

**FACULTY BOARD**  
**Thursday, March 7, 2019**  
**4:30 p.m. – 6:00 p.m.**  
**SCHOOL OF MEDICINE BUILDING, ROOM 132A**

**AGENDA**

Item	Topic	Presenter	OUTCOME REQUIRED		
			<i>Information</i>	<i>Discussion</i>	<i>Decision</i>
1	Call to Order	L. Pelland	√		
2	Approval of Agenda	L. Pelland		√	√
3	<a href="#">Approval of Minutes of Previous Meeting of February 15, 2018</a>	L. Pelland		√	√
4	Dean's Report "State of the Faculty"	R. Reznick	√		
5	"What's Next for Global Health?"	S. Hoffman	√	√	
6	<a href="#">Joint Governance Committee GSK Clinical Education Centre</a>	L. Flynn	√	√	√
7	<a href="#">Assessment, Promotion and Appeals Policy</a> <a href="#">Education Advisory Board – Terms of Reference</a> <a href="#">Resident Advisory Board – Terms of Reference</a>	R. Walker	√	√	√
8	<a href="#">Revisions to the Terms of Reference for SONAC</a>	C. Pulling	√	√	√
9	<a href="#">Revisions to SON Undergraduate Course Descriptions</a>	C. Pulling	√	√	√
10	<a href="#">Approvals by Faculty Board Executive</a>	L. Pelland	√		
11	Senator Vacancies	L. Pelland	√		
12	Adjournment	L. Pelland	√		√

**ANNUAL FACULTY BOARD LISTING**

<b>YEAR</b>	<b>MTG. DATE</b>	<b>ITEM</b>	<b>APPROVED</b>
<b>2018</b>	2/26/2018	<b>CPD Advisory Committee - Minor change of name from "Medical Education Scholar" to "Health Education Scholar"</b>	approved via email
	3/26/2018	<b>QCRI Review</b> Dr. Roger Deeley requested that the Queen's Cancer Research Institute (QCRI) Review document be put forward to the Faculty Board Executive for approval.	approved via email
	4/5/2018	<b>PeopleSoft change to course descriptions - SON</b> A request from the School of Nursing for the Faculty Board Executive to electronically approve the School of Nursing Undergraduate Course Descriptions in PeopleSoft (e.g., for the Registrar's Office).	approved via email
	4/5/2018	<b>BHSc Omnibus report for FB approval</b> Request for Faculty Board Executive approval of Academic Regulations and Curriculum Changes to the Bachelor of Health Sciences program.	approved via email
	8/31/2019	<b>Graduate Council Senator approval</b> Dr. Duncan Hunter (Public Health Science) was nominated for FHS Graduate Council Senator.	approved via email
	10/22/2018	<b>Terms of SEAMO Department of Surgery Chair</b> Dean Reznick requested the Faculty Board Executive electronically approve the academic terms of reference of a new SEAMO Department of Surgery Association Endowed chair in Surgical Innovation and Research.	approved via email
	11/19/2018	<b>BHSc Omnibus report for FB approval</b> Request for Faculty Board Executive approval of Academic Regulations and Curriculum Changes to the Bachelor of Health Sciences program.	approved via email
<b>2019</b>	1/23/2019	<b>Terms of new Endowed Chair in Pediatric Research and Education</b> Dean Reznick requested the Faculty Board Executive electronically approve the academic terms of reference of a new Endowed Chair in Pediatric Research and Education.	approved via email
	1/25/2019	<b>International Centre for the Advancement of Community Based Rehabilitation (ICACBR) as a faculty-based research centre</b> Dr. Smith requested the Faculty Board Executive to electronically approve the International Centre for the Advancement of Community Based Rehabilitation (ICACBR) as a faculty-based research centre.	approved via email
	1/25/2019	<b>Translational Institute of Medicine (TIME) as a faculty-based research institute</b> Dr. Smith requested the Faculty Board Executive electronically approve the Translational Institute of Medicine (TIME) as a faculty-based research institute.	approved via email
	2/25/2019	<b>Terms of new Endowed Chair in Surgical Innovation and Research</b> Dean Reznick requested the Faculty Board Executive electronically approve the academic terms of reference of a new Endowed Chair in Surgical Innovation and Research.	approved via email

**Faculty Board Chair Lucie Pelland**

**lucie.pelland@queensu.ca**

# Joint Governance Committee GSK Clinical Education Centre



## Terms of Reference

*Supersedes: ToR GSK CEC Advisory Committee*

*Lead Writer: Dr. Leslie Flynn*

*Approved by Faculty Board:*

*Revisions: November 1, 2018 (original)*

*Effective Date:*

### ***Mission***

The GSK CEC mission is to prepare future and practicing health care providers in medicine, nursing and rehabilitation therapy to meet the health care challenges of an increasingly diverse society.

## **1. Committee Mandate and Responsibilities**

### ***1.1. Mandate***

- 1.1.1. The mandate of Joint Governance Committee of the GSK Clinical Education Centre (“Joint Committee”) is to build consensus on the development, establishment and overseeing of activities relating to the operations of the GSK Clinical Education Centre (“GSK CEC”).

### ***1.2. Major Responsibilities***

- 1.2.1. Develop and revise, on an ongoing basis, the policies and procedures which support the use and operation of the GSK CEC;
- 1.2.2. Make decisions on GSK CEC capital equipment and facilities ensuring a process for ongoing maintenance and repair and new acquisitions;
- 1.2.3. Interface with the respective schools regarding initiatives and issues ensuring ongoing and appropriate liaison with stakeholders within the FHS;
- 1.2.4. Review and oversee annual operating and capital budgets making recommendations to the FHS for additional funding, when necessary.

## **2. Leadership and Membership**

## ***2.1. Leadership***

- 2.1.1. The role of Chair of the Committee will be held by the Vice-Dean Education.
- 2.1.2. 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.

