



UGMS Meeting Minutes

Wednesday, October 21, 2020

4:00-5:30 p.m. via Webex

Members (in alphabetical order):

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

Time Est.	Topic	ACTION
1 minutes	Welcome Yaswanta Gummadi new learner representative	T. Adey
1 minute	Agenda review - Review for Conflict of Interest - Confirmation of Agenda	Approve the agenda Moved A. Goodridge Seconded J. Gill
2 minutes	Review and approval of previous minutes – September 16, 2020 meeting	Approve minutes from previous meeting Moved N. Duggan Seconded V. Curran Abstention Y. Gummadi Approved
5 minutes	1. Matters arising from the minutes 1.1 Committee members to connect with A. Pendergast to discuss strategies to improve learner engagement. A. Pendergast facilitated two QI sessions have helped with the connection and pandemic/virtual learning challenges.	

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



UGMS Meeting Minutes

Wednesday, October 21, 2020
4:00-5:30 p.m. via Webex

	<p>1.2 Timeline for UGMS document circulation, etc.</p> <ul style="list-style-type: none"> • Draft minutes distributed 5 business days after the meeting • Call for Documents and Reports 2 Fridays before • Documents and reports due to the UGMS admin committee the week prior to the meeting • Agenda, reports, and supporting documentation distributed Friday prior to the meeting 	<p>Adopt the timeline for UGMS documentation circulation Moved J. Gill Seconded A. Pendergast Approved</p>
5 minutes	<p>2. New business</p> <ul style="list-style-type: none"> • Clinical Skills sessions will be delivered face-to-face and we are exploring options to offer other critical sessions face-to-face (i.e. laboratories, etc.) 	
	<p>3. Standing Committee reports</p>	
5 minutes	<p>a) PESC (Attached documents for review)</p> <p>Tracking document for PESC, Curriculum Change Compendium presented to UGMS for consideration for its use by UGMS and its subcommittees</p> <p>Documentation of outcomes within Compendium showing as effective for optimizing initiatives with face-to-face sessions post-COVID.</p> <p>Will support the documentation of examples for the purposes of Accreditation.</p>	
5 minutes	<p>b) SAS (Attached documents for review)</p> <ul style="list-style-type: none"> • Executive summary of course assessment reports. • Regular evaluation of Learner assessment and learner feedback. • Changes to assessment delivery over the Winter and Spring, shift to open book. • Average grades were slightly higher, mean scores for the course were approximately the same as previous years. • Community Visit assessment changed to a reflection. • Block exam mean scores showed no obvious discrepancies from previous years. • Some changes to assessment for Phase 1: 	

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



UGMS Meeting Minutes

Wednesday, October 21, 2020
4:00-5:30 p.m. via Webex

	<ul style="list-style-type: none"> • Health Ethics and Law, 2 large assignments shifted to 7 smaller group assignments. First will be formative, remaining 6 will be summative. Second assignment, which will be summative due 24 November, 2020 • Proposal to change due dates for Physician Competencies IV research • Approved use of Proctorio for online invigilation. Artificial Intelligence records/flags suspicious behaviours. Parameters for flagging: <ul style="list-style-type: none"> ○ Multi-face ○ Leaving room ○ Navigating away from the exam page ○ Resizing the web-browser • Block exams will include a statement of examination guideline which align with University policies surrounding academic integrity. • Learners may use scrap paper and destroy it upon completion of the exam. Learners are partial to using scrap paper over a whiteboard function. 	<p>Change in the number of Health Ethics and Law assignments Moved V. Curran Seconded A. Pendergast Approved</p> <p>Phase IV Research Deliverables due dates change Moved V. Curran Seconded N. Duggan Approved</p> <p>Parameters for Proctorio invigilation Moved V. Curran Seconded S. Pennell</p> <p>Discussion</p> <p>Action: C. Peddle to draft email to pre-clinical learners from SAS report re parameters and scrap paper for Proctorio, circulate to Phase 1-3 Leads for feedback, and then circulate to learners. Approved</p>
5 minutes	<p>c) iTac</p> <ul style="list-style-type: none"> • Learners are looking for extra support during exams <ul style="list-style-type: none"> ○ email to d2l@med.mun.ca will be supplemented with 1-888 numbers for IT support during summative exams. • Learners suggested UWorld institutional license (\$20,000/year) is not available to replace Board Vitals 	

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



UGMS Meeting Minutes

Wednesday, October 21, 2020
4:00-5:30 p.m. via Webex

	<p>(\$6,000/year) for exam practice. Better uptake of Board Vitals since it was suggested.</p> <ul style="list-style-type: none"> T-Res selectable statements suggested – preceptor is telling learners to complete it and the preceptor will approve. Inhibits the process of preceptor providing narrative feedback to learners. 	<p>Action: S. Pennell and N. Duggan to discuss and bring back to UGMS, if necessary.</p>
5 minutes	<p>d) COWG (Attached document for review)</p> <ul style="list-style-type: none"> Minor curriculum changes FYI Major curriculum changes will be presented to UGMS by Phase Leads Timeliness of Faculty response re. teaching and delivery methodologies has been improving In-person instruction discussions ongoing for Winter 2021. 	
5 minutes	<p>4. Phase 4 report</p> <ul style="list-style-type: none"> Proctored NBME Progress Test for the class of 2021 QI session on 30 September Physician Competencies IV noted as having been impacted the most as a result of COVID-19-related restrictions 	
5 minutes	<p>5. Phase 3 report (Attached document for review)</p> <ul style="list-style-type: none"> Major Curriculum Change: Antepartum care session will be increased by 30 minutes to include perinatal mental health (not previously included) Currently in the pregnancy and delivery block Relevant objectives will be added Lecture integrated teaching by Royal College Physicians and College of Family Physicians 	<p>Addition of 30 minutes and objectives to Antepartum care session</p> <p>Moved J. Gill Seconded N. Duggan Discussion Approved</p>



UGMS Meeting Minutes

Wednesday, October 21, 2020
4:00-5:30 p.m. via Webex

5 minutes	<p>6. Phase 2 report (Attached documents for review)</p> <ul style="list-style-type: none"> • PESC reports reviewed at most recent meeting • Major Curriculum Change: adding new objectives for Anatomy sessions to “outline the anatomical basis of common clinical correlations of...” of each system. • Removing a session (travel case study in Patient Course, redundant with vaccination session). Add a session on case and outbreak management tutorial with additional objectives outlined in report • Assessment Plan Approval for the Winter of 2021 will be presented by SAS next UGMS meeting. 	<p>Add objective with suggested wording for each of the systems laboratories Moved H. Jackman Seconded N. Duggan Approved</p> <p>Remove travel case study and replace with case and outbreak management tutorial Moved A. Goodridge Seconded T. Hearn Approved</p>
5 minutes	<p>7. Phase 1 report (Attached document for review)</p> <ul style="list-style-type: none"> • Major Curriculum changes <ul style="list-style-type: none"> • introduction to POCUS session (moving from phase 2 into phase 1) • Biochemistry lecture (energy utilization) objectives covered somewhere else and going to be removed, and two others will be modified. <p>A. Pendergast reports that learners have been very receptive of faculty responsiveness and support</p>	<p>PoCUS objectives move from Phase 2 CS to Phase 1 – Anatomy laboratory videos Moved by A. Pendergast Seconded N. Duggan Approved</p> <p>Biochemistry lecture energy consumption/utilization changes Moved A. Pendergast Seconded N. Duggan Approved</p>

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



UGMS Meeting Minutes

Wednesday, October 21, 2020

4:00-5:30 p.m. via Webex

5 minutes	<p>8. Report from NB (Attached documents for review)</p> <ul style="list-style-type: none"> • Onboarding new program Manager Robin Lanthangue (started 1 October, 2020) • Next week is full with leadership meetings virtual site visits • Ad hoc member of the COVID-19 task force (92 active cases, in areas where learners go, now moving back to a yellow zone). 	
5 minutes	<p>9. Accreditation matters</p> <ul style="list-style-type: none"> • Communications planning • Presenting to DEIST in the coming weeks • Will be in a good position with the implementation of COWG • Extra year to prepare for site visit 	
5 minutes	<p>10. Learner issues</p> <ul style="list-style-type: none"> • Best time for faculty evaluations is ILS periods (after the exam). A. Haynes reports that faculty evaluation is currently slotted in the schedule. • Scrap paper for exams issue resolved. 	
5 minutes	<p>11. SMC / Senate / SCUGS / University issues (Attached documents for review)</p> <ul style="list-style-type: none"> • University is primarily virtual after the Winter Break • MD program working through in-person sessions • With the move to CBME there is increased demand on CLSC by PGME, which decreases the capacity to support the MD program. This is further compounded by the pandemic. • University is going through Strategic Planning. Link to Senate minutes in the report. • Town hall at 8:00 p.m. 21 October, 2020 (NLT) with J. Trudeau, V. Timmons, S. O'Reagan. 	
	12. Policy	TBD
5 minutes	<p>13. UGME office report</p> <ul style="list-style-type: none"> • UGME Administrator position is set to go on the job board this week. With agreement of the CUPE position will be posted internal/external. 	

