



RPCC Meeting

March 14, 2025

Zoom Meeting:

<https://ucalgary.zoom.us/j/96147129776>

Attendees: Drs. S. Weeks (chair), S. Anderson, A. Bass, G. Bendiak, A. Bromley, K. Busche, J. Desy, A. Gausvik, L. Harper, C. Hutchison, M. Lee, P. Lee, M. Mintz, J. Ornstein, M. Sohn, C. Svrcek, T. Wu, Ms. A. Adel, Ms. S. Facchini, Ms. M. Hsu, , Ms. S. Leskosky, Mr. M. Paget, Mr. M. Sobczak, Ms. G. Taneja, Ms. S. Sullivan (admin)

Regrets: Drs. N. Lear, A. Ramaliu, Mr. S. Ivaturi, Ms. A. Randhawa

Call to Order:

The meeting was conducted via Zoom and was called to order at by Dr. S. Weeks (Chair) at 10:34am. Dr. Weeks gave the Territorial Acknowledgement, recognized Canadian Physician Women's Day, and welcomed members.

Approval of Agenda with the CEL addition to New Business

Motion: Dr. G. Bendiak

Seconded: Dr. S. Anderson

All in favor

Approval of Minutes from February 28, 2025

Motion: Dr. K. Busche

Seconded: Dr. P. Lee

All in favor

STANDING UPDATES

4.1 STUDENT REPORTS

Ms. Adel informed the committee that the Class of 2027 are now at the end of 2.6.2. They recently had a clerkship information session presented by Dr. Busche and a second UCLIC info session, which was helpful. Both VP academics have had the opportunity to attend multiple UME meetings within the past couple of weeks. Some students are preparing to volunteer for the upcoming MMIs with admissions.

4.2 UNDERGRADUATE MEDICAL EDUCATION COMMITTEE UPDATE

Dr. Bromley informed the committee that the most recent UMEC meeting took place on Friday, March 7th. The RPCC approved proposals were also approved at UMEC. The Big10 was discussed, and she will be emailing to a few individuals to reinvigorate discussion about changes to the Big10. She invited committee members to email her if they would like to participate in the process.



4.3 CLERKSHIP COMMITTEE UPDATE

Dr. Busche informed the committee that March 4th was match day for the *Class of 2025*. The first round of match went very well with a match rate of 92.4% (a little higher than last year). The students who did not match are going through the second match process, and he thanked the SAWH team for continuing to do such a great job supporting these students. He mentioned that many students who did not match mentioned that they wished they had ranked more specialities in the first round of the match (something that is strongly encouraged). Early data shows that the performance of the *Class of 2026* is equivalent to that of the *Class of 2025*. Dr. Busche informed the committee that card decks are being assembled to provide them with a mandatory formative assessment process to help them be ready for the progress tests that will begin later this year and proceed throughout clerkship. A blueprint will be prepared for the progress tests. The formative exams that were previously used will be accessible to the students. The EPA 0 will be implemented into clerkship assessment for the *Class of 2026* after the *Class of 2025* has finished. In a recent update, clerks were asked to inform him if they are receiving any feedback or concerns from preceptors regarding “RIME” and its impact on performance. He encouraged the students to ask these to contact him, as well as asked that they note it on their end of rotation survey.

4.4 STUDENT EVALUATION COMMITTEE UPDATE

Dr. Desy informed the committee that there has not been a Student Evaluation Committee meeting since last RPCC. The upcoming meeting is scheduled to take place on March 31st. She mentioned that Dr. Busche provided an update on all the changes and developments regarding assessments in clerkship. Things are moving well in pre-clerkship, and there have been no significant changes. They are continuing to look at ways to expand EPA assessment throughout the program and will continue to implement more and more EPA assessments in any course where they could potentially fit. They are continuing to develop novel questions for unit examinations and are requesting questions from more faculty that are involved across the curriculum. Dr. Theresa Wu will be proposing at the next SEC meeting a change in the percentage of novel questions based on data she has obtained. There was a recent research meeting with work on the next ECLIPSE event in December.

4.5 CURRICULAR MANAGEMENT

Nothing to report in Dr. Harper’s absence.

