

Faculty of Health Sciences
School of Medicine Academic Council (SOMAC)
Minutes of Meeting, Wednesday, April 11, 2012
SOM Building, Room 032A @ 4:30 p.m.

1. Call to Order

R. Reznick, called the meeting to order at 4:33 p.m. with approximately 50 people present.

2. Dean's Report

R. Reznick reported the following:

- We are here to address one specific item that will be accompanied by a motion put forward by Dr. K. Rose. If the motion is seconded then there will be discussion before a vote will be put forward.
- Confirmed with the Secretary that we do in fact have quorum.
- Reviewed the rules regarding voting members and students names who are eligible to vote would be read out before the vote was taken. The Faculty who are members of the School of Medicine are eligible to vote.
- R. Reznick reported that he would like to have a liberal discussion and at the Chair's discretion will allow both members and non-members to speak during the discussion.
- R. Reznick asked if everyone was comfortable with this process. No one objected.
- The Proposal for an "Accelerated Pathway to the School of Medicine from High School via a Two Year Undergraduate Program in the Faculty of Arts and Science" was distributed and is before this forum for consideration.
- R. Reznick reported that the Committee who prepared this proposal has been meeting for the past 14 months.
- This topic has been discussed in many forums
- R. Reznick reported that they are almost ready to roll out the new FHS Strategic Plan. The discussion today is germane to this Strategic Plan. One of the pillars of the Strategic Plan is the Education Pillar that "we will rest our future on new models of training and Practice." Examples already in place are: the MD/PhD program, Clinician Investigator Program, Education Scholars, Clinician Scientists, International Experience and PG Medical Education Summit.
- R. Reznick thanked all the members of the committee who worked on the Accelerated Pathway Proposal. They are Hugh Horton, Teresa Alm, Hugh MacDonald, Tony Sanfilippo, Michael Kawaja, Thurarshen Jeyalingam, Danae Krahn and Ken Rose.
- R. Reznick thanked Dr. Hugh Horton, Associate Dean (Studies) in the Faculty of Arts and Science and Ms. Teresa Alm, Acting Registrar for attending this meeting and their work on this proposal.
- On behalf of the above committee R. Reznick invited Ken Rose to present the proposal.

Ken Rose reported the following:

- Any questions regarding the proposal can be directed to the committee members.
- The committee members grew more and more enthusiastic about the program as they worked through the proposal.
- He thanked the committee members one-by-one for their contributions.
- He presented Objectives to the program but the committee became focused on the main objective that is to promote educational innovative models.

- The three key steps of the proposal are: 1) Admission Recruitment Process, 2) What we do in the first two years and 3) Transition into the School of Medicine

There are two partnerships: (1) The Senate Committee who governs the Chancellor's Scholarship (Queen's University) and the criteria is very similar to the criteria to get into Medical School. (2) The Loran Scholarship (The Canadian Merit Scholarship Foundation) who seeks students across the country with characteristics we would like to attract to our Medical School. During our admission process the students will go through an interview process and offers will go out to fill 10 positions. This is a partnership between the Faculty of Health Sciences and the Faculty of Arts and Science. Each student will be registered in the Faculty of Arts and Science. Students will be required to design a program of study with some of the courses being required. At the end of the two years they will have completed 50% of the requirements for their chosen degree. If they choose not to go into Medical School they can still continue in the Arts and Science program.

We want the students to be part of the collective by establishing their identity while going through the first two years in the Arts and Science program. They will focus on the CanMed competencies that being professionalism, advocacy, scholar, communicator and collaborator characteristics. At the end of the 2nd year two options will appear. Students can continue in the Arts and Science program or they will be invited to the School of Medicine. At this point they will need an overall GPA score of 3.5.

With this information K. Rose moved the following motion:

"I wish for this body to approve the proposal for an Accelerated Pathway to the School of Medicine from High School via a Two-year Undergraduate Program in the Faculty of Arts and Science."

Seconded by H. MacDonald.

Discussion ensued with the following comments:

B. Shipley (Family Medicine, Belleville):

He went through this same program at U. of T. and explained his experience. This was a two year undergraduate non-degree program taught by Arts and Science but the course content was specified by the Faculty of Medicine that had preferred admission to Medical School. This program has since been abolished. His questions were;

Students need to know whom they can go to during their first two years if a problem arises. Who would that be?

Do the internships come with stipends? How is this financed?

How do the students get to their workshops in remote locations?

Make sure that the medical course deficiencies are covered in the first two years that are not covered in Medical School?

Have other concerns.

2nd year Medical Student:

Is in favour of this motion having done an undergraduate degree at McGill.

Students that will be accepted into the two-year program will be exceptional students given the scholarship criteria mentioned at the beginning of the meeting.

Drawing these exceptional students early to Queen's is a good thing.

