

Undergraduate Medical Studies Committee Meeting		DATE	April 30, 2014
		ROOM	PDCS Room 4
CHAIR	Dr. Sean Murphy		
MEMBERS: 2013 - 2014	<i>Dr. Donald W. McKay, Associate Dean, Undergraduate Medical Education</i> <i>Ms. Elizabeth Hillman, Registrar's Delegate</i> <i>Ms. Melody Marshall, UGME Coordinator</i> <i>Dr. Sheila Drover, Faculty Representative</i> <i>Dr. Olga Heath, Faculty Representative</i> <i>Dr. Carolyn Morris-Larkin, Faculty Representative</i> <i>Mr. John Campbell, Faculty Representative</i> <i>Ms. Lindsay Glynn, Faculty Representative</i> <i>Mr. David Bradbury-Squires, Student Representative</i> <i>Ms. Susan Wakeham, Student Representative</i>		
PARTICIPANTS	S. Murphy, D. McKay, E. Hillman, S. Drover, L. Glynn, C. Harty, A. Mehta		
RECORDING SECRETARY	Ms. Jane Stevens (<i>Minutes Taped</i>)		
GUESTS			
REGRETS	M. Marshall, J. Campbell		
MINUTES			
AGENDA	ITEM	DISCUSSION	ACTION
WELCOME		<ul style="list-style-type: none"> • Call to order at 1605h. • Quorum in attendance. 	
#1 AGENDA APPROVAL		The Agenda was adopted as presented.	ACTION: Agenda Adopted
#2 APPROVAL OF MINUTES		Minutes from March 19, 2014 were adopted as presented.	ACTION: Minutes Adopted
#3 STANDING ITEMS	Item 3. a. i. Phase 1 QI Report	<p>The Chair brought forward the Phase 1 Quality Improvement summary report as submitted by PESC for review. The document also includes course specific feedback. Highlights of the report are as follows:</p> <ul style="list-style-type: none"> • While student participation was somewhat low, participation by faculty was adequate. Students were able to provide feedback 	ACTION: The Chair will ask the Phase 1 Lead for additional information regarding the late submission of results.

		<p>through other routes, however.</p> <ul style="list-style-type: none"> • Positive Indicators: <ul style="list-style-type: none"> ○ Students appreciated that feedback has been acted on. ○ Integration of content improved. ○ Perceived high level of cooperation between faculty and staff. • Negative indicators: <ul style="list-style-type: none"> ○ Perceived lack of communication regarding new curriculum. ○ Perceived lack of faculty involvement and engagement in developing new curriculum. ○ Perception by some that the Curriculum launch should have been delayed. • Suggestions for improvement: <ul style="list-style-type: none"> ○ Continued development, implementation and communication of clear guidelines, policies and procedures. ○ A repository of minutes and decisions made by all committees involved. ○ Clarify oversight at the course level. ○ Continued Consultation with faculty and content experts to refine curriculum. ○ Possibly shorten phase 1 to reduce repetition and redundancies. ○ Develop and publish a schedule as soon as possible. • Improvements already made for the next offering include: <ul style="list-style-type: none"> ○ Coordinate dates for assessments. ○ Improved summative exams. ○ Students will complete community visits earlier. <p>It was noted that obtaining grades in a timely fashion at the end of Phase 1 was an issue, but it is not anticipated that this will be a problem at the end of Phase 2. There is a scheduled break prior to the beginning of Phase 3 which facilitates the timely submission of assessment results. Phase 1 will be reviewed to determine if a more convenient end date can be scheduled, perhaps to coincide with the end of the Fall semester.</p>	
	<p>Item 3. a. ii. Curriculum Revision Pass/Fail Transcript</p>	<p>Under the “old” curriculum remediation was ordered by the promotions committee to occur at the end of the year. A notation was included on the transcripts of students that were required to undergo remediation. The notation read: <i>“grade a result of successful remediation in N of N components</i></p>	<p>MOTION: Remediation text will no longer be required on the transcripts of students studying under the new curriculum.</p>

	Designation	<p><i>of n”.</i></p> <p>Under the current curriculum, remediation occurs within the course and as such, the remediation text is no longer appropriate to include the remediation text on student transcripts.</p> <p>It was MOVED by S. Martin, Seconded by S. Drover that for the new curricular courses, there will be no designation as to whether or not remediation occurred and merely a pass or fail will be indicated for the appropriate course.</p> <p style="text-align: right;">All were in favour and the MOTION CARRIED.</p>	
	Item 3. b. i. Proposal for UGMS Structure and Terms of Reference revision	<p>A notice of motion outlining proposed changes to the terms of reference of the UGMS Committee was circulated via Faculty Council.</p> <p>Proposed changes to Membership and Organization include:</p> <ul style="list-style-type: none"> • Five faculty Academic/Administrative staff. • Increase student representation to include 1 student from Phase 1 – 3 and one from Phase 4 (during the limited period of time that both the prior and revised curricula are active, one student will be from the class of 2016 and prior, and one will be from the class of 2017 or later. • Under permanent members, the addition of Chairs from the following committees: <ul style="list-style-type: none"> ○ Student Assessment Sub-Committee, ○ Program Evaluation Sub-Committee, ○ Information Technology Advisory Committee; and, ○ Clerkship Committee (until such time that all students are enrolled in the revised curriculum). • Under permanent members, the addition of Phase 1-4 Leads • Under corresponding members, the addition of the following: <ul style="list-style-type: none"> ○ Assistant Dean, New Brunswick, ○ Assistant Dean, Prince Edward Island, ○ Assistant Dean, Yukon; and, ○ Assistant Dean, Rural Medical Education Network. <p>Proposed changes to Operations include:</p> <ul style="list-style-type: none"> • Additions: <ul style="list-style-type: none"> ○ Quorum will be 50% of voting members (excluding 	<p>MOTION: To endorse the revised UGMS terms of reference, to be brought to the next meeting of Faculty Council.</p>

