



UGMS Meeting Minutes

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

Members in attendance (in alphabetical order): T. Adey; C. Campbell; V. Curran; N. Duggan; J. Gill; A. Goodridge; A. Haynes; T. Hearn; E. Hillman; H. Jackman; B. Kerr; T. Lambert; C. Peddle; A. Pendergast; S. Pennell; C. Skanes; M. Steele; K. Zipperlen.

Regrets: J. Reddigan (on leave); L. Webster (moved on).

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	corresponding
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	Jacinta Reddigan, Policy Analyst	corresponding
Dr. Alan Goodridge, PESC Chair	voting	Claire Skanes, Learner representative Class of 2022	voting
Dr. Alison Haynes, Curriculum Lead	corresponding	Dr. Margaret Steele, Dean of Medicine	Ex officio
Dr. Taryn Hearn, Accreditation Lead	corresponding	Lindsay Webster, Learner representative Class of 2021	voting
Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting	Katrin Zipperlen, UGME Administrator	recording secretary
Dr. Heather Jackman, Phase 2 Lead	voting		

Topic	ACTION
Welcome	
Agenda review - Review for Conflict of Interest - Confirmation of Agenda	No conflict of interest disclosed Correction 1.4 UGME cannot mandate that faculty use Webex but will encourage faculty to do so.

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<p>Review and approval of prior minutes – August 12, 2020</p>	<p>Motion to Approve - J. Gill; Seconded – A. Goodridge</p>
<p>1. Matters arising from the minutes</p> <p>1.1 Response from Privacy Officer regarding Proctorio, and update on decision regarding online invigilation platform.</p> <ul style="list-style-type: none"> • Proctorio more comprehensive, online help, integrated with QuestionMark records exam and test taker, identifies anomalies in learner behaviour, Assessment Working Group will determine how the situation will be handled after the exam. • WebEx proctoring involves virtual invigilators in real time, is less secure, and if learners get disconnected invigilators will not know why. • Statement for learners about Proctorio in development between eLearning team and Privacy. • iTAC proposes the implementation of Proctorio invigilation for online assessment in the MD program via S. Pennell. • Discussion about wider use across campus, internet related challenges and learner apprehension around virtual proctoring. <p>1.2 Feedback from learners regarding online invigilation processes and options.</p> <ul style="list-style-type: none"> • C. Campbell indicated that learner apprehensions with virtual invigilation for examinations are lessening • NBME Comprehensive Clinical Science Exam 2 October, 2020 up to 36 learners may be able to complete the exam on-site at the HSL lab A and B <p>1.3 PESC report regarding solutions from other universities to increase response rate for evaluation questionnaires. See supporting documentation here for details.</p>	<p>Motion to approve the use of Proctorio for MD program exam invigilation – S. Pennell; Seconded – A. Goodridge Approved</p>



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<ul style="list-style-type: none"> • Strategies used by other universities to increase participation in the Program Evaluation in response to Memorial’s poor response rates (20%) <ul style="list-style-type: none"> .1 Incentives (were not fruitful for us in the past) .2 Protected time (in small amounts throughout the curriculum) • Options for inclusion of protected time for Evaluation will be determined by PESC in consultation with COWG 	<p>Motion to include protected time in the MD curriculum for program evaluation - A. Goodridge; Seconded - N. Duggan Approved</p>
<p>1.4 COWG encouraging faculty members to use WebEx for virtual teaching.</p> <p>1.5 Wording of revised Horizon NB guidelines (clerks interacting with COVID+ patients) and update on this matter from Taskforce.</p> <ul style="list-style-type: none"> • COVID-19 Task Force recommends that learners in the MD program continue to NOT participate in aerosol generating procedures which require N95. • The committee will have the opportunity to reconsider at a later date. 	
<p>2. New business</p> <p>2.1 Terms of Reference re. Subcommittees – Chair appointed in 3 year intervals with opportunity to renew:</p> <ol style="list-style-type: none"> 1. PESC Chair – A. Goodridge agreed to extend term as Chair of PESC 2. SAS Chair – V. Curran agreed to extend his term as Chair of SAS 3. ITAC Chair – S. Pennell agreed to extend his term as Chair of iTAC 	<p>Motion to extend A. Goodridge as Chair of PESC – T. Adey; Seconded – N. Duggan Approved</p> <p>Motion to extend V. Curran as Chair of SAS – T. Adey; Seconded – J. Gill Approved</p>



