04, 2020~~03, 2021
8 month:	April ~~09, 2021~~08, 2022
Final:	July ~~29, 2021~~28, 2022
Reassessment:	August ~~12, 2021~~11, 2022

Progress Testing Scores

~~The pass score for the final progress test was determined by calculating the pass scores for the Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery NBME subject examinations based on the MUN results for the classes of 2017-2019. The average of these pass scores will be used as the pass score for the final progress test and the reassessment test. For the class of 2022, the pass score is 53%.~~ The pass score for the final progress test will be determined based on the progress test performance from the classes of 2020-2022. The pass score is TBD and will be used for the final progress as well as the reassessment test.

For the formative (0, 4 and 8 month) tests, the mean and standard deviation for each test will be used to determine a Z-score for each learner's score on the test. The Z- score indicates how well the learner has performed relative to the mean score for all learners writing that test. The following benchmarks for performance will be used:

Satisfactory: Z-score -1.5 or greater

Borderline: Z-score -2.0 or greater; less than -1.5
Unsatisfactory: Z-score less than -2.0

All learners with an unsatisfactory score will be required to meet with a member or members of the Phase 4 Management Team to develop a learning plan to address their educational needs.

All learners with a borderline score will be offered the opportunity to meet with a member or members of the Phase 4 Management Team to develop a learning plan to address their educational needs.

Learners with a satisfactory score may also request a meeting with a member or members of the Phase 4 Management Team if they are interested in further coaching.

Phase 4 Comprehensive Review
At 6, 9 and 12 months: An assessment profile will be created for each learner by the UGME office and reviewed by the Phase 4 Management Team. The performance of any learner not progressing as expected (i.e. not meeting the criteria below) will be discussed at the related comprehensive review. Learner performance in EPA 14 is not included in the criteria for continued progress and the comprehensive review.

Block Rotation-Based Stream

A learner must meet the following criteria for continued progress through Phase 4 at the **6-month comprehensive review**:

1. Documented entrustability in a majority of all EPAs within at least one rotation,
2. At least 2 assessments entrustable for at least one EPA,
3. All summative ITARs to date indicate the learner is “progressing as expected”,
4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for continued progress through Phase 4 at the **9-month comprehensive review**:

1. Documented entrustability in a majority of all EPAs within at least one rotation.
2. At least 2 assessments entrustable for the majority of EPAs for which there are 3 or more assessments ,
3. All summative ITARs to date indicate the learner is “progressing as expected”,
4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for continued progress through Phase 4 at the **12-month comprehensive review**:

1. Documented entrustability in a majority of all EPAs within at least four rotations, with at least the last two rotations excluding Anesthesia and Emergency Medicine having documented entrustability in a majority of all EPAs,
2. At least 2 assessments entrustable for any ~~one~~ EPA 1-13,
3. All summative ITARs indicate the learner is "progressing as expected",
4. Passing grade in the final progress test,
5. Completion of all discipline-specific assignments at a satisfactory level, and
6. No documented concerns with professionalism.

Longitudinal Integrated Clerkship (LIC) Stream

A learner must meet the following criteria for continued progress through Phase 4 at the **6-month comprehensive review**:

1. Documented entrustability in EPAs 1, 4, 6, and 13, based on most recent formative ITAR for Family Medicine and formative discipline ITARs completed to date
2. At least 2 assessments entrustable for each EPA,
3. ~~Most formative ITARs indicate~~ All formative ITARs to date indicate the learner is "progressing as expected",
4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for continued progress through Phase 4 at the **9-month comprehensive review**:

1. Documented entrustability in EPAs 1, 2, 3, 4, 5, 6, 8, 10, and 13, based on most recent formative ITAR for Family Medicine and formative discipline ITARs completed to date
2. At least 2 assessments entrustable for each EPA,
3. ~~Most recent formative ITAR completed by the LIC Coordinator, compiling all assessment data, indicates that~~ All formative ITARs to date indicate the learner is "progressing as expected",
4. Satisfactory score in most recent progress test,
5. Completion of all discipline-specific assignments to date at a satisfactory level, and
6. No documented concerns with professionalism.

A learner must meet the following criteria for continued progress through Phase 4 at the **12-month comprehensive review**:

1. ~~Documented entrustability in the summative ITAR completed by the LIC Coordinator compiling all assessment data for all EPAs,~~ Documented entrustability in a majority of EPAs within at least four disciplines based on the summative discipline ITARs
2. At least 2 assessments entrustable for ~~each~~ EPA 1-13,
3. ~~Summative ITAR completed by the LIC Coordinator, compiling all assessment data, indicates that~~ All summative ITARs indicate the learner is "progressing as expected",
4. Passing grade in the final progress test,
5. Completion of all discipline-specific assignments at a satisfactory level, and
6. No documented concerns with professionalism.

To inform the decision about progression for each learner, each course/discipline/LIC coordinator will present documentation of pre-entrustability or entrustability for ~~each~~ EPA 1-13 in the form of the various discipline- and course-specific assessment methods.

Remediation and Reassessment

All discipline- and course-specific assignments must be completed at a satisfactory level as determined by each discipline or course. Learners failing a discipline- or course-specific assignment must be reassessed. A learner may be reassessed only once for each failed assignment.

The performance of any learner with an unsatisfactory or borderline score in the initial NBME progress test, the 4 month NBME progress test, or the 8 month NBME progress test; or failing the final NBME progress test will be discussed during the comprehensive review. Learners who fail the final progress test will write the NBME progress test as a reassessment prior to the beginning of their fourth year. Reassessment, including repeating MED 8710, will be at the discretion of the Phase 4 Management Team. The Phase 4 Management Team will review progress test performance in conjunction with the clinical assessment for the Core Experiences course.

Documented professionalism concerns for any learner will be discussed at the comprehensive review. Remediation and reassessment will be at the discretion of the Phase 4 Management Team.

The final promotion decision for Phase 4 courses occurs during comprehensive review by the Phase 4 Management Team and will be made via consensus decision. In the absence of a consensus, the decision will be made via anonymous vote amongst the Phase 4 Management Team. In this case final decision requires a majority vote.

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).

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 graduation. 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.

Version date: April 21, 2021
Approved by SAS:
Approved by UGMS:

Revisions to Course Assessment Plans
Executive Summary

Phase 4

Course number and name: **MED 8720 Clinical Skills IV**

1) Summary of Major Changes from Most Recent Course Offering
   Course will be offered in-person

2) Changes to Assessment Methods
   No changes. Assessment will be based on previous in-person offering.

3) Changes to Assessment Criteria for Successful Completion
   No changes. Criteria will be based on previous in-person offering.

4) New Language or Statements
   No changes

Phase 4- INTEGRATION INTO PRACTICE
MED 8720: Clinical Skills IV
Academic Year 2021-2022
Class of 2023

Assessment Plan

Description
Provides learners with opportunities to advance their procedural and clinical skills to promote patient safety and work effectively in team settings.

