Undergraduate Medical Education

Teaching, Learning and Integration Committee Terms of Reference

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Lead Writer: Dr. L. Davidson
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Part I: Mandate and Responsibilities

Mandate

The mandate of the Teaching, Learning and Integration Committee (TLIC) is to ensure the optimal use of instructional methodologies and technologies within the Undergraduate Medical Education Program (UGME) and ensure longitudinal integration of broad topics, consistent with accreditation and current educational standards. Additionally, the TLIC supports excellence in teaching by facilitating a culture of educational scholarship and participating in the planning of retreats and faculty development programming relevant to teachers in the UGME.

Major Responsibilities

The Teaching, Learning and Integration Committee functions under the authority of the Curriculum Committee, which reviews, approves, and disseminates policies and procedures relevant to the overall program. The TLIC has responsibility for oversight of all instructional aspects of the MD Program. This encompasses the following areas of responsibility:

1. Developing policies regarding instructional methods and technologies used in the MD Program.

2. Monitoring the implementation of teaching and learning policies in the MD Program

3. Proactively supporting instructional change and educational improvement within the MD Program

4. Working to define and articulate longitudinal integrated topics that span courses, terms and curricular segments.

5. Identifying opportunities for scholarship related to teaching and learning.

6. Ongoing liaison and collaboration with other groups with related mandates including:
   - UGME Educational Developer Team
   - The Faculty of Health Sciences Educational Technology Unit
   - Bracken Library
   - The Office of Faculty Development
   - The Centre for Teaching and Learning
   - The Office of Health Science Education

7. Ensuring compliance with and providing content material for all of the following elements of the accreditation standards that pertain to teaching and learning (described in Appendix A):
   - 6.3 Self-Directed and Life-Long Learning
   - 6.6 Service-Learning
   - 7.3 Scientific Method/Clinical/Translational Research (Scholar Lead)
   - 7.4 Critical Judgment/Problem-Solving Skills (Scholar Lead)
   - 7.5 Societal Problems (Advocate Lead)
   - 7.6 Cultural Competence and Health Care Disparities (Advocate Lead)
   - 7.7 Medical Ethics (Professional Lead)
   - 7.8 Communication Skills (Communicator and Collaborator Leads)
   - 7.9 Interprofessional Collaborative Skills (Collaborator Lead)
   - 7.10 Professional and Leadership Development (Professional and Leader Leads)
   - 9.1 Preparation of Resident and Non-Faculty Instructors Standard

Specific Functions

1. Development of Policy and Definition of Terms: The Teaching, Learning and Integration Committee develops policy regarding instructional methods that are aligned to the mission and values of the MD Program and recommends them to Curriculum Committee for review and approval. From time to time, the Committee may develop evidence-based briefing notes providing background and definitions to ensure a common understanding and facilitate effective implementation of preferred instructional techniques.

2. Ensuring Compliance with Instructional Methods Policy: The Teaching, Learning and Integration Committee is responsible for the tracking and verification of instructional methods used in the MD program, including the regular reporting of these statistics.

3. Supporting Changes in Instructional Methods and Technologies: The Teaching, Learning and Integration Committee works with identified partners (6 above) to support Course Directors, Intrinsic Role Leads and individual faculty and administrative staff throughout instructional and technology changes within the MD Program. This includes the planning and development of regular Faculty retreats and the implementation of regular communication strategies about instructional policies, methods, and available resources.

4. Developing and supporting opportunities for self-directed learning: The Teaching, Learning and Integration Committee will work to identify and foster curricular and extra-curricular opportunities for student self-directed learning including (but not limited to): Service Learning, Academic Enrichment Programs, Student Interest Groups, First Patient Program, Community Based Intervention Projects, Critical Enquiry Projects, History of Medicine Projects, mini-Scholar exercises, etc.

5. Longitudinal integration: The Teaching, Learning and Integration Committee works to identify and delineate longitudinal topics (known as "integrated threads") which span courses, terms and/or curricular segments. This includes identifying opportunities, gaps, and redundancies and working with Course Directors, Intrinsic Role Leads, and other experts to define curricular content and sequencing in order to develop integrated thread proposals for approval by the Curriculum Committee. The Committee will schedule an annual mini-retreat with the Intrinsic Role Leads to review competency integration and milestones.

6. Educational Scholarship: The Teaching, Learning and Integration Committee is responsible for the facilitation and communication of scholarship in education within the MD Program, in collaboration with the Office of Health Science Education. This includes the communication of scholarship opportunities and successes to the teaching faculty and support staff and the tracking of such activities as they relate to the MD Program.

Part II: Leadership & Membership

Leadership

The Teaching, Learning and Integration Committee is chaired by the Director, Teaching, Learning and Integration. Where the Chair is absent for any reason, an Acting Chair may be appointed by the Chair or, in the absence of such an appointment, by the committee members present. Only voting members may serve as Acting Chair. The Chair, or Acting Chair, will only vote in order to break a tie.