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<p>T. Adey thanked Dr. A. Goodridge, Dr. V. Curran and Mr. S. Pennell for their leadership in their respective UGMS subcommittees</p>	<p>Motion to extend S. Pennell as Chair of iTAC – T. Adey; Seconded – A. Goodridge Approved</p>
<p>3. Standing Committee reports</p>	
<p>a) PESC (Report and Documents) Curriculum Change Compendium introduced by PESC for the purpose of documenting curricular change initiated from findings of PESC. Resulting records will support Accreditation</p>	
<p>b) SAS (Report and Documents)</p> <ol style="list-style-type: none"> 1. Positions to fill on SAS <ul style="list-style-type: none"> • Faculty at large for CHH – Dr. M. Najafizada • Faculty at large for BioMedical Sciences – D. M. Grant is looking for someone • Phase 4 Assessment Lead – Dr. S. Reid 2. Proctorio proposal by iTAC was supported by SAS and approved at this UGMS meeting <ul style="list-style-type: none"> • Learners, staff and faculty would benefit from a description of Proctorio 	<p>ACTION: T. Adey to introduce S. Reid to V. Curran and K. Zipperlen as Phase 4 Assessment Lead</p> <p>ACTION: T. Adey and C. Peddle to include a description of Proctorio in Weekly UGME update</p>
<p>c) iTac</p> <ul style="list-style-type: none"> • Apperio software vulnerability assessment last week in Sept or first week of Oct. Will be rolled out in the new year • Proctorio agreed upon at SAS and UGMS • WebEx moderation by Adam and Gina is going well • Pre-recorded sessions are preferred by learners • Lectures coming in the night before and it is challenging for the eLearning team. Faculty need to get pre-recorded lectures in to d2l@med.mun.ca, minimally one week in advance • Live lectures can be reused if the session objectives remain the same (by request to d2l@med.mun.ca) • Discussion surrounding a mandated teaching format 	<p>ACTION: T. Adey to use the UGME Weekly update to remind faculty to submit pre-recorded session to the d2l team a week in advance. Recordings from previous academic years can be reused if objectives have not changed.</p>



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<ul style="list-style-type: none"> • WebEx platform was implemented by MUN and eLearning team cannot offer support for Zoom users. 	
<p>d) COWG (Report and Documents)</p> <ul style="list-style-type: none"> • Additional curricular changes coming in • UGME website updates re: curriculum, program objectives and goals, UCL contacts will be added with their approval • Curriculum content files will be linked through curriculum map via PDF, with eventual integration into CBlue. • Diversity Equity and Inclusion is being reviewed with learner and CHH input to determine redundancies and gaps in the current curriculum • AFMC Opioid Crisis Curriculum will be piloted • Physician Competencies Lead – Dr. S. Atkinson will be joining COWG • Alison will be meeting with Association for New Canadians (ANC) re: integration of ANC members in Community Engagement panels or via Clinical Skills with SPs from the ANC group • Integrate diversity, equity and inclusion progress in PESC compendium (documentation for Accreditation surrounding Social Accountability and parallels with Culture of Excellence). Tag curriculum content/objectives with metadata (particularly for the Accreditation site visitors) • M. Steele noted Indigenous learner involvement with the national Indigenous Physicians group and AFMC Indigenous group. Memorial was well-rated by learners, some areas identified for improvement. 	
<p>4. Phase 4 (Report and Documents)</p> <ul style="list-style-type: none"> • Assessment Lead for Phase 4 filled – Dr. S. Reid will join P4M. • Physician Competencies Lead – Dr. S. Atkinson will join P4M. • Virtual Care and assessment of learners is posing challenges. We are being responsive to learners returning into the virtual care environment that is new to preceptors and poses limitations. • P4M tomorrow (17 September, 2020). • EPAs will remain the same, in principle, with revised terminology to incorporate virtual care. 	
<p>5. Phase 3 report (Report and Documents)</p>	

