



Undergraduate Medical Education

Program Evaluation Committee Terms of Reference

Approved by the Curriculum Committee: November 23, 2017

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Part I: Mandate and Responsibilities

Mandate

The School of Medicine is committed to evaluation and providing faculty and administration with timely feedback in order to refine and improve the MD Program. The Program Evaluation Committee: collects quantitative and qualitative data on curriculum and supporting activities in order to inform decision making at all levels in the School

Major Responsibilities

1. Is advisory to the Curriculum Committee
2. Develop a set of recommendations to inform the school of medicine on how to develop a robust program evaluation system for the MD Program. To accomplish this, the committee will:
 - Prioritize evaluation questions for UGME program
 - Ensure the MCC and CGQ results are analyzed annually and feedback provided
 - Determine timelines and recommend targets to present to Curriculum Committee
 - Decide on data to be included in evaluations
 - Develop questions of evaluations to be pursued
 - Ensure stakeholders receive evaluations
3. Ensure compliance with and provide content material for all of the following elements of the accreditation standards that pertain to program evaluation (described in Appendix B):
 - 8.2 Use of Program and Learning Objectives
 - 8.3 Curricular Design, Review, Revision/Content Monitoring
 - 8.4 Program Evaluation

Part II: Membership and Chairmanship

Membership

Voting Members

5 Faculty members, one of whom will take on the position of chair

2 Student representatives as appointed by the AS

Educational staff with expertise in program evaluation

One representative from MEdTech

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

Other stakeholders and content experts will be invited at the discretion of the Chair.

Responsibilities of Members

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

Term of Membership

Appointed members will normally serve a three-year term. Membership will be staggered to ensure a regular turnover.

Part III: Meeting Procedures

Frequency and Duration of Meetings

Meetings will occur monthly or at the call of the chair.

Quorum

Quorum is achieved with a majority of voting members.

Conflict of Interest

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.

Decision-Making

Agreement on the recommendations will be reached by a process of consensus building* (see Appendix A)

Part IV: Administrative Support & Communication

Administrative Support

The Secretary will be a member of the staff of the Undergraduate Medical Education Office, appointed by a Manager.

Agenda & Minutes

- 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.
- All minutes and supporting material will be held in confidence.
- Dissemination of committee decisions will be made public only with the specific direction of the Chair and after discussion and approval by the committee.

Reporting Relationship

The committee reports to the MD Program Executive Committee and the Curriculum Committee.

The committee will have an active relationship with other committees that are vital for supplying data including but not limited to the CFRC and the Admissions Committee.

Part V: Evaluation

The committee will review its membership, terms of reference, rules and procedures at least every three years, and as necessary. The Chair will report the results of the review to MD Program Executive Committee and the Curriculum Committee.

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-glance>

APPENDIX A

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.

* CONSENSUS BUILDING: To avoid silencing voices: In the event where consensus is not feasible, make decisions to proceed in a direction where data can be tracked and collected to inform, with an understanding that we are free to consider a previous approach. The process will include documentation of what is happening and testing against alternatives. Minutes become key.

APPENDIX B

CACMS Standards and Elements Effective July 1, 2018

8.2 Use of Program and Learning Objectives

The faculty of a medical school, through the curriculum committee, ensure that the formally adopted medical education program objectives are used to guide the selection of curriculum content, to review and revise the curriculum, and to establish the basis for evaluating program effectiveness. The learning objectives of each required learning experience are linked to the medical education program objectives.

8.3 Curricular Design, Review, Revision/Content Monitoring

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives. The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality. The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee to ensure that the curriculum functions effectively as a whole such that medical students achieve the medical education program objectives.

8.4 Program Evaluation

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program. These data are collected during program enrollment and after program completion.