Goals and Objectives
Learners will be able to:

Medical Expert

- Identify and choose the appropriate procedure for a given patient
- Demonstrate competency in specific procedures in a simulated environment

Communicator

- Obtain informed consent
- Describe the risks and benefits of a given procedure
- Deliver bad news when a complication arises

The above goals have been linked to the following **Entrustable Professional Activities** for ~~Clerkship~~Phase 4:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 11: Perform general procedures of a physician.

Each EPA has been independently mapped to the **Program (CanMEDS) Objectives**

Teaching and Learning Methods
All learners will be in attendance onsite at the Medical School. The required content will be delivered to the learners through both lectures and small group sessions. Learners will also participate in an OSCE examination.

Course Timing/Duration
This course will occur during the last 2 weeks of Phase 4.

Assessment Plan
The EPAs as described above will be assessed in the following ways:

EPA 1 -3:
Learners will receive summative assessment as an OSCE examination that will be based on Phase 4 clinical content. This exam will be linked to the appropriate EPAs and assess all CanMEDS roles.

EPA 11:
Summative Assessment as part of the checklist used in the simulation lab.
Learners will be assessed as either entrustable or pre-entrustable in each Mandatory Procedure.
EKG sessions have a formative assessment.

Plan for Remediation:
Any learner who is not assessed as entrustable in the above EPAs will be given remediation and be reassessed thereafter. Remediation for the OSCE is individualized and developed by the APC Lead and the Phase 4 Lead based on the deficits of the learner. Remediation and reassessment for simulations occurs on the same day, with supervised direction and practice in the simulation lab.

Course Success Criteria

To pass the course, a learner must:

- **Pass the OSCE examination or reassessment**
- **Achieve entrustability in all mandatory procedures**
- **Complete the EKG session assessment**
- **Pass the simulation checklists or reassessment**
- **Have no outstanding concerns with professionalism**

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).

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 graduation. 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.

Version date: March 5, 2021
Approved by SAS:
Approved by UGMS:

Revisions to Course Assessment Plans

Executive Summary

Phase 4

Course number and name: **MED 8730 Electives**

1) Summary of Major Changes from Most Recent Course Offering
   No changes

2) Changes to Assessment Methods
   No changes

3) Changes to Assessment Criteria for Successful Completion
   No changes

4) New Language or Statements
   - **Add wording about non-EPA based objectives for research electives**
   - **Remove explicit reference to EPAs in assessment section**

New language/statements
To be set by the learner specific to a discipline of choice and specific to EPAs of choice to ensure further individual development. For research electives, a learner may additionally choose non-EPA based objectives based on their individual research project.
Assessment to be linked to customized objectives above.

Phase 4- INTEGRATION INTO PRACTICE
MED 8730: Electives
Academic Year 2021-2022
Class of 2023

Assessment Plan

Description
Are offered in two to four week blocks in approved areas of study for a maximum of twelve weeks.

Entrustable Professional Activities (EPAs)
EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.

Course Structure
The course includes 12 weeks to be completed after core clerkship. Minimum 2 week duration per elective. Can be completed locally, nationally or internationally on approval by the UGME office.

As outlined in the AFMC Student Electives Diversification Policy, learner elective opportunities cannot exceed a maximum of eight weeks in any single entry-level discipline. An entry-level discipline is an Entry Route in the PGY-1 (R1) match. Each of these entry-level disciplines leads to specialty certification with either the RCPSC or the CCFP. Electives in subspecialties that are part of a PGY-3 (R3) match (such as the subspecialties in Internal Medicine and Pediatrics) are counted as separate disciplines. As such, electives in these subspecialties do not count towards the 8-week maximum in the general specialty.

Objectives
To be set by the learner specific to a discipline of choice and specific to EPAs of choice to ensure further individual development. For research electives, a learner may additionally choose non-EPA based objectives based on their individual research project. Specific objectives or EPA's may be specified at the discretion of the Phase 4 Management Team in specific cases based on a particular learner's performance in MED 8710: Core Experiences.

Assessment
In Training Assessment Report (ITAR) ~~- Clinical EPAs to be assessed~~ Assessment to be linked to customized objectives above.

Course Success Criteria

To pass the course, a learner must:

- **Achieve entrustability as documented in the ITAR for all EPAs identified for each elective rotation**
- **Obtain an overall rating of performance as appropriate for this level of training in the ITAR for all elective rotations**
- **Have no outstanding concerns with professionalism**

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).

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 graduation. 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.

Version date: February 25, 2021
Approved by SAS:
Approved by UGMS:

Revisions to Course Assessment Plans
Executive Summary

Phase 4

Course number and name: **MED 8740 Advanced Practice Integration**

1) Summary of Major Changes from Most Recent Course Offering
   No changes

2) Changes to Assessment Methods
   No changes

3) Changes to Assessment Criteria for Successful Completion
   No changes

4) New Language or Statements
   No changes

Phase 4- INTEGRATION INTO PRACTICE
MED 8740: Advanced Practice integration (Selectives/P2P)
Academic Year 2021-2022
Class of 2023

Assessment Plan

Description
Enables learners to be assigned to a physician, physician group or discipline for experiences that focus on following patients as they interact with the health care system.

Entrustable Professional Activities (EPAs)
EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.

Course Structure

A summary of requirements for MED 8740 is available here.

~~**12 weeks**~~

Option 1:
12 weeks as follows
4 consecutive weeks in a rural site* in one of the core disciplines for the Rural Core Selective (Family Medicine, Pediatrics, Internal Medicine, Obstetrics and Gynecology, Psychiatry, General or Orthopedic Surgery, Emergency Medicine, Anesthesia, Anesthesia/Emergency Medicine)
4 weeks Surgery (two 2 week selectives or one 4 week selective)
4 weeks Non-core (two different 2 week selectives) in lab medicine, radiology, or a discipline of the learner's choice.

* Definition of rural site

For the province of Newfoundland and Labrador, a rural site is defined as having a population of less than 50,000 people and not within a one hour commute of a population centre exceeding 100,000. For the province of New Brunswick, rural includes any location outside the main centers of New Brunswick (Moncton, Saint John, Fredericton).

Option 2:
Progression to Postgraduate (P2P)
12 weeks integrated selectives based with a rural preceptor or other preceptor appropriate to the learner's needs.

Objectives ~~for P2P~~?

Medical Expert

- Take a witnessed complete and accurate patient-centred history appropriate to the patient's experience (EPA 1, 8)
- Perform a witnessed complete and accurate physical examination based on the patient's problem (EPA 1, 8)
- Provide opportunities for longitudinal experiences in management of multiple co-morbidities across all age groups, especially for elderly care (EPA 2 - 5, 9, 13)
- Provide opportunities to increase learner experiences in areas of need/ interest (EPA 1-13)

Communicator

- Communicate effectively with third parties other than health professionals (EPA 9, 13)
- Effectively convey oral and written information associated with a medical encounter in an office setting (EPA 5, 6, 9, 13)

Collaborator

- Participate effectively with physicians (intra-professional) and other health care professionals (inter-professional) to provide ongoing care for individuals, communities, and populations (EPA 5, 9, 13)

Leader

- Allocate health care resources effectively (EPA 3 - 5, 9, 13)
- Employ information technology as appropriate for patient care and practice management (EPA 6, 7)
- Review and improve an appropriate clinical deficiency within the office practice (EPA 10)

Health Advocate

- Assess and respond to the specific determinants of health relevant to the individual, the community, and/or the population (EPA 3 - 6, 9, 13)

Scholar

- Apply principles of research and information to learning and practice (EPA 5, 10)
- Facilitate the learning of others as part of professional responsibility (EPA 5, 9, 10, 13)

Professional

- Accept responsibility for ensuring continuity of care (EPA 7, 10)
- Maintain patient confidentiality (EPA 5, 9, 13)
- Show respect for others in complex situations (EPA 1 – 7, 9 – 11, 13)

Objectives/Learning Plan
Each learner required to submit personal objectives/learning plan linked to EPAs and in response to their progress to date.

