

Program Evaluation Subcommittee (PESC)

Minutes

Chair: Dr. Alan Goodridge

Tuesday, January 21st, 2025, from 12:30 – 2:00 PM

Hybrid Meeting

Attendees: Dr. Alan Goodridge (Chair), Dr. Debra Bergstrom, Dr. Sandra Cooke-Hubley, Dr. Heidi Coombs, Hayley Dalton, Dr. Amanda Fowler, Dr. Zhiwei Gao, Dr. Taryn Hearn, Brian Kerr, Charli Philpott, Dr. Bruce Sussex, Katrin Zipperlen

Regrets: Amber Critch, Dr. Norah Duggan, Dr. Alison Haynes, David Stokes, Dr. Anna Thomas

Topic	Details	Action items and person responsible
Welcome	A. Goodridge welcomed everyone to the meeting. <ul style="list-style-type: none"> • Welcome to C. Philpott who will be taking PESC minutes for the near future. 	
Agenda	A. Goodridge: No COI declared. Agenda reviewed and approved.	
Review of Minutes	A. Goodridge: Review and Approval of Minutes, Dec 17, 2024 <ul style="list-style-type: none"> - Moved: A. Goodridge - Seconded: B. Sussex All in favor.	
Business Arising	A. Goodridge <ul style="list-style-type: none"> • Prerecorded Lectures <ul style="list-style-type: none"> - This issue has been presented to UGMS and a decision has been made to mitigate their overuse. A plan is now in place to ensure they are limited to be used only in exceptional circumstances. • Curriculum Changes via COS <ul style="list-style-type: none"> - A. Goodridge is planning to meet with A. Haynes about COS making curriculum changes before the program evaluation reports are presented and approved. • MCCQE Preparation <ul style="list-style-type: none"> - T. Hearn commented that funding is available, and will remain available, for the prep product. There are options for self-paced practice. - The library has some great resources that learners may not be taking advantage of. D. Bergstrom <ul style="list-style-type: none"> • Cardiovascular Team 	ACTION – A. Goodridge to meet with A. Haynes and T. Hearn about evaluation processes.

	<ul style="list-style-type: none"> - Changes were already largely discussed and had received theme feedback, as well as direct feedback from members of the class and faculty. - Many changes had already been made. - Now trying to make some changes more proactively as opposed to waiting for the year-end report. 	
Phase 2 Response Reports	<p>A. Fowler</p> <ul style="list-style-type: none"> • MED6760 – Clinical Skills <ul style="list-style-type: none"> - Course was rated strongly with 4.3 overall rating. - Over half the class received exemplary status on their assessments. - No items in the course rated below 3.5 (3.5 is considered cut off value, anything below receives further action regarding themes and negative feedback). - Six (6) students provided narrative feedback. - Seeing a trend in variability of tutors. Working with tutors to ensure checklists are standardized and tutors have access to the same material prior to sessions. - Response rate was 18%. Phase management team did not feel any areas needed targeted improvement. - Learners feel the content is overwhelming and would like to have access to materials early. Working with Dr. Maria. Goodridge to aim for release two (2) weeks before session. - A. Goodridge asked about the possibility of faculty development for clinical skills. T. Hearn advised that PEI faculty will be completing clinical skills teaching workshops and that those resources can be provided to all faculty. • MED6770 – Physician Competencies <ul style="list-style-type: none"> - Highly rated with a score of 4.2. - Some items rated below 3.5, however, caution with the validity as the response rate was 12%. - No themes in the narrative comments. • MED6750 – Patient II <ul style="list-style-type: none"> - Evaluations were distributed at the end of each theme as opposed to completing the course. There are now five (5) theme evaluations. - The overall rating of the course was 4.0, which is up from the previous 3.6. - Theme 1 was the lowest rated at 3.5. Thirteen (13) learners felt the antibiotics lecture was too long and included contradictory information to the antimicrobial stewardship lecture. They also felt the level of detail in the microbiology lecture was unnecessary. - Assessment for Theme 1 also received a 3.5 overall and had two items below 3.5. - Five (5) students stated the exam questions did not match the learning objectives and were not reflective of the class material. 	<p>Action Item – COS to liaise with faculty regarding Antimicrobial and Stewardship lectures</p>