## ***2.2. Membership***

- 2.2.1. Faculty members will normally serve a three-year term, renewable once. Student members will normally serve a one-year term.
- 2.2.2. Faculty members will be appointed by their respective schools.
- 2.2.3. Student representatives will be appointed by the Student Executive for each school.
- 2.2.4. All new members will receive these Terms of Reference and will be oriented to the position by the Chair.
- 2.2.5. Members
  - Vice-Dean Education (Chair)
  - Faculty member (clinical) from School of Medicine (1)
  - Faculty from School of Rehabilitation Therapy (1 Occupational Therapy & 1 Physical Therapy)
  - Faculty from School of Nursing (1)
  - Students from School of Medicine (1 UG & 1 PG)
  - Student from School of Rehabilitation Therapy (1 OT & 1 PT)
  - Students from School of Nursing (1 UG & 1 NP )
- 2.2.6. Resources
  - Manager, GSK Clinical Education Centre
  - Volunteer Patient Coordinator
  - Standardized Patient Coordinator
  - Committee Secretary
- 2.2.7. The Chair may invite such guests as are necessary to conduct the meeting.

## ***2.3. Responsibility of Members***

- 2.3.1. All members will participate actively in the committee by:
  - Reviewing all pre-circulated material
  - Attending at least 70% of the meetings and electronic votes

- Participating in working groups, as required
- Recognizing the best interests of the Centre and the needs of all the stakeholders
- Communicating committee activities and decisions to their respective school and/or student body

### **3. Meeting Procedures**

#### ***3.1. Frequency and Duration of Meetings***

- 3.1.1. Meetings will be held at least quarterly (every three months) and otherwise at the call of the Chair.

#### ***3.2. Conflict of Interest***

- 3.2.1. 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.

#### ***3.3. Decision-Making***

- 3.3.1. Decisions will normally be made by consensus of members present (see appendix A).
- 3.3.2. The Chair will determine when issues require a vote. All committee members will be considered voting members. The Chair will cast the deciding vote in the event of a tie.
- 3.3.3. Quorum will be 50% plus one of all members, either present in person or via teleconference.
- 3.3.4. Meetings may be held in the absence of a quorum, but no decisions will be made.
- 3.3.5. Votes may be conducted electronically, if necessary.

### **4. Administrative Support & Communication**

#### ***4.1. Administrative Support***

- 4.2. The Secretary will be a member of the staff of the GSK Clinical Education Centre, appointed by the Manager.

#### ***4.3. Agenda & Minutes***

- 4.3.1. Agendas and minutes of committee meetings are to be distributed to the committee members by the recording secretary.
- 4.3.2. Minutes are normally distributed electronically to all members within one week of meetings.

#### ***4.4. Reporting Relationship***

- 4.4.1. The committee will produce an annual report of its activities to be submitted to the Faculty Board for the Faculty of Health Sciences.

### **5. Evaluation**

- 5.1.** 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 the Faculty Board for the Faculty of Health Sciences.

## 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.

**Assessment, Promotion, & Appeals Policy  
Postgraduate Medical Education  
School of Medicine  
Faculty of Health Sciences  
Queen's University**

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## I. Introduction

All residents who are enrolled in programs leading to certification with either the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC) are registered as postgraduate students in the School of Medicine, Faculty of Health Sciences at Queen's University.

Residents carry out their training responsibilities within a hospital, or other clinical education site, at the appropriate level of training and in accordance with the relevant professional requirements and subject to university regulations and those of the hospital or other clinical education sites. The conditions governing the resident entering and remaining in the residency program are delineated in the School of Medicine, Queen's University letter of appointment that is a legally binding contract.

Residency programs will use a variety of assessment strategies (e.g., written examinations, OSCEs, direct observations, etc.) that align with the focus of assessment to generate data to inform decisions about Resident progress and promotion. Frequent assessment ensures performance strengths are acknowledged and weaknesses are identified in a timely manner to enable Residents to adjust their learning strategies and successfully ameliorate them. Ultimately, it is the responsibility of the program director or delegate with the Residency Program Committee or delegate subcommittee (RC) or the Resident Assessment Committee (CFPC) to collect and interpret assessment data about each resident enrolled in the program.

Residency programs must provide the respective College with a Final In-Training Evaluation Report (FITER/CITER), or a Certificate of Confirmation of Completion of Training (CCT), for each resident who has successfully completed the residency program. This report must represent the views of faculty members directly involved in the resident's education and not be the opinion of a single assessor. It must reflect the final status of the resident and not an average of the resident's performance over the entire residency program.

NOTE: Throughout this document the term 'assessment' is used in reference to resident learning with the exception of 'In-Training Evaluation Reports'.

## **II. The purpose of this document is to:**

- Describe the assessment process in place for all residency programs in the School of Medicine, Faculty of Health Sciences at Queen's University.
- Define the principles and guidelines of promotion, remediation, probation, suspension, withdrawal and appeals.
- Ensure that assessment practices are consistent with program goals and objectives of Postgraduate Medical Education at Queen's University and meet the requirements of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

## **III. Definition of Terms**

### **Academic Advisor (AA)**

Academic Advisors (AA) are faculty members who are directly responsible for supporting residents and supervising their progression through residency training including: meeting with assigned residents at regular intervals to conduct comprehensive reviews of performance information; co-create learning plans with residents which should be shared by residents with supervisors in upcoming rotations or alternative learning experiences (Educational Handover); participate in the process of developing remediation and probation plans for residents in difficulty; and, in the case of Royal College of Physicians and Surgeons of Canada programs, generate reports about resident progress and recommendations for promotion for the Competence Committee(RC).

### **Academic Review Board (ARB)**

The ARB is a special committee responsible for hearing Level 2 appeals. Membership, including the designation of chair status is recommended by the Associate Dean, Postgraduate Medical Education and approved by the Vice-Dean Education. The ARB is responsible for making formal recommendations to the Associate Dean, Postgraduate Medical Education. (See Schedule D for Rules of Procedure.)

### **Academic Year**

The academic year commences July 1 and finishes June 30. A resident may be out of phase and have a starting date other than July 1.

### **Associate Dean, Postgraduate Medical Education**

Appointed by the Principal of Queen's University, is the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the faculty. The Associate Dean, Postgraduate Medical Education (PGME) reports to the Dean of Faculty of Health Sciences.

**Clinical Supervisor**

The clinical supervisor is the most responsible physician to whom a resident reports clinical issues during a given period of time (including the physician on call for a service, when a resident is on call).

**College of Family Physicians of Canada (CFPC)**

The body responsible for program accreditation, resident credentialing and certification for Family Medicine education programs.

**Competence Committee (RC CBME curriculum stream)**

Competence Committees (CC) are decision-making subcommittees of Royal College Residency Program Committees responsible for determining resident progress and promotion.

**Dean of Faculty of Health Sciences**

Appointed by the Principal of Queen's University, responsible for all activities of all the schools in the Faculty of Health Sciences.