Learners identified as requiring remediation will require objectives/learning plan to be developed in conjunction with UGME (~~Clerkship Coordinator~~Phase 4 Lead) and approved by the Phase 4 Management Team. These learners will be required to complete these electives in NL/NB/PEI with a Memorial Faculty member as a preceptor.

Teaching and Learning Methods
Clinical teaching

Assessment plan
In Training Assessment Report (ITAR) – Clinical

Option 1:
Summative ITAR at the end of the rotation for all selectives.

Option 2:
Formative: Mid rotation ITAR at 6 weeks. Clinic cards/field notes.
Summative: ITAR at the end of the rotation.

EPAs to be assessed to be linked to customized objectives above.

Reassessment/Remediation
Customized to the EPAs deemed pre-entrustable after completion of the 12 weeks and designed by Phase 4 Management Team.

Course Success Criteria

To pass the course, a learner must:

- **Achieve entrustability as documented in the ITAR for all EPAs identified for each selective/P2P rotation**
- **Obtain an overall rating of performance as appropriate for this level of training in the ITAR for all selective/P2P rotations**
- **Have no outstanding concerns with professionalism**

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).

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 graduation. 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.

Version date: March 1, 2021
Approved by SAS:
Approved by UGMS:

Revisions to Course Assessment Plans
Executive Summary

Phase 4

Course number and name: **MED 8750 Physician Competencies IV**

1) Summary of Major Changes from Most Recent Course Offering
   Leadership in Medicine (LIM) assignment being reviewed.
   Change LIM assignment due date to end of March.

2) Changes to Assessment Methods
   No changes

3) Changes to Assessment Criteria for Successful Completion
   No changes

4) New Language or Statements
   Updated wording regarding research projects, replace "mentor" with "supervisor"

Phase 4- INTEGRATION INTO PRACTICE
MED 8750: Physician Competencies IV
Academic Year 2021-2023
Class of 2023

Assessment Plan

Description
Learners will focus on the transition to postgraduate training as a part of the continuum of medical education.

Entrustable Professional Activities for Clerkship:

- EPA 10: Participate in health quality improvement initiatives.
- EPA 13: Collaborate as a member of an interprofessional team.

These have been independently mapped to the Program (CanMEDS) Objectives:

Teaching and Learning Methods
Online modules will cover topics not covered in Phases 1-3 or other mandatory courses in Phase 4. Learners will be expected to complete modules throughout their Phase 4 program. The research project component will include independent work that is project based and builds upon research ~~project time across~~deliverables from Phase 1-3. Learners will ~~also~~ work independently with a ~~mentor~~ supervisor to complete the research component of the course.

Course Structure
1. Leadership in Medicine (LIM): 2 independent online modules (4 hours). Module topics are (1) Human Resource Management and (2) Case Studies in Management and Leadership.
2. Research Project: 20 hours (4 hours of module and 16 hours of independent time). The focus of the Research Curriculum for Phase 4 is on ~~data collection/analysis and~~ knowledge translation. Learners are required to complete the 4-hour online module on Writing for Publication/Knowledge Translation. Based on the research project which learners have carried out in Phases 1-3, learners will ~~(1) submit a data collection and analysis report and (2)~~ demonstrate that they have completed some form of knowledge translation (i.e. manuscript for publication, conference presentation, presentation to journal club, critical appraisal exercise etc.). In addition, they will make a poster or oral presentation at the Research Day held during the ~~Advanced Procedural Competencies~~ Clinical Skills IV course in late March- early April ~~2022~~2023. Rubrics will be available in Brightspace (D2L). ~~Learners will work with the mentor identified in Phase 1 for their project; if unable to do so, assistance will be available through the Undergraduate Medical Education (UGME) office.~~
3. Ethics Module (Formative): Completion of the online module on ethics.

Assessment Plan
1. Leadership in Medicine (LIM): The LIM modules are assessed with summative written

assignments. Details of the assignments and rubrics will be available in Brightspace (D2L). Due date for LIM assignments for class of ~~2022~~ 2023 is ~~**Date TBD**~~**end of March 2023 (date TBD)**. Pass mark is 70%.

2. Research Project: Summative assessment is based on ~~(1) data collection and analysis report and (2)~~ (1) knowledge translation. Proof of completion has to be submitted to the UGME office by the end of March 2023 (date TBD).
~~and~~ (2) presentation at Research Day in late March or early April 2023 (date TBD).

Rubrics will be available in Brightspace (D2L). Pass mark is 70%.

Note: Class of ~~2022~~ 2023 must register their knowledge translation plan with the UGME office by August ~~31, 2021~~29, 2022.

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 reassessment is 70%.

Late Assignments

Late assignments will not be accepted for grading without prior approval from the Phase Lead as outlined in 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:

- **Complete and submit all course assignments and assessments, and**
- **Achieve a pass mark for all assessments in the course.**

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

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).

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 graduation. 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.

Version date: March 18, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Anesthesia Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 2: Formulate and justify a prioritized differential diagnosis.

EPA 6: Present oral and written reports that document a clinical encounter.

EPA 7: Provide and receive the handover in transitions of care.

EPA 10: Participate in health quality improvement initiatives.

EPA 11: Perform general procedures of a physician.

EPA 13: Collaborate as a member of an interprofessional team.

EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative Assessment

Daily In-Training Assessment Reports (ITARs)

Ongoing feedback from instructor during clinical experience

Summative Assessment

Technical skills log for completion of mandatory skills (checklists)

Academic - completion of 5 online teaching modules with MCQ quiz for each

Clinical – Summative ITAR based on progress reported from 3 daily ITARs on relevant EPAs and overall learner performance

Clinic card requirements by rotation:

Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 21, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Emergency Medicine Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.

EPA 2: Formulate and justify a prioritized differential diagnosis.

EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.

EPA 4: Interpret and communicate results of common diagnostic and screening tests.

EPA 5: Formulate, communicate and implement management plans.

EPA 6: Present oral and written reports that document a clinical encounter.

EPA 7: Provide and receive the handover in transitions of care.

EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.

EPA 9: Communicate in difficult situations.

EPA 10: Participate in health quality improvement initiatives.

EPA 11: Perform general procedures of a physician.

EPA 12: Educate patients on disease management, health promotion and preventative medicine.

EPA 13: Collaborate as a member of an interprofessional team.

EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative Assessment

1) Emergency Medicine Shift Assessment Cards (T-Res)

At the conclusion of each EM clinical shift the learner will receive verbal and written feedback in the form of an EM Shift Assessment Card via T-Res. The learner must submit all completed EM Shift Assessment Cards no later than one week following each shift so that they can be compiled for the Final Summative ITAR. All EM Shift Assessment Cards must be submitted prior to the completion of the rotation in order to successfully complete the rotation. Learners are required to notify the EM APA about all missed shifts. Learners must email or call directly and confirm that the message was received by the APA, as this may be relevant to their completion of the rotation.

Summative Assessment

1) Emergency Medicine Shift Assessment Cards (T-Res)
2) Mini-Clinical Evaluation Exercise (Mini-CEX)
3) Final Summative In-Training Assessment Report (ITAR)

Completion of the Emergency Medicine Teaching modules is mandatory.

During the second half of the rotation learners will be required to participate in a Mini-Clinical Evaluation Exercise (Mini-CEX) where their patient interaction will be observed and assessed by their staff physician on shift. The learner will receive verbal and written feedback on their performance.

A final summative ITAR based on the Entrustable Professional Activities of Core Clerkship will be completed by the Clerkship Discipline Coordinator at the conclusion of the Emergency Medicine Core rotation.

Clinic card requirements by rotation:

Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 21, 2021

Approved by SAS:

Approved by UGMS:

MED 8710: Core Experiences
Internal Medicine Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.
EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative assessment

Clinical cards (T-Res): 2 per week
Weekly clinical encounter cards
Prescribed clinical experience records (T-Res)
Mini-CEX

Summative assessment

Learners are assessed regularly throughout the Internal Medicine rotation. As learners complete their rotation across different sites, the distribution of In-Training Assessment Reports (ITARs) differs depending on the length of the rotation.

The summative assessment consists of:

Assessment method

TOTAL ITARs*
Self-assessment (completion of 8 SIMPLE cases)
Clinic cards (2 per week)

* The number of ITARs varies among sites as follows:

St. John's, NL

ITAR
4-week ITAR
4-week ITAR
2-week ITAR

Saint John, NB

ITAR
6-week ITAR
3-week ITAR
2-week ITAR

Moncton, NB
Number of ITARs is individualized to learner's schedule.

Clinic card requirements by rotation:
Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 21, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Obstetrics and Gynecology Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 10: Participate in health quality improvement initiatives.
EPA 11: Perform general procedures of a physician.
EPA 13: Collaborate as a member of in interprofessional team.
EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative assessment
Clinic cards (T-Res)
MCQ examination
Mid-Term ITAR

Summative assessment
Mini-CEX
Final In-Training Assessment Report (ITAR)

Clinic Card Check List:

- ✓ Team Cards (3 total) – Weekly Card for each week of teams - Submitted to the Team Resident at the end of each week. You may also ask faculty members to complete a Weekly Clinic Card.
- ✓ Labour/Delivery (1 week) – Weekly Card at the end of the week, submitted to Rotation Resident.
- ✓ Gyne/Oncology (1 week) – Weekly Card at the end of week submitted to Rotation Resident. Also a Daily Card for EACH Gyne Onc clinic submitted to the faculty member/preceptor.
- ✓ Clinics – A Daily Card for each Clinic (minimum of 5); please specify type of clinic on card. Learners should try to attend at least 2 prenatal clinic and 1 gynecology clinic.
- ✓ Operating Room (OR) – Daily Cards – 2 minimum, submitted to resident or preceptor for each OR

attended. Also can use elective LSCS as OR cards.

- ✓ Cards can also be submitted for Call shifts completed; signed by the Resident. Learners are encouraged to completed clinic cards for each call.

Grand Falls-Windsor Site
DAILY & WEEKLY CLINIC CARDS:
Clinic Cards will be submitted by using the Clinic Card App and need to be submitted regularly during your Obs Gyne rotation, as follows.

- ✓ A clinic card needs to be completed for each completed clinic or call shift and submitted to a faculty member. If a resident is present for a call shift, the card can be submitted to the resident.
- ✓ (Weekly) Clinic card completed at the end of each week and submitted to your preceptor (total of 5 weekly cards).
- ✓ When entering your clinic cards through the App, please ensure to indicate if it's a weekly or daily card (this can be entered under "Additional Information" at the top of the App).

Clarenville Site
DAILY & WEEKLY CLINIC CARDS:
Clinic Cards will be submitted by using the Clinic Card App and need to be submitted regularly during your Obs Gyne rotation, as follows.

- ✓ A (daily) clinic card needs to be completed for each completed clinic or call shift and submitted to a faculty member. If a resident is present for a call shift, the card can be submitted to the resident.
- ✓ (Weekly) Clinic card completed at the end of each week and submitted to your preceptor (total of 5 weekly cards).
- ✓ When entering your clinic cards through the App, please be sure to indicate if it's a weekly or daily card (this can be entered under "Additional Information" at the top of the App).

Saint John, NB Site
Clinic Card Check List:

- ✓ A clinic card needs to be completed for each day of the ambulatory care component
- ✓ One clinic card per week is required during your obstetrics and gynecology weeks.
- ✓ A clinic card can also be completed for each Call shift you complete, signed by a resident or faculty member (attending physician).
- ✓ There should be a minimum of 5 Weekly Cards (one for each week), in-addition-to, Daily Cards for clinics and/or Call shifts.

Clinic card requirements by rotation:
Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 21, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Pediatrics Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.

EPA 2: Formulate and justify a prioritized differential diagnosis.

EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.

EPA 4: Interpret and communicate results of common diagnostic and screening tests.

EPA 5: Formulate, communicate and implement management plans.

EPA 6: Present oral and written reports that document a clinical encounter.

EPA 7: Provide and receive the handover in transitions of care.

EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.

EPA 10: Participate in health quality improvement initiatives.

EPA 13: Collaborate as a member of an interprofessional team.

EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative

Mini-CEX in first part of rotation

Clinic cards (T-Res): 1 card per shift for ER; 1 card per clinic; 2 cards per week for wards (1 staff, 1 resident)

Prescribed Clinical Experiences (T-Res)

Mid-Term Assignment

Completion of CLiPP cases

Health Advocate Essay

Summative

In-Training Assessment Reports (ITARs)

Mini-CEX

Clinic card requirements by rotation:

Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 21, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Psychiatry Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.
EPA 2: Formulate and justify a prioritized differential diagnosis.
EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.
EPA 4: Interpret and communicate results of common diagnostic and screening tests.
EPA 5: Formulate, communicate and implement management plans.
EPA 6: Present oral and written reports that document a clinical encounter.
EPA 7: Provide and receive the handover in transitions of care.
EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
EPA 9: Communicate in difficult situations.
EPA 10: Participate in health quality improvement initiatives.
EPA 12: Educate patients on disease management, health promotion and preventative medicine.
EPA 13: Collaborate as a member of an interprofessional team.
EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative assessment

Mid-term mini-CEX
Clinic cards (T-Res): 2 per week
Prescribed clinical experiences
Academic Half Day (AHD) attendance
Formative ITAR

Summative assessment

Summative In-Training Assessment Report (ITAR)
~~Final Clinical Exam/mini-CEX~~

Clinic card requirements by rotation:

Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 27, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Rural Family Medicine Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.

