



## UGMS Meeting Minutes

Wednesday, November 18, 2020  
4:00-5:30 p.m. via Webex

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

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

Regrets (in alphabetical order): L. Alcock; A. Goodridge

Absent (in alphabetical order): Policy Analyst (Vacant); UGME Administrator (Vacant)

Time Est.	Discussions	Action
1 minutes	Welcome	UGMS Chair
1 minute	Agenda review - Review for Conflict of Interest - Confirmation of Agenda	<b>Moved:</b> E. Hillman <b>Second:</b> V. Curran Approved
2 minutes	Review and approval of prior minutes – October 21, 2020	<b>Moved:</b> J. Gill <b>Second:</b> V. Curran Approved



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5 minutes	<p>1. Matters arising from the minutes</p> <p>1.1. Update on Clinical Skills and laboratory sessions and options for face-to-face delivery Winter 2021.</p> <ul style="list-style-type: none"> <li>• Looking into in-person sessions for Phases 2 and 3 (Clinical Skills and laboratory sessions).</li> <li>• Decreased capacity and increased demand on CLSC is current challenge.</li> <li>• Meetings to follow.</li> <li>• Learners expected to attend in-person small group sessions.</li> <li>• Looking into faculty capacity to support laboratories with increased frequency.</li> </ul> <p>1.2. E-mail to pre-clinical learners from SAS report regarding parameters and scrap paper for Proctorio details.</p> <ul style="list-style-type: none"> <li>• Drafted by K. Zipperlen and distributed by E. Winter in the days following the last meeting.</li> </ul> <p>1.3. T-Res selectable statements and the process of preceptor providing narrative feedback to learners.</p> <ul style="list-style-type: none"> <li>• EPA webpage pre-described comments available for describing entrustability of learner behaviours.</li> <li>• Resilience cannot write in the options until determined with certainty.</li> </ul>	
5 minutes	<p>2. New business</p> <p>2.1. TOR and Membership Voting</p> <ul style="list-style-type: none"> <li>• Some voting membership changes were listed on UGMS documents to approval based on draft ToR revisions.</li> <li>• Everyone is voting until approved.</li> </ul> <p>2.2. TOR Review Pending</p> <ul style="list-style-type: none"> <li>• Waiting for Policy Analyst position to be filled.</li> </ul> <p>2.3. Protected Time Policy</p> <ul style="list-style-type: none"> <li>• Increased demands and reduced capacity at CLSC.</li> <li>• Learners want clinical skills sessions (priority).</li> <li>• Looking to revise the protected time policy to use Tuesday afternoons for Clinical Skills:             <ul style="list-style-type: none"> <li>○ Not every learner will lose every Tuesday afternoon.</li> </ul> </li> </ul>	<p>Motion to approve Changes to Protected Time Policy</p> <p><b>Moved:</b> T. Adey <b>Second:</b> Y. Gummadi Approved</p>



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3. Standing Committee reports		
5 minutes	a) PESC (Attached documents for review) <ul style="list-style-type: none"> <li>• PESC wrote a letter to the Chair of Task Force re. learner concerns with online learning for medical education and concerns with decrease in Clinical Skills impacting learning.</li> </ul>	<p><b>ACTION:</b> Y. Gummadi to follow up with learners about preference of teaching methodology and examples of delayed upload of live recorded session. Y. Gummadi to email <a href="mailto:d2l@med.mun.ca">d2l@med.mun.ca</a></p> <p><b>ACTION:</b> S. Pennell to follow-up with session moderators re. technical difficulties during live sessions.</p>
5 minutes	b) SAS (Attached documents for review) <ul style="list-style-type: none"> <li>• Assessment Reports summarizing grades, comparisons with other years and shared with Phase Leads.</li> <li>• Strike working group to look at e-clinic cards and EPAs:               <ul style="list-style-type: none"> <li>○ 12 November, 2020 initial meeting</li> <li>○ Will look at learner feedback around EPAs and e-clinic cards</li> <li>○ Will make recommendations</li> </ul> </li> <li>• Use of scrap paper during Proctorio online invigilated examinations:               <ul style="list-style-type: none"> <li>○ Faculty expressed concerns re. Exam Bank integrity</li> <li>○ SAS reviewing best practices across Canadian medical schools and MCC</li> <li>○ Shift to electronic white board option will be considered following review.</li> </ul> </li> </ul>	<p>Motion to approve of Phase 2 assessment plans (Class of 2024)</p> <p><b>Moved:</b> H. Jackman <b>Seconded:</b> J. Gill Approved</p>
5 minutes	c) iTac (Attached documents for review) <ul style="list-style-type: none"> <li>• As already discussed, assessments are going well with a few individual technical issues (e.g., the use of paper issues and anatomy questions).</li> </ul>	



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5 minutes	<p>d) COWG (Attached documents for review)</p> <ul style="list-style-type: none"> <li>• Revision to the Curriculum Change Process to improve efficiency.</li> <li>• Minor vs. Major change:             <ul style="list-style-type: none"> <li>○ Some changes classified as major do not have significant impact on curriculum and therefore can actually be considered as minor</li> </ul> </li> <li>• Change to assessment methods A.2.3             <ul style="list-style-type: none"> <li>○ All assessment changes will go to SAS as part of the process</li> </ul> </li> </ul>	<p>Motion to approve revisions to Curriculum Change process for the M.D. Program relating to major and minor curriculum changes</p> <p><b>Moved:</b> A. Haynes <b>Seconded:</b> H. Jackman Approved</p> <p>Motion to approve revisions to Curriculum Change process for the M.D. Program relating to the inclusion of SAS in matters relating to assessment</p> <p><b>Moved:</b> J. Gill <b>Seconded:</b> N. Duggan Approved</p> <p><b>ACTION:</b> T. Adey will follow-up with new Policy Analyst.</p>
5 minutes	<p>4. Phase 4 report</p> <ul style="list-style-type: none"> <li>• Recommendation for continuation to post-core learning typically happens in September:             <ul style="list-style-type: none"> <li>○ With curriculum changes relating COVID-19 this would happen this week</li> <li>○ Still 50+ final ITARS outstanding</li> <li>○ Did not meet the accreditation timeline of a 6 week response regarding summative assessment</li> </ul> </li> </ul>	<p><b>ACTION:</b> N. Duggan to provide an update for next UGMS meeting.</p>