Still has questions regarding the selection process. She is not convinced that the students who receive the scholarships would be interested in Medicine.

J. Wilson (Faculty)

Is there an evaluation strategy for this going forward and if not it needs to be incorporated?

In favour of this proposal.

P. O'Neill (Faculty)

In favour of the motion.

This program is designed for students who know at an early age that they want to go into Medicine.

This program shows that Queen's is reaching out to students to give them an opportunity to get into Medical School.

S. Iscoe (on behalf of J. Duffin)

J. Duffin sent in her comments electronically and S. Iscoe read them aloud. (appended to these minutes, appendix 1)

J. Duffin cannot support this proposal.

Dr. Horton (Faculty of Arts and Science):

The only high school prerequisites the students would need would be English and Math (Functions). Once in first year they need to take English 100, Biology 102 and 103 and Math 121 (Calculus).

Assured everyone that the students would not be on their own. They will have mentors to go to if needed. As long as you complete the criteria you are welcomed into Medical School so you are not competing against your peers. Therefore this new program will be different than previous programs in other universities. The students will report to the Faculty of Arts and Science in their first two years. At the end of the two years they will be evaluated by the School of Medicine for acceptance into the Medical program.

Dr. Dinsdale (Faculty)

He was on the adjudication committees for the scholarships mentioned and he was struck by the little interest the students had in science.

After doing the six-year program and entering at the age of 16 you graduated at a much younger age with more energy and less debt than the students do today.

(1st year Medical student):

Before Medical School he did his degree in Life Science at Queen's and went on to do his Masters at McGill. However, in his 2nd year of the Life Sciences program he learned more about the human body than any other training. It taught him to learn an incredible amount of information very quickly but was also very interested in learning this. Would not trade the experience he had in Life Sciences for some other non-science course just to get a 3.5 GPA. He has strong reservations to this new proposal.

L. Davidson (Faculty)

She is in favour of this proposal. She graduated from Toronto's School of Medicine who entered after two years of undergraduate work. The class was younger after graduation than they are today. There is a diversity of students currently in Medical school, some with more degrees than others. This diversity is needed. There are merits to starting younger and saving your time and energy after Medical School to pursue graduate work. However, the question is where is the research that forced the change from early entry to what it is now? Why did it change over the years?

(1st year student)

The difference in this new model and what is currently happening is that Queen's will capture these exceptional students rather than have them go on to another University. The question is where is the innovation? Is the real purpose to get the more prestigious students to come to Queen's?

(2nd year student)

He read a letter written by Thurarshen Jayalingam (T.J.) who is a member of the committee along with Danae Krahn who was absent from this meeting today. T.J. reported that they participated in these meetings and throughout this process they provided their perspective on the proposal and in an informal basis consulted with their peers. In short we felt that by using the two scholarship programs to capture 10 exceptional students intending to enter Medical School we hoped that the students selected will be very diverse and community oriented that will enrich our current student community. That is not to say that the proposal is not free of potential challenges. They know that the class of 2015 have raised a number of concerns toward this proposal and we have not had the opportunity to discuss these concerns with them. We hope that they will be addressed as we move forward. We hope that the written proposal will be discussed thoroughly at this meeting.

The second year student was in favour. The test will be to see what the first two years will bring. He agrees with pushing and challenging the student to gain a GPA of 3.5 is good.

B. Frid (1st year class)

He and his classmates are concerned about the process in that a lot of students were not informed about this proposal until just recently. A lot of students have not been approached for their opinions at all. He had a long discussion with his class and has compiled the concerns of the Class of 2015 into a document (appended to these minutes, appendix 2). What steps will be taken to educate the current students on this new proposal? How are we going to be incorporated into the decision making process from here on in? They are very concerned regarding the process in bringing this forward.

R. Houlden (Faculty)

Concerned with the selection process from High School. Are we capturing the kids who really have a desire to go into Medicine?

(3rd year Student)

Concerned about the selection process for the scholarships. He is concerned about the curriculum. Students should have to write the MCATs. Would these students even have considered Medicine if this process was not put into place?

S. Bagg (Faculty)

He has reservations in offering a spot in medical school to high school students before offering to other students who have applied through the current process, the students who haven't gotten scholarships. He is opposed to the 2-tier application process.

H. MacDonald (Faculty)

The question is, why change anything now? The answer is you need growth and innovation. We need to explore new models. The Objection is acceleration. To have young students to be

able to complete the medical school at a younger age is good. To have the energy to practice what they have learned. We will pick 10 students to make a robust trial and to complete the mandate of the School of Medicine.

The Chair informed everyone that the voting members are Faculty members in the School of Medicine and a selection of Medical Students. He then asked the Secretary (D. Edgar) to read the names of the students who are eligible to vote.