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<p>Two major curricular changes:</p> <ol style="list-style-type: none"> 1. C. Templeton requested an increased duration for of the session on Cyanotic Congenital Heart Disease to 2 hours <ul style="list-style-type: none"> • Requested change was not supported by Phase 3 as it was covered in a Phase 4 academic ½ day and this time was felt to not be warranted. 2. Helèn Paradis requested the addition of objectives to reflect the content currently taught in the Heme Metabolism session content <ul style="list-style-type: none"> • Phase 3 was in support of this request. 	<p>Motion to continue the Pediatric Cyanotic Congenital Heart Disease at its current duration – J. Gill; Seconded – N. Duggan Approved</p> <p>Motion to approve the addition of objectives to reflect the current content in the Heme Metabolism session – J. Gill; Seconded – A. Pendergast Approved</p>
<ol style="list-style-type: none"> 6. Phase 2 report <ul style="list-style-type: none"> • First Phase 2 Management meeting of the academic year on Monday 21 Sept, 2020 • Course reviews were presented to PESC and will be reviewed at the next Phase 2 Management meeting. 	
<ol style="list-style-type: none"> 7. Phase 1 report (Report and Documents) <ul style="list-style-type: none"> • Last Phase 1 meeting in May, 2020 • Next meeting next week • Learner engagement (amongst the group of learners) is difficult, as learners don't know each other. Considering: <ul style="list-style-type: none"> ○ Phase 1 weekly update (similar to the UGME update) ○ Google doc for questions relating to curriculum ○ Improvements expected with learner leadership elections 	<p>ACTION: <i>Committee members to connect with A. Pendergast to discuss strategies to improve learner engagement.</i></p>
<ol style="list-style-type: none"> 8. New Brunswick report <ul style="list-style-type: none"> • Interviews this week to fill program manager position. • Exit Report prepared by M. Dunnett for the successful candidate. • Working on second iteration of matching learners to elective requests. Still issues to work through with the revised process. • NB planning a three day meeting with the NB sites and leadership from St. John's in late October 26-28, 2020 (Monday – Wednesday). 	

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<p>9. Accreditation report</p> <ul style="list-style-type: none"> • Working on communications plan for revised Accreditation timeline. • Memorial may have to prepare for virtual accreditation • Two schools going through virtual accreditation now. • DCI and documentation need to be pristine. • All groups will be involved to address standards which will not be perfect across the board. 	
<p>10. Learner report</p> <ul style="list-style-type: none"> • C. Skanes inquires whether is there ILS for phases 1 and 3 the day after the block exam - Yes • C. Skanes will be moving on from UGMS and C. Campbell will assume the senior UGMS learner representative role • New junior representative will be appointed 	
<p>11. SMC / Senate / SCUGS / University report (Report)</p> <ul style="list-style-type: none"> • Memorial Strategic Planning Consultation will begin soon • Online invigilation supported and approved by Memorial • Diversity, Equity and Inclusion has become a priority for the Faculty of Medicine and will be documented and mapped (CBlue). 	
<p>12. Policy report</p> <ul style="list-style-type: none"> • Position currently vacant – J. Reddigan on leave • Replacement not yet identified. 	
<p>13. UGME office report</p> <ul style="list-style-type: none"> • Dr. Stephanie Atkinson – Physician Competencies lead • Dr. Stephanie Reid – Phase 4 Assessment lead • Class of 2022 is getting ready to begin clinical learning • Ongoing electives and selectives application process for the class of 2021 is going ahead as quickly as possible • Searching for permanent replacement for UGME Administrator Position formerly held by K. Zipperlen • 	
<p>14. Last Thoughts</p> <ul style="list-style-type: none"> • WebEx “deep dive” exploration and testing by HSIMS begins 17 September, 2020 – S. Pennell 	



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<ul style="list-style-type: none">• Reports will be requested in advance of next meeting, B. Kerr can assist.	ACTION: <i>B. Kerr to provide a timeline for UGMS document circulation, etc.</i>
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Next Meeting October 21, 2020

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

Program Evaluation Subcommittee
Health Sciences Centre
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To: Undergraduate Medical Education Subcommittee
From: Dr. Alan Goodridge, Chair, Program Evaluation Sub Committee
Date: September 15, 2020
Re: Financial Incentives for Increasing Response Rates

Dr. Goodridge and I recently conducted a scan on the topic of offering incentives to learners for completing course evaluation surveys, as a means of increasing response rates.

We received several responses from universities across the country and incentives were identified as an effective means of increasing response rates in most cases.

Two universities (Calgary and Saskatchewan) found incentives effective – Saskatchewan in particular held draws for gift cards and saw their response rates increase to >80%. The University of Toronto offered a collective prize to the class, similar to an approach we have taken in the past, but did not find that approach effective.