Dr. Weeks did let the committee know that at the previous RPCC meeting some approvals had been made. Dr. Bass’ proposal on rearranging Block 3 – which created a week of extra curricular time right before the Block 3 assessment week, and Dr. Sohn’s proposal to move the Introduction to Clerkship session into curricular time were both approved. This provided more tutorial groups with practice and integration opportunities. In addition to ECLIPSE and AHS orientation, the Intro to Clerkship will be moved to that week. Directors will have input into the practice and integration week, although with feedback from the *Class of 2026*.

4.6 ACADEMIC TEAM UPDATE



Mr. Paget presented that the cards collection is now available in 4 versions: RIME, MCC Review, Clinical Presentation and Published Cards. 15 million cards have been played. Special thanks to Scott Steil, Dr. Sylvain Coderre, Yingying Zhao (representative for Class of 2026), Ryan Dion and Mitchell Chourney (representatives for the Class of 2027).

Mr. Paget's report is attached for your review.

Mr. Paget also reviewed the CaRMS match data with the Committee (12/181 students did not match in the first iteration). A few months from now the second iteration will be done and the national data will be available.

The data collection slides are attached for your review.

NEW BUSINESS

5.1 CEL - COMMUNITY ENGAGED LEARNING UPDATE – DR. A. GAUSVIK

Dr. Gausvik presented a report on Community Engaged Learning. Lessons learned from the first cohort comparing to what they used to do in clerkship. She discussed why community engaged learning is so important - acknowledge there is a lot of learning and expertise outside universities and honoring communities and people, knowing what their health needs are and how best to address them.

CEL is part of social accountability which means that that the purpose of our institution should be to address the priority health needs of the community you are meant to serve. CEL also serves to rebalance the power differential between institution and communities. She discussed with the committee what CEL looks like now. Sessions in Block one are on campus, community partner presentations helping students understand and preparing them in a safer way to go out into the community. During Blocks two and three, students spend time with community partners serving those communities. Throughout there are critical reflection pieces that are required.

Dr. Gausvik discussed some of the learning objectives for CEL, what students do when they go out into the communities, which consist of almost 50 different community partner organizations. During the CEL in-community placement, Dr. Gausvik went over some touch points with students and community partners where they check in with the students. She presented comments that were taken from their third personal reflection. She informed the committee that with the data analysis, they were able to break it down to four different themes; knowledge gained, skills developed, shifts in attitudes and impact on future practice. Dr. Gausvik reviewed some of the students CEL experiences and key takeaways with the Committee that is attached in the report for your review. She noted that one of the challenges brought up by some of the students was safety concerns and students felt at times there was insufficient or unclear guidelines for handling safety issues. She informed the Committee the CEL team met with the risk management team from main campus and created a Field Safety Manual and sent it to all the students and encouraged them to review it.

Dr. Gausvik informed the Committee that some students identified the need for more pre-placement training. Dr. Gausvik felt it was very helpful having a mandatory in person CEL



orientation session for the Class of 2027 with Dr. Teresa Killam. Now in the second year with the partners, there is a much better understanding of what the students can do in their organization that is helpful and reciprocal.

In addition to creating a CEL student representative, meeting every four to eight weeks, they have produced a great deal of information and resources for the students.

Dr. Gausvik ended her presentation thanking the many community partners.

CEL Report is attached for your review.

Proposal: Dr. Kevin Busche motioned to approve Dr. Amy Gausvik's CEL Report.

Seconded: Dr. Sarah Anderson
All in favour

5.2 BLOCK 1 – DR. M. LEE

Dr. Lee informed the committee that Block one runs from July – December, and this report is on the second iteration. He reviewed the Block overview noting that it has the most consistent rhythm between the four units. Unit one: Oxygen & Energy; Unit Two: Fluids & Electrolytes; Unit Three: Infection & Immunity and Unit Four: Things that bleed. While the large groups were better overall, Dr. Lee informed the Committee that session ratings are very consistent, with a small decline in the large groups between the Potoos and Lunkys. He reviewed the Block summary, which also covered anatomy and clinical skills, and observed that the numbers were good in comparison to legacy.