EPA 2: Formulate and justify a prioritized differential diagnosis.

EPA 3: Formulate an initial plan of investigation based on the diagnostic hypotheses.

EPA 4: Interpret and communicate results of common diagnostic and screening tests.

EPA 5: Formulate, communicate and implement management plans.

EPA 6: Present oral and written reports that document a clinical encounter.

EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.

EPA 9: Communicate in difficult situations.

EPA 10: Participate in health quality improvement initiatives.

EPA 11: Perform general procedures of a physician.

EPA 12: Educate patients on disease management, health promotion and preventative medicine.

EPA 13: Collaborate as a member of an interprofessional team.

EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative assessment

Required clinical experiences (T-Res) - Learning objectives, including Mandatory Procedures to be completed while on Core Family.
Learn-FM Cases
Mid-term assessment
Weekly clinic cards (T-Res): 1 per week
Mini-CEX
Rourke Baby Record – 18 Month E-module
RFM Exam – (Formative)

Summative assessment

Final ITAR
Academic Half Day participation and presentation

All T-Res patient experiences and all weekly clinic cards must be completed. Academic Half Day Seminars will be assessed on the quality of the case presentation (comprehensiveness, quality of visual material, knowledge of content, presentation skills and engagement of participants), and on weekly participation.

Clinic card requirements by rotation:
Please note that these are the minimum required and it benefits the learner to request/record feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

<u>Definition of rural site</u>

For the province of Newfoundland and Labrador, a rural site is defined as having a population of less than 50,000 people and not within a one hour commute of a population centre exceeding 100,000. For the province of New Brunswick, rural includes any location outside the main centers of New Brunswick (Moncton, Saint John, Fredericton).

Version date: April 21, 2021
Approved by SAS:
Approved by UGMS:

MED 8710: Core Experiences
Surgery Core Rotation
Academic Year 2021-2022
Class of 2023

Assessment Plan

All aspects of this assessment plan to be completed at a satisfactory level as determined by the discipline.

EPAs that are assigned in this rotation:

EPA 1: Obtain a history and perform a physical examination adapted to the patient's clinical situation.

EPA 2: Formulate and justify a prioritized differential diagnosis.

EPA 4: Interpret and communicate results of common diagnostic and screening tests.

EPA 5: Formulate, communicate and implement management plans.

EPA 6: Present oral and written reports that document a clinical encounter.

EPA 8: Recognize a patient requiring urgent or emergent care, provide initial management and seek help.

EPA 10: Participate in health quality improvement initiatives.

EPA 11: Perform general procedures of a physician.

EPA 13: Collaborate as a member of an interprofessional team.

EPA 14: Identify and account for the relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning.

Any of ~~the 13~~ EPAs 1-13 can be assessed if requested by the learner or preceptor, or assigned in the learning plan. EPA 14 is included as a pilot and can be assessed as deemed appropriate by the learner or preceptor. Inclusion of EPA 14 in any assessments is strongly encouraged but not required.

Formative Assessment

One clinic card per week (T-Res)

Required clinical experiences (T-Res)

Mid-term ~~evaluation~~ assessment/feedback

Summative Assessment

General Surgery ITAR

Orthopedics ITAR

General Surgery Witnessed History and Physical

Orthopedics Witnessed History and Physical

Clinic card requirements by rotation:

Please note that these are the minimum required and it benefits the learner to request/record

feedback at multiple opportunities to best reflect their performance.

All aspects of this assessment plan will be collated and presented at the Phase 4 Comprehensive Reviews at 6, 9, and 12 months.

Version date: April 21, 2021

Approved by SAS:

Approved by UGMS:

MED 7740 Phase 4 Preparation
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 7740 Phase 4 Preparation**.

MED 7740 Phase 4 Preparation introduces learners to skills and competencies required to enter into the Phase 4 clinical experience.

This course consists of online live and prerecorded components (June 14-25, 2021 ~~15-26, 2020~~).

~~**Phase 4 Preparation is a mandatory attendance course.**~~**Attendance is required for the Phase 4 Preparation course.**
Any absence from live sessions or omission of prerecorded sessions must be requested in writing and approved by the Undergraduate Medical Education (UGME) office.

COURSE ASSESSMENT

~~Student~~ Learner assessment will be both formative and summative throughout the course.

Formative Assessment

Learners will receive ongoing formative feedback on interactive portions of the course.

Summative Assessment

Summative assessment will include learner evaluation of specific milestones identified for competencies taught during workshops.

Learners will be required to view, participate in and/or complete all sessions prior to the end of the course on June 25, 2021 ~~26, 2020~~.

Some modules will contain integrated quizzes of MCQ and /or short answer format and these will have a passing grade of ≥ 70%, unless otherwise specified.

RE-ASSESSMENT

Re-assessment will be required if a learner fails one or more summative assessments.

COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- View, participate in and/or complete 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).

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.

The following sessions are required for successful completion of the course:

Course Introduction and Day 1 Debriefing
MedCAREERS and 'prep for the match'
Wellness
CaRMS Presentation
Entry Point (Eastern Health)
Preparation for Ward Workshop
BCLS
Cardiac Resuscitation Workshop
Mandatory Procedures
Completion of Forms
Onboarding with Healthe NL
Critical Clinical Situation
Radiology Bootcamp
EPAs, Clinic Card App and T-res
Eastern Health Site Orientation
Suturing Session
Casting Session
MSPR Session
Trauma Session
Mask Fit Testing

Version: April 14, 2021
Approved by SAS:
Approved by UGMS:

Message to Class of 2023 and Class of 2024 learners regarding invigilation of remote examinations

Dear learners,

Based on remote invigilation data available for the 2020 fall semester and further guidelines developed by Memorial University for the invigilation of remote-delivered examinations, the invigilation procedures for remote examinations have been revised as below. The revisions have been approved by the Student Assessment Subcommittee and the Undergraduate Medical Studies Committee.

Guidelines for invigilated online and remotely-delivered examinations

The following criteria are used to monitor potential suspicious behavior during remote examinations with the secure invigilation software:

- Multi-face (i.e. more than one face identified on screen)
- Leaving room
- Navigating away from an examination page
- Browser resize

1. Learner recordings will be reviewed under the following circumstances:
   - High suspicion level calculated by the secure invigilation software based on above listed behaviors.
   - Learners wearing headphones.
   - Leaving the room within the first 30 minutes of starting their own examination or within the last 15 minutes of finishing their own examination (not the end of the allotted examination time). This is based on Memorial University's Invigilation Procedures.
   - Leaving the room for more than 8 minutes and/or more than two times during the exam.
   - ~~Two or more learners leaving the room at the same time if they share the same IP address.~~

Learners may contact the Learner Well-being Consultant (studentwellness@med.mun.ca) if extenuating circumstances warrant an exemption from the above criteria regarding leaving the room or headphone use which would normally result in the review of a learner's recording. This has to be done **in advance** of the examination. The Office of Learner Well-being and Success will notify the UGME office of any exemptions.