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



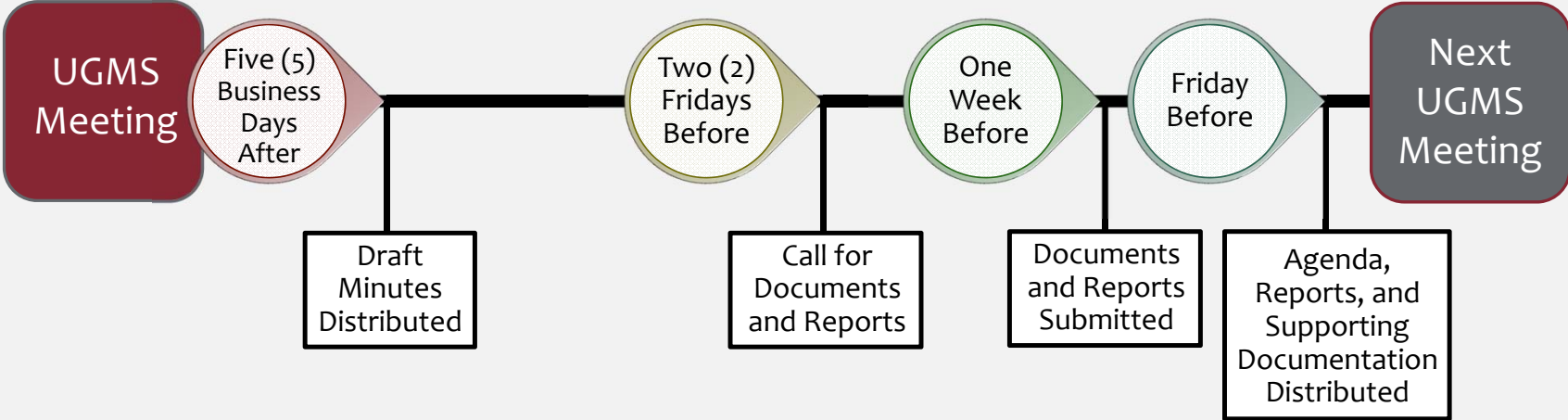
UGMS Meeting Minutes

Wednesday, October 21, 2020
4:00-5:30 p.m. via Webex

Next Meeting November 18, 2020

Keep in View	UGMS terms of reference, including voting rights Exam deferral policy
--------------	--

Timeline for UGMS Document Circulation





UGMS Summary Report

October 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: 15 / September / 2020

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

Agenda Items Requiring Phase Team or Sub-Committee Action

Item	Recommended Action	Status
H. Coombs spoke to the data reports for MED8730 and MED8750, focusing on those rotations that students reported they would not recommend. For MED8730, 16 rotations were not recommended and for MED8740, 3 rotations received a 1 or 2 for the question "Overall, this was a good rotation." Most of those rotations were located in other hospitals/schools across the country. The committee wondered what is usually done with this information and if students receive any information on the various electives and selectives. It was suggested that these documents be shared with the students. H. Coombs suggested looking into those rotations in further detail and compare with previous years to identify potential rotations that are consistently not recommended.	A. Goodridge & H. Coombs to contact C. Murray (MED8730) and C. Patey (MED8740) about rotations not recommended. H. Coombs to look into longitudinal data related to rotations not recommended.	In process. H. Coombs contacted C. Murray and C. Patey who agreed that a database of rotations that are not recommended would be useful to identify trends and potentially problematic rotations. H. Coombs to start putting together the database.
H. Jackman presented the Phase 2 Course Evaluation Summary Reports, noting that all Phase 2 courses went well this year.	H. Jackman to prepare response reports and present at next PESC meeting.	H. Jackman completed the Response Reports and will present to PESC on Oct 20th.
H. Coombs is setting up QI sessions for all Phases. As in previous years, pre-clerkship sessions will occur at the end of the Integrated Learning Sessions where possible. H. Coombs is working on a plan for Phase 4 with N. Duggan and Ashley Anthony.	H. Coombs to make QI arrangements.	H. Coombs arranged QI for Phases 1 and 3; A. Pendergast held a session for Phase 1 (Sept 25); N Duggan held a session for

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

October 2020

		Phase 4 (Sept 30); J. Gill will hold the first session for Phase 3 on Oct 26th; remaining sessions for Phase 4 to be determined.
A. Goodridge reported that he and H. Coombs met with the Clinical Chairs several weeks ago and presented the updated Guidelines for Faculty Evaluation, including the revised Red Flag Process. The revised process is more detailed and involves follow-up and communication with the Associate Dean (UGME) and the Associate Dean (PGME). A. Goodridge and H. Coombs are also working with J. Reddigan to incorporate the revised Guidelines and Red Flag Process into the Policy and Procedures document.	A. Goodridge to present the final Policy and Procedures document to UGME for approval.	In process. H. Coombs sent the revised Policy and Procedures document to S. Al-Asaad (Associate Dean, PGME) for review.
Phase 4 AHD Evaluations – A. Goodridge noted that Academic Half-Days (AHDs) are not integrated into our evaluation process. He recommended that PESC request the Disciplines to submit their AHD evaluations to the committee for review.	H. Coombs to follow-up with N. Duggan about PESC receiving AHD evaluation reports.	H. Coombs confirmed with N. Duggan that PESC should receive the AHD evaluation reports. PESC to send a formal request to the Disciplines.
Increasing Response Rates – In light of the steadily decreasing program evaluation response rates, PESC approached UGMS about funding (approximately \$2000) to offer draws for gift cards to students who complete evaluations. The Dean indicated that this may not be possible at present. It was recommended to have protected time embedded into the Phase schedules for students to complete the evaluations. H. Coombs will work with the UGMS Office.	H. Coombs to arrange protected time in the Phases 1-3 schedules.	H. Coombs worked with UGME to arrange protected time in the Phase 1 and Phase 3 schedules.
Scholarly Activity – T. Adey is interested in looking at PESC evaluations in terms of potential publications/scholarly activity. T. Adey will discuss with the Dean and advocate for resources towards scholarly activity. H. Coombs noted that Nic Fairbridge (OPED) could be a good person to engage with.	T. Adey to discuss potential resources for scholarly activity with the Dean.	In process.

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

October 2020

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

Additional Comments, Suggestions, New or Pending Business:
1. The Curriculum Change Compendium will be presented by Dr. Goodridge for the information of UGMS and for consideration of this approach by other curriculum-related committees.
2.
3.