**Director of Resident Affairs**

The Director of Resident Affairs provides assistance for residents who encounter personal and academic difficulties in their program and offers and/or arranges counselling in a confidential and welcoming environment.

**Director, School of Medicine**

Appointed by the Principal of Queen's University, responsible for all activities of the School of Medicine.

**Education Advisory Board (EAB)**

The EAB is a special committee that reviews remediation and probation plans. The committee forwards its assessment relating to: (a) whether proper procedures were followed in making the determination that a remediation or probation is warranted; and, (b) the completeness of the proposed plan to the Program Director. The EAB is convened at the request of the Associate Dean, Postgraduate Medical Education. See Schedule C for Terms of Reference

**Faculty Members**

Refers to members of the School of Medicine in the Faculty of Health Sciences.

**Family Medicine Postgraduate Education Committee (PGEC)**

The PGEC oversees the planning and overall operations for all CFPC residency programs to ensure that all requirements as defined by CFPC are met.

**Medical Council of Canada Qualifying Examination Part II (MCCQE – PART II)**

The Medical Council of Canada Qualifying Examination Part II is an examination that assesses the competence of candidates, specifically the knowledge, skills, and attitudes essential for medical licensure in Canada prior to entry into independent clinical practice. As this examination is an

assessment of basic medical competence, residents enrolled in PGY1 programs at Queen's School of Medicine must provide evidence of successfully completing the exam as criteria for promotion to postgraduate year four.

### **Postgraduate Medical Education Committee (PGMEC)**

The PGMEC is the committee responsible for the conduct of postgraduate medical education.

### **Postgraduate Tribunal**

The Postgraduate Tribunal is a special committee responsible for hearing Level 3 appeals. Designated and deputy chairs are appointed by the School of Medicine Academic Council. (See Schedule F for Rules of Procedure)

### **Program**

An accredited residency training program in the School of Medicine, Faculty of Health Sciences at Queen's University.

### **Program Director (PD)**

Defined by the RC and CFPC as the university faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Department and to the Associate Dean for Postgraduate Medical Education at Queen's University.

Program Directors may delegate responsibility for resident activities as they deem appropriate.

### **Resident Assessment Committee (RAC)**

The RAC is the Family Medicine committee responsible for resident assessment.

### **Residency Program Committee (RPC)**

The RPC oversees the planning and overall operations for individual RCPSC residency programs to ensure that all requirements as defined by RCPSC are met

### **Rotation**

A period of time a resident is assigned to a clinical or research service. These periods of time may be in the form of block rotations, normally not shorter than 1 block and not longer than 6 blocks. Blocks are defined as four-week periods of time. The PGME academic year is composed of thirteen blocks, each of which commences on a Tuesday. Alternatively, a resident may be involved in a different curriculum model incorporating horizontal clinical or research experiences into longitudinal clinical experiences (ALE: Alternative Learning Experience). The term rotation includes ALEs.

### **Rotation Supervisor(s)**

Faculty members who have direct responsibility for residents' clinical academic program during a rotation.

**Royal College of Physicians and Surgeons of Canada (RC)**

The body responsible for program accreditation, resident credentialing, and resident certification for specialty education programs.

**School of Medicine Academic Council**

The School of Medicine Academic Council considers matters relevant to the School of Medicine and makes recommendation to the Faculty Board.

**Surgical Foundations Examination (SFE)**

The Surgical Foundations Examination is a two-part multiple-choice exam covering topics outlined in the RC Objectives of Surgical Foundations Training document. It may be written in the second year of surgical training and is part of the examination process leading to certification for some surgical specialties. This examination is an assessment of the foundational principles of surgery. Surgical residents at Queen's School of Medicine requiring the SFE must provide evidence of successfully completing the exam as criteria for promotion to postgraduate year four.

**Vice-Dean Education**

Appointed by the Principal of Queen's University, is responsible for all facets of medical education in the School of Medicine. The Vice-Dean Education reports to the Dean of the Faculty of Health Sciences.

## **IV. Resident Assessment Process at Queen's University**

### **1.0 Overview of Assessment Process**

1.1 At the beginning of each rotation, the rotation supervisor(s) or delegate must ensure the resident has access to:

- Goals and objectives for the rotation
- List of duties, responsibilities, and expectations
- Assessment requirements
- A description of the structure of relationships within the health care team
- A description of the resident's role in that health care team

1.2 Regular and timely feedback must occur throughout the rotation.

1.3 Residents must be made aware of any concerns as these emerge over the course of the rotation to provide opportunity for correction.

1.4 Program leadership is responsible for designing programs of assessment that align with program specific assessment needs and standards set by their affiliated College (RC/CFPC).

1.5 Assessment review and reporting requirements are divided into three categories including:

#### **1.5.1 Traditional RC Curriculum Stream**

1.5.1a In Training Evaluation Reports (ITERs) must be completed by the rotation supervisor(s) or delegate at regular intervals, at minimum at the end of each rotation or after 4 months/blocks of an ALE.

1.5.1b Completion of ITERs must be based on documented observations of resident performance.

1.5.1c ITERs must be discussed with the resident. This feedback must be timely and should occur within 1 month of completion of the rotation.

1.5.1d Documented mid-rotation assessments are strongly recommended for all residents.

#### **1.5.2 The Family Medicine program (CFPC)**

1.5.2a In Training Assessment Reports (ITARs) must be completed by the rotation supervisor(s) or delegate at regular intervals, at minimum at the end of each rotation or after 4 months/blocks of an ALE.

1.5.2b Completion of ITARs must be based on documented observations of resident performance.

1.5.2c ITARs must be discussed with the resident. This feedback must be timely and should occur within 1 month of completion of the rotation.

1.5.2d Documented mid-rotation assessments are strongly recommended for all residents.

1.5.2e Residents who's ITARs, or other performance information, indicate concerns will be reviewed at the Resident Assessment Committee (RAC). This committee, rather than the individual assessor, will determine:

- The outcome of the rotation

- Readiness for promotion to the next stage of training
- Need for modified learning plan, remediation and/or probation periods

1.5.2e Resident's academic advisors conduct regular meetings with the resident to review progress throughout training, additionally the academic advisor will complete the resident's FITAR.

