



Phase 1 Management Team Minutes

Thursday, November 25, 2021

4:00 p.m.

Webex

Attendees: Amanda Pendergast (chair), Alison Haynes, Heidi Coombs, Katrin Zipperlen, Debra Bergstrom, David Stokes, Carla Peddle, Steve Shorlin, Alex Darmonkow, Katie Bonner, Rick Audas, Joel Koops, Michelle Simms, Brian Kerr

Regrets: Jon Church, Vivian Whelan

Recording secretary: Michelle Simms

Topic	Details	Action Items and person responsible
Introduction and Welcome		
Agenda review - Review for Conflict of Interest - Confirmation of Agenda	No conflicts and no additions.	
Review and approval of prior minutes Action items	One action item from the last meeting about research curriculum is that there were some learners having difficulty getting a supervisor. This has been resolved. There was some trouble with recruiting preceptors for Early Clinical Experience. Accreditation was also talked about. Motion to approve the minutes: Rick Audas Seconded by: Joel Koops	
1. MED 5710	Questions are being received. Waiting on results from the last exam on Monday. There were a few	Pam Pike Katrin Zipperlen

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



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	<p>deferrals. Deferrals are usually written on Tuesday afternoons.</p>	
2. MED 5720	<p>No issues. Going well. Only one more session left before the summative review. There have not been issues with attendance or having to provide remote delivery.</p>	<p>Joel Koops Maria Goodridge</p>
3. MED 5730	<p>Everything is good. There was a Biostats exam last week. The general consensus with the class is that this would be better assessed as an assignment. It's not as useful as manipulating data. There have been issues around that exam. This has also been added to QI. The feeling around biostats colleagues is to keep it as an exam but maybe change the content and the instructor. There is still some issues with the exam.</p> <p>It is a very short exam and not all questions were received. The marks this year were a little bit lower on average than the previous year.</p> <p>An assignment would provide more knowledge and functionality to Biostats. R. Audas will provide this feedback to the instructors that teach that material.</p> <p>The concerns in the past for an assignment is that the learners are sort of copying each other working in groups. Working in groups is a valuable learning experience.</p>	<p>Jon Church Rick Audas Michelle Simms</p>



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<p>4. MED 5740</p>	<p>There has been no feedback. Rick checks in with Renee Mercer regularly, and she hasn't had any feedback either.</p> <p>There has been a really big issue with recruiting preceptors this year. Some people may not be able to make it work because they are doing a virtual clinic from their home as opposed to being in clinic. Some are feeling burnt out. Some have left St. John's.</p> <p>They have advised preceptors that they can take two learners at once if they are in clinic and having a telephone clinic. Learners can sit in for that. They also have travel funding. So, they have reached out to preceptors outside of St. John's within an hour's drive. It's not ideal. One response was received. They have also reached out to New Brunswick for anyone who might be doing a type of virtual online clinic that a learner could join remotely. There was a little bit of interest. ECE finished up in a couple of weeks.</p> <p>UGMS gave approval last week that if learners completed at least two sessions, they would pass. They will all have completed two sessions this coming Wednesday. It's been challenging to be able to provide three sessions for each learners. It would be ideal to keep it in Family Medicine but may have to look at other primary care providers. Maybe some general Internal Medicine or general Peds.</p>	<p>Rick Audas Norah Duggan</p>
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5. ILS	<p>There was an ILS session this week. This was the first formal ILS session. There was an introduction session earlier in Phase 1. There was trouble recruiting a Family Medicine physician. It was the week of the core content for Family Medicine. Last year it worked out because a physician not on site was able to join remotely.</p> <p>There was some great interaction. But it would have been great to have a Family Medicine preceptor there as well.</p> <p>There are two core content weeks for Family Medicine. One is this week and the other is in March.</p>	Debra Bergstrom
6. QI	<p>H. Coombs presented slides of what is brought to QI sessions. Some of the things that came up in QI were relevant to the discussion at SAS yesterday. We ask for feedback on things that are going well, things that are not going so well, and any suggestions in terms of the education experience for the Phase. Anything to do with lectures, the learning experience and the organization of the block.</p> <p>The top commented, in terms of positives for the block, was that the block was well organized. The lectures were well organized. Lots of diversity of types of classes, group sizes and the diversity of lectures.</p>	Heidi Coombs