Curriculum Change Compendium

Issue Identified	Change Implemented	Outcome	Phase	Stimulus for Change	Date Implemented
Concern regarding the timing of when anatomy was taught.	Restructured anatomy; introduced earlier in the curriculum.	Better balance between phases/years.		Student Course Feedback	Fall 2016
Faculty members teaching across the curriculum perceived a disconnect between those managing the curriculum and those teaching it. The curriculum committee, by necessity, was focused on policies and there was a gap in hands-on curriculum management related to content and objectives.	A curriculum oversight working group (COWG) was created to enhance and clarify the processes related to ongoing review, monitoring, and management of curriculum content and objectives.	A leadership role for managing objectives and processed was created to track and monitor objectives and approve changes and the role of the UCLs was enhanced with a more effective role in advising curriculum change. These changes provided direct, hands-on management of the curriculum and the facilitation of change when needed.	I, II, III, IV	Interim Accreditation Review (June 2018) and Curriculum Review	Spring 2019
Students found the implementation of lectures piecemeal. Faculty were disengaged.	Curriculum revised to theme-based.	Positive feedback from Phase 1 students on the theme-based structure. Students performed well and overall average for MED5710 and MED5730 were higher than previous years (SAS Phase 1 Assessment Reports, February 2020).	I, II, III	Curriculum Review	Fall 2019
The structure of Healthy Patient, Acute, and Chronic did not facilitate integration of content.	Elimination of Healthy Patient, Acute, and Chronic.	An effective strategy to integrate curriculum has been removed.	I, II, III	Curriculum Review	Fall 2019
Clinical Skills was not aligned with the Medical Expert portion of the curriculum and not linked to the course material.	The curriculum was rearranged so the course material matched to the Clinical Skills schedule.	Clinical Skills is now aligned with Medical Expert course material.	II, III	Student Course Feedback and the Curriculum Review	Fall 2019
Students performed lower on Acute items; the structure of the curriculum sometimes caused confusion in terms of the differentiating between acute or episodic illness versus an acute issue of a chronic illness.	Acute and Episodic Curriculum was restructured.	Outcome results in progress. Early feedback from students and faculty is positive.	I, II, III	MCC Results	
Research Curriculum: students were not receiving enough guidance on developing their research projects.	Implemented a research workshop in Phase I.	Outcome results in progress. The Research Workshop has been implemented at the end of Phase 1.	I	Students Course Feedback; Quality Improvement Sessions; Curriculum Review	Fall 2020
Students expressed various concerns about the Integrated Learning Sessions (ILS), including the scheduling/timing of the sessions and the purpose of small- and large-group discussions.	An ILS Working Group was created to explore student and faculty perspectives of ILS and recommend quality improvement measures.	To be determined.	I, II, III	Students Course Feedback; Quality Improvement Sessions; Curriculum Review	Fall 2018
Students continue to express concerns about ILS, despite changes implemented in 2018-19.	Work in progress. Multiple changes have been implemented, including a change in the timing relative to exams and the number of sessions.	To be determined.	I, II, III	Students Course Feedback; Quality Improvement Sessions; ILS Focus Group	Ongoing
COVID-19: Impact on courses requiring in-person teaching and learning, especially the Clinical Skills courses and Phase 4 Preparation.	The COVID Task Force is actively developing policies to maximize in-person contact safely, for those courses where it is critical, plus alternative teaching formats.	To be determined.	I, II, III	Students Course Evaluation Feedback; Quality Improvement Sessions	Ongoing
COVID-19: Among the multiple teaching formats utilized, students did not find teleconference or PowerPoint (only) to be effective for learning.	Faculty have been notified of the preferred methods of teaching by the students. Faculty are required to have lectures/materials available in a timely manner.	To be determined.	I, II, III	Students Course Evaluation Feedback; Quality Improvement Sessions	Ongoing



UGMS Summary Report

[October 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: 23/September/2020

Date of Next Phase Team or Sub-Committee Meeting: 28/October/2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Phase 2 course assessment reports (Class of 2023)	Reviewed by SAS and response request sent to Phase 2 Lead Dr. Jackman (Clinical Skills II report tabled)	Done
Phase 3 course assessment reports (Class of 2022)	Reviewed by SAS and response request sent to Phase 3 Lead Dr. Gill (Clinical Skills III report tabled)	Done

Agenda Items Requiring UGMS Action:
1. Approval of revised Physician Competencies I assessment plan (Class of 2024) with changes to Health Ethics and Law in Medicine component added
2. Phase 4 research due dates for the Class of 2022
3. Approval of recommendations for invigilation of remote examinations

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.*

Executive Summary Phase 2 Course Assessment Reports (Class of 2023)

MED 6750 Patient II

Assessment for the course was impacted by the remote delivery and three out of the five theme examinations were not invigilated (“open book”). The examination mean scores for the open book examinations were slightly higher than for the invigilated examinations. The Hofstee pass mark was between 65% and 69% for all examinations. The assessment statistics and item analysis were within expected norms and didn’t indicate any areas of concern. The overall course assessment mean was slightly higher than in previous iterations.

MED 6770 Physician Competencies II

Despite the change to remote delivery, the assessment of the course was not impacted. The learners performed well in each component with mean assessment scores ranging from 78.2% (Leadership in Medicine) to 90.2% (Research). The overall course assessment mean was similar to previous iterations and the trend in course assessment mean scores has been stable over the past five years.

MED 6780 Community Engagement II

Assessment for the course was significantly impacted as the Community Visit could not be completed. The only summative item was the Community Engagement Sessions Reflective Assignment (increase from 25% of grade to 100%). The learners performed well with a mean assessment score of 84.4%. The assessment for the course received a program evaluation rating of 3.2 which is below the 3.5 benchmark. Having one assignment assessed for the course was indicated as the main concern.

Executive Summary Phase 3 Course Assessment Reports (Class of 2022)

MED 7710 Patient III

Assessment for the course was impacted by the remote delivery and two out of the eight theme examinations were not invigilated (“open book”). The examination mean scores for the open book examinations were slightly higher than for the invigilated examinations. The Hofstee pass mark was between 60% and 70% for all examinations. The assessment statistics and item analysis were within expected norms and didn’t indicate any areas of concern. The overall course assessment mean was similar to previous iterations and the trends in course mean scores has been stable over the past five years.

MED 7730 Physician Competencies III

Despite the change to remote delivery, the assessment of the course was not significantly impacted. The presentation of the research projects was removed from the assessment plan. The learners performed well in each component with mean assessment scores ranging from 87.1% (Leadership in Medicine) to 93.8% (Research). The overall course assessment mean was slightly higher compared to previous iterations but the trend in course mean scores has been stable over the past five years.

MED 7750 Community Engagement III

Assessment for the course was significantly impacted as the Community Visit could not be completed. The assessment of the Community Visit was replaced with a written reflection on CanMEDS roles in clinical experiences. The learners performed well with a mean assessment scores ranging from 81.3% (CanMEDS written reflection) to 88.5% (Health Illness Beliefs Essay). The reliability coefficient for the Administration and Health Systems MCQ Examination was negative (norm is 0.650 and above), however that is likely explained by the small number of items on the examination and does not indicate a significant concern with the examinations itself. The overall course assessment mean was slightly lower compared to previous iterations but the trend in course mean scores has been stable over the past five years.

Revisions to Course Assessment Plan

Executive Summary

Phase: 1

Class: 2024

Course number and name: **MED 5730. Physician Competencies I**

- 1) Summary of Major Changes from Most Recent Course Offering
 - **Request by Health Ethics and Law in Medicine instructors to change the assessment method for their component. No change in weighting of components.**
- 2) Changes to Assessment Methods
 - **Use group assignments to assess the Health Ethics and Law in Medicine component instead of two written essays.**
- 3) Changes to Assessment Criteria for Successful Completion
 - **No changes**
- 4) New Language or Statements
 - **No changes**

MED 5730: Physician Competencies I
Phase 1 Class of 2024
Fall 2020
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 5730: Physician Competencies I**.

MED 5730: Physician Competencies I introduces students to 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 assessment methods 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. The process for review of summative examinations is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).