For your information, attached is an internal document from the University of Western Ontario, "Twelve Strategies for Boosting Response Rates." We have already implemented many of these strategies at Memorial University.

We are concerned with the low response rates for both course and faculty evaluations. The low response rates raise concerns about the validity of the responses by course leadership and individual faculty. In addition, low response rates may reflect poorly at accreditation.

Offering incentives in the form of draws for gift cards has been shown to increase response rates for both program evaluation surveys and research projects, and we feel this remains an option that should be considered.

In addition, we recommend that a few minutes of protected time for learners be set aside during appropriate intervals of the curriculum to allow students to complete the surveys as this strategy may also improve the response rates.

We will continue to encourage learner participation in the evaluation process and feel these suggestions will also be helpful to enhance participation.

Dr. Heidi Coombs
Education Specialist (Program Evaluation)
Program Evaluation Subcommittee
heidi.coombs@med.mun.ca

Twelve Strategies for Boosting Response Rates

The most prevalent methods for boosting course/instructor survey response rates are:

1. **Push the survey with repeat reminder emails** to non-respondents;
 - Ensure reminder emails are sent only to those who have not yet responded.
 - Need to keep in mind the diminishing return on reminder emails and the possibility of irritating students with frequent emails.
 - Especially in our context of evaluating many instructors in each course, and multiple courses in any one semester, respondents are likely to have several surveys to complete each week. There is a potential for a barrage of reminders, and thus higher levels of irritation.
2. **Remind and encourage instructors to remind and encourage students** to participate.
 - This strategy may be particularly helpful if the instructor also takes the opportunity to demonstrate and/or convince students that their feedback has been, or will be, used to inform teaching/course improvements (see #4 below).
3. **Provide incentives to students in the form of prizes** for respondents awarded through a lottery.
 - Prizes are often used as incentives for surveys such as the Independent Student Analysis (ISA) and the Graduate Questionnaire (GQ), but are less often used for course/instructor feedback questionnaires.
 - For an example of how a prize draw could be operationalized for course/instructor surveys, see below:

Complete your Course Questionnaires for a Chance to Win 1 of 5 \$500 Amazon.ca Gift Cards!

Students who complete at least one Student Questionnaire of Courses and Teaching (SQCT) using the *Your Feedback* [online system](#) for a Winter 2019 course will be entered in a **random prize draw for one of five \$500 Amazon.ca gift cards**.

Each questionnaire completed using the *Your Feedback* online system will count as one entry into the draw. Only SQCTs completed using the *Your Feedback* online system for Winter 2019 courses will count as entries toward the draw. The maximum number of prizes that can be won by an individual student is one. The draw will be held after the last session in late May 2019. Winners' names will be posted to the website. Terms and Conditions apply to the SQCT Amazon.ca Gift Card Draw.

4. **Persuade students that their responses are valuable and will be used.**
 - The issue here is whether students believe that the administration and individual instructors will take the feedback seriously.
 - There is a range of ways to achieve this, but all involve some active demonstration to students that feedback is valued and acted upon.
5. **Help students understand how to give constructive criticism.**
 - When such help is given it seems likely that there will be at least two benefits.
 - i. students will improve their ability to offer valuable feedback.
 - ii. help to convince them that their responses will be used (# 4 above).

6. Create surveys that seek constructive criticism.

- If a survey does not demand constructive criticism—for example, if all the items require a simple numerical rating—then there will probably be less engagement with the survey because the survey itself sends a message that conflicts with the idea that the students' input will be valued.

7. Extend the duration of the survey's availability.

- The longer it is available, the higher the chance students will respond (up to a point).
- If your questionnaires are normally open for 2 weeks, try lengthening the duration to 3 weeks.

8. Involve students in the choice of optional questions.

- Aside from making the survey intrinsically more interesting to students, this also addresses #4 above.

9. Assure students of the anonymity of their responses.

- Do this only if you can actually provide anonymity. If identifying information is collected from respondents, then offer *confidentiality* rather than anonymity.

10. Administer feedback surveys using mode already familiar to students.

- The more familiar students are with the medium used for the survey, the more likely they will use it. Consistency of mode is likely to help achieve this outcome.
- For example, try integrating course/instructor surveys into the same LMS used to access course content.

11. Keep questionnaires brief.

- The less time it takes for a student to complete a survey, the more likely it is they will do so.

