



Undergraduate Medical Education Committee

APPROVED

Friday, November 24, 2017

Room G750

Health Sciences Centre

Attendees: Drs. Hanan Bassyouni, Luc Berthiaume, Ellen Burgess, Kevin Busche, Sylvain Coderre (Chair), Karen Fruetel, Martina Kelly, Kevin McLaughlin, Pam Veale, Ms. Kate Brockman, Ms. Shannon Leskosky, Ms. Kerri Martin, Mr. Mike Paget, Ms. Sarah Smith, Ms. Jane McNeill (minutes)

Regrets: Drs. Walla Al-Hertani, Heather Baxter, Chip Doig, Benedikt Hallgrímsson, Aliya Kassam, Charles Leduc, Travis Ogilvie, Ms. Na'ama Avitzur, Ms. Karen Chadbolt, Ms. Lauren Galbraith, Mr. William Kennedy, Mr. David Reading

Guest: Dr. Janeve Desy

1. Approval of Agenda

Dr. Sylvain Coderre

The November 24, 2017 UMEC Agenda was approved

- Motion: Dr. K. McLaughlin Seconded: Dr. P. Veale

2. Approval of Minutes

Dr. Sylvain Coderre

The September 22, 2017 UMEC Minutes was approved.

- Motion: Dr. P. Veale Seconded: Dr. K. Busche

3. Report from Students

Dr. Sylvain Coderre

Class of 2019 – Ms. Sarah Smith reported that the class of 2019 is almost finished pre-clerkship and things are going well. Ms. Smith indicated that some students who are parents from the class of 2019 feel that a policy should be implemented to allow more support to students who are parents while in Clerkship (eg. in terms of placement for out of town rotations [UCLIC]). Dr. Veale informed members that there is a list in the Clerkship Handbook (under Request for Different Assessment of Medical Students) that describes why a clerk may not be placed in a certain assignment. However, this list does not directly address all issues of clerks with children. This topic will be further explored via the student and clerkship leaders.

Class of 2020 – Ms. Kate Brockman reported that the class of 2020 are adjusting to Course II. She commented that students from her class are discovering that different study methods are required for this course, as there is less podcasting available than was offered in Course I. Ms. Brockman reported that the class is “coming together” and sharing notes.

4. Introductions

Dr. Coderre introduced Dr. Janeve Desy to UMEC members. Dr. Coderre explained that Dr. Desy will be giving an informative presentation regarding Course 8 Proposed OSCE Changes 2018.

5. Associate Dean's Report - KPI, Specifically CGQ Topics

Dr. Sylvain Coderre

Dr. Coderre presented a report on the Key Performance Indicators (Power Point presentation entitled “**UMEC November 2017 – KPI: CaRMS, MCC and CGQ**” - attached). He presented three KPIs: teacher ratings, CaRMS matching, and MCC scores (CGQ results tabled). Dr. Coderre reported that based on teacher ratings compiled by Mr. Mike Paget, the overall message is that we have very good teachers in our faculty. As well, Dr. Coderre reported that our medical school is in the top five/six nationally in the first round of the CaRMS match. Dr. Coderre informed UMEC members that Dr. Janeve Desy introduced a two-week intense review course for our students (class of 2016) to prepare for the MCCQE. This course involved various preceptors assisting students with practice questions, focusing on clinical decision making (CDM questions). The following year Dr. Desy introduced a remediation program (mentorship-based program) for students (class of 2017) who were underperforming compared to their peers based on their pre-clerkship grade point average so that those students were enrolled in the program in pre-clerkship and mentored throughout clerkship training to help them improve their studying habits and exam preparation. Therefore, the class of 2017 had both the MCC review course and the mentorship-based remediation course. Dr. Coderre reported that last year, our exam pass rate was higher than the national average, however a small gap still occurs in our overall mean scores and larger gap in the clinical decision-making questions.