Peer assessments of professional behaviours: All learners are required to participate in a peer assessment of professional behaviours during Phase 1. 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 **November 26, 2020**. 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 two blocks: (a) Physician Competencies Sessions Block and (b) the Research Project 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	65%
---------------------------------------	-----

Research Project Block	35%
Total	100%

The pass mark for each individual summative assessment is 70% or the modified Hofstee pass mark for the Biostatistics MCQ examination (see below). The pass mark for each of the three 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	1000-1750 words	December 18, 2020 4 p.m.	2%
Health Ethics and Law in Medicine	Group assignments (54 out of 76 required to pass component)*	300 words	1) Introduction to Ethics 3 (due date September 28, 2020) 2) Introduction to Health Law (due date November 16, 2020) 3) Consent (due date November 19, 2020) 4) Confidentiality (due date November 26, 2020) 5) Apply Theory to Practice (due date November 30, 2020) 6) Public Health Ethics (due date December 4, 2020) 7) Research Ethics (due date December 10, 2020)	18%
IPE Skills: Team Functioning	Session 1 Preparation Session 1	NA NA NA	September 18, 2020 September 21, 2020	7%

Formatted Table

	Content Quiz Team Project Presentation* Reflection*	NA 400-600 words	Submit to CCHPE October 21, 2020. Presentation October 23, 2020 November 02, 2020	
Biostatistics	Online MCQ Examination	NA	November 19, 2020 Reassessment December 08, 2020	8%
Epidemiology	Written Assignment with short- answer questions*	NA	December 06, 2020 before noon	10%
Lifelong Learning	1 Written Assignment*	600-1000 words	December 18, 2020	10%
Peer Assessment	1 Written Assignment*	200-600 words	December 18, 2020	4%
Introduction to Leadership Concepts module	Written Assignment*	400-500 words	October 13, 2020	3%
Project Management for Physicians module	Written Assignment*	400-500 words	December 14, 2020	3%
Total				65%
Academic Integrity	Participation	NA	August 31,2020	Mandatory
Financial Services: Debt Management	Participation	NA	September 01, 2020	Mandatory
Social Media	Participation	NA	September 01, 2020	Mandatory
IPE Outline	Participation	NA	September 03, 2020	Mandatory
MedCAREERS 1	Participation	NA	September 14, 2020	Mandatory
Respectful Medical Education Learning Environment	Participation	NA	September 17, 2020	Mandatory
MedCAREERS: Physician Shadowing	Participation	NA	September 25, 2020	Mandatory
Med CAREERS: Choosing the Right Career	Participation	NA	October 26, 2020	Mandatory
Financial Services: Insurance Planning	Participation	NA	November 23, 2020	Mandatory

The Biostatistics component is assessed with an online MCQ examination. A modified Hofstee

method is used to set the standard for this examination. Using this method, the UGMS sets the following parameters for Phase 1:

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

In Phase 1, 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%.

The reassessment examination is scheduled for **December 08, 2020**.

(b) The Research Project Block consists of the following components:

Component	Summative Assessment method	Length	Due Date	Contribution to final grade
Research Project Deliverable	Literature Review submitted to supervisor and Brightspace (D2L)*	1500-2500 words	December 18, 2020	35%
	Literature Review mark submitted by supervisor to UGME	NA	December 22, 2020	
	Research Day	NA	December 16, 2020	
Total				35%

*A description and rubric for this assignment is available in Brightspace (D2L).

REASSESSMENT

- Reassessment will be required if a learner achieves a mark <70% on any summative assessment, or less than the Hofstee pass mark on the Biostatistics MCQ examination.
- For the Biostatistics MCQ examination, learners will write a reassessment MCQ examination.
- For the other components, 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% or, if applicable, the Hofstee pass mark in the case of the Biostatistics MCQ examination.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the student wellness consultant if the 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:

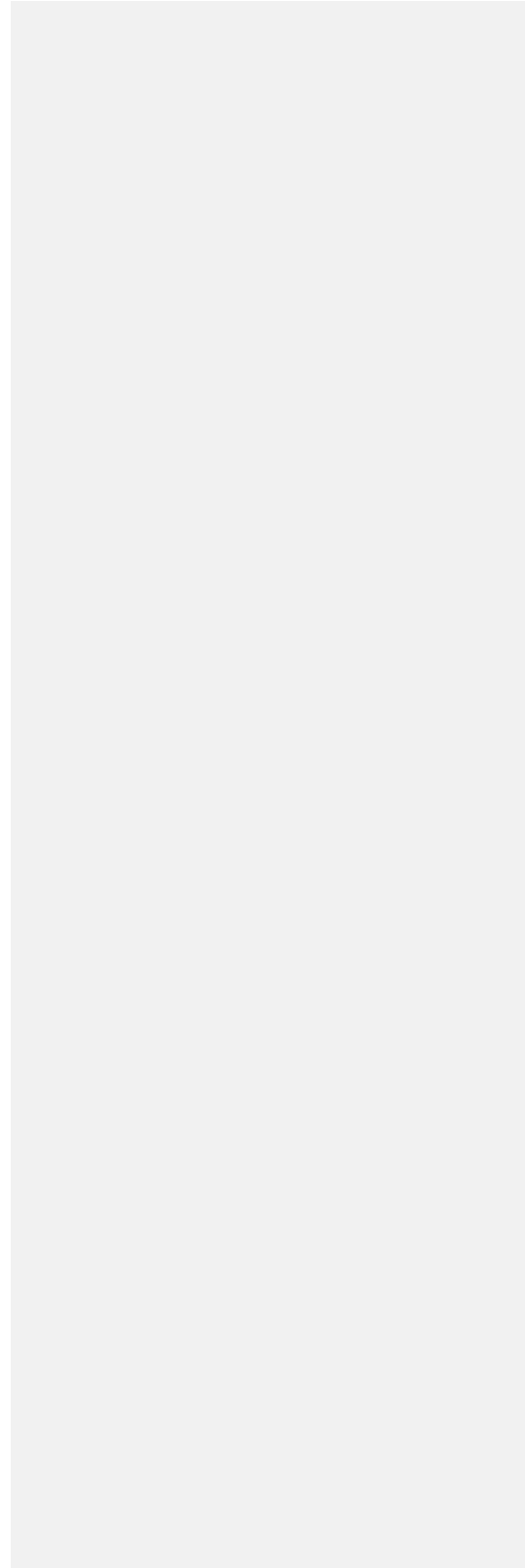
- Pass each of the two course Blocks,
- Achieve an average mark of $\geq 70\%$ or the adjusted Hofstee pass score based on the weighted pass marks across the examination and assignments,
- Complete and submit all course assignments and assessments, and
- Attend all sessions designated as mandatory and 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 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.

Version: September 14, 2020
Approved by SAS: May 27, 2020
Approved by UGMS: June 15, 2020



Proposed change to Phase 4 MED8750 Physician Competencies IV – Class of 2022

The proposed change includes the addition of due dates to the research section of the Physician Competencies IV assessment plan as highlighted in yellow below. This is for the Class of 2022 only.

2. Research Project: Summative assessment is based on (1) data collection and analysis report and (2) knowledge translation and presentation at Research Day in late March or early April, 2022 (date TBD). Rubrics will be available in Brightspace (D2L). Pass mark is 70%.

Due dates:

- Submission of data collection and analysis report to supervisor by August 20, 2021 (if not completed in Phase 3).
- Supervisor submits grade for data collection and analysis report to UGME by August 27, 2021.
- Submission of proof of knowledge translation to UGME by late March or early April 2022 (date TBD).

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

Background:

Many learners in the Class of 2022 were not able to collect data for their research projects in Phase 3 due to Covid-19 and subsequent research restrictions. Adding the Phase 3 deliverable, the report on data collection and analysis, as a Phase 4 requirement has already been approved by UGMS. However, at the time specific details regarding due dates were not available yet.

Rationale:

The proposed due dates have learners submit their report on data collection analysis after 3rd year thus giving them time for knowledge translation in 4th year. It also provides a due date for supervisors to provide the completed assessment rubric to UGME. This will ensure data analysis is completed in time for knowledge translation. Learners have been encouraged to discuss a revised plan for data collection with their supervisors and to move forward with their data collection as soon as they are able to do so.