12. Reduce the number of surveys students are asked to complete

- Survey fatigue reduces likelihood that a student will complete a particular survey.
- In medical education particularly, courses are often taught by a large number of multiple instructors, which can result in asking students to complete a large number of teaching feedback forms.
- Consider setting a minimum threshold of teaching hours in a course before a feedback form is triggered for an instructor.



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

Liaison to the UGMS: Alan Goodridge / Heidi Coombs

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
Response rates for program evaluation surveys are low.	A. Goodridge to bring feedback to PESC regarding financial incentive. Summary report with data and solutions from other institutions needed before moving forward.	A. Goodridge and H. Coombs conducted a scan of other Canadian Medical Schools and provide a summary report, attached.

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

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

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Phase Team or Sub-Committee: Student Assessment Subcommittee (SAS)

Liaison to the UGMS: Dr. Vernon Curran

Date of Last Phase Team or Sub-Committee Meeting: 2 / July / 2020

Date of Next Phase Team or Sub-Committee Meeting: 23 / September / 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Concern re Phase 4 virtual care affecting learner ability to obtain EPAs	N. Duggan to compile document for learners explaining EPAs and virtual care	Done
Course descriptions in assessment plans need to align with University calendar	D. Deacon updated assessment plans as required	Done

Agenda Items Requiring UGMS Action:
1. Appointment/Re-appointment of voting SAS members with terms ending August 2020 Vernon Curran (chair), Norah Duggan, Maisam Najafizada
2. Process for recruiting SAS member at large
3.

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

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Phase Team or Sub-Committee: Curriculum Oversight Working Group (COWG)

Liaison to the UGMS: Alison Haynes / Brian Kerr

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

Date of Next Phase Team or Sub-Committee Meeting: 24 / September / 2020

Agenda Items Requiring Phase Team or Sub-Committee Action						
Phase	Item (Session)	Change Type			Action	
		Title Change	Reword Objectives	Modify MCC Objectives	Approved	Implemented
1	Introduction to Anatomy		X		X	X
1	Thorax 1: Pleura, Lungs and Trachea	X	X		X	X
1	Thorax 2: Heart and Vasculature	X	X		X	X
1	Thorax Lab 1: Pleura, Lungs and Trachea	X	X		X	X
1	Thorax Lab 2: Heart and Vasculature	X	X		X	X
1	Abdomen 1: Abdominal Wall and Disposition of Viscera		X		X	X
1	Abdomen 2: Abdominal Viscera		X		X	X
1	Abdomen Lab 1: Anterolateral Abdominal Wall, Peritoneum, Viscera	X	X		X	X
1	Abdomen Lab 2: Abdominal Viscera, Posterior Abdominal Wall	X	X		X	X
1	Components of the Immune System		X	X	X	X
1	Tetanus Immunity Tutorial			X	X	X
1	Vaccine Development			X	X	X
1	Literature Review		X		X	X
1	Carbohydrate Metabolism 2			X	X	X
1	Amino Acid Metabolism 4			X	X	X
1	Carbohydrate Metabolism 4			X	X	X
1	Ethics and Law	X			X	X
1	Proteins 1: Amino Acids		X		X	X

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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	Proteins 2: Protein Structure		X	X	X	X
1	Enzymes 1: General Properties		X	X	X	X
1	Enzymes 2: Mechanisms and Kinetics		X	X	X	X
1	Proteins in Diagnostic Testing: Plasma Proteins		X	X	X	X
1	Amino Acids Metabolism 1: Protein Digestion and Turnover		X	X	X	X
1	Lipid Metabolism 2: Fatty Acid Metabolism		X	X	X	X
1	Lipid Metabolism 3: Cholesterol Synthesis		X	X	X	X
1	Amino Acid Metabolism 3: Amino Acid Synthesis and Other Roles		X	X	X	X
1	Amino Acid Metabolism 2: Amino Acid Catabolism and the Urea Cycle		X	X	X	X
2	MSK 1: Introduction to the MSK System		X		X	X
2	MSK 2: Skeletal System and Articulations		X		X	X
2	MSK 3: Upper Limb Musculature		X		X	X
2	MSK 4: Lower Limb Musculature		X		X	X
2	MSK Lab 1: Surface Anatomy		X		X	X
2	MSK Lab 2: Skeletal System and Articulations		X		X	X
2	MSK Lab 3: Upper Limb Musculature		X		X	X
2	MSK Lab 4: Lower Limb Musculature		X		X	X
2	H&N 1: Osteology		X		X	X
2	H&N 2: Vasculature and Cranial Nerves of Head and Neck		X		X	X
2	H&N 3: Face, TMJ, and Scalp		X		X	X
2	H&N 4: Mouth, Nose and Larynx		X		X	X
2	H&N 5: Pharynx and Neck		X		X	X
2	H&N Lab 1&2: Osteology, Vasculature & Cranial Nerves		X		X	X
2	H&N Lab 3&4: Face, TMJ, Nose and Mouth		X		X	X
2	H&N Lab 4&5: Pharynx and Neck		X		X	X
2	PNS 1: Organization of the Peripheral Nervous System		X		X	X