B. MacKillop (Faculty)

He supports acceleration but we need to address why we are doing this. Why can't we accept the students after two years on the same playing field as we accept students today?

The Chair announced that he would like to take a vote on the motion.

S. Iscoe (Faculty)

Had a question of order. Is it not possible to amend the motion?

The Chair, reported that there could be several amendments that could come forward. He then asked S. Iscoe if he had any specific amendments to put forward at this time.

Hearing none the Chair asked for a vote by show of hands on the motion that was brought forward by K. Rose and seconded by H. MacDonald at the beginning of the meeting: "**I wish for this body to approve the proposal for an Accelerated Pathway to the School of Medicine from High School via a Two-year Undergraduate Program in the Faculty of Arts and Science.**"

23 were in favour of the motion.

15 were opposed to the motion.

The motion was CARRIED.

The Chair thanked everyone for coming. We have heard today the students desire for further engagement and we will ensure that this happens.

There being no other business the meeting was adjourned by the Chair at 5:35 p.m.

David R. Edgar
Secretary to the School of Medicine

Appendix 1

Statement on the Motion to admit high school students

I am giving medical grand rounds in Toronto today and regret that I cannot attend this meeting to hear the discussion.

What is the problem that this proposed motion intended to fix?

The objectives in the proposal do not make that clear. Only one objective refers to a possible problem: a need to enhance the uniqueness of our school. But Laval accepts students from CEGEP and has done so for years, and Queen's is already distinct for a number of other reasons.

As the school's medical historian and as the product of the old pre-med program at UToronto, I thought that it might be helpful if I made a statement. I was admitted (on marks) straight out of high school and had my MD degree by age 23.

It was a bad idea. So bad an idea, that the program was actually abolished when we students entered our second year. We objected, our protest worked, and we were allowed to continue—it was the 1960s after all. But all future UT medical students needed at least 2 years of university before applying to Medicine. That was a better idea.

Now I am so old that perhaps no one here remembers why the out-of-high school premed program was abolished. Here are a few reasons:

- It was stressful, and made some of us ill with worry, although of course we were all very excited to have been chosen.
- It turned some of us into mark monsters---a few even delved into deviance, becoming substance abusers or thieves of others' notes out of fear not meeting expectations.
- It made us very narrow in our learning and overly goal-directed before we were aware of the vast array offerings in the world. The obligatory humanities and social science electives were simply not enough. We tended to view them as unnecessary ornaments or necessary hurdles, denigrating their intended contributions to our education.
- It flattered us into arrogance that we were special—entitled, young geniuses who were better than others, although we really knew nothing.
- When we entered professional medicine in the 3rd year after high school, we were joined by the older, smarter, more experienced, and balanced classmates. Three to four years age difference is actually a lot in that youthful time. It created a big, two-tiered rift in the class – which would have been a “ghetto” for the younger folk if there had not been so many of us. (Class cohesion at Queen's is one of our distinctive features.)
- It led us into making wrong choices too early for lack of experience and maturity—many of us took a long time to settle down to work. Some—though very bright—did not belong in medicine at all and left—or worse, did not.

I append a bibliography of relevant literature and the freshly updated results of two similar failed experiments in the USA, one that ended in 1980, the other 2002

But I have some other concerns about this proposal in particular.

1. Choice of outstanding high school students – *crème de la crème*. The proposal confidently suggests that such subjective distinctions can be made through a FHS committee. But I doubt that we can do it properly or fairly. Mark inflation is rampant in Ontario high schools; use of marks, letters, and even interviews as a basis for such discrimination is doubtful. Some students who would make fine physicians do not shine in high school, but hit their stride with the more challenging studies of university, while promising students will still be promising two or three years later.
2. The notion that the first two years of University teaching – in, say, Arts and Science –should be supplemented by teaching from medical school professors. Which ones? Surely, broad education would be enhanced more by exposure to professors and ideas from outside the medical school. Indeed, it is insulting to scholars in the other faculties to suggest that medical school professors could do it better. It might seem to be coddling and sheltering.
3. The kid-glove, additional mentoring that has been promised betrays a certain apprehension, if not an acknowledgement on the part of the proposers that the ten experimental students may indeed be in need of extra support. I hope we mentor all our students well. I hope we do not go out of our way to admit students who are presumed to need extra mentoring simply because of the circumstances that we create for them.
4. Admission from high school is not a good substitute for eliminating degree requirements, which may be worth considering for other reasons.
5. This proposal encapsulates an experiment on human subjects and needs consideration by the Research Ethics Board, which will surely want to understand its justification.

We know that high school graduates can be trained as doctors. That is not the question. The question is...

what is the real problem that this proposal is intended to fix?

Without knowing the answer and in the absence of robust evidence to support this proposal as the solution, based on personal and professional experience, I cannot support it.