Proposed recommendations for invigilation of remote exams using Proctorio

Determining suspicious behavior levels

For invigilation of remote examinations, the record and review function of the Proctorio platform is used. Learners are not invigilated in real-time, they are recorded and Proctorio generates a list (gradebook) indicating the suspicion level percentage for each learner. The parameters (i.e. behaviors) that determine the sensitivity for the suspicion level calculation can be customized. There are several behaviors that can be set from not concerning to concerning (coded as green, orange or red in Proctorio).

Based on the initial discussion, the following recommendations are being proposed for determining suspicious behavior levels:

- The behaviors that will impact suspicion level calculation and **may** result in the review of a learner's recording are as follows:
 - Multi-face (i.e. more than one face identified on screen)
 - Leaving room (see below)
 - Navigating away from examination page
 - Browser resize

Other behaviors (e.g. eye movement, background noise, key strokes) will not be set at the concerning level.

A suspicion level percentage of 60% and above **will** result in the review of a learner's recording.

- Leaving room
Understandably learners may need to leave the room during the examination (for example to use the washroom). However, this has to be balanced with the integrity of the examination since it is taken at home. The below behaviors **will** result in the review of the learner's recording:
 - Leaving the room within the first 30 minutes of starting the examination or within the last 15 minutes of finishing the examination. This is based on Memorial University's [Invigilation Procedures](#).
 - Two or more learners leaving the room at the same time if they share the same IP address.
- Learners wearing headphones **will** result in the review of a learner's recording.
- Learners may contact the Office of Learner Well-being and Success (LWS) if extenuating circumstances warrant an exception from the above criteria regarding leaving the room or headphone use. This has to be done in advance of the examination. LWS will notify the UGME office of any exceptions.

The above recommendations will be reviewed within three to four months to ensure they are still appropriate for remote exam invigilation.

Process for review of recording and follow-up

Normally recordings of learners are only reviewed if they are flagged by Proctorio 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. If the Instructional Design Specialist determines that the behavior displayed on the recording indeed meets the requirements of the outlined criteria, this is brought forward to the Phase Assessment Working Group for further review and discussion. The Phase Assessment Working Group (PAWG) consists of the Phase Assessment Lead, Instructional Design Specialist and Education Specialist for Assessment. PAWG may review parts of the recording during the discussion as needed. If PAWG determines that a possible academic misconduct is suspected, the matter will be brought forward to the Phase Lead. The Phase Lead will notify the learner about the concerns raised. It will be at the discretion of the Phase Lead to determine if the allegation warrants reporting as an academic offence. It should be noted that being flagged by Proctorio or alleged academic misconduct does **not** result in an automatic fail grade for the examination. Rather the Phase Lead will be guided by the Faculty of Medicine [Exam Invigilation Procedure](#) and follow Memorial University's regulation 6.12 regarding [academic misconduct](#) if required. The procedure of resolution of alleged offence at the unit level would normally be used in the context of alleged misconduct during an examination. The procedure is outlined in detail in university regulation 6.12. The Associate Dean, UGME, would oversee the process.

Use of scrap paper during remote examinations

The following discussion points have been made regarding the use of scrap paper during remote examinations.

Possible risks:

- Integrity of exam could be compromised if exam questions are copied during the exam.
- A few faculty members have expressed concern over questions becoming unusable if exam integrity is jeopardized.
- Faculty members may choose to not have summative questions used on remote invigilated exams.

Feedback from learners:

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

Weighing the risks to exam integrity with the needs of learners, it seems reasonable to allow scrap paper.

Current integrity statement for examinations

All of the traditionally applied examination rules apply for this exam and learners are subject to the Memorial University Student Code of Conduct, Academic Integrity Guidelines and Medical Student Code of Conduct.

1. Learners MUST NOT screenshot, record or discuss any part of remote exams with others.
2. Caps, hats or hoods are not to be worn during the examination.
3. Electronic devices such as calculators, translators, cell phones, pagers, and smartphones are not permitted in the exam room. Exceptions must be arranged in advance at the discretion of the Phase Lead.
4. Learners shall not keep used scrap paper after the examination and must dispose of it appropriately.
5. Each learner should make a declaration indicating their submission is their own and that they completed the work without contact with other students.

All members of the Memorial University of Newfoundland community, including learners, faculty, and staff, shall treat others with respect and fairness, be responsible and honest, and uphold the highest standards of academic integrity.

By submitting this exam, I unequivocally state that all work is entirely my own and does not violate Memorial University's Academic Integrity policy.



UGMS Summary Report

October 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: 06 / 10 / 2020

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	Integration of Metabolism 2		X		X	X
1	Physiology of Smooth, Skeletal and Cardiac Muscle	X	X	X	X	X
3	Personality Disorders		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:

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



Policy for Curriculum Changes in the M.D. Program

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

Definitions

Curriculum Oversight Working Group (COWG)	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.
Session	A component of course delivery which includes, but is not limited to, a lecture, lab, or tutorial.
Undergraduate Medical Studies (UGMS) Committee	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 and/or UGMS Policy Advisory Subcommittee.

- 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.

***NOTE:** The exception being proposed changes to the Assessment Plan, which shall follow the Student Assessment Subcommittee (SAS) approval process for course assessment plans.

i.e., Approval process for course assessment plans...





UGMS Summary Report

October 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: 07/10/2020

Date of Next Phase Team or Sub-Committee Meeting: 04/11/2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Assessment Response Templates	To be completed and submitted to SAS	IP
Evaluation Response Templates	To be completed and submitted to PESC by October 16	IP
Phases 1-3 TOR	Reviewed, to be forwarded with suggestions to J. Reddigan	C
Phase 4 Prep	Requires in depth discussion – request it be placed on agenda for next Phase Leads meeting	IP
QI Sessions	Increase # and move 1 st session to earlier date	IP

Agenda Items Requiring UGMS Action:			
Phase	Item (Session)	Change Type	Form Attached
3	Antepartum Care	Increase time & add objectives	x

Additional Comments, Suggestions, New or Pending Business:
1. Phase 1 -3 TOR includes CLSC representative as non-voting member; Phase 3 needs to fill

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

Curriculum Change Request

4aprakash@gmail.com

Wed 2020-09-02 9:14 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;

Curriculum Change Form

Your Name: Archana vidyasankar

Your Email: 4aprakash@gmail.com

Your Discipline: Psychiatry

Select Phase: Phase 3

Session Title: Antepartum Care

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for

session:

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

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

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

Change type(s):

Adding or removing time for a session

Proposal:

- to add 30 minutes to the current lecture to include a section on Perinatal Mental Health

Academic Rationale:

Perinatal mood disorders are the most common obstetrical complication with one in five women experiencing symptoms. In Newfoundland and Labrador it has a greater impact of one in four women. Research shows us that if we can screen, treat and manage mental health during the perinatal period it can have a systemic effect not only on generations of mental health but also health care costs on a national level.

Learning Objectives:

- recognize the impact of perinatal mental health federally Canada and on a provincial level in NL - be able to summarize the impact of untreated illness for the parent, child and generations - classify the symptoms into various Psychiatric diagnosis - develop an approach for screening, decision making and list options for first line management of Psychiatric illnesses - identify and apply the biospsychosocial Psychiatric approach

Delivery of Proposed Change:

The change will be via lecture followed by a q&a.

Assessment:

There is a consideration of a pre and post test, survey or poll to evaluate this addition.