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	<ul style="list-style-type: none"> <li>○ Reasons related to automation, volume of ITARS for CDCs increased relative to timeline</li> <li>○ CDCs are aware that the information is overdue</li> <li>● Matter will be discussed as part of the Dean / MedSoc agenda.</li> <li>● For accreditation, we will have to identify that we did not meet the criteria for summative feedback, but COVID-19-related restrictions is a valid reason for delay.</li> <li>● Clinical Skills IV:             <ul style="list-style-type: none"> <li>○ Proposal to Phase 4 to change timeline to increase flexibility with restrictions relating to CLSC capacities and the Good Friday holiday.</li> <li>○ Currently have a vacation week scheduled, but will shift the vacation to the week prior to the course.</li> <li>○ Seeking learner input on the scheduling change.</li> </ul> </li> <li>● One time occurrence relating to COVID-19 may be permissible as long as this does not become a recurring concern.</li> </ul>	
5 minutes	5. Phase 3 report (Attached documents for review) <ul style="list-style-type: none"> <li>● No items requiring action</li> </ul>	
5 minutes	6. Phase 2 report <ul style="list-style-type: none"> <li>● Reviewed SAS report for Clinical Skills</li> <li>● QI concerns – Clinical Skills and Community Engagement             <ul style="list-style-type: none"> <li>○ Community Placement alternatives being discussed to meet objectives</li> <li>○ Virtual experience and/or involvement in the greater metro area</li> <li>○ Smaller group meeting to discuss viable alternatives</li> </ul> </li> </ul>	<b>ACTION:</b> H. Jackman to provide an update for next UGMS meeting.
5 minutes	7. Phase 1 report (Attached documents for review) <ul style="list-style-type: none"> <li>● Concern with the Biostatistics course and exam:             <ul style="list-style-type: none"> <li>○ Masters level teaching</li> <li>○ Incorrect information taught</li> </ul> </li> <li>● Exam going ahead tomorrow because of inadequate time to address (i.e., brought forward only two days prior).</li> <li>● Teaching and assessment continues to be a challenge.</li> <li>● Concerns with learner anxiety levels about Phase 1 and 2.</li> </ul>	

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5 minutes	<p>8. Report from NB (Attached documents for review)</p> <ul style="list-style-type: none"> <li>• Last few elective requests in progress.</li> <li>• Fredericton has two sets of LIC co-preceptors: <ul style="list-style-type: none"> <li>○ Faculty development program planning</li> <li>○ Looking forward to consistently having learners in Fredericton in August 2021</li> </ul> </li> <li>• Meetings from site visits went well and will be summarized in a separate meeting tomorrow.</li> </ul>	
5 minutes	<p>9. Accreditation matters</p> <ul style="list-style-type: none"> <li>• Presenting to DEIST on 27 November 2020.</li> <li>• Communication plan in development to be released in the new year.</li> <li>• Possibility of virtual accreditation site visit will require tight and focused scheduling of events. <ul style="list-style-type: none"> <li>○ Final schedule comes out the month prior to the visit.</li> <li>○ Everyone advised to block out the entire timeframe well in advance assuming participation will be required: <ul style="list-style-type: none"> <li>▪ 3-5 April, 2022</li> </ul> </li> </ul> </li> </ul>	
5 minutes	<p>10. Learner issues</p> <ul style="list-style-type: none"> <li>• Clinical Skills concerns already discussed.</li> <li>• Some learners interested in leaving the Atlantic Bubble for the holidays: <ul style="list-style-type: none"> <li>○ Learners must have notified UGME</li> <li>○ Plans will be individualized</li> <li>○ Assumption that learners return prior to classes resuming</li> </ul> </li> </ul>	
5 minutes	<p>11. SMC / Senate / SCUGS / University issues (Attached documents for review)</p> <ul style="list-style-type: none"> <li>• Town Halls have been ongoing (RGS, Dean's Office) <ul style="list-style-type: none"> <li>○ Scheduling UGME town halls for December – Phase 1-3 and Phase 4</li> </ul> </li> </ul>	
	<p>12. Policy</p> <ul style="list-style-type: none"> <li>• No report.</li> <li>• Position soon to be filled.</li> </ul>	



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5 minutes	13. UGME office report <ul style="list-style-type: none"><li>• Concluded interviews for the Academic Program Administrator position which supports the research curriculum, among other aspects of the program.</li><li>• Someone should be in place in the coming weeks.</li><li>• Transitioned back to the UGME office 20-35 hours per week.</li><li>• UGME suite doors will remain locked.</li><li>• Additional note from S. Pennell:<ul style="list-style-type: none"><li>○ Instructional Design Assistant Leaving in December</li><li>○ Working to fill the position ASAP</li></ul></li></ul>	
<b>Next Meeting December 16, 2020</b>		

Keep in View	UGMS terms of reference, including voting rights Exam deferral policy
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## UGMS Summary Report

November 2020

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

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

**Date of Last Phase Team or Sub-Committee Meeting:** 20 / October / 2020

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

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
N. Duggan and H. Coombs held a QI session for Phase 4 in September, which went well and was very well attended. They are working on a strategy for holding more QI sessions during Phase 4.	H. Coombs & N. Duggan to look into more QI sessions for Phase 4.	In process.
N. Duggan informed the Committee that there have been long-standing issues related to EPAs Assessment in Phase 4. She will bring this matter to the next Student Assessment Subcommittee (SAS) meeting for discussion.	N. Duggan to bring issues related to EPAs Assessment to SAS.	Complete. SAS struck a Working Group to explore the issues related to EPAs Assessment in Phase 4.

