



RIME Pre-Clerkship Committee (RPCC) Minutes

Approved

Date: February 6, 2026

Time: 10:30 am-1:00 pm

Chair: Dr. Theresa Wu

Meeting took place via Zoom

Attendees: J. Bertram, G. Bendiak, N. Boechler, K. Black, S. Coderre, J. Desy, J. Gill, L. Harper, M. Lee, S. Leskosky, J. Ornstein, M. Paget, S. Smith, C. Svrcek, M. Sobczak, M. Sohn, G. Taneja, H. von Engelbrechten, L. Willetts, C. Wong

Regrets: A. Adel, B. Andruski, A. Bromley, R. Buck, S. Facchini, M. Hsu, K. Huartson, S. Ivaturi, T. Killam, P. Lee, S. Litton, A. Randhawa, S. Tally, S. Weeks

Guests: Analee Coakley and Lisa Yeo

Call to Order:

Dr. Wu also addressed the land acknowledgement, noting that she has intentionally not been delivering one at every RPCC meeting. She emphasized that while truth and reconciliation remain deeply important, she aims to ensure her actions meaningfully reflect those commitments. She expressed her appreciation for being on Indigenous land but explained that she purposefully withholds a formal land acknowledgement as a personal reminder that words alone are insufficient without concrete action, and that this perspective guides her ongoing work in curriculum development.

Approval of Agenda

All in favor

Approval of Minutes from November 28, 2025

All in favor

STANDING UPDATES

4.1 Student Reports

The student representatives reported that Block 2 had begun positively, with students expressing strong appreciation for recent teaching by Dr. Wong, Dr. Wu, and Dr. Desy, noting these sessions were particularly clear and helpful. A recent class update meeting was also well-received, giving students a chance to share concerns about the pre-clerkship curriculum and feel heard by faculty. Students raised concerns about a disconnect between clinical skills cases and block content, highlighting instances where clinical conditions—such as celiac disease—were covered in clinical skills before being taught in block sessions, which they felt hindered learning. Anatomy integration also emerged as a concern, with students noting that earlier units, such as cardiology, had strong alignment between anatomy and curricular content, whereas current GI-related anatomy felt disconnected. Student anatomy representatives sent out a survey and are working with faculty to address integration issues, and some students who attended SAMP praised the anatomy table experience and suggested exploring ways to incorporate similar teaching locally. Students also emphasized a desire for more respectful use of anatomical specimens and raised concerns about waste associated with disposable gowns; CMSA President Duaa has arranged for reusable gowns to be introduced, which the anatomy team supports. Updates to the Cards platform were positively received, including the separation of anatomy cards from weekly decks and interface improvements, and the long-term goal of enabling students to create personalized flagged decks was shared as an exciting future enhancement. No updates were received from other classes, which was lightly noted as a sign that things were running smoothly.



4.2 Undergraduate Medical Education Committee Update

No update was available, as Dr. Bromley was attending Cabin Fever.

4.3 SAMP Update

No update was available, as there was no representation.

4.4 Clerkship Committee Update

Dr. Weeks was unable to attend the meeting, but she provided updates that were shared on her behalf. For the Class of 2026, students are currently in their final week of CaRMS interviews, and things are generally going well. Match Day is approaching on March 3, and UME and SAW are collaborating to ensure support is available for any students who may not receive the match results they hope for.

For the Class of 2027, students have just completed their first Core Block and are now returning to electives. Some students have encountered challenges with the AFMC portal, though overall it is functioning adequately. Dr. Weeks continues to assist students experiencing specific difficulties, drawing on lessons learned from the Class of 2026. She also noted that clerks often forget to stay on top of their EPA requirements, so she is emphasizing early EPA completion and early study planning for this cohort.

4.5 Student Evaluation Committee Update

Dr. Desy reported that the Student Evaluation Committee met at the end of January and will meet again in March. No motions were voted on at the previous meeting; instead, the committee focused on receiving updates from various stakeholders. She noted that SEC is currently reviewing the new Big Ten competencies and working to map them to student assessments across the program as part of upcoming accreditation requirements. Additionally, she shared that she and Dr. Bendiak recently updated the Student Evaluation, Development, and Maintenance Policy to ensure it aligns with current assessment practices. This revised policy will next proceed to the UME Management group for review and approval.

4.6 Academic Team Update

Mike Paget reported that the Academic Technologies team has been making substantial progress on several initiatives. He highlighted the strong collaboration with students, noting that recent changes to the Cards platform—such as reorganizing anatomy cards and improving interface features—were well-received and developed through direct student feedback. The team also released new tools to support program evaluation and accreditation, including a graphical interface for aggregating block- and unit-level evaluation data, developed in partnership with Dr. Harper. They have been preparing for the upcoming clerkship OSCE and working with UCIT to ensure all technical requirements are in place. Additional improvements include clearer signposting in FreshSheet for SAMP-specific content and enhancements to how the Black Book materials are displayed, now linking directly to the most current version rather than static images. Mike also acknowledged significant work by Mike Cheshire and the student Black Book representatives in finalizing the 16th edition of the Black Book. Overall, the team continues to move quickly and remains focused on impactful improvements that support both students and faculty.

