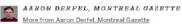
# Retreat: Undergraduate medical and dental teaching update

R.P. Michel January, 2017

#### The "Accreditation issue"

# McGill's medical program put on 'probation' for falling short of standards



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Sooo...,where do we stand now??

#### State of accreditation et al. I

- Implementation of Faculty council meetings
  - Replaces "Faculty Town Hall" meetings
  - Are members with voting privileges (departmental representatives are Drs. Brimo and Michel)
  - But all faculty members, students, residents are invited to attend
  - Several committees and subcommittees, e.g.,
    - · Nominating committee
    - · Policy committee
    - · Research committee
    - Quality Assurance committee
- Striking of the Accreditation Implementation Committee (AIC), and appointments for Accreditation
  - Director: Dr. Douglass Dalton, associate Director: Catherine Millar
- Dr. Beth Cummings new Associate Dean, UGME
- Details at <a href="https://www.mcgill.ca/medicine/about/our-vision-mission-values/update-ugme-accreditation">https://www.mcgill.ca/medicine/about/our-vision-mission-values/update-ugme-accreditation</a>

#### State of accreditation et al. II

- In February 2017, "limited" visit by
  - CACMS (Committee on the Accreditation of Canadian Medical Schools) and
  - LCME (U.S. Liaison Committee on Medical Education)
- Key areas of Faculty's focus in near future
  - Launch next strategic planning exercise, Project Renaissance (+ closure of previous "Thinking Dangerously") in 2017, with first cohort MDCM curriculum graduates)
  - Implement Entrada, new curriculum software, to manage program, measure + improve performance
  - Ongoing improvements in communication with students
- Professionalism & promoting interdisciplinary practice:
  - Presentation at December Faculty council meeting

#### What have we done/are doing?

- Communicating with block leaders to monitor/improve lectures + small groups
- Attending FMD meetings to monitor progress
- Ensuring lectures and small groups conform to teaching/learning standards (more below...)
- Ensuring communication between (lecturers, small group leaders) and (faculty of medicine staff, students)
  - Scheduling, timetable changes
  - Small group and lecture rooms
  - Getting evaluation of students in on time!!
  - Ensuring payment of teaching staff (after student evaluations...)
- Most of this thanks to Mrs. Eileen Grenier!!

#### The good

- In general we are doing very well, thanks to Eileen, our lecturers and small group leaders
- · Residents in general are very well received and rated
- Despite new curriculum, we have managed to keep an important input into the medical/dental FMD component of the new curriculum
- Very few if any of the criticisms related to the accreditation probation issue due to FMD or to Pathology
  - Narrative assessments
  - Clear statement of objectives
- Several sessions integrated with treating clinicians working well (cardiovascular, diabetes)

#### Lingering issues I

- Variability of block leaders makes communication difficult
- Little feedback on student ratings of teaching by lecturers and small group leaders: only to individuals
  - Thus implementation of improvements difficult
  - Getting only generalities from block leaders and Dr. Chalk
- Sometimes intradepartmental communication difficult between Eileen/myself and the academic staff
  - Filling of evaluation forms
  - Getting material in on time for posting
  - Getting exam questions formatted according to standards
- Issues of small room bookings at McIntyre, audiovisual problems, ongoing and working on them: patience!

### Lingering issues II

- Some improvements still needed for lectures and small groups
  - Ensuring esp. lectures updated on a regular basis
  - Small group and lecture materials should be at level of medical students, not residents or specialists: get the basic concepts across
- Variability of small group leaders
  - Sometimes students feel "picked on"
  - Assumptions made of what students should know
  - Students told "this is not my area of expertise..."
  - Some leaders dismissive of student questions
- Making sure material (esp. lectures) is updated on a regular basis
- Need to fine tune the logistics of case presentations

#### Solutions: lectures I

- · Lectures should include
  - Title page with your name, date, etc
  - Clear objectives in usual format
  - No more than 50-55 slides (students complain too much material, too much detail)
  - Make sure enough text so lecture can stand alone without need for lecturer
  - With pathology images, use arrows etc. to indicate specific points of importance, interest, clarification
  - Include a summary of the key points at the end
- Make sure lecture is up-to-date each time and does not contradict textbook, other lectures and small groups

### Solutions: small groups

- Be positive, encourage students to prepare, participate, ask question, look up
- · If you do not know answer to question, say it and
  - Ask students to look up at the time, or
  - Come back with the answer next time, or
  - Check it out and feedback to students
- Emphasize observation and description (e.g., of pathology images), differential diagnosis, importance of history, physical exam before CT scans and imaging
- Be original, ask related questions not specifically part of the small group, add your own experience!
- Case presentations: please get together at first small group of 2<sup>nd</sup> year in September (or even at end of 1<sup>st</sup> year) and assign groups of students and leaders so lots of time to prepare

#### Solutions: lectures II

- · Have ready on time one month before for posting
- Itinerary of your lecture(s)
  - Lecturer → Eileen/RPM → Eileen/faculty/block leader → posting by Tim at E-curriculum
- Do not change your lecture after posting or the students get lost when trying to follow the lecture
  - If you need to make changes, you have to re-post after the lecture and tell the students what you are changing during the lecture-suggest avoid altogether
- Make up 3-5 exam questions per HOUR of lecture in the usual format
  - Try to start with a clinical vignette
  - 5 choices, no "all of the above/none of the above" options
  - Avoid negatives with only one correct choice

#### (Near) future endeavors I

- PIAT ("Putting It All Together") selective: "Pathology for medical, radiation and surgical oncologists"
  - For 4<sup>th</sup> year students
  - Feb 20-Mar 3, 2017, 7 sessions of 3 h + Intro and Wrap-up,
     Pathologist ± treating clinician
  - 20 students total (max)

- Lung, Dr. Camilleri-Broet
- · Breast, Dr. Omeroglu
- Urological malignancy, Drs. Brimo + Kassouf
- CNS, Drs. Guiot, Karamchandani, Owen
- Hematological, Drs. Michel, Davison
- Pediatric, Drs. Bernard, Blumenkrantz, Sabapathy
- Gynecologic malignancies, Drs. Fu, Ton-Nu, Souhami

Format: student-led with case provided on PowerPoint, key articles and discussion with other students; wrap-up will also be a student-led summary of the selective

## (Near) future endeavors II

- Collaboration with the dept. of Anatomy and Cell Biology
  - Already last year, Drs. Redpath and Michel went to Gross Anatomy lab. to consult on potential pathological findings in the abdomen
  - Next year will do same plus probably attend or set up sessions to go over pathological findings in the chest, circulation block C

- Questions
- Discussion

## Why teach?

- · Maintain visibility in hospital and university/faculty
- Fun, stimulating... (although time-consuming, tiring)
- Learn as you teach
- · Recruit good residents to Pathology
- It pays \$\$, is important for academic promotion, and last, but not necessarily least...