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

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

**Our Vision:** *Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*





# UGMS Summary Report

November 2020

**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/October/2020

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

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Renewal of term for SAS chair	Dr. Curran renewed by committee	Done
Clinical Skills course assessment reports (Phases 2 and 3)	Reviewed by SAS and response request sent to Phase 2 Lead Dr. Jackman and Phase 3 Lead Dr. Gill respectively	Done
Phase 4 post-Core course assessment reports (Class of 2020)	Reviewed by SAS and response request sent to Phase 4 Lead Dr. Duggan	Done
EPA assessment - continued concerns	Working group convened and first meeting on November 12	Active

Agenda Items Requiring UGMS Action:
1. Approval of Phase 2 assessment plans (Class of 2024)
2.
3.

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

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## Executive Summary Clinical Skills Course Assessment Reports

### MED 6760 Clinical Skills II (Class of 2023)

Assessment for the course was impacted by the remote delivery. The OSCE could not be delivered and was removed from the assessment plan. Assessment for the course was based on the summative assessment report (SAR) only and all learners passed the course. The percentage of learners achieving exemplary performance on the SAR was somewhat lower at 25.3% compared to recent iterations (32.9 – 42.0%).

### MED 7720 Clinical Skills III (Class of 2022)

Assessment for the course was impacted by the remote delivery. The OSCE could not be delivered and was removed from the assessment plan. Formative assessments were used in instances where summative assessments for the summative witnessed physical exam (SWPE) or any of the three summative assessment reports (SAR) were not available. In line with previous iterations, no learners required reassessment and all learners passed the course.

## Executive Summary Phase 4 post-Core Course Assessment Reports (Class of 2020)

### MED 8720 Advanced Procedural Competencies (Physician Competencies IV)

Assessment for the course was significantly impacted by the remote delivery. The OSCE could not be delivered and was removed from the assessment plan. Instead, having EPA 1-3 assessed as entrustable during clinical rotations was considered satisfactory. The assessment of EPA 11 (mandatory procedures) in the simulation lab could also not be delivered and was removed from the assessment plan. Documented completion of mandatory procedures on T-res was considered satisfactory. All learners passed the course.

### MED 8730 Electives

Elective rotations are assessed using an In-Training Assessment Report (ITAR). The ITAR covers all 13 EPAs. Learners completed their elective rotations in a variety of different disciplines. All learners successfully completed their elective rotations having progressed to an appropriate level for the level of training.

### MED 8740 Advanced Practice Integration (Selectives)

Selective rotations are assessed using an In-Training Assessment Report (ITAR). The ITAR covers all 13 EPAs. Learners completed their selective rotations in a variety of different disciplines. Seven learners completed the course using the Progression-to-Postgraduate (P2P) option. All learners successfully completed their rotations having progressed to an appropriate level for the level of training.

### MED 8750 Practice Continuum (Physician Competencies IV)

The course consists of the Leadership in Medicine block and the research block. The Leadership in Medicine modules are assessed by completion of reflective essays. The mean mark for the Human Resource Management module assignment was 87.6%, the mean mark for the Case Studies – Management and Leadership module assignment was 84.6%. One learner had to reassess and passed the reassessment. The Phase 4 Research Day was removed from the assessment plan due to pandemic restrictions and assessment for the research block was based on completion of knowledge translation only (pass/fail). All learners passed the course.

## Revisions to Course Assessment Plans

### Executive Summary

#### Phase 2

Course number and name: **MED 6750 Patient II**

- 1) Summary of Major Changes from Most Recent Course Offering  
**Infections and Fever theme moved back into course; blood flow and oxygenation moved to Phase 1 in themed curriculum.**
- 2) Changes to Assessment Methods  
**The lectures for the Emerging Infectious Diseases content will be assessed using MCQ as part of the Infections and Fever examination.**  
**The tutorials for the Emerging Infectious Disease content will be assessed with three group assignments.**

Previous Assessment Method(s)	Revised Assessment Methods
Emerging Infectious Diseases presentation	MCQ as part of Infections and Fever examination and three group assignments (400-800 words in length; pass/fail)

- 3) Changes to Assessment Criteria for Successful Completion  
**Written assignments as given above added to criteria for successful completion.**

Previous Criteria	New Criteria
Complete and submit all assessments	Complete and submit all assessments and assignments

- 4) New Language or Statements
  - **Updated course description to align with university calendar.**
  - **Using new title of Learner Well-Being Consultant.**

New language/statements
MED 6750 has learners build on their knowledge obtained from the themes presented in Phase 1 and encounter new themes that integrate physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

**MED 6750 Patient II**  
**Phase 2, Class of 2024**  
**Winter/Spring 2021**

**Assessment Plan**

The assessment plan sets out the principles and key elements used to assess the learner's performance in an accurate, consistent, and objective manner for **MED 6750**

**MED 6750 Patient II** ~~has learners build on their knowledge of the normal structure and function of the body, and analyze disruptions in health by exploring the pathophysiology of illnesses, their risk factors, and risk prevention strategies.~~ has learners build on their knowledge obtained from the themes presented in Phase 1 and encounter new themes that integrate physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

**COURSE ASSESSMENT**

Learners will be assessed with both formative and summative assessment methods throughout the course.

**Formative assessments** do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of weekly online quizzes. Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course. The process for review of summative examinations is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).

**Summative assessments** include five on-line written multiple-choice question (MCQ) examinations, following each of the five themes. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course.