4.7 Quality Improvement/Curricular Management Update

There was no formal update from Dr. Harper as she was not present when the agenda reached this item.

4.8 SAWH Update

Dr. von Engelbrechten provided a brief update on behalf of SAW, noting that the team has recently begun including regular SAW updates at UME meetings and will now do the same at RPCC. She reported that SAW has been heavily focused on supporting clerkship students through the CaRMS process—first with applications, then with interviews, and now as students begin preparing their rank-order lists. Aside from this ongoing support, there were no additional major updates to report for this meeting.

OLD BUSINESS



The committee revisited ongoing concerns about the attendance policy, an item that has come up repeatedly in various meetings and through student feedback. Dr. Wu clarified the purpose of the 10-absence check-in, emphasizing that it is not a limit or a punitive threshold but simply a supportive touchpoint to ensure students are managing well, do not require additional resources, and are keeping up academically.

The discussion highlighted confusion among students who interpreted the 10-day check-in as an allowable maximum. Dr. Wu stated that excused and unexcused absences are treated differently at the Competence Committee level, though not during the initial check-in, which is meant to be supportive rather than disciplinary. Faculty members raised questions about monitoring unexcused absences more closely, though Dr. Wu noted capacity constraints. There was also discussion about the role of SAW in possibly assisting with follow-ups.

Students expressed concerns that the current system discouraged some from taking time off even when needed. Dr. Wu reinforced that the policy is intended to support student well-being, not penalize students. Faculty also noted course-specific requirements, such as the clinical skills policy requiring 80% attendance to write the OSCE, which exists in addition to the broader UME attendance policy. The committee agreed that broader review and clarification of the policy are needed, and Dr. Wu noted that the Flex Day Policy should be examined alongside it. The topic of attendance is on the agenda for an upcoming national meeting (ICAM), where medical schools from across the country will discuss their experiences and policies. Dr. Wu will update the committee after this meeting.

NEW BUSINESS

6.1 Tutorial Group Facilitators

Dr. Wu provided an update on ongoing work to improve the tutorial group facilitator (TGF) experience, summarizing results from a recent Qualtrics survey completed by facilitators. While facilitators continue to enjoy teaching and value student interaction, they identified several challenges, including difficulties with technology, receiving materials too late, limited understanding of curriculum structure and expectations, and lack of feedback on their performance. Many also struggled with the process of signing up for sessions. Students have also reported in their regular class meetings with the UME deans that their experience in clinical skills and tutorial groups is highly variable, depending on the facilitator. While they value the variable experience and styles of facilitators, it occasionally leads to confusion in expectations. In response, several actions have already been implemented: updates to Osler have made session sign-up clearer, resources are now being posted earlier (with a target of two weeks before each session), and a more formal onboarding process has been developed, including mentorship pairings and support from the Office of Faculty Development. Discussion from committee members highlighted issues of consistency, facilitator preparedness, communication challenges, and the importance of strengthening community and faculty development support for TGFs. Some action items and priorities moving forward include developing an annual feedback or review process for facilitators, conducting focus groups with TGFs to gather more detailed insights, developing a formal CME process for facilitators, and offering the formal onboarding process to all TGFs, even if they have been part of the program for a while. Focus groups are planned over the next month, and proposed solutions stemming from those focus groups will be brought forward to the relevant committees including RPCC.

6.2 Pre-Clerkship Educators

A full Pre-Clerkship Educators (PCE) update was scheduled on the agenda; however, due to time constraints, Dr. Wu deferred the item. She noted that the PCE update and related action items would be moved to the next RPCC meeting or addressed following the other agenda items if time permitted, but the meeting progressed without returning to it. As a result, no formal PCE update was delivered during this session.