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		Title Change	Reword Objectives	Modify MCC Objectives	Approved	Implemented
2	PNS 2: Brachial Plexus and Clinical Correlations		X		X	X
2	PNS 3: Lumbar, Sacral Plexus and Clinical Correlations		X		X	X
2	PNS Lab 1,2&3: Upper and Lower Limb Innervation		X		X	X
2	GU 1: Urinary System and Pelvis		X		X	X
2	GU 2: Reproductive System		X		X	X
2	GU Lab 1: Urinary System and Pelvis		X	X	X	X
2	GU Lab 2: Reproductive System		X	X	X	X
2	Physiology and Pathogenesis: Viral		X	X	X	X
2	RNA Viruses		X	X	X	X
2	DNA Viruses		X	X	X	X
2	Emerging Viruses		X	X	X	X
2	Emerging Viruses Tutorial		X	X	X	X
2	Ethics and Law	X			X	X
3	Mental Health		X		X	X
3	Anxiety and Psychosis Tutorial		X	X	X	X
3	Anxiety Disorders		X		X	X
3	Crisis Intervention			X	X	X
3	Delirium		X		X	X
3	Introduction to Psychiatry		X		X	X
3	Mood Disorders		X		X	X
3	Mood Disorders Tutorial		X		X	X
3	Personality Disorders		X		X	X
3	Psychiatric Emergencies		X	X	X	X
3	Psychopharmacology		X	X	X	X
3	Psychotic Disorders		X	X	X	X
3	Child and Adolescent Psychiatry		X		X	X
3	Eating Disorders			X	X	X
3	Learning Problems			X	X	X
3	Maladaptive Behaviours in Childhood			X	X	X

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		Title Change	Reword Objectives	Modify MCC Objectives	Approved	Implemented
3	Obsessive Disorders		X	X	X	X
3	Post-traumatic Stress Disorder (PTSD)		X	X	X	X
3	Psychotherapy			X	X	X
3	Sexual Disorders		X		X	X
3	Sleep and Sleep Disorders		X	X	X	X
3	Somatoform Disorders			X	X	X
3	Substance Use		X		X	X
3	Transgender Health		X		X	X
3	Acute Kidney Injury		X	X	X	X
3	Assessment of Kidney Function		X	X	X	X
3	Potassium		X	X	X	X
3	Water and Sodium		X		X	X
3	Approach to Chronic Kidney Disease			X	X	X
3	Proteinuria and Hematuria		X		X	X
3	Renal PBL Tutorial			X	X	X
3	Drugs and the Kidney			X	X	X
3	Indigenous Health III	X			X	X
3	Indigenous Health IV	X			X	X
3	Heme Metabolism			X	X	X
3	Ethics and Law	X			X	X
3	Healthy Aging			X	X	X
3	Elder Abuse		X	X	X	X
3	Adverse Events			X	X	X
3	Falls and Gait Disturbance			X	X	X
3	Pharmacotherapy, Polypharmacy		X		X	X
3	Transition of Care		X		X	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

September 2020

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

Additional Comments, Suggestions, New or Pending Business:
1. Objectives review ongoing.
2. Curriculum related sections on UGME webpage have been updated.
3. Curriculum content for each discipline / department will be added to curriculum map.
4. COWG is arranging meetings with learners and members of Community Health to look at diversity, equity and inclusion in the MD curriculum. Goal is to form a working group with key stakeholders.
5. Appointment of Dr. Stephanie Atkinson as Physician Competencies Lead.

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

EPAs for Virtual Care Visit Feedback

EPA 1: Obtain a history adapted to the patient's clinical situation

Entrustable • Obtains the appropriate data from the patient (family/caregiver/ advocate) for the specific patient encounter • Establishes a rapport with the patient (family/ caregiver/ advocate) • Integrates all these elements along with other sources of information

EPA 2: Formulate and justify a prioritized differential diagnosis.