UGMS Summary Report

October 2020

Phase Team or Sub-Committee: Phase 2 Team

Liaison to the UGMS: Heather Jackman

Date of Last Phase Team or Sub-Committee Meeting: 05/10/2020

Date of Next Phase Team or Sub-Committee Meeting: 02/11/2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Phase 2 course assessment reports (Class of 2023)	Phase team response for SAS	Ongoing
Phase 2 PESC report (Class of 2023)	Phase team response for upcoming PESC meeting	Completed
Phase 2 Assessment plans (Class of 2024)	Approved by Phase team	Completed
Phase 2 Major curriculum changes	Approved by Phase team	Completed

Agenda Items Requiring UGMS Action:			
Phase	Item (Session)	Change Type	Form Attached
2	MSK Lab 1: Surface Anatomy	Add new objective	x
2	MSK Lab 2: Skeletal System and Articulations	Add new objective	x
2	MSK Lab 3: Upper limb musculature	Add new objective	x
2	MSK Lab 4: Lower Limb Musculature	Add new objective	x
2	H&N Lab 1&2: Osteology, Vasculature & Cranial Nerves	Add new objective	x
2	H&N Lab 3&4: Face, TMJ, Nose and Mouth	Add new objective	x
2	H&N Lab 4&5: Pharynx and Neck	Add new objective	x
2	PNS Lab 1,2&3: Upper and Lower Limb Innervation	Add new objective	x
2	GU Lab 1: Urinary System and Pelvis	Add new objective	x

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

October 2020

Agenda Items Requiring UGMS Action			
Phase	Item (Session)	Change Type	Form Attached
2	GU Lab 2: Reproductive System	Add new objective	x
2	Travel Case Study	Remove session	x
2	Case and Outbreak Management Tutorial	Add session	x

Additional Comments, Suggestions, New or Pending Business:
1. Presentation of PESC report/response after PESC meeting (Oct. 20)
2. Presentation SAS report/response after next SAS meeting (Oct. 28)
3. Phase 2 Assessment Plans (Class of 2024)

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

Curriculum Change Request

juneh@mun.ca

Tue 2020-08-04 10:57 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: GU Lab 1: Urinary System and Pelvis

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the urinary system and pelvis (e.g., renal calculi, prostatic hypertrophy)
Academic Rationale:	Include clinical correlations in anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the urinary system and pelvis (e.g., renal calculi, prostatic hypertrophy)
Delivery of Proposed Change:	No change
Assessment:	No change

Curriculum Change Request

juneh@mun.ca

Tue 2020-08-04 11:04 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: GU Lab 2: Reproductive System

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the reproductive system (e.g., vasectomy, Pap smear)
Academic Rationale:	Include clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the reproductive system (e.g., vasectomy, Pap smear)
Delivery of Proposed Change:	no change
Assessment:	no change

Curriculum Change Request

juneh@mun.ca

Mon 2020-08-03 9:25 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: H&N Lab 1&2: Osteology, Vasculature & Cranial Nerves

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

Please outline the current objective including Blueprint number followed by the proposed

change in objectives:**Change in teaching and learning method for session:**

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the bones and vasculature of the head and neck (e.g., tentorial herniation, thrombophlebitis of the facial vein)
Academic Rationale:	Include clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the bones and vasculature of the head and neck (e.g., tentorial herniation, thrombophlebitis of the facial vein)
Delivery of Proposed Change:	no change
Assessment:	no change

Curriculum Change Request

juneh@mun.ca

Mon 2020-08-03 9:38 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: H&N Lab 3&4: Face, TMJ, Nose and Mouth

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the face, TMJ, nose and mouth (e.g., frenectomy, sinusitis)
Academic Rationale:	Include clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the face, TMJ, nose and mouth (e.g., frenectomy, sinusitis)
Delivery of Proposed Change:	no change
Assessment:	no change

Curriculum Change Request

juneh@mun.ca

Mon 2020-08-03 9:50 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name:

June Harris

Your Email:

juneh@mun.ca

Your Discipline:

Anatomy

Select Phase:

Phase 2

Session Title:

H&N Lab 4&5: Pharynx and Neck

Curriculum content change type:

Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the pharynx and neck (e.g., inadvertent removal of parathyroid glands, congenital torticollis)
Academic Rationale:	Include clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the pharynx and neck (e.g., inadvertent removal of parathyroid glands, congenital torticollis)
Delivery of Proposed Change:	No change
Assessment:	No change

Curriculum Change Request

juneh@mun.ca

Sun 2020-08-02 9:14 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: MSK Lab 1: Surface Anatomy of the Upper and Lower Limbs

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

Please outline the current objective including Blueprint number followed by the proposed

change in objectives:**Change in teaching and learning method for session:**

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the surface anatomy of the upper and lower limbs (e.g., peripheral pulses, deep tendon reflexes)
Academic Rationale:	Incorporate clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the surface anatomy of the upper and lower limbs (e.g., peripheral pulses, deep tendon reflexes)
Delivery of Proposed Change:	No change
Assessment:	No change

Curriculum Change Request

juneh@mun.ca

Sun 2020-08-02 9:27 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: MSK Lab 2: Skeletal System and Articulations

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the skeletal system and articulations (e.g., fractures, dislocations)
Academic Rationale:	Add clinical correlations to the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the skeletal system and articulations (e.g., fractures, dislocations)
Delivery of Proposed Change:	No change
Assessment:	No change

Curriculum Change Request

juneh@mun.ca

Sun 2020-08-02 9:33 PM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: MSK Lab 3: Upper Limb Musculature

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

Please outline the current objective including Blueprint number followed by the proposed

change in objectives:**Change in teaching and learning method for session:**

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add: outline the anatomical basis of common clinical correlations of the upper limb musculature (e.g., mallet finger, rotator cuff tear)
Academic Rationale:	Include clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the upper limb musculature (e.g., mallet finger, rotator cuff tear)
Delivery of Proposed Change:	No change
Assessment:	No change

Curriculum Change Request

juneh@mun.ca

Sun 2020-08-02 9:41 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: June Harris

Your Email: juneh@mun.ca

Your Discipline: Anatomy

Select Phase: Phase 2

Session Title: MSK Lab 4: Lower Limb Musculature

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	Add objective: outline the anatomical basis of common clinical correlations of the lower limb musculature (e.g., Achilles rupture, pulled hamstrings)
Academic Rationale:	Include clinical correlations in the anatomy labs
Learning Objectives:	outline the anatomical basis of common clinical correlations of the lower limb musculature (e.g., Achilles rupture, pulled hamstrings)
Delivery of Proposed Change:	No change
Assessment:	No change



Curriculum Change Form

Your Name: Delphine Grynszpan

Your Email: dgrynszpan@mun.ca

Your Discipline: Community Health and Humanities

Select Phase: Phase 2

Session Title: MED 5710 - change tutorial "Travel case study" to tutorial "Case & outbreak management"tutorial

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):

Adding or removing objectives for a session
Assigning objectives to a different session

Proposal:

In MED5710: change the name and objectives of the tutorial "Travel case study" to become "Case & outbreak management" tutorial.

Academic Rationale:

Last year, there was a lot of overlap between the content for the two tutorials in MED5710 "Vaccination" and "Travel case study". On the other hand, very little time was available to cover the role of a physician (eg: family physician) in managing a communicable disease or outbreak situation. I propose to keep the "Vaccination" tutorial, get rid of the "Travel" tutorial and instead create new content for a tutorial called "Case & outbreak management". There would be no change to the lectures and to the third tutorial "Emerging diseases" of MED5710.

Learning Objectives:

Objectives proposed for the new tutorial:
Case & outbreak management Tutorial
(new objective) Apply public health guidelines to the management of communicable diseases in general practice
(new objective) Explain the role of a family physician in the management of a notifiable disease
7793 Explain key analytical processes in outbreak investigation and control (Modification of 7785) Locate current sources of information on the
public health management of communicable diseases for Canadian

physicians 7718 Describe the more common vaccine preventable illnesses and strategies to prevent them 7787 Recognize key potential health risks of international travel and choose appropriate advice to travelers to reduce health risks

Delivery of Proposed Change:

Assessment:



UGMS Summary Report

October 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: 24 / September /2020

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

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

Agenda Items Requiring UGMS Action:			
Phase	Item (Session)	Change Type	Form Attached
1	Introduction to Point of Care Ultrasound	Move to different course	x
1	Energy Utilization	Add objectives	x
1	Ethics and Law sessions (MED 5730 Assessment Plan)	Assessment change	x

Additional Comments, Suggestions, New or Pending Business:
1. Utilization of scrap paper for online exams
2. Concern about Phase 2 delivery
3.

