

UGMS Committee

CONFIDENTIAL

Minutes

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DATE & TIME: Monday, October 23, 2006 at 4:00 p.m.

PLACE: Undergraduate Medical Education Boardroom

PRESENT: Drs. S. Peters, G. Farrell, S. Moffatt, D. MacPhee, D. Boone, A. Mohammed, Ms. S. Ackerman, Ms. E. Hillman, Ms. L. Glynn, Mr. G. Beckett and Mr. A. Kennedy (Student Representative)

APOLOGIES: Drs. S. Shah, M. Wells, V. Gadag and Mr. C. Ryan (Student Representative)

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Introduction of Committee Members

All members were introduced and provided with a committee binder to allow for consistent management of material pertinent to committee business.

Terms of Reference (UGMS Committee)

The terms of reference were reviewed and various items were highlighted to bring them specifically to the attention of members.

Remarks by the Dean of Medicine

Dr. Rourke thanked everyone for their agreement to become members of this Committee. He noted that it is vital to the medical school that things are in order for the next step of the accreditation and to provide students with the best education possible.

Terms of Reference (Program Evaluations Subcommittee)

The terms of reference were reviewed and it was noted that PESC is a subcommittee of the UGMS Committee with Dr. Alan Goodridge as its chair. It was noted that regular reports would be expected from PESC.

## Committee Operations

### **Election of Chair**

Dr. Peters agreed to become the interim chair for a period of six months and indicated that she would like to have a co-chair. Ms. Lindsay Glynn agreed to act in this capacity.

### **Committee Meeting Schedule**

It was agreed that meetings would be held every two weeks for the first several months on Wednesdays from 4 to 5:30 pm in the Undergraduate Medical Education Boardroom. A time keeper would be assigned to ensure that meetings do not run over time. Reminders will be sent to members prior to the meeting along with an agenda.

### **Policies and Procedures**

Members were advised that a process of putting policies into a template has now been initiated and information of interest will be passed on to members regarding this process.

### **Group Processes**

With regards to group processes, the following points were noted and agreed upon:

- The Chair requested twenty-four to forty-eight hour input into anything that requires feedback from members. This is particularly important if calendar changes are involved.
- A standard agenda format will be set and an annotated agenda will be provided to members shortly after the meeting has taken place.
- Decision-making will take place by consensus and motions will only be put forth if there is no consensus. The guidelines from The Canadian Society of Associate Executives book will be used to aid with this process.
- Everyone should feel free to make any comments with regards to agenda items and other issues. This includes the recording secretary who has had many years experience in the UGME Office.
- A key factor is to ensure that the distribution of pertinent materials to members takes place before the meeting to allow time for review prior to discussion.
- Everyone will be given the opportunity to voice their opinion on a particular topic and if there is no consensus, a flip chart will be used to aid in decision-making.

## Education Standards (LCME)

### **Program Evaluations**

As chair of the Program Evaluations Subcommittee, Dr. Goodridge presented a report which outlined its activities.

With regards to educational standard 46, Dr. Peters wondered if other outcomes measures had been considered in addition to the MCC objectives, CaRMS and NBME and Dr. Goodridge noted that this would require input from graduate of the medical school but that his Committee would be very interested in looking at other measures.

With reference to educational standard 47 it was noted that the new evaluation form looks at lecturers as well as the subject areas. An overall score of less than 3.5 would require further review and possible action from this Committee.

It was noted that if there is any issue that PESC would like this Committee to evaluate this can be accommodated.

### **Curriculum Review**

Members were advised that this process was first adopted in 2005 and at that time a deadline of 6 months was given. It has now been 18 months and the process is still incomplete. Decisions must be made on ways to speed up this process to completion because this is a requirement for accreditation and must be available when the team returns.

It was noted that there is some difficulty in obtaining the pertinent information from those involved and members made suggestions on how to speed up this process including the possibility of a staff person available to help those who need it and the possibility of having the discipline or division chair deal with the situation. If necessary, this Committee could be responsible for completing the required work.

### **Objectives Database**

It was noted that quite a few objectives had been received over the past few weeks. Dr. Moffatt agreed to approach Community Health to request objectives for the rural visit and the Discipline of Family Medicine for objectives on the black bag visit.

Additionally, Ms. Ackerman is available to help with this process if necessary and division chairs should be approached if there is a particular difficulty in their area.

Dr. Peters felt that a general policy was needed to outline the number of hours per course and specifically state how much to be delivered via lecture and how much to be delivered via other methods.

### **Patient Types with Linkages**

Members were advised that clerkship disciplines have develop a clinical curriculum outlining the types of patients that students are expected to have exposure to during the clinical rotation.

These must also be linked to the objectives. As well, methods of providing missing experiences to students using other tools such as on-line tutorials, etc. have been developed.

Dr. Boone noted that T-Clerk is now used to describe clinical experiences and although it doesn't currently conform with the clinical curriculum, this will be achieved by early in the new year.

It was determined that the clinical curriculum from each discipline should be sent to Ms. Ackerman so that she can link these with the objectives.

### **Standard Setting**

Dr. Boone advised that the Clerkship Committee has discussed the lack of conformity regarding how pass marks are determined along with various other issues of evaluation and has accepted, in principle, a standard method of setting the NBME pass mark using a combination of non-criterion and criterion references. Some pass/fail rules were also established including if a student fails an examination he/she will be expected to rewrite the examination however, if an ITER is failed, the student will have to repeat the month that was failed. Students will be permitted to rewrite two examinations but if three are failed, they will be asked to repeat the year.

Dr. Farrell noted that in Pre-clerkship, evaluation is based on how the course is taught and how the examination process is managed. Members of the Pre-clerkship Committee felt that they did not want a set way to determine pass/fail and as a result, a motion was formulated that stated if a student failed three subjects, he/she would be asked to repeat the year.

It was noted that these motions should be forwarded to UGMS Committee for development of a policy to be passed at Faculty Council, then on to Senate Committee for Undergraduate Studies and Senate before the end of the year.

### Other Activities

#### **Document on IT and Curriculum Delivery**

Mr. Beckett circulated a document for members to review for discussion at the next meeting. He noted that he was interested in getting a sense from members on what they consider to be the important issues.

Ms. Glynn and Dr. Mann agreed to review the document in advance and provide a report at the next meeting.

#### **Electronic Voting**

Dr. Peters asked members to give some consideration to electronic voting and be prepared to provide feedback at the next meeting.

**Review of Inter-professional Curriculum**

Dr. Peters noted that at some point this Committee may need to consider if it would like to do a review of the inter-professional curriculum.

**Adjournment**

There being no further business, the meeting was adjourned at 5:30 p.m.

S. Peters, MD, FRCPC  
Interim Chair, UGMS

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