	<ul style="list-style-type: none"> - Theme 2 rated 4.0 overall, Theme 3 rated 4.2, Theme 4 rated 4.3, and Theme 5 rated 3.9. - Response rate was 19% which limits validity. • MED6780 – Community Engagement <ul style="list-style-type: none"> - Overall rating was 4.0, down from 4.4. - Community visit rated 4.4, up from 4.2. - Assessment received 3.4 rating, down from 4.2. - Response rate was 18%. - Assessment was discussed at P2 Management and SAS, with the Community Engagement Reflection assignment being changed to a pass/fail. The Community Health Lead will review and amend the reflection assessment rubric to enhance clarity. This will not be changed for the Class of 2028. • Z. Gao asked if the trend for increasing responses from Phase 2 is also being seen in Phases 1 and 3. A. Goodridge commented that Phase 1 typically has the highest yield and Phase 3 has the lowest. Historically, the Phase Leads send reminders and advocate for responses, and an orientation session is provided at the beginning of the year for Phases 1 and 3. Multiple reminders about the survey are also given. 	
Feedback	<p>H. Coombs:</p> <ul style="list-style-type: none"> • Presented Unprofessional Feedback on Faculty Evaluations: <ul style="list-style-type: none"> - Posed two (2) questions regarding feedback to the AFMC group who are responsible for Program Evaluation at Medical schools and received responses from Manitoba, Toronto, Alberta, and Saskatchewan. - All four (4) have reported increases in unprofessional feedback, with Toronto conducting an in-depth analysis of comments from the past ten (10) years. - Schools noted that faculty are putting themselves at psychological risk and no longer pursue teaching. Some schools have an appeals process for faculty. - While all schools edit or remove harmful comments, Manitoba can identify students making harmful comments and forward them to the UGME Dean and/or Dean of Professionalism. - Students in Toronto report they do not follow up with students who make harmful comments as the students have trust issues and believe the evaluation system is not anonymous. - All four (4) offer sessions to learners on how to provide feedback. • H. Coombs advised that she and A. Goodridge have been in discussions with Tina Hickey (Policy Analyst) about adopt a formal appeals process for faculty. A. Goodridge explained how comments are filtered and removed from evaluations, and that individual faculty members have come directly to discuss evaluations and to have comments removed. 	

	<ul style="list-style-type: none"> A. Goodridge and D. Bergstrom support formalizing the process of review and committing to a consistent approach 	
Learner Representation	<p>H. Dalton:</p> <ul style="list-style-type: none"> Commented that student feedback is being discussed at academic roundtables across the country. There is a working document being circulated with the VP Academics across the country to determine what each school is doing to improve and increase the volume of professional feedback. A. Goodridge asked if it would be possible to view the document. H. Dalton will provide for the next meeting. 	Action Item – H. Dalton to provide working document regarding feedback
Updates	<p>Phase Lead Updates</p> <p>S. Cooke-Hubley</p> <ul style="list-style-type: none"> Phase 1 is completed and all learners were successful. One learner withdrew due to medical reasons. Dynamic changes are needed regarding on-the-ground changes that need to be made on an ad-hoc basis. S. Cooke-Hubley advised that an incident came up during a clinical session scenario and she did not want to wait until the end of the Phase to address it. <ul style="list-style-type: none"> A. Goodridge advised that it has always been the prerogative of the Phase leads to address issues that arise during the Phase and that level of management has never had to go through PESC. B. Kerr added that the accreditors want to know how we handle continuous quality improvement and suggested that the Phase leads could report ad-hoc issues at PESC. <p>UGME Update</p> <p>T. Hearn re: PEI</p> <ul style="list-style-type: none"> The regional campus is fully Memorial programming. No information or timeline on when the joint program will be implemented. All learners who start at PEI campus will be Memorial graduates. Dr. Peter MacPherson has been appointed Associate Dean, he is a pediatrician who completed his residency at Memorial University. T. Hearn suggested adding a PEI rep and learner to the PESC Terms of Reference. Small group sessions will be taught at PEI (clinical skills, community engagement, clinical experience, etc), and the rest will be live-streamed. They are currently working with HealthPEI to build relationships regarding faculty and clinical delivery. 	
New Business	No new business	
Next Meeting	Tuesday, February 18, 2025	