### **1.5.3 RC CBME Curriculum Stream**

1.5.3a Academic advisors conduct regular progress review meeting with residents to review progress and prepare recommendations for the Competence Committee about residents':

- Achievement of Entrustable Professional Activities (EPAs)
- Readiness for promotion to the next stage of training
- Need for modified learning plan, remediation and/or probation periods
- Readiness to sit certification examinations
- Readiness to transition to independent practice

1.5.3b Competence Committees determine when residents:

- Have achieved Entrustable Professional Activities (EPAs)
- Have met requirements for a stage of training
- Are ready to progress to the next stage of training
- Require modified learning plans, remediation and/or probation periods
- Are ready to sit certification examinations
- Are ready to transition to independent practice

1.5.3c Competence Committee judgements and feedback about resident progress and promotion are documented.

1.5.3d Program directors or delegates (e.g., academic advisors) notify residents of outcomes of competence committee deliberations.

1.6 Assessments of residents' on-going progress in the program are the joint responsibility of program directors or delegates, and the RPC/CC (RC) or the RAC (CFPC).

## **2.0 Documentation of Assessment**

### **Traditional RC Curriculum Streams (ITERS) & Family Medicine Program (ITARs)**

2.1 Standardized global performance ratings must be used on all ITERS/ITARs.

End of Rotation ITER/ITAR

- 1) Meets Expectations
- 2) Requires review

\* review may be conducted by PD or delegate and the RPC/CC (RC) or the RAC (CFPC).

**Mid Rotation ITER/ITAR**

- 1) Progressing as expected
- 2) Inconsistent progress
- 3) NOT progressing as expected

- 2.2 Completion of the narrative section of ITERs/ITARs is mandatory in cases when the global performance ratings of 'Requires review' is selected.
- 2.3 Completion of the narrative section of mid-rotation ITERs/ITARs is mandatory in cases when the global performance ratings of 'inconsistent progress' or 'NOT progressing as expected' is selected.
- 2.4 ITERs/ITARs must include the signature of the resident and the rotation supervisor. The resident's signature indicates only that the resident has read the report.
- 2.5 The resident may append a note indicating that he/she disagrees with the assessment documented in an ITER/ITAR.
- 2.6 If the ITER/ITAR is not signed, an explanatory note must be appended.
- 2.7 Resident shares responsibility with the program director or delegate for ensuring that ITERs/ITARs are completed in a timely fashion, that he/she has received feedback and has signed the ITERs/ITARs.

**RC CBME Curriculum Stream**

- 2.8 Documentation of performance for residents following RC CBME curriculum streams leverage programmatic approaches to assessment. Entrustable Professional Activities (EPAs) are defined for each of the four stages of development (Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice). A variety of assessment tools are used to capture performance information about each EPA and the completion of other program requirements.

**3.0 Determining Learner Status (RC)/Performance Review Process**

- 3.1 Residents should be provided opportunity to present information that may be relevant in high-stakes decision-making about progress and promotions. In such cases, it is the responsibility of the Academic Advisor to notify the Competence Committee chair that the resident should be invited to the committee meeting.

**Traditional RC Curriculum Streams (ITERs) & Family Medicine Program (ITARs)**

- 3.2 Documentation of 'Requires Review' on an End of rotation ITER/ITAR will trigger a comprehensive resident performance review by PD or delegate and the RPC or delegate subcommittee (RC) or the RAC (CFPC).
- 3.3 Determination of a performance pattern that reflects failure to progress or evidence of a learning trajectory that is suggestive of a failure to progress may result in: (a) the assignment of additional rotations; or (b) completion of a period of remediation; or (c) the imposition of a probationary period.



## **RC CBME Curriculum Streams**

3.4 Competence Committees (CCs) are responsible for determining learner status based on a comprehensive review of resident performance.

3.5 The following performance review categories must be used to define the status of residents following CBME curricula:

Performance review categories:

- 1) More data required
- 2) Progressing as expected
- 3) Concerns about progression in stage
- 4) Requiring a modified learning plan
- 5) Requiring remediation
- 6) Requiring probation

Promotion Decisions categories:

- 1) Promote to next stage
- 2) Do not promote due to inadequate evidence
- 3) Do not promote due to identified deficiencies

## **4.0 Confidentiality**

4.1 Identifiable resident assessment data is confidential. Access is normally restricted to the PD or delegate and the RPC/CC (RC) or RAC (CFPC), the Associate Dean, PGME or delegate, and the resident him/herself.

4.2 Identifiable resident assessment data is for purposes of progress and promotion, except in the case of appeals, RC or CFPC proceedings or appeals, CPSO proceedings, or required pursuant to legal process.

4.3 De-identified resident assessment data may be used for program evaluation and research purposes subject to Tri-Council policy on the Ethical Conduct for Research Involving Humans.

## **5.0 Sharing of Performance Information – ‘Educational Handover’**

5.1 Sharing of resident performance information should be guided by the principles of transparency, fairness and mutual accountability.

5.2 Performance information can be shared to meet the educational needs of residents.

5.3 Performance information can be shared to address patient safety concerns.

5.4 Residents should take an active role in sharing their performance information with clinical supervisors to enhance subsequent learning opportunities and/or focus their training to meet specific learning needs.

## **6.0 Annual Promotion Process for Traditional Curriculum Streams only**

6.1 The PD or delegate must conduct an annual progress review with each resident.

6.2 The PD or delegate and resident should review all relevant assessment data and discuss patterns of strengths and weaknesses that emerge and strategies for improvement. Career counseling may also be discussed.

- 6.3 Resident progress is reported to RPC/delegate subcommittee (RC) or the RAC (CFPC).
- 6.4 The RPC/delegate subcommittee (RC) or RAC (CFPC) must review the files of all residents whose performance is not meeting expectations.
- 6.5 Promotion of a resident to the next academic level occurs when:
  - 6.5a Upon review of overall performance the RPC/delegate subcommittee (RC) or the RAC (CFPC) determine resident development to be satisfactory.
  - 6.5b Additional criteria for promotion as stipulated by individual programs have been met including, but not limited to:
    - 6.5b.1 Documentation of passing the MCCQE – Part II for promotion to PGY4 level (applicable to incoming PGY1 residents).
    - 6.5b.2 Documentation of passing the SFE for surgical residents requiring the SFE for certification as a criterion for promotion to PGY4 level (applicable to incoming PGY1 residents).
- 6.6 Under extenuating circumstances the PD or delegate and RPC/delegate subcommittee (RC) or the RAC (CFPC) have the discretion to waive criteria for promotion.
- 6.7 The decision NOT to recommend promotion of residents to the Associate Dean, PGME will be made by the PD or delegate and the RPC/delegate subcommittee (RC) or the RAC (CFPC).