Learner conduct during the examination

Learners are expected to adhere to the following examination rules:

1. Learners MUST NOT screenshot, record, distribute or discuss any part of remote exams with others. Under no circumstances is a learner allowed to distribute the examination script and/or any examination questions/responses outside of the examination setting.

2. Use of unauthorized computer software, applications and resources, search engines and screen capture software, is prohibited.

3. No devices with telecommunications and/or storage capability (e.g. cellular phones, smart watches, etc.), notes, textbooks, calculators, etc., are to be accessed by a learner. Exceptions must be arranged in advance at the discretion of the Phase Lead.
4. Learners MUST NOT use scrap paper.
5. Consulting unauthorized aids or communicating with unauthorized individuals is prohibited while leaving the room and any other time. The possession and/or use of an unauthorized aid constitutes an act of academic misconduct.
6. Each learner must make a declaration indicating their submission is their own and that they completed the work without contact with other learners or unauthorized individuals.

In the case of an emergency or other unexpected interruption affecting the learner, the learner should indicate this to the Instructional Design Specialist by calling the technical support number and using the appropriate participant code as listed below. If there is any issue with using the technical support number, the learner should email D2L@med.mun.ca, which is closely monitored by several members of the HSIMS team.

Phase 2
PARTICIPANT ACCESS INFORMATION
Dial in 1-888-579-9842
Participant code 29 622 642#

Phase 3
PARTICIPANT ACCESS INFORMATION
Dial in 1-888-579-9842
Participant code 39 778 571#

All Memorial University and Faculty of Medicine rules and regulations for examinations apply for remotely invigilated examinations:

- Memorial University Student Code of Conduct
- Academic Integrity Guidelines
- Faculty of Medicine Statement of Professional Attributes

Academic Integrity – Sharing Exam Material

Under no circumstances is a learner allowed to distribute the examination script and/or any examination questions/responses in any format, either inside or outside of the examination setting. Any copying or sharing of the examination script and or questions/responses at any time is strictly prohibited.

Process of remote invigilation

Normally recordings of learners are only reviewed if they are flagged by the secure invigilation software based on the above outlined criteria. The initial review of the recording is done by the Instructional Design Specialist only. This will be completed within one week of the examination. Any period of absence during the examination or other behaviors which meet the above outlined criteria for review will be noted by the Instructional Design Specialist and reported to the Phase Assessment Working Group (PAWG). PAWG will bring concerns forward to the Phase Lead as deemed necessary and the learner will be notified. It should be noted that being flagged by the secure invigilation software or

alleged academic misconduct does **not** result in an automatic fail grade for the examination. It will be at the discretion of the Phase Lead to determine if the allegation warrants reporting as an academic offence. Refer to the Faculty of Medicine Exam Invigilation Procedure and Memorial University's regulation 6.12 regarding academic misconduct for further details.

BACK TO MINUTES

UGMS Summary Report

May 2021

Phase Team or Sub-Committee: iTac

Liaison to the UGMS: Steve Pennell

Date of Last Phase Team or Sub-Committee Meeting: 22 / April / 2021

Date of Next Phase Team or Sub-Committee Meeting: 8 / July / 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. Rooms contingency planning for Fall
2. Renovations upcoming over the next year (main auditorium/AV in lecture theatres and small group learning rooms)
3. T-Res edits (adding EPA 14 and changing scale text which will impact reports retroactively) 4. QuestionMark: addition of non-graded exam question space at start of exam – feedback? 5. New student rep: Anthony Duchesne

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MEMORIAL UNIVERSITY
Faculty of Medicine

UGMS Summary Report

May 2021

Phase Team or Sub-Committee: Curriculum Oversight Subcommittee

Liaison to the UGMS: Alison Haynes / Brian Kerr

Date of Last Phase Team or Sub-Committee Meeting: 11/05/2021

Date of Next Phase Team or Sub-Committee Meeting: 25/05/2021

Agenda Items Requiring Phase Team or Sub-Committee Action

Phase	Item (Session)	Change Type					Action	
		Title Change	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
1	Introduction to Research Curriculum		x			x	x	x
1	Early Clinical Experiences					x	x	x
1	Early Clinical Experiences Debrief		x			x	x	x
1	How to Prepare an Ethics Application		x			x	x	x
2	CMPA Online Module		x			x	x	x
2	MSK 3: Upper Limb Musculature			x			x	x
2	MSK Lab 3: Upper Limb Musculature			x			x	x
2	MSK 4: Lower Limb Musculature			x			x	x
2	MSK Lab 4: Lower Limb Musculature			x			x	x
2	Professionalism 1: Then and Now - Generation and Gender	x	x				x	x
2	Professionalism 2: Private Sphere and Theory - Relationship Metaphors in Medicine		x				x	x

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UGMS Summary Report

May 2021

Agenda Items Requiring Phase Team or Sub-Committee Action (cont.'d)									
Phase	**Item (Session)**	**Change Type**					**Action**		
		Title Change	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented	
3	Acute MSK Injury, Radiology		x			x	x	x	
3	Core Concepts in Pain Management					x	x	x	
3	Population Health Data Collection and Analysis					x	x	x	
3	Black Bag Orientation					x	x	x	
3	Black Bag		x			x	x	x	
3	Black Bag Debrief					x	x	x	
3	Clinical Epidemiology Data Collection and Analysis				x	x	x	x	
3	HIV Prevention and Care		x			x	x	x	
3	Professionalism and Integrity: Aspects of Research and Publication	MERGE	x		x		x	x	
3	Professionalism and Integrity: Aspects of Research and Publication		x	x	x		x	x	

Agenda Items Requiring UGMS Action:
Review of COS terms of reference (attached)
Review of mandatory definition (attached)

Additional Comments, Suggestions, New or Pending Business:
1. Ongoing meetings with individual to review sequence and integration of curriculum content
2. Objectives review ongoing with majority completed
3. Discussing adding academic advising for specific content to UCL job description
4. Minor curriculum changes attached

May 12th, 2021

Faculty of Medicine

Curriculum Oversight Subcommittee (COS)

Terms of Reference

Preamble

The Undergraduate Medical Studies (UGMS) Committee has established a standing subcommittee to oversee and monitor the Undergraduate Medical Education (UGME) program objectives to ensure they fully address all Medical Council of Canada (MCC) objectives, and the content required by the Committee on Accreditation of Canadian Medical Schools (CACMS) standards, specifically Standard 1 (Element 1.1.1), all of Standard 7, and Standard 8 (Elements 8.3 and 8.8).

Purpose

The Curriculum Oversight Subcommittee (COS) assists UGMS by monitoring curricular content and objectives, and enhancing, clarifying and maintaining processes related to the ongoing review, monitoring, and management of the UGME curriculum.

Membership

- Faculty Undergraduate Curriculum Lead (Chair)
- UGME Curriculum and Accreditation Advisor
- Senior Instructional Designer from HSIMS
- One UGME office staff member to provide administrative support, as needed

*__NOTE:__ Key stakeholders from faculty, learners and staff, will be consulted as needed on an on-going basis when making decisions related to the planning and delivery of the curriculum. This would include the Undergraduate Content Leads (UCLs) representing all content areas/disciplines covered within the UGME curriculum.

