

## UGMS Committee

### Minutes

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DATE & TIME: Wednesday, October 14, 2009, at 4:00pm

PLACE: Professional Development and Conferencing Services Boardroom 2

PRESENT: Ms. L. Glynn (Chair), Drs. S. Murphy, A. Dorward, A. Goodridge, G. Farrell, C. Donovan, S. Moffatt, Mr. G. Beckett, Ms. E. Hillman, Mr. S. Pennell, Mr. Nick Sowers (Student representative), Mr. Pierre Richard (Student representative)

#### APOLOGIES:

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#### Review of Minutes of June 24, 2009; July 15, 2009; September 9, 2009

The minutes will be posted on the UGME web site for review, discussion (editing) and voting.

#### MELT – LCME Accreditation update (Dr. Sharon Peters)

Dr. Peters advised the committee that we are still waiting on CACM response from our recent accreditation report follow up. Of note, Dalhousie Medical School has failed their appeal, and their medical program is now on probation for two years.

Dr. Peters mentioned that the Faculty of Medicine here at Memorial will soon create a permanent Accreditation office. MELT is searching for volunteers from UGME and faculty to create a steering committee for accreditation that will be involved in oversight of the eleven self study committees. As a reminder, Dr. Peters noted that The Royal College will be coming next fall (2010) for a return accreditation visit, while the CPD visit will be in 2013. All eleven self-study committees need to be established by next year, to build on what Sally Ackerman has accomplished.

The MELT team has completed mapping the LCME objectives to the four phases of the new curriculum map, and are currently mapping the immediate curriculum learning objectives to the four phases. Presently, the MCC objectives don't represent biomedical sciences very well, but Dr. Penny Hansen is the Chair of their BioMedical Science panel, so we should be well informed as these objectives are created. Virtual Patients will be incorporated into the phases after this objective mapping is accomplished.

A second working group of family physicians is currently looking at national objectives for public health, family medicine and surgery in the undergraduate curriculum. Family physicians

from Grand Falls, NL are providing input as well, since the generalist physician (goal of our undergraduate program) does not necessarily have a family medicine focus.

Dr. Peters commented that the overall goal of objective mapping is to eliminate redundancies in the curriculum. The current MCC guidelines are overarching, but our current teaching objectives are put forward on a Course Chair or Subject Chair basis, therefore this phase of the objective mapping is a much larger project. Ms. Glynn asked Dr. Peters about anticipated date of completion for phase mapping and the answer was 6-9 months from now. Virtual patients will be added in the spring. Assignment of the phase teams to decide on delivery method and assessment of the objectives would occur fall 2010 at the earliest.

Dr. Peters reminded the committee that the accreditors will be back two years after we implement the curriculum; and when the new curriculum arrives, it will be implemented year by year. She commented that today's curriculum is the basis for how we implement the standards, but having pilot projects of the new curriculum would be a great advantage. The new building and the new curriculum will hopefully coincide fall 2012, but since this will be a busy time, it would be to our advantage if the accreditation review occurred in the spring of 2012 before the move.

An additional item brought up by Dr. Peters was review of the terms of reference for the UGMS committee. Preparing the LCME response in the summer 2009 brought forward a blurring of lines between management of curriculum (the responsibility of the Associate Dean of Medicine) versus governance of the curriculum (UGMS responsibility). Dr. Peters provided Don McKay, Gerard Farrell and Lindsay Glynn a copy of the book The Imperfect Board Member to emphasize the point that changing from operations to management is not easy. Dr. Peters wants a small group to review the TOR for the UGMS committee so they are more explicit; therefore, UGMS members would know better their responsibilities. Lindsay volunteered to join this group, Gerard will attend and Cathy also agreed to participate.

Dr. Peters informed the UGMS members that the Medical Education Scholarship centre is nearly ready, although they have not yet moved into their new space at the back of the HSL library; the move was postponed due to incorrect internet wiring. Ms. Sally Ackerman is the team leader, Dianna Deacon is the educational specialist for assessment to help the SSA, and there will be a new person working with PESC. Dr. Peters felt that eventually, we would have research assistants to help and develop new and innovative tools for teaching medical education. The Scholarship centre will also house the Accreditation Office. They are hoping to develop a Teaching Scholar Day. In 2010, when AFMC is held here, it is hoped that Dr. Linda Schnell from McGill University will do a consultation session on Med Ed teaching development.

Dr. Moffatt mentioned that Research in Medical Education is offered through CAME. Dr. Peters replied that research in Medical Education is hypothesis driven, but there are already tools in use that can be evaluated; our Faculty need the expertise and resources to incorporate these, and the goal of the centre is to provide for this need.

Dr. Peters also commented that hopefully soon the teaching awards for Faculty of Medicine will be based upon peer review, and not strictly student evaluations. On this note, Dr. Goodridge commented that the Ingram Awards need to have more defined criteria. For instance, PESC will

have documentation for those Faculty that have received consistently good teaching evaluations, and also for those that have improved dramatically.

Dr. Peters commented that they are working with the Discipline Chairs to come up with a policy for support of residents and faculty to engage in MSc degrees in Education outside of the areas that Memorial presently supports.

Dr. Moffatt commented that in Family Medicine, there is a frustration about lack of promotion based on a small research portfolio, and perhaps the Scholarship centre will help support Research and Scholarship efforts in this Discipline.