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

Examination 1: <del>Blood Flow and Oxygenation</del> <u>Infections and Fever</u>	<del>158%</del> <u>225%</u>
Examination 2: Cough and Dyspnea	<del>225%</del> <u>2521%</u>
Examination 3: Abdominal Pain and Jaundice	<del>2521%</del> <u>1920%</u>
Examination 4: Joint Pain	<del>1920%</del> <u>1617%</u>
Examination 5: Dizziness, Headache and Vertigo	<del>1617%</del> <u>2%</u>
<u>Emerging Infectious Disease Group Assignments</u>	<u>2%</u>
Total	100 %

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

**(a) Summative written examinations** will occur on the following dates:

	<b>Examination 1: <del>Blood Flow and Oxygenation</del> <u>Infections and Fever</u> (<del>40.5</del> <u>33.0</u> hrs)</b>	<b>Examination 2: Cough and Dyspnea (<del>49.5</del> <u>52.0</u> hrs)</b>	<b>Examination 3: Abdominal Pain and Jaundice (<del>56.0</del> <u>44.5</u> hrs)</b>	<b>Examination 4: Joint Pain (<del>41.0</del> <u>42.0</u> hrs)</b>	<b>Examination 5: Dizziness, Headache and Vertigo (<del>34.5</del> <u>36.5</u> hrs)</b>
<b>Examination date</b>	<del>February 03, 2020</del> <u>February 03, 2021</u>	<del>March 09, 2020</del> <u>March 09, 2021</u>	<del>April 08, 2020</del> <u>April 08, 2021</u>	<del>June 08, 2020</del> <u>June 08, 2021</u>	<del>June 26, 2020</del> <u>June 26, 2021</u>
<b>Reassessment date</b>	<del>February 13, 2020</del> <u>February 13, 2021</u>	<del>March 19, 2020</del> <u>March 19, 2021</u>	<del>April 22, 2020</del> <u>April 22, 2021 (half class) or May 06, 2020</u> <u>April 28, 2021 (half class)</u>	<del>June 18, 2020</del> <u>June 18, 2021</u>	<del>July 09, 2020</del> <u>July 09, 2021</u>

*Note: Learners who are required to reassess for Examination 5 must be available on July ~~09, 2020~~ 09, 2021 for the reassessment examination. If not available on this date, learners must apply for a deferral to write the reassessment at a later date.*

A modified Hofstee method is used to set standards for the summative written examinations. Using this method, the UGMS sets the following parameters for Phase 2:

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

In Phase 2, the modified Hofstee method determines the final pass mark if any learners achieve a mark less than 70%. This Hofstee pass mark will be between 60 and 70%.

**(b) Emerging Infectious Disease Group Assignments** are due February 18, 2021

The tutorials for the Emerging Infectious Disease content will be assessed with three (3) group assignments, based on a case study for each of the following sessions: Vaccination tutorial, Emerging Infectious Diseases tutorial and Case and Outbreak Management tutorial. Each group assignment is 400-800 words in length and will be assessed on a pass/fail basis. Details will be available on Brightspace (D2L).

## REASSESSMENT

- Learners who fail an examination will be required to write a reassessment MCQ examination.
- Reassessment will be required if a learner achieves a mark <70% or, if applicable, less than the Hofstee pass mark on any one of the five written summative examinations.
- Learners who fail a written summative examination reassessment will be required to meet with the Phase Lead or a delegate, and the [student wellness-Learner Well-being Consultant](#) if the learner so wishes, to support the learner's academic needs.
- Learners who achieve less than 70% on two or more summative examinations will be required to meet with the Phase Lead or a delegate, and the [student wellness-Learner Well-Being Consultant](#) if the learner so wishes, to support the learner's academic needs.
- A learner may be reassessed for any failed assessment only once.
- The maximum mark for a reassessment is 70% or, if applicable, the Hofstee pass mark in the case of the written summative examinations.

## LATE ASSIGNMENTS

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

## COURSE SUCCESS CRITERIA

**To pass the course, a learner must:**

- Pass at least 4 of the 5 written examinations,
- Achieve an average mark of  $\geq 70\%$  or the adjusted Hofstee pass score based on the weighted pass marks across the 5 examinations, and
- Complete and submit all assessments [and assignments](#).

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 the next Phase. Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.



## Revisions to Course Assessment Plans Executive Summary

### Phase 2

Course number and name: **MED 6760 Clinical Skills II**

- 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
  - **Updated course description to align with university calendar.**

New language/statements
Clinical Skills II has learners develop clinical reasoning skills used in patient-centered care using focused interviewing, examination, and communication skills.

Version: September 30, 2020

Reviewed by SAS:

UGMS Approval:

**MED 6760: Clinical Skills II**  
**Phase 2 Class of ~~2023~~2024**  
**Winter/Spring ~~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 6760: Clinical Skills II**.

**MED 6760: Clinical Skills II** ~~continues to teach learners the patient centered interview and introduces learners to the history and physical examination of the body systems~~ has learners develop clinical reasoning skills used in patient-centered care using focused interviewing, examination, and communication skills.

**Attendance at all Clinical Skills II sessions is mandatory.** Please see the Leave Policy and Clinical Skills document on Brightspace (D2L).

### **COURSE ASSESSMENT**

Learners will be assessed with both formative and summative assessments throughout the course.

**Formative Assessments** do not count towards the final grade and are intended to help learners monitor their learning. Formative assessment will consist of self-assessment, witnessed interviews and physical examination of standardized patients (SPs), as well as written homework. Learners receive ongoing oral and written assessments from instructors, SPs and peer members of the small group.

In addition to the ongoing feedback, there are two formal formative assessment exercises:

1. Formative OSCE assessment: Learners will do a two station practice OSCE on ~~May 20, 2020~~ May 19, 2021 (tentative). Learners are given verbal feedback following each station.
2. Formative Evaluation Interview: Each learner does an interview with a facilitator on ~~March 25, 2020~~ March 31, 2021 (tentative). Learners are given verbal feedback following the interview.

Written formative assessments may utilize the same four point internal grading scale that is used for summative assessments. Formative assessments are designed to help the learner prepare for summative assessments and must be completed to pass the course.