He reviewed the strengths which included: consistency and quality of teachers/facilitators; case-based and highly-integrated content; work-load and rhythm; spiral and generalism, noting that students occasionally provide negative feedback regarding spiral and generalism.

He stated that the spiral is effective but because they may not notice it, acknowledge it or trust it – it received criticism. His sense is it will improve through future iterations with signposting and tagging. Generalism is effective but there is often miscommunication or a lack of understanding between faculty and students regarding what generalism entails. Weaknesses included; inconsistency in quality of sessions/cards/podcasts, uneven workload / expectations, lack of “official” resources, disconnect between content and assessment and clarity and confidence regarding the spiral. He discussed the ongoing issues and interventions with *Freshsheet* (avoiding the OSLE content bloat, ongoing tagging and standardization of EMR in tutorial groups). *Sessions* -ongoing identification of RIME best-practices in large group sessions, *materials* - Identification and replacement of sub-par podcasts, clearer curation of external resources and consistent provision of effective LG materials. *Cards* - expanded/integrated weekly decks, refinement / removal of problematic decks, expanded explanations and creation of review questions.

Planned changes were also discussed. One major change is the rescheduling of the Monday tutorial group to Friday morning and moving the intro patient of the week session to the afternoon to rebalance the workload throughout the week. He met with Dr. Kristin Black and Howard Campbell. They have incorporated Indigenous Health material throughout the curriculum but have already encountered logistical challenges with effective integration. Dr. Black and Mr. Campbell will keep collaborating on balancing content and rearranging elements in spiral. Dr. Lee also reviewed items for discussion with the committee which is attached to the report for your review.

Behind the Scenes: Sue-Ann Facchini and team and student reps

Dr. Lee's Block One report is attached for your review

Proposal: Dr. Patrick Lee motioned to approve Dr. Murray Lee's Block 1 Report.

Seconded: Dr. Clark Svrcek
All in favour

5.3 BLOCK 3 – DR. A. BASS

Dr. Bass reviewed the Course overview with the committee. *Unit 9:* Neurology, Geriatrics, MSK; *Unit 10:* Psychiatry and Confusion; *Unit 11:* Endocrinology and Nephrology and *Unit 12:* ENT, Neuro & Random Topics. He informed the committee that Block 3 is the most disliked block. He reviewed the student ratings and reported that the overall unit effectiveness compared to what the individual ratings. There was a large decrease in survey response rate, compared to previous Blocks. *Course Strengths:* podcasts and overall structure. *Course Weaknesses:* resources were late and inconsistent, some weeks felt disconnected from the structure of Block, many expressed dissatisfaction with the spiral curricular design, and there was criticism regarding generalism. Dr. Bass believed that the evaluations for Block 3 reflected ongoing frustrations stemming from the challenges with content being late/inconsistent. He discussed some of the issues encountered regarding resources, structure, curriculum design and generalism, along with suggested solutions.

Planned Changes: *Launch Pad* – unit 12b is the final week which was created by rearranging elements to include a practice and integration week. Additionally, Bringing it All Together (BIAT) sessions are scheduled for Friday afternoons for the second hour. The new schedule has been approved with no challenges expected with aims to improve podcasts and tutorial group content.

Behind the Scenes: Sue-Ann Facchini, IT Cards Team and Directors

Proposal: Dr. Amy Gausvik motioned to approve Dr. Adam Bass' Report.

Seconded: Dr. Melanie Sohn
All in favour

5.4 ACCREDITATION UPDATE – DR. M. MINTZ

Dr. Mintz provided an update on the status of the 2024 accreditation process. The accreditation review team has provided their report which includes the elements considered satisfactory but require monitoring, as well as those unsatisfactory. This report is included attached to these minutes. Relevant to this committee are the elements regarding curricular management. The report is going to be formally reviewed by CACMS in June – they then issue the final report which the University will receive shortly after. We are aware that there will be a repeat external review in Fall 2028 given the Lethbridge expansion and need for more data on RIME outcomes.

Meeting Adjourned at 1:05pm

Next Meeting: Friday, April 25, 2025 @ 1030AM

<https://ucalgary.zoom.us/j/99937287722>

Meeting ID: 999 3728 7722