## **7.0 Resident Salary Level**

- 7.1 Postgraduate resident salary levels are established by the Professional Association of Residents of Ontario (PARO).
- 7.2 It is expected that all residents on-cycle will increase on an annual basis.
- 7.3 Salary increases will be delayed for an equivalent period of time for residents off-cycle due to, but not limited to leaves, and/or remediation periods, and/or probation periods.

## **8.0 Incomplete Rotations**

- 8.1 In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, leave, holidays etc.
- 8.2 A rotation that includes less than 3/4 of the expected time commitment may be considered incomplete.
- 8.3 An incomplete rotation should be completed, the duration of which is determined by the nature of the experience and the need for continuity of the clinical experience.
- 8.4 For any clinical rotation, the PD or delegate in consultation with the rotation supervisor will determine whether or not the duration of a resident's learning experience was sufficient to support meaningful assessment.

## **9.0 Remediation**

- 9.1 Remediation is designed to assist the resident in addressing identified weaknesses and correcting his/her deficiencies.
- 9.2 A remediation plan must follow the Remediation Template (see Schedule A)
  - 9.2a The draft remediation plan is developed by the PD, or delegate, in consultation with RPC/delegate subcommittee (RC) or the RAC (CFPC), and reviewed with the resident.
  - 9.2b The PGME Office must be advised when there is a plan to place a resident on remediation and a copy of the draft remediation plan and relevant resident

performance information forwarded to the PGME office for review and feedback by the EAB.

- 9.2c The EAB will review the relevant resident performance information and the remediation plan and forward its assessment related to: (a) whether proper procedures were following in making the determination that a remediation is warranted; and (b) the completeness of the proposed remediation plan to the PD, or delegate, and the PGME Office.
- 9.2d The final remediation plan should be shared with the RPC/delegate subcommittee (RC) or the RAC (CFPC) and signed by the PD or delegate and Resident.
- 9.2e A copy of the signed remediation plan must be forwarded to the PGME office.
- 9.2f Should remediation plans impose practice restrictions due to professional misconduct, incompetency, or capacity the PGME office is required to report the remediation to hospital administration and the College of Physicians and Surgeons of Ontario
- 9.2g The PD or delegate and the RPC/CC (RC), or the RAC (CFPC) will review all relevant documentation to determine the outcome of a remediation period (pass/fail).
- 9.2h The PGME Office must be advised of the outcome of the remediation.
- 9.3 During a remediation period vacation and absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the remediation period.
- 9.4 Upon the successful completion of a remediation, the resident will be given academic credit for the previously failed program requirement (e.g., rotation or AA progress report) and continue in the program off-cycle.
- 9.5 A failed remediation period shall require the resident to proceed to a probation period.
- 9.6 A resident who fails a remediation after a previous probation will be required to withdraw.
- 9.7 A resident may be remediated only twice during his/her residency, if identified as in need of remediation a third time he/she shall be placed on probation.
- 9.8 A resident who fails to meet program requirements after having been remediated twice and previously completed a probation period will be required to withdraw from Queen's School of Medicine.

## **10.0 Probation**

- 10.1 A probationary period is designed to assess specific aspects of resident performance.
- 10.2 A Resident will be placed on probation for any of the following reasons:
  - 10.2a A failed remediation period.
  - 10.2b Identified for the third time as in need of remediation.
  - 10.2c Upon recommendation of the PD or delegate, the RPC/CC (RC), or the RAC (CFPC) for any reason pertaining to unsatisfactory academic progress or clinical skills deficits, or any serious issues relating to professionalism or absence from the program.
  - 10.2d Upon recommendation of the Associate Dean, PGME, for any reason pertaining to unsatisfactory academic progress or clinical skills deficits, or any serious issues relating to professionalism or absence from the program.
- 10.3 A probation plan must follow the Probation Template (see Schedule B)

- 10.3a The draft probation plan is developed by the PD or delegate in consultation with the RPC/CC (RC) or RAC (CFPC).
- 10.3b The Associate Dean, PGME must be advised when a resident is placed on probation and a copy of the draft probationary plan and relevant resident performance information forwarded to the PGME office for review by the EAB.
- 10.3c The EAB will review the relevant resident performance information and the probation plan and forward its assessment relating to: (a) the process by which the need for probation was determined; and, (b) the quality of the proposed probationary plan to the PD or delegate, and the PGME Office. The PD is responsible for finalizing the probation plan.
- 10.3d The final version of probationary plan must be signed by the PD and resident.
- 10.3e A copy of the final version of probationary plan must be forwarded to the PGME office.
- 10.3f Should probation plans impose practice restrictions due to professional misconduct, incompetency, or capacity the PGME office is required to report the remediation to hospital administration and the College of Physicians and Surgeons of Ontario
- 10.3g The PD or delegate and the RPC/CC (RC) or the RAC (CFPC), will review all relevant documentation to determine the outcome of a probationary period (pass/fail).
- 10.3h The PD, or delegate must advise the Associate Dean, PGME of the outcome of the probation.
- 10.3i The PGME office must advise hospital administration and the College of Physicians and Surgeon of Ontario of the outcome of the probation if practice restrictions were imposed.
- 10.4 Duration and progress in training
  - 10.4a A resident may be on probation for a period of up to one academic year subsequent to the commencement of the probation.
  - 10.4b Subject to 10.5b, the probationary period may or may not count towards the duration of training required for certification by the relevant credentialing College.
  - 10.4c Continuation in the residency will depend upon successful completion of the probationary period.
- 10.5 Probationary Period
  - 10.5a During a probationary period holidays and absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the probationary period.
  - 10.5b Normally, the PD, and the RPC/CC (RC) or RAC (CFPC), may, where it deems appropriate, recommend that academic credit be awarded for a probationary period. This recommendation is subject to approval by the Associate Dean, PGME. In which case the resident will continue in the program off-cycle.
  - 10.5c A failed probationary period shall require the resident to withdraw from Queen's School of Medicine.
- 10.6 Further Probation during a residency

- 10.6a A resident may be placed on probation on only one occasion during his/her residency.
- 10.6b The requirement to withdraw applies even when a resident changes from one program to another Program.

