


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

 AARON DERFEL, MONTREAL GAZETTE
More from Aaron Derfel, Montreal Gazette

Montreal Gazette,
June 17, 2015

Published on: June 17, 2015 | Last Updated: June 17, 2015 9:26 PM EDT

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 <https://www.mcgill.ca/medicine/about/our-vision-mission-values/update-ugme-accreditation>

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: 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

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 2nd year in September (or even at end of 1st year) and assign groups of students and leaders so lots of time to prepare

(Near) future endeavors I

- PIAT (“Putting It All Together”) selective: “Pathology for medical, radiation and surgical oncologists”
 - For 4th 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

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...

- Questions
- Discussion