5. Course 8 Proposed OSCE Changes, 2018 – Dr. Janeve Desy

Dr. Desy gave an extremely informative Power Point presentation entitled “Course 8 Proposed OSCE Changes”. Dr. Desy informed members that she is hoping to make changes to the clerkship OSCE. The changes would be in a stepwise fashion, with some changes being made in the upcoming graduating year, and the remainder of the changes made in the following year. Dr. Desy explained that in 2016 a group called the Future of Medical Education in Canada published a postgraduate project describing ten recommendations of how to change postgraduate medical education within the country. Their fifth recommendation (slide 2) is very relevant to the UME level. The Association of Faculties of Medicine of Canada then published a list of 12 recommended Entrustable Professional Activities (EPAs) for all graduating medical students (slide 3). Dr. Desy explained that the reason for creating the EPAs is to create a better transition from the UME curriculum to the Postgraduate Curriculum. Dr. Desy explained that UME’s goal would be that a learner can perform each EPA under indirect supervision on day one of residency regardless of which medical school the resident graduated from or what Postgrad program the resident went into (slide 4). Medical schools are being asked that the EPAs be directly assessed before a medical school is ready to say that a graduate of theirs is ready to proceed to Postgraduate medical training. Dr. Desy explained how the OSCE would play a part in assessing students based on the EPAs. The current Clerkship OSCE is described in slide 7. The overall goal for the proposed changes to the clerkship OSCE is to align the assessment in the OSCE with the 12 EPAs. Dr. Desy explained that in order to do this that one more station would have to be added to the Clerkship OSCE, and thus creating a ninth station (slide 8), because currently our medical school does not have an OSCE station that could assess the tenth EPA (participate in health quality improvement initiatives). As well, Dr. Desy explained that another plan of action would be to blueprint all of the content from all of the other stations into EPA-based language. In order to do that each station would need to have to test at least two of the EPAs, therefore all of the EPAs would be assessed at least twice throughout the entire OSCE. Dr. Desy is proposing to pilot the quality improvement station this year (class of 2018) in a formative fashion, and change two (to reflect EPA-based assessment) of the eight stations (keep six stations exactly the way they are). Based on the feedback, she would then see how to proceed to change the other stations for the class of 2019 Clerkship

OSCE (slide 9). Slide 10 explains how the OSCE stations could change to evenly distribute the EPAs. Slides 11, 12 and 13 describe an “example station” indicating how the marking by the examiner would change based on assessing the EPAs. As well, slide 15 describes the proposed changes of the language to the Global Rating Scale. Slide 16 describes the benefits of changing the Clerkship OSCE. There were a number of discussions regarding the proposed changes to the Clerkship OSCE. Dr. Veale inquired about the shifting to a new rating scale, stating that an examiner could potentially do more guiding (interacting) in a station. She inquired whether examiners would be trained accordingly, and that explicit instructions would have to be given to the examiners regarding the new rating scale. Dr. McLaughlin stated that the examiners would be given a more standardized “cript”.

Motion 1: For the class of 2018, one new formative station be introduced on quality improvement initiatives in the Course 8 Clerkship OSCE.

Motion 2: For the Course 8 Clerkship OSCE two certifying stations will follow the EPA Blueprint that is proposed and certifying, and six stations remain as is.

- **Motion: Dr. S. Coderre Seconded: Dr. K. McLaughlin**
Motion Passed – all in favor with the exception of one member opposed and one member abstained

Motion 3: Change the Global Rating for 2018 (Course 8 OSCE), to the **Proposed Global Rating Scale** (slide 15) from the one that is currently being used. This is with the understanding that UMEC has previously approved (June 29, 2017) using the Global Rating Scale rather than a checklist for this OSCE.

The Global Rating Scale: Proposed (slide 15) is as follows:

- 1= **Unacceptable**, because student required **complete guidance**
- 2= **Unacceptable**, because student required **frequent guidance**
- 3= **Acceptable**, because student required only **occasional guidance**
- 4= **Acceptable**, because I felt that I **should be there “just in case”**
- 5= **Acceptable**, because I felt that I **did not need to be there**

- **Motion: Dr. S. Coderre Seconded: Dr. K. McLaughlin**
Motion Passed – all in favor with the exception of one member abstained

6. Student Evaluation Committee (SEC) – updating the Terms of Reference

Dr. Coderre asked the committee to review the Terms of Reference for SEC. The following changes were highlighted: Ms. Shannon Leskosky’s role has changed to the **UME Manager**, Mike Paget’s role has changed to **Academic Technologies Manager**.

As well, Dr. Coderre explained that UMEC has three sub-committees, Dr. Coderre would like each sub-committee to be chaired by the UME’s Assistant Deans. Dr. Kevin McLaughlin is the Assistant Dean of Evaluation and Research for the UME and it is proposed that he become the Chair for the Student Evaluation Committee. Dr. Travis Ogilvie’s term is over this coming August. Dr. K. Busche noted that the Director of Student Evaluations be added to the membership of the SEC TOR (this position will be held by Dr. T. Ogilvie until August, 2018).