### **11.0 Suspension**

- 11.1 The Associate Dean, PGME may suspend a resident when concern regarding any of the following is brought to his/her attention:
  - Patient care and/or safety are jeopardized,
  - Substance abuse,
  - Inappropriate patient/physician interactions,
  - Unethical behaviour,
  - Unprofessional conduct,
  - Criminal activity
- 11.2 In cases where criminal charges have been laid, the matter will be referred to the Special Review Committee for determination pursuant to the Faculty of Health Sciences Policy: <http://meds.queensu.ca/postgraduate/policies/prc>
- 11.3 If the Associate Dean, PGME is of the opinion that the circumstances so require, the Associate Dean, PGME will notify the resident that he/she is suspended with pay, pending an investigation.
  - 11.3a The PGME office must advise hospital administration and The College of Physicians and Surgeon of Ontario when a resident is suspended.
  - 11.3b The Associate Dean, PGME convenes the Academic Review Board (ARB) to conduct an investigation which will include a review of the resident's academic record, interviews with anyone with information relevant to the investigation, meetings with the PD and resident to discuss the concerns.
  - 11.3c The ARB reports the finding of its investigation and its recommendation(s) regarding the resident's on-going status in the program to the Associate Dean, PGME
  - 11.3d The Resident will be notified of the outcome of the investigation in writing, by the Associate Dean, PGME.
  - 11.3e The PGME office must advise hospital administration and The College of Physicians and Surgeon of Ontario of the outcome of the investigation.
- 11.4 The Associate Dean, PGME will decide whether to:
  -
- 11.5 The resident may appeal the decision of the Associate Dean, PGME to the Postgraduate Appeals Tribunal as a Level 3 appeal

### **12.0 Requirement to Withdraw**

- 12.1 A 'Requirement to Withdraw' may be issued for reasons that include but are not limited to:
  - 12.1a A failed probationary period
  - 12.1b A failed remediation after a previous probationary period
  - 12.1c Failed AVP
  - 12.1d A criminal conviction

12.1e Findings by the Academic Review Board, and accepted by the Associate Dean that:

- Patient care and/or safety is jeopardized
- There is substance abuse,
- There is inappropriate patient/physician interaction,
- There is unethical behaviour,
- There is unprofessional conduct

12.2 The PGME office must advise hospital administration and The College of Physicians Surgeon of Ontario, and either the Royal College of Physicians and Surgeons or the College of Family Physicians of Canada when a resident is required to withdraw

### **13.0 Appeals Process**

13.1 Appeals concerning the service component and other areas as outlined in the PARO-CAHO contract should be directed through the Professional Association of Residents of Ontario.

13.2 Avenues of appeal about academic decisions regarding the following situations:

- Unsatisfactory academic progress
  - Remediation
  - Repeat rotation
  - Probation
  - Annual promotion
  - Suspension
  - Requirement to withdraw
- are described in sections 15 through 17.

13.3 The grounds for appeal must be based on extenuating circumstances or procedural flaws. Academic judgments are not subject to appeal.

13.4 Route for Academic Appeal

13.4a There will be an emphasis on informal resolution.

13.4b The route of appeal should be to the entity above the decision maker.

13.4c The following are the entities to which appeals may be taken depending on the circumstances:

Level 1	RPC/delegate subcommittee (RC) or RAC (CFPC)
Level 2	Associate Dean, PGME, or delegate; Academic Review Board
Level 3	Dean, Faculty of Health Sciences or delegate; Postgraduate Tribunal

### **14.0 Notice of Appeal**

14.1 In proceeding with any routes of appeal, notice of appeal must be given to the appropriate person or group in writing within 15 business days of the decision that is being appealed.

14.2 The recipient of the notice of appeal must respond in writing within 15 business days of the receipt of the notice of appeal.

### **15.0 Appeal Process at Level 1**

- 15.1 Appeals from a requirement to repeat a rotation, follow a modified learning plan, complete a remediation or probationary period will be directed to RPC/delegate subcommittee (RC) or the RAC (CFPC)
- 15.2 The Level 1 appeal process will follow the guidelines attached as Schedule D.
- 15.3 The appeal will be heard in confidence by the RPC/delegate subcommittee (RC) or the RAC (CFPC)
- 15.4 The resident may be accompanied by an advisor and/or support person.
- 15.5 The RPC/delegate subcommittee (RC) or the RAC (CFPC) may grant or deny the appeal with or without conditions.

### **16.0 Appeal Process at Level 2**

- 16.1 The Associate Dean, PGME, will convene the Academic Review Board (ARB): (a) upon receipt of a written appeal from a resident from a decision of the RPC/delegate subcommittee (RC) or the RAC (CFPC); or, (b) when a resident is suspended.
- 16.2 The Level 2 appeal process will follow the Rules of Procedure attached as Schedule E.
- 16.3 The appeal will be heard in confidence by the ARB.
- 16.4 The resident may be accompanied by an advisor and/or support person.
- 16.5 The ARB makes a recommendation to the Associate Dean, PGME about whether to deny or grant the appeal with or without conditions. The Associate Dean makes the final decision.

### **17.0 Appeals Process at Level 3**

- 17.1 A resident may submit a Level 3 appeal to the Dean, Faculty of Health Sciences, from a decision of the Associate Dean, PGME denying a Level 2 appeal or decisions of the Associate Dean, PGME. The resident must submit the appeal within 15 business days after being advised of the Level 2 decision or the decision of the Associate Dean, PGME.
- 17.2 The Dean shall arrange for a final hearing to be held in accordance with the Postgraduate Tribunal (the Tribunal) procedures. The rules governing a Level 3 appeal and the jurisdiction and composition of the Tribunal are attached as Schedule F.
- 17.3 The Tribunal shall make one of the following decisions:
  - To grant the appeal in whole or in part, with or without conditions;
  - To deny the appeal

### **18.0 Access to Documents**

- 18.1 At all levels of appeal, the decision makers will have access to the resident's file, performance information, and other relevant documents and reports including without limitation:
  - The College of Physicians and Surgeons of Ontario-Licensing Standards,
  - The Royal College of Physicians and Surgeons of Canada-Standards of Accreditation,
  - The College of Family Physicians of Canada – Standards of Accreditation,
  - etc.

### **19.0 Policy Approval and Renewal**

This document will be reviewed as required and proposed revisions must be presented to the following bodies for approval:

- Postgraduate Medical Education Committee
- The School of Medicine Academic Council
- Faculty Board for the Faculty of Health Sciences



## Remediation Plan

*School of Medicine, Queen's University*

This remediation plan shall be completed by the Program Director in consultation with Residency Program Committee for residents identified as in need of remediation.