Version: September 30, 2020  
 Reviewed by SAS:  
 UGMS Approval:

**Summative assessment** consists of:

1. Communication Summative Assessment Report (SAR): On ~~April 01, 2020~~ April 7, 2021 (tentative), each learner will receive a summative evaluation from their instructor based on all of the sessional work from their phase 2 communication clinical skills:
  - i. Participation
  - ii. Interest
  - iii. Interviewing skills
  - iv. Write ups from interview

The communication SAR is recorded on one45. A copy of the Communication SAR is available on Brightspace (D2L) for learner's reference.

2. OSCE 1: On ~~June 12, 2020~~ June 11, 2021 (tentative) learners complete a formal examination focusing on physical exam and history taking in a series of patient scenarios. There is an OSCE Study Day scheduled for ~~June 11, 2020~~ June 11, 2021 (tentative).

Clinical Skills is a **Pass/Fail** course on a learner's transcript. However, overall results for each component are expressed on a four-point **internal scale** of **exemplary, competent, developing, or unsatisfactory** as follows:

- Communication Summative Assessment Report (SAR): Marked on a four-point internal scale of **exemplary, competent, developing, or unsatisfactory**. Sample assessment forms are available on Brightspace (D2L).

OSCE 1: Marked as **competent or unsatisfactory**. The provisional mark to achieve competency for OSCE examinations is 80%. A borderline regression method, a well-established standard-setting model in medical education, is used to set the cut-score for Competent/Unacceptable using the class results from each OSCE examination. The following criteria are used to determine competent/unacceptable status in the OSCE examination:

- Any learner getting a mark above 80% overall will receive a competent grade in the OSCE
- Any learner getting an overall mark at or above the pass mark as calculated by the borderline regression method and passing at least 7 out of the 10 stations will receive a competent grade in the OSCE

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Reviewed by SAS:

UGMS Approval:

- Any learner getting an overall mark below the pass mark as calculated by the borderline regression method will receive an unacceptable grade in the OSCE
- Any learner failing more than 3 out of the 10 stations and getting an overall mark below 80% will receive an unacceptable grade in the OSCE

## REASSESSMENT

**Reassessment** will be required if a learner receives a mark of developing or unsatisfactory performance in the communication SAR or receives an unsatisfactory grade in the OSCE<sub>1</sub>. A learner may be re-assessed **only once**. Following the reassessment, the learner will be given a final grade of pass or fail.

## COURSE SUCCESS CRITERIA

**To pass the course, a learner must:**

- Receive a mark of competent or exemplary performance in the communication SAR and a competent performance in the OSCE 1, or after re-assessment, and
- Complete all assessments and reassessments, and
- Attend all sessions as per the course requirements

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

Learners will receive their grades from the Undergraduate Medical Education (UGME) office via one45.

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

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Reviewed by SAS:

UGMS Approval:

## Revisions to Course Assessment Plans

### Executive Summary

#### Phase 2

Course number and name: **MED 6770 Physician Competencies II**

- 1) Summary of Major Changes from Most Recent Course Offering
  - **Leadership modules moved from own block to Physician Competencies block with adjustment of block weighting**
  - **Added analytical essay for professionalism (physicianship). The respective sessions were moved to Phase 2 due to the re-scheduling of the White Coat ceremony.**
  - **Health Ethics and Law replacing essay for Diversity sessions with in-class group assignment. This is to align assessment with sessions on Advanced Care Planning, Duty of Care, and Negligence sessions which already utilize in-class group assignments. 3 out of 4 sessions now required to pass.**
  - **IPE Communication replacing active participation with content quiz. This is due to the remote delivery of the sessions and has been used in Phases 1 and 3 as well.**
  
- 2) Changes to Assessment Methods
 

**Analytical essay for professionalism added. Minor changes in weighting of component assignments to accommodate this change.**

Previous Assessment Method(s)	Revised Assessment Methods
Professionalism essay	No change
	Professionalism (physicianship) essay
Health Ethics and Law in Medicine: Essay on Diversity sessions In-class assignment on Advanced Care Planning, Duty of Care, and Negligence sessions	In-class group assignments for all sessions
IPE Communication: active participation, reflective assignment	Content quiz
Critical Appraisal group presentation	No change
Patient Safety reflective essay	No change
Professionalism (CMPA) module written assignment	No change
Lifelong Learning written assignments (2)	No change
Peer Assessment reflection assignment	No change
Research curriculum: Research proposal, ethics screening tool, ethics application if relevant, Powerpoint presentation at Research Day	No change
Leadership in Medicine modules written assignments (2)	No change

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UGMS Approval:

- 3) Changes to Assessment Criteria for Successful Completion
- **Learners required to pass each of the two course blocks**

- 4) New Language or Statements
- **Updated course description to align with university calendar.**
  - **Using new title of Learner Well-Being Consultant.**

New language/statements
-------------------------

MED6770 Physician Competencies II has learners build on their knowledge of concepts that encompass the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.
---

**MED 6770: Physician Competencies II**  
**Phase 2, Class of ~~2023~~2024**  
**Winter/Spring ~~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 6770: Physician Competencies II**.

**MED 6770: Physician Competencies II** has learners ~~apply concepts that encompass the non-medical expert CanMEDS roles in the context of the patient's change in health status, its management and prevention.~~ build on their knowledge of concepts that encompass the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.

**COURSE ASSESSMENT**

Learners will be assessed with both formative and summative assessments throughout the course.

**Formative Assessments** do not count towards the final grade and are intended to help learners monitor their learning. Learners will receive formal formative feedback from component assignments. Learners are also expected to review and learn from their performance on the summative assessments that occur throughout the course.