Entrustable • Lists diagnostic possibilities by integrating elements from the history and investigative studies • Identifies the major diagnostic possibilities for common clinical presentations • Justifies and prioritizes a most likely diagnosis based on information from his/her clinical assessment • Incorporates major determinants of health for the patient when generating and prioritizing the differential • Balances the tendency to be too all encompassing yet avoids errors of premature closure

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

Entrustable • Orders (or decides not to order) tests considering their features and limitations (e.g., reliability, sensitivity, specificity), availability, acceptability for the patient, inherent risks and contribution to a management decision • In case of social implications of positive results, discusses the selection of the tests with patients/ family/ caregiver/ advocate when ordering them (e.g. HIV, pregnancy in an adolescent) • Identifies levels of uncertainty at each step of the diagnostic process and do not over-investigate or under-investigate • Chooses diagnostic interventions using evidence or best practice/ guidelines according to costs and availability of resources taking into consideration the way in which care is organized • Identifies who will be responsible for the follow-up of the test results

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

Entrustable • Recognizes significant urgent or abnormal results • Distinguishes between common normal variations in results and abnormal results • Formulates an appropriate preliminary opinion about the potential clinical impact of results • Communicates significant results in a timely and appropriate manner to other team members • Summarizes and interprets the meaning of the results to other team members • Communicates results in a clear manner to patients (family/ caregiver/advocate) • Seeks help to interpret results when necessary

EPA 5: Formulate, communicate and implement management plans.

Entrustable • Proposes evidence informed, holistic initial management plans that include pharmacologic and non-pharmacologic components developed with an understanding of the patient's context, values and illness experience • Prioritizes the various components of the management plans • Considers other health care professionals advice in proposing a management plan • Reviews the initial plan with more senior team members to formulate an approved management plan • Documents approved management plans in the form written/electronic orders, prescriptions and consultations/referrals • Communicates approved management plans with patients and other healthcare team members that results in mutual agreement and understanding • Uses the electronic medical record when available to keep the team informed of the up-to-date plans • Follows principles of error reduction including discussions of indications/contraindications of treatment plans, possible adverse effects, proper dosage and drug interactions • Writes consults/referrals, orders or prescriptions which are complete, incorporate patient safety principles and that can be understood by all the members of the team, including the patient

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

Entrustable • Presents a concise and relevant summary of a patient encounter to members of the healthcare team • Presents a concise and relevant summary to the patient, and where appropriate, the patient's family (caregiver/ advocate) • Specifies the patient context in the report • Demonstrates a shared understanding among the patient, the health care team members and consultants through oral and written reports • Documents findings in a clear, focused and accurate manner

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

Entrustable • Utilizes early warning scores, or rapid response team / medical emergency team criteria to recognize patients at risk of deterioration and mobilizes appropriate resources urgently • Asks for help when uncertain or requiring assistance • Involves team members required for immediate response, continued decision making, and necessary follow-up • Documents patient assessments and necessary interventions in the medical record • Updates family members/caregiver/ advocate to explain patient's status and escalation-of-care plans

EPA 9: Communicate in difficult situations.

Entrustable • Verifies who should be present and is aware of what information can and cannot be shared without permission • Plans the encounter and communicates in a private setting • Introduces him/herself, their role in the patient's care and explains the purpose of the conversation • Positions him/herself to communicate comfortably • Speaks in non-jargon language, through a translator if necessary • Listens actively • Verifies for understanding and addresses concerns • Makes a plan that is understood, with next steps articulated • Works with and includes (where relevant) other health team members to manage the difficult situation • Assesses safety of the situation and seeks help as needed.

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

Entrustable • Enquires about the patient's lifestyle habits • Educates using language that is understood by the patient • Encourages the patient to ask questions • Verifies for understanding of the education provided • Provides examples of concrete changes that could be implemented to improve healthier habits • Assesses patient's readiness to change • Coordinates with other health care team members to ensure appropriate and consistent messaging • Identifies potential risky behaviours or living situations that may jeopardize the safety of the patient • Documents the discussion and the planning of the next steps