It is recommended that Dr. \_\_\_\_\_, a PGY \_\_, resident in \_\_\_\_\_ (name of program) follow a program of remediation for a period of \_\_\_\_\_ (length), to begin \_\_\_\_\_ and end \_\_\_\_\_ (dates).  
 The need for remediation was identified during the \_\_\_\_\_ rotation (s) beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (dates) at \_\_\_\_\_ (location).

☐ This is an interim plan until reviewed by the Education Advisory Board (EAB). Further revisions of this plan may be required based on EAB recommendations.

**Additional Background:** (domain specific, independent remediation need)

**Defined Needs:** The following specific areas of weaknesses have been identified:

Identified areas of weaknesses
1)
2)
3)

*(Add more as required)*

**Define Objectives:** The following objectives have been defined for the purpose of remediation:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

*(Add more as required)*

**Methods of intervention:** During the remediation period, Dr. \_\_\_\_\_ must: (indicate all that apply)

1) Follow a structured reading program in the area of \_\_\_\_\_, paying particular attention to the following (Check all that apply.)

☐ Basic science      ☐ Clinical presentation

☐ Pathophysiology      ☐ Therapeutics

☐ Management and approach      ☐ Evidence based medicine

☐ Other: (e.g. increased protected time) \_\_\_\_\_

Reading should be done from the following sources: \_\_\_\_\_

2) Improve clinical performance by: (e.g. increased time on rotation, individualized observation and feedback, simulations, additional clinics, standardized patients), *please specify*:  
\_\_\_\_\_

3) Follow remedial program (e.g. communication skills, skills training), *please specify*:  
\_\_\_\_\_

4) Counseling recommended (e.g. A commitment to meet with the Director of Resident Affairs and to participate in any recommended assessments or treatments to try to address these concerns)  
\_\_\_\_\_

5) Other: (e.g. leave of absence, suspension, please specify) \_\_\_\_\_  
\_\_\_\_\_

### **Monitoring schedule:**

#### **1) Mentor/Academic Advisor** (not involved in assessing resident's performance)

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_  
(specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.

#### **2) Supervisor**

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_  
(specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing objectives.

#### **3) Program Director**

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_  
(specify: weekly, biweekly, monthly) during the remediation period to discuss progress and ongoing

objectives.

### Documentation of Monitoring Meetings

The following meeting template (*or reasonable equivalent*) will be used to document all meetings:

(a) Date:
(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director
(c) Other, Please specify _____
(d) In attendance:
(e) Focus of discussion:
(f) Outcomes/plan:

- Residents should be encouraged to document all meetings, and this record should subsequently be reviewed with, and approved by, all meeting attendee(s)
- The presence of a third party is **recommended**

### Documented Outcomes:

Successful remediation will require Dr. \_\_\_\_\_ (resident) to meet listed objectives to the defined level of performance:

Expected level of performance	Sources of Evidence (Assessment strategies)
Objectives: as listed above  Defined expectations in keeping with resident's year in program. (Describe what that looks like)	e.g. Documented direct observations, Multisource feedback data, Practice examination, OSCEs, etc.

**The Residency Program Committee will review all relevant documentation to determine the outcome of the remediation period.**

**I understand the following about the remediation program:**

- ☐ The identified areas to be remediated
- ☐ The expected level of performance on remediation objectives
- ☐ The nature of the remedial program
- ☐ The time frame of the remedial program
- ☐ The assessment techniques to be used
- ☐ The consequences of a successful/failed remediation period
- ☐ I have been given the chance to clarify all components of this *remediation plan*.
- ☐ I have access to an independent mentor and I know how to reach him/her

The document *Assessment, Promotion and Appeals* is on the Queen's University School of Medicine Postgraduate Website and available as a reference

<http://meds.queensu.ca/education/postgraduate/policies/apa/assessment>

Of note, Section 9 of the *Assessment, Promotion and Appeals* policy details the process for a successful or not successful remediation period.

Links to Resident Health and Wellness Resources are available here:

<http://meds.queensu.ca/education/postgraduate/wellness/resources>

- ☐ I have been made aware of this document
- ☐ I have been made aware that further revisions of this plan may be required based on EAB recommendations.

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Resident/date

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Program Director/date



SCHEDULE B: PROBATION TEMPLATE

## Probationary Plan

*School of Medicine, Queen's University*

This probationary plan shall be prepared by the Program Director in consultation with Residency Program Committee (RPC).

It is recommended that Dr. \_\_\_\_\_, a PGY \_\_, a resident in \_\_\_\_\_ (name of program) participate in a probationary period for a period of \_\_\_\_\_ (length), to begin \_\_\_\_\_ and end \_\_\_\_\_ (dates).  
The need for probation was identified during the \_\_\_\_\_ rotation (s) beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (dates) at \_\_\_\_\_ (location).

- ☐ This is an interim plan until reviewed by the Education Advisory Board (EAB). Further revisions of this plan may be required based on EAB recommendations.

**Rationale:** This probationary plan has been established with the understanding that it is not in keeping with the role of a \_\_\_\_\_ (name of program) resident to:

**Events leading to probation:**

1)
2)
3)

**Define Objectives:** The following objectives have been defined for the purpose of this probationary period:

1)
2)
3)

**Methods of intervention:** During the probation period, Dr. \_\_\_\_\_ must: (indicate all that apply)

- 1) Follow a structured reading program in the area of \_\_\_\_\_, paying particular attention to the following (Check all that apply.)

- ☐ Basic science      ☐ Clinical presentation  
☐ Pathophysiology      ☐ Therapeutics  
☐ Management and approach      ☐ Evidence based medicine  
☐ Other: (e.g. increased protected time) \_\_\_\_\_

Reading should be done from the following sources: \_\_\_\_\_

- 2) Improve clinical performance by: (e.g. increased time on rotation, individualized observation and feedback, simulations, additional clinics, standardized patients), *please specify*:

\_\_\_\_\_

- 3) Follow remedial program (e.g. communication skills, skills training), *please specify*:

\_\_\_\_\_

- 4) Counseling recommended

\_\_\_\_\_

- 5) Other: (e.g. leave of absence, suspension, please specify) \_\_\_\_\_

\_\_\_\_\_

**Monitoring schedule:**

**1) Mentor/Academic Advisor** (not involved in assessing resident's performance)

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_ (specify: weekly, biweekly, monthly) during the probation period to discuss progress and ongoing objectives.