-Peer assessments of professional behaviours: All learners are required to participate in a peer assessment of professional behaviours during Phase 2. You will be asked to assess the learners in your clinical skills group, based on your observation of their professional behaviour during the clinical skills sessions. Peer assessment forms will be completed on One45 and a copy of the form is available on Brightspace (D2L) for your reference. Learners will each receive a summary report of their feedback collated by the UGME office. The cut-off date for the completion of forms is **May 26, ~~2020~~2021**. These peer assessment reports are formative and do not contribute to the overall summative mark for the course. However, learners are required to complete a summative reflection on the peer assessment process which will contribute to the overall mark for the course.

**Summative Assessments** are divided into ~~three~~ two blocks: (a) Physician Competencies Sessions Block and; (b) the Research Project Block, ~~and (c) the Leadership in Medicine Block.~~ Within these blocks there are a number of components, each with its own summative assessments. Each of these summative assessments is graded and contributes to the final summative mark that the learner will receive for the course.

Note that some course sessions are designated as **mandatory attendance**. Learners must participate in these sessions and complete any associated exercises.

The contribution of marks for each block towards the final course grade is as follows:

Physician Competencies Sessions Block	<del>55</del> 50%
Research Project Block	<del>45</del> 40%
<del>Leadership in Medicine Block</del>	<del>10</del> 0%
Total	<u>100</u> 0%

The pass mark for each individual summative assessment is 70%. The pass mark for each of the ~~three~~two blocks is 70% of the total marks assigned to that block. The final grade and average will be compiled at the end of the Phase.

**(a) The Physician Competencies Sessions Block** consists of the following components:

Component	Summative Assessment Method	Length	Due Date	Final grade contribution
Professionalism	Analytical essay ( <a href="#">professionalism 1-3</a> )	750-1000 words	<del>February 26, 2020</del> <a href="#">March 5, 2021</a> 4:00p.m.	<u>5</u> %
	<a href="#">Analytical essay (physicianship)</a>	<a href="#">1000-1750 words</a>	<a href="#">February 12, 2021</a>	<u>2</u> %
Health Ethics and Law in Medicine	<del>Essay (on Diversity sessions)*</del>	<del>1000 words maximum</del>	<del>April 03, 2020</del>	<del>11</del> <u>9</u> %
	In-class group assignments:			
	<a href="#">1) Diversity, Culture and Ethics</a>	<del>NA</del>	<a href="#">February 2, 2021</a>	
	<a href="#">2) Advanced Care Planning</a>	NA	<del>March 12, 2020</del> <a href="#">June 10, 2020</a>	
<a href="#">3) Duty of Care,</a>	NA	<a href="#">March 11, 2021</a>		
<a href="#">4) Negligence</a>	NA	<a href="#">May 19, 2021</a>		
<del>(2 of 3 of 4 required to pass)*</del>			<del>June 24, 2020</del> <a href="#">June 9, 2021</a>	

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UGMS Approval:





	Submission of research proposal to supervisor* and Brightspace (D2L) for marking	2000-3000 words	<del>May 01, 2020</del> <del>April 23, 2021</del> (1/2 class) <del>May 15, 2020</del> <del>May 07, 2021</del> (1/2 class)	
	Submission of ethics application draft to supervisor (if applicable)	Varies	<del>May 01, 2020</del> <del>April 23, 2021</del> (1/2 class) <del>May 15, 2020</del> <del>May 07, 2021</del> (1/2 class)	
	Submission of TCPS 2: CORE certificate to <del>UGME</del> Brightspace (D2L)	NA	May <del>21, 2020</del> <del>2020</del> , <del>2021</del>	
	Submission of signed assessment rubric to UGME with supervisor's signature	NA	May <del>21, 2020</del> <del>2020</del> , <del>2021</del>	
	PowerPoint presentation*	NA	May <del>21, 2020</del> <del>2020</del> , <del>2021</del>	<del>7.5</del> <u>10</u> %
<b>Total</b>				<del>40</del> <u>45</u> %

~~(c) The Leadership in Medicine Block consists of the following components:~~

~~-~~  
~~-~~

<b>Component</b>	<b>Summative Assessment Method</b>	<b>Length</b>	<b>Due Date</b>	<b>Final grade contribution</b>
<del>Strategic Planning in Health Care</del>	<del>Written assignment*</del>	<del>750-1000 words</del>	<del>May 29, 2020</del>	<del>5%</del>
<del>Program Evaluation in Healthcare Settings</del>	<del>Written assignment*</del>	<del>750-1000 words</del>	<del>May 29, 2020</del>	<del>5%</del>
<b>Total</b>				<del>10%</del>

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UGMS Approval:

\*Details (including rubric where applicable) for this assignment are available in Brightspace (D2L).

## REASSESSMENT

- Reassessment will be required if a learner achieves a mark <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%.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the [student wellness/Learner Well-Being C](#)onsultant if the learner so wishes, to support the learner's academic needs.

## LATE ASSIGNMENTS

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

## COURSE SUCCESS CRITERIA

To pass the course, a learner must:

- Pass ~~at least two of the three~~ both of the two course Blocks,
- Achieve an average mark of  $\geq 70\%$  ~~or the adjusted Hofstee pass score~~ based on the weighted pass marks across the assignments,
- Complete and submit all course assignments and assessments, and
- Attend all sessions designated as mandatory and complete any associated activities.

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

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UGMS Approval:

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 the next Phase. Even in the absence of any Fail grades, a learner for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.