6.3 Curriculum Innovations – Community Engaged Learning

The committee received an update on curriculum innovations, specific to Community Engaged Learning. Dr. Coakley presented proposed changes to the CEL curriculum aimed at reducing redundancy, strengthening integration, and creating a clearer, more meaningful learning experience. She explained that



the current CEL structure includes advocacy large-group sessions (Block 1) and 13 community-based sessions (Block 2 and 3). Student feedback and logistical realities have led to a re-evaluation, and the team is proposing changes (see CIOC proposal). Changes include streamlining advocacy content, reduce community sessions from 13 to 9 mandatory visits, the addition of a Land-based teaching session in Indigenous Health, and shift assessments to more practical formats, such as replacing the infographic with introductory slides and transitioning the final poster fair to a PowerPoint-based presentation. A new mandatory written handover between outgoing and incoming student groups would also support continuity with community partners. The update included further discussion of the potential land-based learning experience to deepen Indigenous health education, acknowledged as highly valuable but currently limited by cost barriers. Both Dr. Coakley and Dr. Wu expressed interest in continuing to explore sustainable options for integrating such experiential learning into the curriculum. There was discussion around further integration of content, but ensuring pre-clerkship educators are involved in the planning of CEL sessions, and that the Director of Indigenous Health is involved in the planning of any CEL sessions with IH content. These collaborations would further enhance integration and spirality (, for example, the land-based teaching session could be an opportunity to serve as a capstone for all IH sessions in preclerkship).

Dr. Wu emphasized that these changes align closely with the program’s foundational principles of patient centeredness, generalism, integration, and spirality. She noted that the proposed adjustments free up protected curricular time, allowing the program to strengthen competencies outlined in the Big 10 — particularly (7)Professional behaviour and wellness (9) Clinical and translational research (10)Indigenous patient context — while still maintaining strong community connections and meeting the learning objectives intended of the CEL experience. No MCC objectives would be lost with these changes. Content would be delivered more efficiently and meaningfully. Details discussion regarding specific changes of MCC, Big 10, and CanMEDs objectives were discussed, and details outlined in the CIOC proposal submitted.

Proposal: Dr. T. Wu motioned to accept the proposed changes to the CEL curriculum
First Motion: Dr. C. Svrcek
Second Motion: Dr. J. Ornstein
All in favor

6.4 Block 1 Course Report

Dr. Murray Lee presented the Block 1 Course Report, summarizing the structure, delivery, and evaluation of the first six months of the pre-clerkship curriculum. He outlined that Block 1 is composed of four units, each focused on a distinct thematic area: oxygen and energy; fluids and electrolytes; immunology and infectious disease; and a shorter, clinically focused unit on bleeding presentations. Dr. Lee emphasized that the foundational principles of the RIME curriculum—patient-centeredness, generalism, integration, and spirality—continue to function effectively, with students demonstrating early recognition and appreciation of the spiral design.

Dr. Lee reviewed end of unit evaluation data, noting consistently strong ratings for clinical skills and tutorial group sessions. Large group sessions, while improved from prior years, continue to show variability, with Unit 3 receiving comparatively lower evaluations due to the complexity and density of its content. He also reported on revisions to the weekly review sessions, explaining that the relocation of Dr. Patrick Lee’s whiteboard teaching to midweek improved flexibility for learners, although overall student ratings for Friday reviews declined following the adjustment.

Key themes from student comments included positive feedback on patient centered learning, asynchronous resources, and the integration of clinical experiences such as FMCE. Areas identified for improvement included variability in tutorial group functioning, inconsistency among facilitators, and unequal quality across podcasts and large group sessions. Dr. Lee noted that these issues reflect challenges in execution rather than in curriculum design.

Looking ahead, Dr. Lee identified several priorities for ongoing development: strengthening the structure and clarity of foundational “.1 week” materials, enhancing facilitator consistency and support, refining Friday review formats, replacing lower quality Cards decks with improved integrated versions, expanding the novel



question bank, and exploring implementation of low fidelity AI supported simulation cases aligned with weekly presentations. He concluded that Block 1 remains pedagogically strong and continues to mature with each iteration.

In terms of curricular materials and objectives, there will be no changes planned. However, Block 3 is in development, and as detailed curriculum mapping emerges, this may lead to some additions to Block 1. This will be brought to CIOC and RPCC if needed. Because of the changes to CEL (discussed above), there may be some adjustments in team members involved in each week of curriculum. This will be an opportunity to further integrate and spiral the curriculum longitudinally. Some objectives that are within the Block 1 content already should be integrated into the CEL sessions that are delivered that same week. CEL objectives should also be pulled in to block sessions such as large group and tutorial groups. Educators, directors and CEL team will work together in content development.

Proposal: Dr. T. Wu motioned to approve the Block 1 course report

First Motion: Dr. J. Ornstein
Second Motion: Dr. S. Weeks

Following an electronic vote, the motion passed with all members in favor.

CLOSING

As the meeting approached the end of the scheduled time, Dr. Wu noted that quorum had been lost during the vote on the Block 1 report. She advised that the report would be circulated electronically for approval. With only a few minutes remaining, she thanked all members for their time and participation. Dr. Wu also confirmed that she would prepare and send a written summary of the CEL and attendance discussions to the student representatives. She then concluded the meeting and adjourned the session.

Meeting Adjourned at 1:00 pm.

Next Meeting: Friday, March 13, 2026