Jacalyn Duffin

Appendix 2

To: Members of the Queen's School of Medicine Academic Council
From: Representatives of the Class of 2015, Queen's School of Medicine
Date: April 11, 2012
Subject: Student response to the Accelerated Pathway to the School of Medicine from High School via a Two Year Undergraduate Program in the Faculty of Arts and Science

Dear members of the Queen's School of Medicine Academic Council,

The Queen's School of Medicine Class of 2015 has significant concerns with the current proposal for the Accelerated Pathway to the School of Medicine. Since there has been no clear commitment on behalf of the administration to address these issues, we, as representatives of the Class of 2015, cannot support this motion at this time.

Our primary concerns are as follows:

❖ **The student selection process**

The current method of selecting students for this program is neither objective and reproducible nor equitable. Through utilizing surrogate evaluators, such as the Queen's undergraduate admissions office and the Loran Scholarship foundation, Queen's Medicine may reduce resources required at the undergraduate admissions office, but this is at the expense of a loss of control of the first stage of the admissions process. By reverting back to the outdated panel interview, a significant amount of bias is reintroduced back into the admissions process. In addition, the proposed process increases the skewed socioeconomic representation already present in Canadian medical school demographics by overlooking the vast disparities in circumstance and opportunities that exist across Ontario high schools.

❖ **The medical school culture**

It has been remarked on several occasions that the classes of 2014 and 2015 in particular have a powerful cohesiveness. Indeed, a portion of the video that we presented to current medical school applicants is now being utilized by the administration to illustrate to a wider community the culture we all feel so strongly here but can not easily put into words. The administration, faculty, and upper year students are all to be applauded for creating an atmosphere so conducive to this culture flourishing; it did not happen by chance. There has been no acknowledgement that this additional route of entry will fracture the class dynamic from a united group of 100 colleagues into a faction of 90 traditional entry route students and a second faction of 10 accelerated entry students (as it has done in schools in Quebec and the United States). The playing field will no longer be even,

and we have not witnessed any specific strategies to preserve this key differentiating quality possessed by Queen's.

❖ Self discovery and personal development

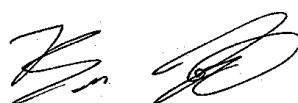
Though every medical student's path to medical school admission is unique, they are most often long and arduous paths. And yet, there is not a student in our class who does not treasure those years they spent discovering their passions, witnessing a much broader and more complicated world than they were exposed to before attending post-secondary institutions. The early entry students cannot experience the same personal growth in the controlled and supervised environment created by this program, and this is unfair both to the students and their future patients. We have grave concerns about how these students, with decreased life experience (both in scope and duration), will fare in difficult clinical scenarios. We are concerned about their ability to relate to patients, and to cope with the failures and shortcomings they will inevitably encounter. This could be addressed with combination of a longer program (i.e. if these students were to spend 3 years in an undergraduate degree before starting medical school), and less structured opportunities to engage in 'experiential learning' than those currently described in the proposal. It is been suggested that this program may encourage students to take an interest in the humanities and social sciences, helping them to break free of the standard 'mould' of a medical student that, some believe, students feel is a necessary part of getting into medical school. Overall, our class feels that it is precisely the process of getting to medical school, however arduous, that helped shape us into the very unique and capable future physicians that we now are. These experiences helped to differentiate us from other candidates by *departing* from that template, as can easily be discerned through a small sampling of our class. We feel the ability to undertake our own journey is essential and that the gravity of this issue is not fully considered in the proposal.

❖ The planning and decision making process

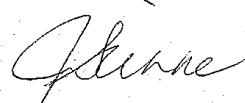
As a passionate and engaged student body, we want to be a part of the major decisions made at the Queen's School of Medicine. Concurrently, we value the strong emphasis that the Queen's faculty of medicine puts on giving us a voice. Thus, we are concerned that our opinions have not been solicited on this matter until we have reached the decision making stage. While it is understood that two extremely capable students have been a part of this process since its early stages, they cannot realistically foresee and address the concerns of their 398 colleagues. We have pointed out numerous problems with this initiative, and the aggregate response has been the acknowledgment of these flaws, as well as the assurance that the kinks will be worked out in due time. Meanwhile, there has been no discussion of how it will be determined whether or not this program has been a success, and the justification for the program has not been effectively communicated.

We are privileged to be a part of the Queen's School of Medicine Academic Council, and we do not seek to halt the progress of educational innovation at our cherished school. Rather, we seek to have our concerns acknowledged and addressed through a commitment on the administration's behalf, and to bear witness to an honest discussion of the flaws present with the existing proposal, accompanied by realistic and specific plans to address these flaws.

Sincerely,



Benjamin T. Frid
President, Class of 2015
Queen's School of Medicine



Julianna L. Sienna
Student Senator, Queen's University
Queen's School of Medicine