# UGMS Summary Report

November 2020

Phase Team or Sub-Committee: iTac

Liaison to the UGMS: Steve Pennell

Date of Last Phase Team or Sub-Committee Meeting: 1/ Oct / 2020

Date of Next Phase Team or Sub-Committee Meeting: 14 / Jan / 2021

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:
<b>Still need to discuss:</b> Change T-Res to include statements on EPA feedback instead of open text box. Students are telling us it's not working and preceptors are telling students to fill it in and they will sign off. Not constructive.
Assessments are going well with a few personal technical issues. Need to discuss use of paper (issue with anatomy questions)

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# UGMS Summary Report

November 2020

**Phase Team or Sub-Committee:** Curriculum Oversight Working Group

**Liaison to the UGMS:** Alison Haynes / Brian Kerr

**Date of Last Phase Team or Sub-Committee Meeting:** 30 / 10 / 2020 (e-mail discussions)

**Date of Next Phase Team or Sub-Committee Meeting:** TBD

Agenda Items Requiring Phase Team or Sub-Committee Action						
Phase	Item (Session)	Change Type			Action	
		Title Change	Reword Objectives	Modify MCC Objectives	Approved	Implemented
1	Normal Lab Values and Their Interpretation	x	x		x	x

Agenda Items Requiring UGMS Action:
1. Revisions to Policy for Curriculum Changes in the M.D. Program

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

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## Policy for Curriculum Changes in the M.D. Program

<b>Office of Accountability:</b>	Undergraduate Medical Education Office
<b>Office of Administrative Responsibility:</b>	Undergraduate Medical Education Office
<b>Approver:</b>	Undergraduate Medical Studies Committee
<b>Approval Date:</b>	October 16, 2019
<b>Review Date:</b>	October 16, 2022

### Definitions

<b>Curriculum Oversight Working Group (COWG)</b>	Subcommittee of the Undergraduate Medical Studies (UGMS) Committee that is responsible for monitoring curricular content and objectives, and enhancing, clarifying and maintaining processes related to the ongoing review, monitoring, and management of curriculum.
<b>Session</b>	A component of course delivery which includes, but is not limited to, a lecture, lab, or tutorial.
<b>Undergraduate Medical Studies (UGMS) Committee</b>	A committee established to govern all aspects of the curriculum for the Doctor of Medicine (M.D.) program.

### Overview

Curriculum review is an essential component for the effective delivery of the Doctor of Medicine (M.D.) program. As indicated in the accreditation standards of the Committee on Accreditation of Canadian Medical Schools (CACMS), the Faculty of Medicine (FoM) has a responsibility to engage in the ongoing monitoring, review, and revision of program objectives, learning objectives, curriculum content, and instructional and assessment methods for the M.D. program. Proposed changes to the M.D. program curriculum require appropriate consultation, review, and approval prior to implementation.

## Policy for Curriculum Changes in the M.D. Program

### **Purpose**

To support the review and approval process for curriculum development and modification in the M.D. program.

### **Scope**

The M.D. program at Memorial University of Newfoundland (Memorial).

### **Policy**

#### **1.0 Type of Curriculum Changes**

1.1 Approval requirements and processes are dependent on the type of curriculum change being recommended. Curriculum changes are grouped into the categories as described below.

#### **1.2 Minor Curriculum Content Changes**

1.2.1 Minor curriculum content changes are revisions that do not affect the intended content and/or delivery of the curriculum. Examples include, but are not limited to:

1.2.1.1 Session title modification;

1.2.1.2 Re-wording of session objectives;

1.2.1.3 Changing session teaching and learning methods;

1.2.1.4 Splitting a session into multiple sessions; merging multiple sessions into one.



## Policy for Curriculum Changes in the M.D. Program

### 1.3 Major Curriculum Content Changes

1.3.1 Major curriculum content changes are revisions that significantly modify the intended content and/or delivery of the curriculum. Examples include, but are not limited to:

- 1.3.1.1 Adding or removing objectives for a session;
- 1.3.1.2 Assigning objectives to a different session;
- 1.3.1.3 Increasing or decreasing the length of time for a session;
- 1.3.1.4 Moving a session to a different theme or Phase;
- 1.3.1.5 Adding or removing a session in a course;
- 1.3.1.6 Assessment method changes.

### 1.4 Minor Program Changes

1.4.1 Minor program changes are modifications to program components that do not affect the intended delivery of the program. Normally, these changes are initiated from undergraduate medical education (UGME) leadership teams (e.g. Phase Management Team; Curriculum Oversight Working Group (COWG); Undergraduate Medical Studies (UGMS) committee). Examples of minor program changes include, but are not limited to:

- 1.4.1.1 Changing course goals;
- 1.4.1.2 Changing course names;
- 1.4.1.3 Changing course descriptions;
- 1.4.1.4 Changing program outcomes.

### 1.5 Major Program Changes

1.5.1. Major program changes, as outlined in the CACMS [Rules of Procedure](#), are major modifications of the M.D. program curriculum and include a major reorganization of one or more years of the program, the program as a whole, or the introduction of a new educational 'track' (a parallel program of study for a segment of the student body).

## Policy for Curriculum Changes in the M.D. Program

- 1.5.2. CACMS must be provided with a notification of major modifications, as well as planned class-size increases or the introduction of new or expanded branch campuses.

### Procedure

- A.0 All proposals related to curriculum content change(s) as described in **1.2** and **1.3** will require completion of a [Curriculum Change Form](#).
- A.1. Minor Curriculum Content Change
  - A.1.1. Lecturer completes the [Curriculum Change Form](#).
    - A.1.1.1. Proposals for a Minor Curriculum Content Change will require a brief summary of the current curriculum item and the proposed change(s).
  - A.1.2. The completed form is sent to the COWG for approval.
  - A.1.3. The Chair of the COWG will bring the proposed change(s) forward to the UGMS committee for information purposes.
- A.2. Major Curriculum Content Change
  - A.2.1. Lecturer completes the [Curriculum Change Form](#). Proposals for a Major Curriculum Content Change will require:
    - A.2.1.1. an overview of the change(s) being proposed;
    - A.2.1.2. the rationale for the proposed change(s) with supporting evidence;
    - A.2.1.3. an outline of the learning objectives (if applicable);
    - A.2.1.4. description of how the proposed change(s) will be delivered in the curriculum (if applicable);
    - A.2.1.5. description of how the proposed change(s) will be assessed (if applicable).
  - A.2.2. The completed form is sent to the COWG for review. The COWG will consult with the appropriate Undergraduate Content Lead (UCL).