Operations

- The Group will meet monthly from September to June, and at the call of the Chair.
- Minutes will be recorded.
- Decisions will be made via consensus (Minor vs. Major changes).
- Meet with individual UCLs annually and all UCLs together as a group quarterly.
    - COS Chair will act as chair for those meetings.

- Pre-filter for curriculum changes via process of passing through (i) UCLs; (ii) Phase Management Teams; and (iii) UGMS.
- The Chair or delegate will report to UGMS during its regular meetings.

Committee Member Expectations

- Attendance at 75% of monthly meetings.
- Meeting preparation.
- Timely completion of assigned tasks.
- Participation on working groups or committees, as requested by the Chair.
- Pursuit of professional development related to undergraduate education.
- Solicitation of collegial input, when requested.

Responsibilities

- Review current objectives and recommend required updates to the UGMS Committee to ensure that the UGME program objectives fully address all Medical Council of Canada (MCC) objectives, and the content required by the CACMS standards, specifically Standard 1 (Element 1.1.1), Standard 7, and Standard 8 (Elements 8.3 and 8.8).
- Review current processes and recommend changes to ensure processes are in place for the regular review and updating of the UGME program objectives such that they are kept current, and to demonstrate and document how the curriculum is informed by these objectives.
- Assist the Phase Management Teams, during their annual phase review, to ensure course content is appropriate to achieve course goals within that phase and accurately reflect the overall desired outcomes from that course and phase.
- Review and make recommendations to UGMS regarding the formalization and codification of guidelines and procedures related to curriculum management and changes in objectives with specific emphasis on:
    - Documenting the procedures for bring forward proposals for curricular or objective changes to UGMS after consultation with phase leads and the appropriate UCL(s).
    - Clarify and document the criteria for what curricular changes proposals must be approved directly by UGMS vs. the Phase Management Team level.
- Ensure the composition of the UCL group includes all necessary content areas.

UGME Curricular Scheduling Definition:

Mandatory learning sessions are defined as sessions that require learners to attend in order to achieve the learning objectives. Sessions are designated mandatory if they meet one or more of the following criteria:

- Provide an introduction or overview of learner expectations for the MD program, phase or course;
- Involve application of clinical decision-making skills such as tutorials, case-based learning and laboratories;
- Include an assessment component;
- Involve interactivity such as integrated learning sessions, interprofessional education sessions, guest speakers or patient volunteers; and/or
- Provide support and/or counseling to promote learner well-being and success.

MEMORIAL UNIVERSITY

Clinical learning during the COVID-19 Pandemic

Guidelines for Phase 4 Learners in the MD Program

- Prior to returning to clinical settings, learners must complete the following Eastern Health Orientation modules :
  - ✓ Hand Hygiene
  - ✓ Personal Protective Equipment; and
  - ✓ 2019 Novel Coronavirus.
- Learners must be oriented to hand hygiene, donning and doffing and all relevant local policies.
- The personal health of all learners will be monitored on an ongoing basis via employee screening protocols put in place for the clinic setting.
- Learners must use personal protective equipment (PPE) for droplet and contact precautions.
- Learners will be supplied with the same quantities and types of PPE as other healthcare workers, **including N95 masks**.
- Learners who have concerns with participating in clinical situations involving the care of COVID-19 positive patients are advised to contact the Office of Learner Well-Being and Success to seek an accommodation.
- Learners must follow physical distancing guidelines, maintaining a 2-meter physical spacing whenever possible. All members of the interprofessional team are encouraged to follow and model these physical distancing guidelines.
- Decisions regarding the involvement of learners in specific clinical situations will be at the discretion of the preceptor and the learner, to balance the use of PPE with the value of the learning experience.
- Learners will participate in virtual care as determined by their preceptor. Learners must follow hospital procedures, respect confidentially and maintain security when participating in virtual care.
- Core rotations may need to be reorganized to allow for the flexibility to maintain the service and ensure academic accountability. This may include:
  - Rotation-specific COVID-19 goals/objectives and supporting documentation and assessment tools which are simple for learners and faculty to use; and
  - Tasks which are conducive to self-isolation of a well learner such as research blocks and/or pandemic-related assignments.
- Learners who require support are encouraged to contact the Office of Student Affairs.

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UGMS Summary Report

May 2021

Phase Team or Sub-Committee: Phase 3 Management Team

Liaison to the UGMS: Dr. Jasbir Gill

Date of Last Phase Team or Sub-Committee Meeting: 05/05/2021

Date of Next Phase Team or Sub-Committee Meeting: 02/06/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	**Recommended Action**	**Status**
Phase 3 Assessment Plans for Class of 2024 under review	SAS to complete and present at next Phase meeting	IP
ILS Grading/TA Instructions to be reviewed	SAS/D. Bergstrom/S. Shorlin to meet to discuss	IP
Review of Exam Deferral Policy	Meeting held on March 12 to review	IP
Addition of 50-minute session on Opioid Crisis	SAS to review assessment plan if approved by UGMS	C
Next QI Session	April	C
In Person Clinical Skills	Continuing discussion	C

Agenda Items Requiring UGMS Action:
1. No items to present
2.

Additional Comments, Suggestions, New or Pending Business:
1. No items
2.

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UGMS Summary Report

May 2021

Phase Team or Sub-Committee: New Brunswick Unit

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.
3.

Additional Comments, Suggestions, New or Pending Business:
1. Review of NB Unit strategic map
2. MOU negotiations
3. Electives

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

<table>
<tr><td rowspan="2">Thus achieving our mission and vision</td><td colspan="3">Our Mission
To build partnerships that result in exceptional learning opportunities in New Brunswick’s rural and urban clinical settings and, with the help of engaged and supportive faculty and staff, our learners graduate as confident, resilient and versatile practitioners ready to help improve the health of the communities they serve.</td></tr>
<tr><td colspan="3">Our Vision
Through excellence, we will be a highly sought destination for distributed medical education in Atlantic Canada, known for engaged faculty, adaptive learners, and impactful professional activities that improve knowledge, skills and ultimately the health of the communities we serve.</td></tr>
<tr><td rowspan="3">to meet the needs of the people we serve,</td><td colspan="3">Improving Lives</td></tr>
<tr><td>Thriving learners and graduates</td><td>Impactful research and scholarship</td><td>Healthier communities</td></tr>
<tr><td>New Brunswick medical education learners are well-equipped, connected and supported as they develop superior knowledge and skills in the context of high quality clinical experiences, virtually and in-person. New Brunswick medical education graduates have the competencies required to thrive in and advocate for the communities they serve.</td><td>Matching the shared interests of learners and faculty, medical research in New Brunswick receives broad support, especially in underserved and vulnerable populations.</td><td>By embracing social responsibility and through exceptional mentoring, clinical experiences and institutional partnerships, graduates are motivated to establish their initial practice settings in New Brunswick.</td></tr>
<tr><td>Highly rated clinical rotations
Learners report feeling connected and supported throughout their educational journey
Graduates successfully navigate the changing, technology-mediated healthcare landscape environment
Graduates thrive in their work and advocate for improvements in the health of their communities
Learners are active members of the health care team providing care for patients and understanding the organizational structure of which they are a part.</td><td>Research addresses and explores issues in underserved and vulnerable populations
As a result of matching students and faculty with shared research interests, our research and scholarship products are impactful and relevant to the NB context
Scholarship of teaching and learning is vibrant</td><td>Learners are motivated to remain in, or return to, NB
Partnerships that enhance our mission are in place
Expanded programming innovations aid in motivating learners to practice in rural areas of NB
Faculty and learners embrace social responsibility to enhance the health of our communities
Graduates have knowledge and skills particularly suited to the New Brunswick setting</td></tr>
</table>

