

Duties of UG Program Director

1. Meetings:

a. Dean's office:

- i. Attends the monthly Y3 & Y4 Subcommittee meeting
- ii. Participates in the quarterly Ped-OB/GYN Block meeting with the Associate Director of the MDUP Curriculum to discuss Curricular Quality Improvement. Provide feedback on the students having issues in Pediatrics but also to make sure students who are having problems in other clerkships have proper remediation in place
- iii. Works with local faculty to improve MDUP Curriculum (e.g., incorporation of teaching about head injury, pediatric orthopedics, pediatric oral health, pediatric palliative care/complex care, etc.)
- iv. Works with the Office of Student Affairs to accommodate students with special needs during their clinical rotations
- v. Meets annually with the UGME Associate Dean to review the status of the learning environment

b. Pediatrics:

- i. Chairs the Undergraduate Education Committee Meetings every other month. This is a provincial meeting where DSSL's report to the UG PD about issues at their site. In addition, any concerns about the curriculum or difficulties providing adequate exposures are also discussed
- ii. Member of Resident Program Committee (RPC), representing Undergraduate Program
- iii. Expected to be a part of the RPC subcommittee. Can discuss with residency program director to determine which committee
- iv. Undergraduate Business Meeting with the administrative staff, BCCH DSSL and Electives director every Friday morning. This meeting is held to discuss any operational or trainee issues of the programs

2. Curriculum:

- a. UBC has adopted the PUPDOC curriculum for Pediatrics. We still need to complete the education activity forms for most of the objectives for UBC and they need to be reviewed every year
- b. Academic half day: Subspecialties have been assigned topics. Administrators usually schedule them but when they are not available, or if there is a last minute cancellation, assists with finding alternatives. In addition, also complete education activity forms for academic half days and review annually
- c. Pediatric Clerkship academic requirements: Every year need to plan for changes to the curriculum for next year. With the DSSL's input, current requirements are discussed and decisions are made regarding changes to the requirements. The requirements discussed are: CLIPP cases, written assignments, and MiniCEX's etc.
- d. Updates the *Year 3 Clerkship Student Guide* and *Year 4 Thrive Guide*

- e. Receive and review reports from ESU about the Pediatrics program (includes end of rotation survey or Canadian questionnaire). Provides suggestions resolve the issues identified in the reports
3. Assessments:
- a. Mid-rotation evaluations: There is a requirement that each student gets a mid-rotation evaluation. Pediatrics is divided into 3 weeks inpatient and 3 weeks outpatient rotation. The outpatient rotation is broken into 2 thus students spend 1 ½ weeks each in different venues. Each faculty completes an end of rotation form, as all these evaluations contribute towards the student's clinical mark. The UG program director, along with BCCH DSSL, complete the mid-rotation forms. The students are sent a form to complete; this provides us the information about their progress in Pediatrics. They are also provided with an option to meet with the faculty. This information is used to complete the mid-rotation evaluations. We try to meet all students who are having problems or are on remediation. There are approximately 26 students per rotation
 - b. End of rotation forms: All faculty and senior residents spending reasonable time with the students are expected to complete student evaluation forms. Though the expectation is that these forms should be complete immediately (ideally with the student present) and the forms released to students within 6 weeks of completing the rotation, we do run into issues of forms not completed and having to send multiple reminders. Inpatient rotation usually has multiple forms, the DSSL's at peripheral sites and I at BCCH, amalgamate all the end of rotation forms into one final inpatient evaluation form for the student
 - c. OSCE's: contributes towards the OSCE cases
 - d. Work Based Assessments (WBA): In curriculum renewal, students will need to complete 1 WBA per week meaning total 6 + 1 (newborn) WBA's in Peds rotation.
4. Involvement with students:
- a. Remediation: suggests remediation for a student failing Pediatrics (based on the P&P manual). Also provides the student appropriate clinical placement and the support they need to succeed
 - b. Addresses issues of "low-performance flags" with students (i.e., remediation) and with teachers (i.e., peer-to-peer discussion)
 - c. Schedules: trouble shoot any issues with scheduling. Issues can range from too many students with not enough outpatient space to preceptor cancelling at the last moment
 - d. Absences: initially approves or disapproves an absence request. The final decision is made by the VFMP site director.
5. Administrative:
- a. Acts as an UG resource for any questions faculty or admin staff has regarding UG program
 - b. Amalgamates the end of clerkship reports and reviews CLIPP logging information on students. The students are supposed to be completing 20 CLIPP cases during their Pediatrics rotation. Reviews the data to ensure students have completed the required CLIPP cases

- c. Participates in the Education Site visits to expansion sites annually. If peripheral sites at VFMP are having issues, meet with the DSSL to discuss. For new sites coming on board, conducts educational sessions for the faculty to review the objectives and expectations of the program
- d. Leads the program with a provincial mandate and addresses any issues regarding curriculum or students in Pediatrics