		<p>corresponding members).</p> <ul style="list-style-type: none"> • Deletions: <ul style="list-style-type: none"> ○ The committee will report to Faculty Council annually. <p>Proposed changes to Committee Member Expectations include:</p> <ul style="list-style-type: none"> • For members other than corresponding members, attendance at 7% of monthly meetings; and, • Solicitation of collegial input when requested. <p>It was MOVED by S. Murphy and Seconded by S. Drover that the UGMS Committee endorse the revised terms of reference as amended.</p> <p style="text-align: right;">All were in favour and the MOTION CARRIED</p>	
	Item 3. b. ii. Accreditation Action Plans	Another accreditation visit will be scheduled for the spring of 2015. The accreditation team required the implementation of action plans for a number of areas. Changes may need to be implemented by the fall of 2014 and will require UGMS approval. In light of this, the UGMS Committee will need to schedule meetings during the summer months.	
#4 BUSINESS ARISING		There was no business arising from the minutes.	
#5 NEW BUSINESS	Item 5. a. Clinical Skills Scheduling Change	<p>Under requirements outlined in the Protected Time Policy, any clinical skills scheduling changes must be approved by UGMS.</p> <p>A group of 11 students will have a witnessed physical exam on the same day as a pediatrics exam. The chair of clinical skills is requesting that the witnessed physical exam be rescheduled.</p> <p>It was MOVED by S. Murphy, Seconded by O. Heath to approve the request for changes to the assessment date for the clinical skills witnessed physical examination.</p> <p style="text-align: right;">All were in favour and the MOTION CARRIED</p>	MOTION: To approve changes to the date of a clinical skills witnessed physical examination.
	Item 5. b. Pediatric Clerkship Assessment Changes	<p>A document outlining proposed changes to the pediatric clerkship evaluation scheme was circulated. This evaluation scheme is scheduled to begin in August. Proposed changes include:</p> <ul style="list-style-type: none"> • The value of the NBME will be decreased from 30% to 25%. • The oral examination will be replaced with two mini clinical evaluation exercises. 	MOTION: Revisions to the pediatric clerkship assessment scheme were adopted.

		<ul style="list-style-type: none"> Addition of a 5% essay assignment on the personal experience with the CanMeds role of health advocate during pediatric clerkship. <p>It was MOVED by S. Murphy, Seconded by D. McKay to adopt the revisions to the pediatric clerkship evaluation scheme.</p> <p>All were in favour and the MOTION CARRIED</p>	
	Item 5. c. Career Counselling Assessment changes	<p>MS-19 is an accreditation standard dealing with career counselling. Plans are underway to embed career counselling in the curriculum. This will be attained through the establishment of an advisory group by UGMS. The advisory group will make recommendations to UGMS of what career counselling activities should be included in the curriculum. It is hoped that recommendations will be forthcoming by December 2014.</p> <p>It was MOVED by D. McKay, Seconded by O. Heath to approve the drafting of a terms of reference for the creation of a career counselling advisory group.</p> <p>All were in favour and the MOTION CARRIED</p>	MOTION: D. McKay to begin drafting a terms of reference for the career counselling advisory group.
	Item 5. d. MCC Blueprint Project	<p>A meeting of Undergraduate Associate Deans has been scheduled to take place in June, 2014. During this meeting discussions surrounding the MCC blueprint will take place. The current Phase 2 students will be the first class to experience the new examination. D. McKay outlined the proposed changes to MCC examinations.</p>	
	Item 5. e. CGQ Results	<p>The CGQ results were received from the Chair of PESC and due to the confidential nature of the results, the document was circulated during the meeting for review. Discussion ensued surrounding the results from the Canadian Graduate Questionnaire.</p> <p>The D. McKay Chair will request that the Clerkship Coordinator follow up on the issue of witnessed history and physical, including student education on what constitutes a witnessed history and physical examination.</p> <p>D. McKay will provide a copy of the full CGQ results to the Chair of UGMS.</p>	<p>ACTION: D. McKay will discuss the issue of witnessed Hx and Px with the Clerkship Coordinator.</p> <p>ACTION: D. McKay to provide the comprehensive CGQ results to the Chair of UGMS.</p> <p>ACTION: D. McKay to draft terms of reference for pain management ad hoc committee.</p>
#6 OTHER BUSINESS		No other business	
#7 ADJOURNMENT		The meeting adjourned at 6:00 p.m.	

Next Meeting		Wednesday, May 21 st , 2014	
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Sean W. Murphy, MD
Committee Chair