EPA 13: Collaborate as a member of an interprofessional team

Entrustable • Actively strives to integrate into the team • Recognizes the value and contributions of all team members • Seeks input and help from all team members as needed • Adapts communication strategies to the recipient in content, style and venue, contributing to good interactions with team members • Listens actively and elicits ideas and feedback from all team members • Anticipates and responds to emotions in typical situations • Rarely shows lapses in professional conduct except in unanticipated situations that evoke strong emotions, and has insight to use experience to learn to anticipate and manage future triggers • Works towards achieving team goals, although this may be more difficult when personal goals compete with team goals • Usually involves patients, families and other members of the interprofessional team in goal setting and care plan development • Shares his/her knowledge of community resources with patients, families and other members of the interprofessional team • Is actively involved in care coordination



UGMS Summary Report

September 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: 2 / September / 2020

Date of Next Phase Team or Sub-Committee Meeting: 7 / October / 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
PESC Summary Reports for the Phase 3 courses	Send out motion for approval via e-Vote	Pending

Agenda Items Requiring UGMS Action:			
Phase	Item (Session)	Change Type	Form Attached
3	Cyanotic Heart Disease	Increase in lecture time	x
3	Heme Metabolism	Add objectives	x

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

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Subject: Curriculum Change Request

Date: Friday, March 6, 2020 at 1:38:39 PM Newfoundland Standard Time

From: Christina.templeton@easternhealth.ca

To: Stokes, David, a.haynes@mun.ca, UGME - Advisor Email Account

Curriculum Change Form

Your Name: Christina Templeton

Your Email: Christina.templeton@easternhealth.ca

Your Discipline: pediatric cardiology

Select Phase: Phase 3

Session Title: cyanotic congenital heart disease

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
Adding or removing time for a session

Proposal:

I propose increasing the duration of the lecture to two hours, and adding another objective, which is to understand the physiology of long term palliation for single ventricle congenital heart disease.

Academic Rationale:

It is no longer true that these patients are too rare to be considered in a general medical education- it is more common than cystic fibrosis and the life expectancy is equal or better. All family physicians and most specialists will meet patients with single ventricle physiology, and will need an understanding of the fundamental physiology that supports them, and the modifications to usual care that are necessary.

Learning Objectives:

The existing learning objectives (10184-10187 inclusive) should be kept, other than being updated with the minor changes I suggested separately. I propose the addition of another objective, "understand the physiology of the long term palliation of single ventricle congenital heart disease."

Delivery of Proposed Change:

The current one hour lecture is extremely tight to cover the existing four objectives. There is little time for questions and none for supplemental learning opportunities like case studies with plan development, which I would really like to include, especially for 10185. If this subject was instead given two hours, ideally together, then 10184 to 10186 would work well as one hour and 10187 plus the addition I propose would be the second hour. This keeps like subjects together and creates a satisfying learning arc.

Assessment:

Formative assessment would be greatly improved by having more time for in class plan development. Summative assessment would be unchanged, following the current format.

Curriculum Change Request

hparadis@mun.ca

Sat 2020-08-29 8:31 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: Heme Metabolism

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 the following objectives: Describe the cause and precipitating factors of acute intermitent porphyria and congenital erythropoietic porphyria. Describe the influence of heavy metals on the heme synthesis pathway. Describe the causes of jaundice. Describe the utility of bilirubin blood test.
Academic Rationale:	These topics are currently covered in the lecture but do not have formal objectives.
Learning Objectives:	As above
Delivery of Proposed Change:	None
Assessment:	None



UGMS Summary Report

September 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: 13 / May / 2020

Date of Next Phase Team or Sub-Committee Meeting: 24 / Sept / 2020

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Possible assessment approval	Waiting on COWG	
Approve TOR	Next Phase 1 meeting	

Agenda Items Requiring UGMS Action:
1. Faculty-student engagement ideas
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. Curricular changes approved via e-vote since May 2020
2.
3.

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UGMS Summary Report

16 September 2020

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

Liaison to the UGMS: Tanis Adey

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

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

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

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

Additional Comments, Suggestions, New or Pending Business:
1. Senate <ul style="list-style-type: none"> • Memorial strategic plan being developed. Consultations will be taking place. • Examination and Invigilation Guidelines for the Remote Learning Environment approved – link to agendas and minutes https://www.mun.ca/senate/meetings/2011-2020/
2. SMC <ul style="list-style-type: none"> • All members of SMC will frequently communicate the actions and activities that are being taken to ensure an environment that is free of racism, sexism, homophobia transphobia, intimidation or harassment of any description. • COVID 19 Task Force continuing to meet weekly.

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