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

Curriculum Change Request

gsheppard@mun.ca

Tue 2020-08-18 8:52 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Gillian Sheppard

Your Email: gsheppard@mun.ca

Your Discipline: Emergency Medicine

Select Phase: Phase 1

Session Title: Introduction to PoCUS

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):

Moving a session to a different theme

Proposal:

This session was linked to clinical skills initially for students in Phase 2 but we are now using POCUS in anatomy and we are evaluating it during that course so I would like to move it to The Patient part of Phase 1.

Academic Rationale:

POCUS is now being used in the first part of anatomy for the Phase 1 students.

Learning Objectives:

N/A

Delivery of Proposed Change:

Effective immediately.

Assessment:

N/A

Curriculum Change Request

hparadis@mun.ca

Mon 2020-08-31 8:57 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Helene Paradis

Your Email: hparadis@mun.ca

Your Discipline: Biochemistry

Select Phase: Phase 1

Session Title: Energy Utilization

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

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

Change in teaching and learning method for session:

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

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

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

Change type(s):	Adding or removing objectives for a session
Proposal:	REMOVE FOLLOWING OBJECTIVE, COVERED BY OTHER OBJECTIVES IN THE SESSION: 6352 Define respiratory quotient (RQ). ADD THE FOLLOWING OBJECTIVE: Describe the relationship between creatinine, muscle mass and renal function. MODIFY OBJECTIVE 6350 TO THE FOLLOWING: Describe the forms of high-energy phosphate stored in muscle cells and their usage regulation.
Academic Rationale:	Updating lecture objectives
Learning Objectives:	As above
Delivery of Proposed Change:	No change
Assessment:	No change

Curriculum Change Request

alatus@mun.ca

Thu 2020-08-27 9:26 AM

Curriculum Change Requests

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



Curriculum Change Form

Your Name: Andrew Latus

Your Email: alatus@mun.ca

Your Discipline: Psychiatry

Select Phase: Phase 1

Session Title: Multiple sessions in Physician Competencies (all Ethics/Law sessions)

Curriculum content change type: Major Changes

Session title modification:

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

Re-wording of session objectives:

Please outline the current objective including

Blueprint number followed by the proposed change in objectives:

Change in teaching and learning method for session:

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

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

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

Change type(s):

Assessment method changes

Proposal:

The proposed assessment method is described below. This is a change in the assessment method for the 10 ethics/law sessions that occur in the Phase 1 physician competencies course. PHASE 1 HEALTH ETHICS/LAW in MEDICINE (HELM) ASSESSMENT Assessment of the Health Ethics/Law in Medicine (HELM) Component of the Physician Competencies Course in Phase 1 will be based on "in class" (i.e. virtual) group discussion projects. Students will be assigned to a group with which they will work throughout Phase 1 (see Phase 1 HELM Groups for your assigned group). Group assignments will be distributed and completed during each of the Phase 1 HELM classes beginning with Ethics 3 on Sept. 28. The intent of each assignment will be that it can be done during the assigned class time. The time required to review the course material for a session and complete the group assignment for that session should need not exceed the scheduled time for the session. Students are encouraged to make every effort to attend all HELM sessions in Phase 1 and to participate in all group assignments. A grade of less than 70% (i.e. successful completion of 5 of 7 group assignments) will require a supplemental written assignment (see below for details). Given the grading scheme, a student can miss 2 of 7 group assignments and still pass the HELM component of the Physician Competencies course. While we encourage all students to attend all HELM sessions and to assist

their fellow group members in completing all assignments, we acknowledge that situations can arise such that a student is unable to attend a session (e.g. illness; conference attendance; other learning opportunity). A two session allowance has been built into the assessment plan to account for such absences, whether unanticipated or otherwise.

Assessment: • Each Phase 1 HELM group assignment will be assessed on a Pass/Fail basis • All members of the group who are present for and participate in the group assignment will receive the grade assigned to the group • There are 7 HELM group assignments in Phase 1. If you are present for all 7 and your group receives a "pass" for each assignment, you will receive 100% for the HELM portion of the Physician's Competencies Course; 6=90%; 5=70%; 4=65%; 3=50%; 2=40%; 1=20%; 0<=0%. • Anything less than 70% on the HELM component of the Physician's Competencies Course will require a supplemental written assignment. • The nature and length of any supplemental written work will be contingent on the student's current grade (i.e.65 or 50%=1 reflective essay, 3-4 pages in length; <50%=2 reflective essays, 3-4 pages in length each) • Additional considerations for remedial essays: ▪ The reflective essays are based on clinical scenarios and relate to the ethics sessions covered in Phase 1 ▪ Essays will be graded on a PASS/FAIL basis

Academic Rationale:

There are a couple of intersecting rationales for this change. The first, which is not relevant to why I am asking for this change on short notice but does provide an overall rationale for the change, reflects the opinion of the ethics /law teaching group that this method of assessment is superior to the approach we have taken for years (which involved two 3-5 page essays). The phase 3 ethics assessment moved to this approach several years ago. It has been well received by students in course evaluation and anecdotal feedback from students. The group discussions are typically lively and reinforce the material in a way that passively listening to a lecture does not. The papers which this method of evaluation would replace are generally fairly rote and generic. For an essay based approach to be effective, the students would need to write and revise multiple essays over an extended period of time. There simply is not a place in our program for this with the result that the students typically write a couple of competent, generic papers but do not progress in this skill. The rationale which is specific to this year is based on an attempt to preserve something that will otherwise be lost with

online learning. Typically in-class discussion is an important part of the ethics/law sessions. This involves a facilitated whole-class discussion that will not be practical this year. While online learning can simulate the lecture experience in terms of delivering material from one instructor to a large group, it won't allow for an effective moderated whole-class discussion among the students with one another. An alternative would be to hold a large number of facilitated small-group discussions, but we don't have the faculty capability to do that many sessions. So the discussion assignments are the closest we can come to this. Discussion is an essential part of teaching for this type of material hence the need to change the evaluation method for this particular term.

Learning Objectives:

No change in objectives is being proposed or needed

Delivery of Proposed Change:

This change will not require any change in the scheduled time for ethics/law sessions. The time for the discussion groups to take place will be built into the scheduled time for ethics/law sessions so that the total time for students to review prepared material and complete the assignment will not exceed the scheduled time. The students will be divided into groups and the online groups will be set up for them.

Assessment:

See proposal.

Revisions to Course Assessment Plan

Executive Summary

Phase: 1

Class: 2024

Course number and name: **MED 5730. Physician Competencies I**

- 1) Summary of Major Changes from Most Recent Course Offering
 - **Request by Health Ethics and Law in Medicine instructors to change the assessment method for their component. No change in weighting of components.**
- 2) Changes to Assessment Methods
 - **Use group assignments to assess the Health Ethics and Law in Medicine component instead of two written essays.**
- 3) Changes to Assessment Criteria for Successful Completion
 - **No changes**
- 4) New Language or Statements
 - **No changes**

MED 5730: Physician Competencies I
Phase 1 Class of 2024
Fall 2020
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 5730: Physician Competencies I**.

MED 5730: Physician Competencies I introduces students to 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 assessment methods 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. The process for review of summative examinations is detailed in Section G.2 of the [Summative Assessment Procedure for Phases 1-3](#).