Membership

Director, Teaching, Learning and Integration (Chair)
Educational Developer
Advocacy Role Lead
Collaborator Role Lead
Communicator Role Lead
Leader Role Lead
Professionalism Role Lead
Scholar Role Lead
Manager, Educational Development and Faculty Support
Manager, EdTech Unit (or delegate)
Head, Bracken Library (or delegate)

In addition, the committee will be augmented by the following appointed members, who will be nominated by the standing members and appointed by the Curriculum Committee:

Appointed Members

1 faculty member representing Scientific Foundations courses
2 additional faculty members representing preclerkship and clerkship phase courses
VP Academic (or delegate) and other student (from a different class) nominated by the Aesculapian Society
2 residents nominated by the Associate Dean, Postgraduate Medical Education

"Corresponding" non-voting members – these members will receive agendas and minutes from the TLIC but will not be expected to routinely attend meetings:

Associate Dean, UME
Director, Office of Faculty Development
Director, Office of Health Science Education
Director, Year 1
Director, Year 2
Director, Clerkship
Director, Clerkship Curricular Courses
Director, Clinical Skills
Chair, Student Assessment Committee
Chair, Course and Faculty Review Committee

Where a member represents more than one role, another designate should be appointed to represent one of the roles.

The Chair may invite such guests as are necessary to conduct the meeting.

All new members will receive these Terms of Reference and will be oriented to the position by the Chair.

<u>Responsibilities of Members</u>

All members will participate actively in the committee by:
- Reviewing all pre-circulated material
- Attending at least 70% of the meetings
- Participating in working groups, as required
- Communicating committee activities and decisions as appropriate

<u>Term of Membership</u>

Appointed members (with the exception of students and residents) will normally serve a three-year term, renewable once. Student and resident members will serve a one-year term, renewable twice.

Part III: Meeting Procedures

<u>Frequency and Duration of Meetings</u>

There will be 4 regular meetings annually (September, November, January, March) as well as one extended meeting/annual retreat (May or June) and otherwise at the call of the Chair.

<u>Quorum</u>

Quorum for the purpose of approving minutes or passing motions will be 50% plus one of all voting members, either present in person or via teleconference.

Meetings may be held in the absence of a quorum, but no decisions will be made.

<u>Conflict of Interest</u>

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. They can do so either by personal declaration at a meeting or in writing to the Chair. They will be excused from any discussions regarding the matter in question. The declaration and absences will be recorded in the minutes.

<u>Decision-Making</u>

Decisions that establish program policy changes or directions to subcommittees or faculty members will be discussed in the context of specific motions, passed by a majority vote of members and recorded in the minutes. The Chair will aim to build consensus, if possible (see Appendix B), but the final decision will be made by voting. Votes may be conducted electronically, if necessary.

Part IV: Administrative Support & Communication

<u>Administrative Support</u>

The Secretary will be a member of the Staff of the Undergraduate Medical Education Office, appointed by a Manager. The committee will receive additional support from the Special Curricular Assistant who will attend meetings in person or virtually as required.

<u>Agendas & Minutes</u>
- Agendas and minutes of committee meetings are to be distributed to the committee members by the recording secretary.
- Minutes are normally distributed electronically to all members within one week of meetings.
- Minutes will be uploaded to the Committee's community in MEdTech.

<u>Reporting Relationship</u>

The Teaching, Learning and Integration Committee will produce an annual report of its activities to be submitted to Curriculum Committee. That report will be written by the Chair and reviewed and approved by the committee before dissemination.

Part V: Evaluation

These terms of reference will be reviewed by the Teaching, Learning and Integration Committee on an annual basis and as required.

Part VI: Policy References

The School of Medicine's policies are posted to http://meds.queensu.ca/undergraduate/policies

Rules of Order

The School of Medicine's committees follow *Bourinot's Rules of Order*.
A summary of *Bourinot's Rules of Order* is available at:
http://www.queensu.ca/secretariat/senate/Rules.html

CACMS Standards and Elements Effective July 1, 2018

6.3 Self-Directed and Life-Long Learning

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.

6.6 Service-Learning

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in a service-learning activity.

7.3 Scientific Method/Clinical/Translational Research

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).

7.4 Critical Judgment/Problem-Solving Skills

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine and provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients. These required learning experiences enhance medical students' skills to solve problems of health and illness.

7.5 Societal Problems

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

7.6 Cultural Competence and Health Care Disparities

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:
   a. the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments;
   b. the basic principles of culturally competent health care;
   c. the recognition and development of solutions for health care disparities;
   d. the importance of meeting the health care needs of medically underserved populations;
   e. the development of skills needed to provide effective care in a multidimensionally diverse society.

7.7 Medical Ethics
The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

7.8 Communication Skills
The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

7.9 Interprofessional Collaborative Skills
The faculty of a medical school ensure that the core curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These required curricular experiences include practitioners and/or students from the other health professions.

7.10 Professional and Leadership Development
The curriculum provides educational activities to support the development of each student's professional identity, core professional attributes, knowledge of professional responsibilities and leadership skills.

9.1 Preparation of Resident and Non-Faculty Instructors
In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach or assess medical students are familiar with the learning objectives of the required learning experience in which they participate and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided

APPENDIX B

Consensus-Based Decision Making
Rules for Building a Consensus

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:
- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but consider seriously what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and, therefore, someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony.
- Withstand the pressure to yield to views that have no basis in logic or the supporting data.
- Avoid majority voting, averaging, bargaining or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information -- so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and support it willingly.