

Program Evaluation Subcommittee (PESC)

Minutes

Chair: Dr. Alan Goodridge

Tuesday, March 18th, 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. Norah Duggan, Dr. Amanda Fowler, Brian Kerr, Charli Philpott, Dr. Anna Thomas, Katrin Zipperlen

Regrets: Amber Critch, Dr. Zhiwei Gao, Dr. Taryn Hearn, Dr. Alison Haynes, Dr. Peter MacPherson, David Stokes, Dr. Bruce Sussex

Topic	Details	Action items and person responsible
Welcome	A. Goodridge welcomed everyone to the meeting	
Agenda	A. Goodridge: No COI declared. Agenda reviewed and approved.	
Review of Minutes	A. Goodridge: Review and Approval of Minutes, Jan 21, 2025 <ul style="list-style-type: none"> • Moved: A. Goodridge • Seconded: A. Fowler All in favor.	
Business Arising	<p>PESC Evaluation Process</p> <ul style="list-style-type: none"> • A. Goodridge spoke to a document prepared by A. Haynes outlining the steps regarding feedback distribution to COS. Any feedback regarding curriculum content would be actioned by COS. The goal is to identify items that can be identified and changed quickly versus items that may need further evaluation and program change. A. Goodridge feels that the phase leads should be integrated into this process as course feedback pertains directly to them. Support is there for a fast-tracking system, however, adequate vetting by phase leads needs to happen before changes can be made. • B. Kerr stated that processes need to be documented to include COS and its ability to oversee curriculum changes. COS can act quickly with minor changes. He is also concerned with overlapping committees and redundancies. A. Goodridge would like a clear definition of what would qualify for “fast track” changes. • S. Cooke-Hubley provided an example regarding standardized patients in simulation and the need to resolve quickly. H. Coombs advised that phase leads have always had prerogative to deal with issues on an ad hoc basis, and course evaluation is intended for course improvement over time. She suggested that should issues 	

	<p>like this arise, the phase leads can provide an update at the PESC meeting that follows the incident.</p> <ul style="list-style-type: none"> • D. Bergstrom agreed that phase leads have the control to make quick changes and should be able to report them monthly at PESC. She also commented that she appreciates the midpoint evaluations for phase 3 as they allow the ability to bring points to formal discussion. N. Duggan echoed the sentiment. • A. Goodridge concluded the conversation by agreeing that further vetting and exploration of the processes are required. The topic will be revisited at the next PESC meeting. <p>Guidelines for Removing Student Feedback</p> <ul style="list-style-type: none"> • A. Goodridge presented Guidelines for Removing Student Feedback which outlines the kinds of feedback that qualifies for removal from faculty evaluation reports. The process is meant to ensure that harmful and/or redundant feedback is removed from official reports. • H. Dalton asked for clarification on what feedback could be perceived as factually inaccurate. N. Duggan provided an example of where she received feedback that her exam questions challenged because the students said they weren't taught the material. Upon review and suppling of slides, it was determined that the material was covered. D. Bergstrom also added that feedback is sometimes received for one person that didn't teach the course the feedback was based upon. • H. Coombs advised that OPED is producing a module on the guidelines of giving appropriate feedback that will be available to all staff and learners in the coming months. • N. Duggan advised that students should be assured that feedback will not be whitewashed and edited, however, it is important to manage feedback and address concerns in a professional manner. • A. Goodridge moved that the guidelines be accepted. N. Duggan seconded the motion; all in favor. <p>Phase Four Learner Representation</p> <ul style="list-style-type: none"> • Concerns were raised that the phase four representative is often busy with clinical duties and cannot attend PESC on a regular basis. H. Dalton advised that MEDSOC will be meeting to discuss role responsibilities. • D. Bergstrom suggested the possibility of having two (2) phase four representatives who could alternate attendance at PESC. <p>Policies for Sharing Content on Social Media</p> <ul style="list-style-type: none"> • A. Goodridge Tina Hickey provided the Faculty of Medicine guidelines for social media, however, there is nothing specific about sharing on Facebook. The concern is that Meta owns information that is circulated on their sites. • B. Kerr commented that UGME grants permission to the subject matter expert to share solely though D2L. • H. Dalton advised that sometimes HSIMS does not release the lecture slides in a timely manner, or that the lecturers do not submit them on time. During these instances, the lecturer will 	<p>Action Item – A. Goodridge to present the Guidelines to UGMS for approval.</p> <p>Action Item – H. Dalton to discuss Phase 4 learner rep position with MEDSOC and provide feedback at next PESC meeting.</p> <p>Action Item – D. Stokes to provide more information to students about sharing content through social media.</p>
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	<p>provide the material to the student rep, and they will share with the group on Facebook.</p> <ul style="list-style-type: none"> • A suggestion was presented regarding lecturers having the option to upload to D2L themselves or be able to add or delete things from the presentations as needed. • A. Thomas raised the issue of patient information being shared on social media. D. Bergstrom and B. Kerr noted that there is a session on the use of social media early in Phase 3, but perhaps this should also be included in Phase 4 Prep. 	<p>Action Item – N. Duggan to discuss the use of social media at Phase 4 Management.</p>
<p>Phase 1 Course Evaluation Reports</p>	<p>S. Cooke-Hubley presented the Phase 1 Course Evaluation Reports.</p> <p>MED5710: Patient I</p> <ul style="list-style-type: none"> • Received 3.8 rating over all compared to 4.0 from 2023-2024, with a response rate of 27%. • Theme 1 received a 4.1 overall with a response rate of 15%. No items were rated under 3.5. Learners commented that the learning environment was positive, however, topics were not sequenced well and felt disjointed. • Theme 2 received a 4.1 overall with a response rate of 39%. No items were rated below 3.5. Learners advised that lectures were well sequenced and built upon previously delivered content. They also suggested that some topics should be covered in different lectures or themes, as well as scheduling changes to improve the flow of the theme. • Eight (8) learners provided positive feedback regarding the biochemistry lectures, as well as highlighting helpful study guides and slides. Nine (9) learners suggested more biochemistry tutorials and foundational learning opportunities. Two (2) students felt that biochemistry should not be spread over three themes. • Theme 3 received a 3.3 overall compared to a 4.0 in 2023-2024, with a response rate of 27%. Nine (9) items were rated below 3.5. Learners commented that labs were helpful for their learning, however, noted overlap and contradictions, not being informed of privacy and modesty concerns in the ECG lab, and that instructors seemingly read off the slides instead of teaching. • Theme 4 was rated 3.8 overall with a response rate of 26%. No items were rated below 3.5. Learner praised exceptional instructors, while adding that the theme felt disjointed to some. Learners asked for more foundational content and more integration and coordination of lectures. <p>MED5720: Clinical Skills I</p> <ul style="list-style-type: none"> • Received an overall rating of 4.5 which is down from 4.6 in 2023-2024. The response rate was 24% compared to 44% in the previous year. No items were rated below 3.5. Overall learners enjoyed the course, however, noted that some facilitators were not culturally sensitive or diverse. • Suggestions for improvement include better time management, more instruction prior to entering the scenarios, and having interpreters onsite as opposed to passive video. 	<p>Action Item – S. Cooke-Hubley to prepare response reports.</p>