Motion: Approve changes to the Student Evaluation Committee Terms of Reference (as noted above).

- **Motion: Dr. S. Coderre Seconded: Sarah Smith**
Motion Passed – all in favor

7. Justifying the consequences of standard setting of our local exams – Dr. K. McLaughlin

Dr. McLaughlin presented a very interesting Power Point proposal entitled “Justifying the Consequences of Standard Setting of our Local Exams”. Dr. McLaughlin examined (and presented) many ways to potentially calculate a minimum performance level or MPL. He highlighted the need to not only make pass/fail decisions, but find ways to identify students that need more help, need more resources and get those students to a higher level of performance. Dr. McLaughlin proposed the following (slide 43):

- We should consider MCC Part I performance in setting our course MPLs (along with consequences to students/UME/PGME for each “cut point” we choose).
- We should base promotion decisions upon annual performance rather than individual courses.
- We should have three promotion grades: not promoted; promoted with a requirement for mentoring; and promoted unconditionally.

Dr. Coderre commented that Dr. McLaughlin’s proposal was an interesting and very innovative philosophical change that could put us at the forefront of standard setting in Canada. Dr. Coderre asked UMEC members if Dr. McLaughlin should continue exploring his proposal and report back to UMEC at a later date.

All UMEC members agreed that Dr. McLaughlin should continue to explore his proposal titled “Justifying the Consequences of Standard Setting of our Local Exams”.

8. Clerkship Policy Documents – for revision

Dr. Veale made a request to UMEC members that slight revisions in wording for The Clerkship Handbook, MSPR Policy and Student Evaluations: Development and Maintenance Policy be made so that all three documents had the same terminology.

Dr. Veale outlined the proposed changes for The Clerkship Handbook (document attached; **page 11, highlighted in blue**). This document is to be updated at the Clerkship Committee in December 2017. Please note that the bolded and underlined are revisions/additions. They are as follows:

1. Change the word “including” to “**in**” to make it more clear that the deficiencies are related to professional and ethical behavior.
2. Students that fail to complete the “must complete” mandatory items indicated on Section 3.F. of Clerkship Rotation – Evaluation Strategies will be considered **Incomplete for the clerkship and may be considered** “Satisfactory with Performance Deficiency” overall even if ITER and written examination components are satisfactory.

Proposed changes for the Student Evaluations Development and Maintenance Policy (document attached; **page 2, highlighted in blue**).

1. Revised wording should be:

A rating of “Satisfactory with Performance Deficiency” may be used in a situation where, in the judgement of the Departmental Clerkship Committee, there is an overall rating of satisfactory performance in the clerkship rotation, but with one or more specific areas of deficiency noted in professional and ethical behavior. Students that fail to complete the “must complete” mandatory items indicated on Section 3.F be considered “Satisfactory with Performance Deficiency” overall even if ITER and written examination components are satisfactory”. “Unsatisfactory” results will be changed to “Satisfactory with Performance Deficiency” after student has successfully completed required remedial work and/or rewrite examination.

Dr. Busche suggested that the above-noted changes only be made to the Student Evaluations Development and Maintenance Policy, and the other two documents (The Clerkship Handbook and the MSPR Policy) should have a link (with the updated changes). So that all of the documents remain identical.

Motion: Approve changes wording (as noted above) in The Clerkship Handbook, MSPR Policy and the Student Evaluations: Development and Maintenance Policy.

- **Motion: Dr. P. Veale** **Seconded: Dr. Kevin Busche**
Motion Passed – all in favor

9. Dr. Veale's Proposal

Dr. Veale reported that she and Dr. Rahim Kachra have some exciting, different and new ideas for Curriculum Development for “hot topics” symposiums to be offered to all three years of our medical students on an annual basis. This would be for topics that are timely, important, but for which formal curricular changes may take time. Dr. Veale is proposing that the hot topics will be mandatory and part of the curriculum, but not linked to a course or have formal testing. The initial list of the three topics are: medical assistance in dying, opioid “epidemic”, and medical marijuana. With approval from UMEC, Dr. Veale and Kachra will put this project together. UMEC members discussed whether or not the sessions should be mandatory. UMEC members are very excited by Dr. Veale’s proposal and Dr. Coderre suggested that a pilot with one of the topics be organized.

Meeting adjourned at 3:10 p.m.

Next Meeting: February 23, 2018 in Room G750 from 1:00 p.m. – 3:00 p.m.