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	<p>They thought the anatomy lectures were done really well in terms of the in-class poles. Some lectures were really engaging. They highlighted a couple of instructors specifically for doing a great job.</p> <p>Clinical skills facilitators and SPs were excellent. Early exposure to Point of Care Ultrasound training with the SPs has been very positive. More instructors have been using lecture capture.</p> <p>There were about four pages of feedback this time. What was not working well is, number one, Biostats. Learners said this should not be assessed through an MCQ. This is something we've been hearing for several years. They found the exam difficult due to it being scheduled almost three weeks after the last Biostats lecture and that it was too close to the block exam. Some said that lecture content was focused on calculations while the exam tested theory.</p> <p>The second thing that has not been working well are the Anatomy labs and the exam. This was talked about in SAS. The anatomy labs have been closed for several years due to last year the pandemic and before that air quality issues. The in-person labs were not held for a while. They found them disorganized and chaotic. There was not enough teaching guidance. There were a lot of TAs circulating the rooms for the stations. The TA's didn't have consistent expertise. There were two few instructors with limited access to specimens.</p>	
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	<p>The exam features questions on function that no one knew how to prepare for and things could not be practices. There were twice as many questions on the exam than were supposed to be. Each question had a part (a) and a part (b). Some stations had specimens and others had images of photographs and diagrams. The specimens were much better to work with and easier to do their exam with. In summary, they love the anatomy labs. They want more access to specimens and maybe there needs to be more resources.</p> <p>The last time there was an anatomy lab was about five years ago when they still had wet specimens. There were issues than and it was decided the exam would not be brought back. Having TA's who are more knowledgeable about anatomy would be good. They said that Dr. Andronowski is a good teacher.</p> <p>Lectures are continuing to go overtime. In Phase 3, one or more learners are keeping track of faculty who go overtime. At the end of the block, they send a spreadsheet to PESC of the lectures that went overtime. This can be done in Phase 1 as well. If several consecutive lectures go overtime, it cuts into the 10-minute break. It needs to be included on the teaching evaluations. It also needs to go to the discipline chairs. This feedback cannot be included on the faculty evaluations because it is generated on one45.</p>	
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	<p>There was a lecturer with some two-hour sessions that didn't provide a break. But later sessions had a blank slide included in the presentation as a cue to have a break. Vivian also sends a weekly teaching reminder and includes that lectures are 50 minutes long.</p>	
7. Curricular Issues and Accreditation	<p>No curricular changes. The accreditation visit is April 2022. Information about accreditation can be found here: https://www.med.mun.ca/Accreditation/Home.aspx</p> <p>There will be a mock accreditation taking place on December 7 - 8. Pre-clerkship committees will be invited to join on December 7, 3:15 – 4:15.</p>	<p>Alison Haynes Brian Kerr</p>
8. Other Faculty Issues	<p>No issues.</p>	
9. Other Student Issues	<p>Biostats and anatomy labs were already discussed.</p> <p>With regard to the anatomy lab exams, a TA at each station would be helpful. They like the idea of having a focus group. Can they have access to challenge cards? There were two questions on the exam that weren't covered on the lectures. The process of choosing exam questions was discussed. Anatomy lab exams will be added to the agenda for the next PESC meeting.</p> <p>The Biostats reassessment is about 3 weeks later than the exam. Students prefer to reassessment sooner rather than later. There are a few students</p>	<p>Alex Darmonkow Katie Bonner</p>



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	who have accommodations for exams. This component of Physician Competencies is only worth 8%. There is no requirement to pass the reassessment, unlike the block exams. If a learners received below a pass mark, they would most likely pass when combined with the other marks in Physician Competencies.	
10. New Business	None	
11. Next Meeting	February/March 2022	