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

	Excellence in all we do		
	Education excellence	**Research excellence**	**Social accountability**
	New Brunswick teaching and learning modalities are sufficiently numerous and diverse; skilled mentors and faculty are broadly distributed throughout the province, so that learners stay well and are poised for success.	Faculty and learners collaborate on New Brunswick-specific research projects that are nurtured, coordinated and promoted	Skilled and knowledgeable graduates, familiar with the social determinants of health, can identify, respond to, and advocate for the healthcare needs of New Brunswick, including our rural communities.
so we can operate with effectiveness and excellence,	• Cultivate and enhance existing UG clinical academic programming • Increase residency training capacity • Actively engage in Accreditation processes • Develop innovative programming including Longitudinal Integrated Clerkships and rural streams opportunities • Learner Well-being and Success Directors are engaged and advocating for learners with a focus on learners in difficulty • Learners are often invited to local rounds and teaching opportunities in addition to normal didactic sessions. • Continue to develop opportunities for unique longitudinal experiences allowing for continuity of care in the community and the hospital • Continue to develop competency- based learning tailored to individual needs • Support exceptional teachers to mentor, assess and support learners • Provide resources for faculty to build their teaching skills • Improve career planning and mentorship programs • Ensure that New Brunswick learners benefit from a collegial working relationship with their counterparts from other medical education jurisdictions.	• Encourage collaborative projects involving learners in clinical settings and disciplines • Promote and nurture the development of research and research skills • Promote the involvement of New Brunswick-based physicians in research curriculum.	• Identify and respond to training needs in the NB physician and healthcare landscape • Provide experiences to learners that promote and encourage NB-based practice/employment • Listen to and collaborate with Indigenous and Acadian populations we serve • Prepare learners to understand and appreciate the effects of the Social Determinants of Health on health and actively advocate for patients and their communities. • Train graduates with skills and knowledge specific to the New Brunswick healthcare context • Promote the contributions of our learners to communities and to society

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

	Our empowered people			
	Culture of Excellence	**Inspiring Leadership**	**Appealing Workplace**	**Robust Infrastructure**
	Throughout medical education in New Brunswick, learners and faculty are welcomed as integral members of a collaborative, professional and enjoyable lifelong learning team in which the quality of programming is of utmost importance.	Faculty, learners and staff find that opportunities for leadership growth are plentiful and embedded throughout medical education workplaces in New Brunswick.	The combination of compassionate care of self and others, the celebration of our singular achievements, a focus on the optimal work/life balance and appropriate succession planning make for a professional and appealing workplace.	Data management in the context of our IT and communications networks ensures that appropriate information is distributed to faculty, staff and learners at the right time, and that access to new technology, equipment and labs is optimized.
to build a strong and prepared team,	• Foster team unity around our mission and vision • Explicit support of and communications to all teaching sites. • Create a productive, enjoyable, collaborative work environment by leveraging our diversity • Incorporate social accountability in all decisions • Faculty, learners, and staff are committed to lifelong learning.	• Create an environment where leadership skills are nurtured in faculty, learners, and staff • Create opportunities for learners to achieve their potential • Provide opportunities to refine leadership abilities for all.	• Create a succession plan for key faculty and staff roles • Celebrate and publicize the achievements of faculty, learners, and staff • Provide appropriate faculty and staff development opportunities • Facilitate strong mentorship opportunities for faculty, learners and staff at all stages of their respective careers • Foster a work/life/study balance that promotes wellness for all and that is sustainable • Foster a wellness environment that exemplifies the qualities of compassion and caring for self as well as others.	• Harness the power of our IT and communications networks. • Design a communications plan for dissemination of information to learners, faculty, and staff • Use appropriate software to manage data and track learner locations and progress • Provide comfortable spaces for learners to network and collaborate with others Advocate for access to new technology, equipment and labs and effectively integrate these items into our work.

Aggregate Strategy Map 3.2 – Memorial New Brunswick Sites Strategic Plan

	Our enduring legacy - sustainability		
	Efficient, Effective Resourcing	**Continuous Performance Management and Improvement**	**Dynamic Advocacy**
	Communications with New Brunswick Department of Health (DoH) are strong, and relationships with alumni are leveraged so as to enhance faculty engagement and sharing of local resources.	Data management is optimized, including rotational, faculty and learner evaluations, and our graduate and alumni tracking system is robust.	Relationships with partners are invested in; connections with central campus senior leadership and disciplines are secure; the MOU between NB and MUN is in place for years to come, and learner contributions to communities they serve are promoted.
we use our resources wisely,	• Allocate resources to our strategic priorities • Facilitate continued support and communication from NB Department of Health (DoH) to key stakeholders • Build and leverage relationships with alumni to increase physician retention and interest in the New Brunswick core clerkship	• Track, measure and analyze our performance through rotation and faculty evaluations and other feedback mechanisms • Use feedback to identify strengths and areas for improvements • Track learner data using appropriate software so we can compare year over year where demand is, etc. • Build capacity to track Alumni location of first clinical practice in or away from NB	• Promote our unit mission and vision, as well as the mission and vision of the Faculty of Medicine at Memorial • Identify, activate, and foster relationships with partners • Strengthen connections with the central Memorial campus senior leadership and disciplines • Secure MOU between NB and Memorial University for years to come
Guided by our values,	**Our Values**		
	Put the needs of our learners and communities at the forefront of everything we do		
	Support faculty and staff to succeed		
	Act and lead with integrity and professionalism		
	Embrace learning, creativity and innovative thinking in all we do		
	Foster inter-dependent teamwork and collaboration		

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UGMS Summary Report

May 2021

Phase Team or Sub-Committee: Associate Dean, UGME

Liaison to the UGMS: Tanis Adey

Date of Last Phase Team or Sub-Committee Meeting: April 2021

Date of Next Phase Team or Sub-Committee Meeting: June 2021

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

Agenda Items Requiring UGMS Action:
1. Canadian Undergraduate Deans Statement on Professionalism – for review and feedback
2.

Additional Comments, Suggestions, New or Pending Business:
1. Faculty and Staff return to campus planning
2. Learner vaccination rollout – phase 4 and learners in Shadowing program invited to register for vaccination
3. Fall curriculum delivery planning – developing contingency plan for 50% occupancy
4. Mistreatment Survey - Please complete
5. Senate minutes: https://www.mun.ca/senate/committees/aupc/meetings/