Clerkship Progress Report for Family Medicine (Dr. Kris Aubrey, Dr. Scott Moffatt, Dr. Norah Duggan, Undergraduate Family Medicine Representatives)

Dr. Moffatt provided the following background: It was proposed that the Family Medicine clerkship rotation would increase from 4 to 8 weeks, and this was approved in principle by the Clerkship committee. The original request was to implement the change in Sept 2010, but a progress report was required as to how this will work in the clerkship template. Dr. Kris Aubrey provided a slide presentation outlining the key areas to be addressed: capacity, curriculum, evaluation and logistics (scheduling). The presentation was to be forwarded to Ms. Glynn and posted on the UGMS web site.

Generally, current preceptors for family medicine rotations along with potential preceptors were surveyed to address their capacity to handle the increased number of rotations, not only due to the increased length of the family medicine clerkship, but also when the class size increase takes place. Overall, the current preceptors expect they could handle more students in the future; particularly if the rotations were divided throughout the year; therefore, capacity did not seem to be a limitation of the plan.

The presentation outlined the curriculum components, including the requirement for some distance learning technologies. Mr. Becket and Mr. Pennell did comment that delivering the information to rural practices is sometime more difficult than expected, based upon firewall issues with various authorities outside of Memorial University. This impediment is under investigation.

Scheduling the extra four weeks into the current clerkship year may be the biggest challenge, and several schedule options were proposed that also incorporated the addition of two week rotations in Emergency Medicine and Anesthesia. Dr. Farrell suggested that Anesthesia and Emergency Medicine weeks may not have the capacity at this time to accommodate these clerkship rotations. Dr. Farrell also outlined how all this would be done in time for CARMS? There was some discussion on this point, and it was brought forward by Ms. Glynn and Mr. Beckett that the job for the UGMS committee was to agree or disagree with the Family Medicine proposal to increase the clerkship from 4 to 8 weeks, and not to address the operations of how the scheduling would proceed. If the Clerkship committee could not come to a resolution over the schedule, the issue would come back to UGMS.

Ms. Glynn suggested that Dr. Aubrey put the presentation onto the UGMS website for discussion, and any comments will be forwarded to Scott. Dr. Duggan commented that the 2 page survey provided to preceptors will also be presented at the Research Forum here in November 2009, as there was additional information provided besides student rotation capacity.

The discussion concluded with Dr. Moffatt making a motion to approve that the Family Medicine Clerkship rotation be increased from 4 to 8 weeks for 2010-2011.

Mr. Beckett seconded the motion.

A vote was taken, and the motion was CARRIED.

#### Promotions Committee (Mr. George Beckett)

The Promotions Committee has put forward a proposal to deal with the policy of student transcript wording. Under the current system, a student who fails a course and then passes remediation still ends up with a failed mark on the transcript followed by a pass mark. The students feel that if you pass, you shouldn't have a permanent fail mark on the transcript, and this seems a reasonable position; however, medical professionals may appreciate this kind of information on the transcript, as it provides information about academic weaknesses.

The committee proposes to change the wording to indicate a pass mark in the course, with a specific transcript note that said remediation was required in a certain aspect of the course. If this was agreed upon, it would be applied retroactively back to transcripts from 2003 onward.

Discussion that followed the proposal:

Dr. Donovan commented that if remediation overcomes the weakness, why have the transcript note about remediation?

Dr. Farrell commented that our Faculty of Medicine is unusual in that it actually permits remediation, otherwise 10 or 12 would be repeating the year; however, it is a real benefit to reveal problems to those reading the transcripts. Dr. Moffatt agreed with the fact that the extra descriptions are very useful to future mentors/supervisors.

Ms. Hillman also commented that other academic units use this additional text to provide transcript descriptions, since just putting a Pass mark implies they have repeated the course and passed, and that is not an accurate history.

Mr. Beckett followed up that the promotions committee is comfortable with the PASS mark plus transcript note, since it addresses both student and faculty concerns.

Mr. Sowers asked whether the comments would be reiterated in the Dean's letter, and Mr. Beckett's answer was "yes".

Mr. Beckett put forward a motion that the UGMS committee approve the transcript wording change as it was proposed. Dr. Farrell commented that since the Promotions Committee is actually a Committee of Faculty Council, it didn't need the UGMS approval; however, since this

issue concerned undergraduate medicine, the Promotions Committee thought it was best have UGME approval.

Ms. Liz Hillman seconded the motion.

A vote was taken and the motion was CARRIED.

#### Proposal for Additions to the Curriculum (Dr. Gerard Farrell)

Dr. Farrell revisited the need for certain curriculum addition – Patient safety, Aboriginal health and Lesbian/Gay/Bisexual Health issues. Rather than introducing these as separate curriculum topics that require separate teaching time, these everyday health issues should be addressed regularly during the current curriculum. Dr. Farrell wants to issue a directive to Faculty engaged in undergraduate medical education teaching that if their course content touches on these areas, it should be included.

Dr. Moffatt agreed, but thought these areas could be covered as "cultural sensitivity" rather than individual agendas. Therefore, cultural sensitivity issues should be seen as part of the student's regular history taking, and patient safety should be a regular part of the job.

Dr. Donovan suggested a tool for Aboriginal health incorporation that is available, and generally this could be applied to any vulnerable group.

#### Next Meeting

Agenda Item 6 (Standards Monitoring Committee), 7 (Policies and Procedures Review) and 8 (Student Assessment and Preclerkship reports) are deferred to next meeting.

An extra UGMS meeting will likely need to be schedule to cover the excess topics.

Mr. Steve Pennell mentioned that a session on Eportfolios would probably require a separate meeting, since DELT instruction would be involved. Ms. Glynn agreed.

Meeting Adjourned at 5:30 pm

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L. Glynn (Chair)

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