## Policy for Curriculum Changes in the M.D. Program

- A.2.3. The COWG will bring the proposed changes to the appropriate Phase Management Team for review.
- A.2.4. If supported by the Phase Management Team, the Phase Lead will present the proposed changes to the UGMS committee for final approval.

### B.0 Minor/Major Program Changes

- B.1. Proposals for minor and major program changes are brought forward to UGMS for approval.
  - B.1.1. Modifications to course names and course descriptions require a university calendar change once approved by UGMS. Such changes require additional approval by the FoM Faculty Council, Senate Committee on Undergraduate Studies (SCUGS) and Senate.
  - B.1.2. Major program changes, once approved by UGMS, are brought forward to the FoM Faculty Council for approval.
    - B.1.2.1. A notification of approved major program changes are sent to CACMS.

### C.0 Timelines

- C.1. Curriculum content/program change proposals may be submitted at any time however, the effective date will ultimately be determined by the date of final approval. The more significant the proposed change, the longer it will take for the proposal to flow through the appropriate approval processes.
  - C.1.1. The implementation of curriculum content/program changes may have to be deferred to the following academic year.

## 1.0 Type of Curriculum Changes

- 1.1. Approval requirements and processes are dependent on the type of curriculum change being recommended. Curriculum changes are grouped into the categories as described below.
- 1.2. Minor Curriculum Content Changes
  - 1.2.1. Minor curriculum content changes are revisions that do not significantly affect the intended content and/or delivery of the curriculum. Examples include, but are not limited to:
    - 1.2.1.1. Session title modification;
    - 1.2.1.2. Re-wording of session objectives;
    - 1.2.1.3. Adding or removing objectives for a session;
    - 1.2.1.4. Assigning objectives to a different session;
    - 1.2.1.5. Changing session teaching and learning methods;
    - 1.2.1.6. Splitting a session into multiple sessions; merging multiple sessions into one.
- 1.3. Major Curriculum Content Changes
  - 1.3.1. Major curriculum content changes are revisions that significantly modify the intended content and/or delivery of the curriculum. Examples include, but are not limited to:
    - ~~1.3.1.1. Adding or removing objectives for a session;~~
    - ~~1.3.1.2. Assigning objectives to a different session;~~
    - 1.3.1.3. Increasing or decreasing the length of time for a session;
    - 1.3.1.4. Moving a session to a different theme or Phase;
    - 1.3.1.5. Adding or removing a session in a course;
    - 1.3.1.6. Assessment method changes.

## A.2 Major Curriculum Content Change

- A.2.1. Lecturer completes the Curriculum Change Form. Proposals for a Major Curriculum Content Change will require:
  - A.2.1.1. an overview of the change(s) being proposed;
  - A.2.1.2. the rationale for the proposed change(s) with supporting evidence;
  - A.2.1.3. an outline of the learning objectives (if applicable);
  - A.2.1.4. description of how the proposed change(s) will be delivered in the curriculum (if applicable);
  - A.2.1.5. description of how the proposed change(s) will be assessed (if applicable).
- A.2.2. The completed form is sent to the COWG for review. The COWG will consult with the appropriate UCL.
- A.2.3. The COWG will bring the proposed changes to the appropriate Phase Management Team and/or the Student Assessment Subcommittee (SAS) for review.
- A.2.4. If supported by the Phase Management Team, the Phase Lead will present the proposed changes to the UGMS committee for final approval.



## UGMS Summary Report

November 2020

**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:** 03/11/2020

**Date of Next Phase Team or Sub-Committee Meeting:** 01/12/2020

<b>Agenda Items Requiring Phase Team or Sub-Committee Action</b>		
<b>Item</b>	<b>Recommended Action</b>	<b>Status</b>
7720 Clinical Skills Class of 2022 SAS Evaluation Report Response	Dr. Gill to complete SAS Response Report template for submission to SAS	Completed

<b>Agenda Items Requiring UGMS Action:</b>
1.
2.
3.

<b>Additional Comments, Suggestions, New or Pending Business:</b>
1. QI Session will be held November 17, 2020.
2. Clinical Skills access to CLCS area is an urgent concern for learners and faculty.
3. Ongoing concerns were highlighted regarding faculty making schedule changes, submitting course materials/slides/recorded lectures on time and the downstream impact of this on learners – learners will be drafting a letter of concern.

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# UGMS Summary Report

November 2020

**Phase Team or Sub-Committee:** Phase 1 Management Team

**Liaison to the UGMS:** Amanda Pendergast

**Date of Last Phase Team or Sub-Committee Meeting:** 22 / October / 2020

**Date of Next Phase Team or Sub-Committee Meeting:** 26 / November / 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Anatomy lectures-trouble following, unable to ask questions	L. Gillespie has reviewed power point A. Pendergast spoke with students about q and q	
Research curriculum supervisors	Some learners required an extension, most have been matched	

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

Additional Comments, Suggestions, New or Pending Business:
1. Concerns re. delivery and assessment of Phase 1 Biostatistical sessions
2. Overall concern from learners with moving to Phase 2 (wanting more in person teaching)
3.

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# UGMS Summary Report

November 2020

**Phase Team or Sub-Committee:** New Brunswick Report

**Liaison to the UGMS:** Todd Lambert

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

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

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

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

Additional Comments, Suggestions, New or Pending Business:
1. NB Electives update
2. 2021/2022 class clerkship track development
3. Action items from MUN NB leadership and unit meetings

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# UGMS Summary Report

November 2020

**Phase Team or Sub-Committee:** SMC, Senate, SCUGS

**Liaison to the UGMS:** Tanis Adey

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

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

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. Link to Senate minutes: <a href="https://www.mun.ca/senate/meetings/2011-2020/">https://www.mun.ca/senate/meetings/2011-2020/</a>
2. Strategic Framework for Indigenization presented to Senate for endorsement.
3. Organizing UGME Town Hall

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