	<p>MED5730: Physician Competencies I</p> <ul style="list-style-type: none"> Received an overall rating of 3.7 compared to 4.2 in 2023-2024. Response rate was 9% compared to 24% in the previous year, thus the results are not valid. Five (5) items were rated below 3.5; four in assessment and one in the Research Workshop. Feedback included the enjoyment of diverse selections of information; however, low attendance and the value of the course and reflection assignments was questioned. A suggestion was made to have this course be mandatory. IPE and Leadership in Medicine were rated at 3.3. <p>MED5740: Community Engagement I</p> <ul style="list-style-type: none"> Received an overall rating of 4.2 which is consistent with the rating from 2023-2024. The response rate was 13% compared to 29%, as such, the results are not valid. No items were rated below 3.5. Learners commented they enjoyed having speakers talk to the group, as well as having access to clinical areas early on. They would like to see sessions become more interactive, that those interested in Family Medicine and that notification of placements be made in a timely manner. 	<p>Action Item – H. Coombs to ask Adam Reid about feedback on IPE.</p>
MCCQE 2024 Results	<ul style="list-style-type: none"> K. Zipperlen presented an update on the MCCQE 2024 results. There has been a slight improvement, and the results are trending favorably. She will monitor and report when new findings arise. 	
Learner Representation	<p>H. Dalton</p> <ul style="list-style-type: none"> Nothing to report <p>A. Thomas</p> <ul style="list-style-type: none"> Advised that some learners are sharing patient information on social media. Nothing that can directly identify the patient, rather, clinical information regarding their case as they are excited to learn and work with the diagnosis. A. Goodridge suggested this be brought to D. Stokes attention for further discussion. N. Duggan and D. Bergstrom commented that there are mandatory social media sessions during phase 3 and 4. 	
Updates	<p>Phase 1 – S. Cooke Hubley</p> <ul style="list-style-type: none"> Nothing else to report. <p>Phase 2 – A. Fowler</p> <ul style="list-style-type: none"> Nothing to report. <p>Phase 3 – D. Bergstrom.</p> <ul style="list-style-type: none"> Nothing to report. <p>COS – B. Kerr</p> <ul style="list-style-type: none"> Nothing to report 	
New Business	D. Bergstrom to present Phase 3 Midpoint results at next PESC meeting.	
Next Meeting	Tuesday, April 15, 2025	