Peer assessments of professional behaviours: All learners are required to participate in a peer assessment of professional behaviours during Phase 1. 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 **November 26, 2020**. 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 two blocks: (a) Physician Competencies Sessions Block and (b) the Research Project 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	65%
---------------------------------------	-----

Research Project Block	35%
Total	100%

The pass mark for each individual summative assessment is 70% or the modified Hofstee pass mark for the Biostatistics MCQ examination (see below). The pass mark for each of the three 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	1000-1750 words	December 18, 2020 4 p.m.	2%
Health Ethics and Law in Medicine	Group assignments (54 out of 76 required to pass component)*	300 words	1) Introduction to Ethics 3 (due date September 28, 2020) 2) Introduction to Health Law (due date November 16, 2020) 3) Consent (due date November 19, 2020) 4) Confidentiality (due date November 26, 2020) 5) Apply Theory to Practice (due date November 30, 2020) 6) Public Health Ethics (due date December 4, 2020) 7) Research Ethics (due date December 10, 2020)	18%
IPE Skills: Team Functioning	Session 1 Preparation Session 1	NA NA NA	September 18, 2020 September 21, 2020	7%

Formatted Table

	Content Quiz Team Project Presentation* Reflection*	NA 400-600 words	Submit to CCHPE October 21, 2020. Presentation October 23, 2020 November 02, 2020	
Biostatistics	Online MCQ Examination	NA	November 19, 2020 Reassessment December 08, 2020	8%
Epidemiology	Written Assignment with short- answer questions*	NA	December 06, 2020 before noon	10%
Lifelong Learning	1 Written Assignment*	600-1000 words	December 18, 2020	10%
Peer Assessment	1 Written Assignment*	200-600 words	December 18, 2020	4%
Introduction to Leadership Concepts module	Written Assignment*	400-500 words	October 13, 2020	3%
Project Management for Physicians module	Written Assignment*	400-500 words	December 14, 2020	3%
Total				65%
Academic Integrity	Participation	NA	August 31, 2020	Mandatory
Financial Services: Debt Management	Participation	NA	September 01, 2020	Mandatory
Social Media	Participation	NA	September 01, 2020	Mandatory
IPE Outline	Participation	NA	September 03, 2020	Mandatory
MedCAREERS 1	Participation	NA	September 14, 2020	Mandatory
Respectful Medical Education Learning Environment	Participation	NA	September 17, 2020	Mandatory
MedCAREERS: Physician Shadowing	Participation	NA	September 25, 2020	Mandatory
Med CAREERS: Choosing the Right Career	Participation	NA	October 26, 2020	Mandatory
Financial Services: Insurance Planning	Participation	NA	November 23, 2020	Mandatory

The Biostatistics component is assessed with an online MCQ examination. A modified Hofstee

method is used to set the standard for this examination. Using this method, the UGMS sets the following parameters for Phase 1:

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

In Phase 1, 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%.

The reassessment examination is scheduled for **December 08, 2020**.

(b) The Research Project Block consists of the following components:

Component	Summative Assessment method	Length	Due Date	Contribution to final grade
Research Project Deliverable	Literature Review submitted to supervisor and Brightspace (D2L)*	1500-2500 words	December 18, 2020	35%
	Literature Review mark submitted by supervisor to UGME	NA	December 22, 2020	
	Research Day	NA	December 16, 2020	
Total				35%

*A description and rubric for this assignment is available in Brightspace (D2L).

REASSESSMENT

- Reassessment will be required if a learner achieves a mark <70% on any summative assessment, or less than the Hofstee pass mark on the Biostatistics MCQ examination.
- For the Biostatistics MCQ examination, learners will write a reassessment MCQ examination.
- For the other components, 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% or, if applicable, the Hofstee pass mark in the case of the Biostatistics MCQ examination.
- Learners who fail a reassessment will be required to meet with the Phase Lead or a delegate, and the student wellness consultant if the 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:

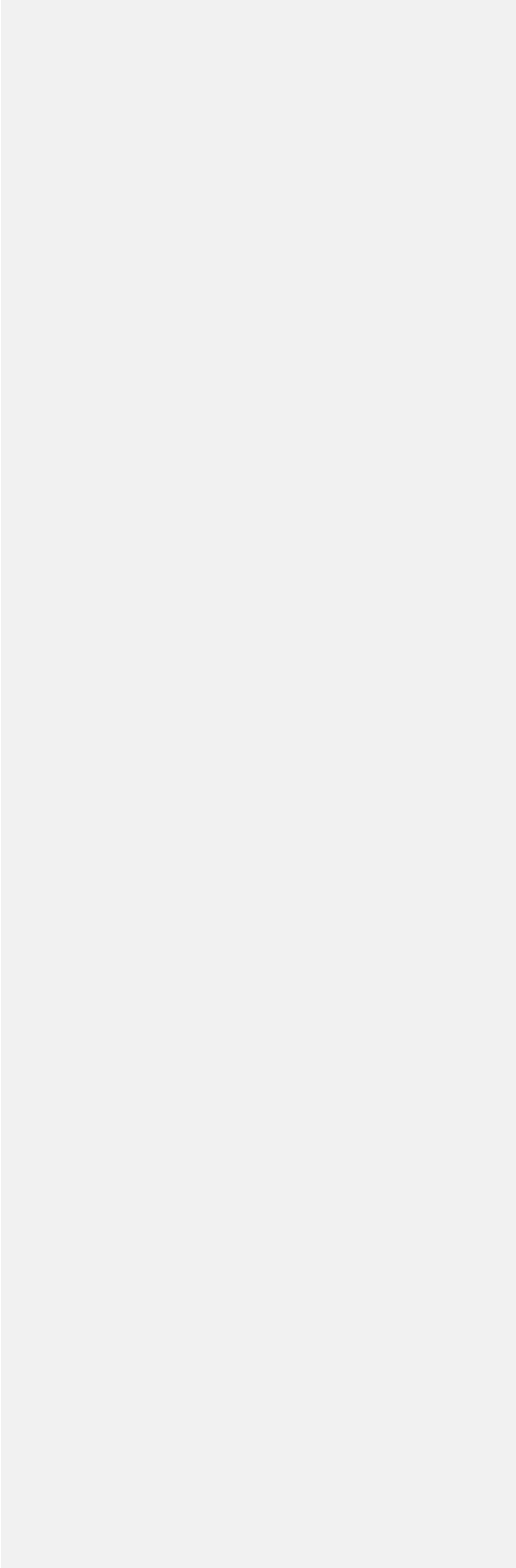
- Pass each of the two course Blocks,
- Achieve an average mark of $\geq 70\%$ or the adjusted Hofstee pass score based on the weighted pass marks across the examination and assignments,
- Complete and submit all course assignments and assessments, and
- Attend all sessions designated as mandatory and 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 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.

Version: September 14, 2020
Approved by SAS: May 27, 2020
Approved by UGMS: June 15, 2020





UGMS Summary Report

October 2020

Phase Team or Sub-Committee: NB report

Liaison to the UGMS: Todd Lambert

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

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

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

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

Additional Comments, Suggestions, New or Pending Business:
1. Onboarding of Robin Lanthague – MUN NB program manager
2. MUN NB Virtual Site visit meeting agendas and schedules complete for Oct 26-28, 2020
3. COVID update for NB

***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

October 2020

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

Liaison to the UGMS: Tanis Adey

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

Date of Next Phase Team or Sub-Committee Meeting: October 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:
<p>1. Memorial University will be continuing with remote delivery, where possible, during the Winter of 2021. Some Faculties, including the Faculty of Medicine, will be exempted from this remote delivery stipulation in the context of sessions which are best delivered in person (such as Clinical Skills, Laboratories, tutorials and other small-group learning). The COVID-19 Task Force is in support of planning a limited number of face-to-face sessions for Phases 2 and 3, recognizing that public health recommendations may necessitate change during this time frame. In-person sessions will likely include those with attendance requirements (i.e. Clinical Skills) and consequently, out-of-province learners would be required to move to fully participate in the MD Program. The UGME team is currently working through challenges related to the logistics of in-person delivery as we continue through the global COVID-19 pandemic.</p>

***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

October 2020

Additional Comments, Suggestions, New or Pending Business:
2. Memorial University is beginning the consultation process for the strategic plan for the next 5 years. President Timmons is encouraging everyone to get involved.
3. Link to September Senate meeting minutes: https://www.mun.ca/senate/meetings/2011-2020/

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