**2) Supervisor**

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_ (specify: weekly, biweekly, monthly) during the probation period to discuss progress and ongoing objectives.

**3) Program Director**

Dr. \_\_\_\_\_ (resident) will meet with Dr. \_\_\_\_\_ at intervals of \_\_\_\_\_ (specify: weekly, biweekly, monthly) during the probation period to discuss progress and ongoing

objectives.

### Documentation of Monitoring Meetings

The following meeting template (or reasonable equivalent) will be used to document all meetings:

(a) Date:
(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director
(c) Other, Please specify _____
(d) In attendance:
(e) Focus of discussion:
(f) Outcomes/plan:

- Residents should be encouraged to document all meetings, and this record should subsequently be reviewed with, and approved by, all meeting attendee(s)
- The presence of a third party is recommended

### Documented Outcomes:

Successful probation will require Dr. \_\_\_\_\_ to meet listed objectives to the defined level of performance:

Expected level of performance	Sources of Evidence (Assessment strategies)
Objectives: as listed above  Defined expectations in keeping with resident's year in program. (Describe what that looks like)	e.g. Documented direct observations, Multisource feedback data, Examination results, etc.

**The Residency Program Committee will review all relevant documentation to determine the outcome of the probationary period.**

**I understand the following about the probationary program:**

- ☐ The identified weaknesses
- ☐ The expected level of performance on probation objectives
- ☐ The nature of the probationary program
- ☐ The time frame of the probationary program
- ☐ The evaluation techniques to be used
- ☐ The consequences of a successful/failed probation period
- ☐ I have been given the chance to clarify all components of this *probationary plan*.
- ☐ I have access to an independent mentor and I know how to reach him/her

The document *Assessment, Promotion and Appeals* is on the Queen's University School of Medicine Postgraduate Website and available as a reference

<http://meds.queensu.ca/education/postgraduate/policies/apa/assessment>

Of note, Section 10 of the *Assessment, Promotion and Appeals* policy details the processes for successful and unsuccessful probationary period.

Links to Resident Health and Wellness Resources are available here:

<http://meds.queensu.ca/education/postgraduate/wellness/resources>

- ☐ I have been made aware of this document
- ☐ I have been made aware that further revisions of this plan may be required based on EAB recommendations.

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Resident/date

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Program Director/date



**School of Medicine  
Postgraduate Medical Education  
Education Advisory Board: Terms of Reference**

**A. Mandate:**

The Education Advisory Board (EAB) is a special committee convened by the Associate Dean, Postgraduate Medical Education (PGME), responsible for assisting programs with academic planning for residents in need.

**B. Policy References:**

Queen's Postgraduate Residency Program "Assessment, Promotion and Appeals Policy".

**C. Major Responsibilities:**

The EAB:

- is advisory to Residency Programs and the Associate Dean, PGME in addressing residents in academic difficulty.
- **must** review all remediation and probation plans for residents in academic difficulty.
- will review and provide recommendations relating to:
  - (a) the process by which the need for remediation or probation was determined, and
  - (b) the quality of the proposed remediation or probation plan.

**D. Access to Information:**

In all cases, members of EAB will have access to residents' files, including all performance information, other relevant documents and reports including without limitation assessments/recommendations of an independent process or board, such as the Academic Review Board (ARB).

All documents will be uploaded into the password protected EAB MEDTech community.

**E. Membership:**

Chair: Director of Assessment and Evaluation, PGME (Ex Officio member)  
Director of Resident Affairs (Ex Officio member)  
Faculty Panel (minimum of six faculty members)  
Postgraduate Residents (Five)

- The committee should strive to include faculty and resident representation from a broad selection of specialties.

- Program recommendations for faculty and resident membership will be sought by the Chair in consultation with the Associate Dean PGME.
- Membership will be reviewed, and members appointed, by the Associate Dean, PGME in consultation with the Vice-Dean Education.

## **F. Functions:**

### **Annual Review and Orientation Process**

An annual meeting will be held each year. The focus of the annual meeting will be to provide opportunity to:

- Review EAB overall functionality and Terms of Reference
- Share lessons learned during the preceding year
- Orient in-coming members

### **Individual Case Reviews**

- Working Groups function as a distributed network communicating by email.
- Working Groups will assume responsibility for reviewing individual cases.
- Working Group members will review case documentation, complete, and submit case review templates.
- The Chair assumes responsibility for writing case reports.
- Case reports are advisory to the Associate Dean, PGME and Residency Programs.
- The Chair may approve an amended remediation/probation plan submitted by a program or send it back for further review.

### ***Working Group composition***

- Chair - Director of Assessment and Evaluation, PGME
- Director of Resident Affairs
- 2 members of the Faculty panel
- 1 postgraduate resident

## **G. Responsibilities:**

### **Chair:**

- Chair annual meeting
- Prepare individual case reports
- Submit an annual report to the Associate Dean PGME

### **Director of Resident Affairs:**

Attend annual committee meeting

Read pre-circulated material

Participate in all working groups, including:

- Reviewing case documentation
- Providing feedback on proposed remediation/probation plans, including a focus on how the plan relates to potential health issues and resident wellness supports

### **Responsibilities of Members:**

Attend annual committee meeting

Read pre-circulated material

Participate in working groups as required, including:

- Reviewing case documentation
- Providing feedback on proposed remediation/probation plans

### **Term of Membership:**

1) Faculty membership

- All faculty members will normally commit to a full three-year term, renewable.
- Membership should be staggered to ensure a regular turnover.

2) Resident membership

- Postgraduate residents will commit to a one-year term, renewable for additional terms.

3) Ex Officio membership: Permanent members of the committee

### **H. Frequency and Duration of Meetings:**

Annually, and at the call of the Chair.

### **I. Quorum:**

A majority of members

### **J. Decision-Making:**

- As an advisory committee to the Associate Dean, the EAB may submit recommendations for consideration by the Associate Dean, PGME.
- The committee is encouraged to reach consensus on recommendations made to the Associate Dean, but may vote should consensus not be reached.
- Case reports are advisory to the Associate Dean, PGME and Residency Programs.

### **K. Conflict of Interest:**

An EAB member **must** declare a potential conflict of interest with any case presented for his/her review. Faculty panel and resident members concerns must be disclosed to the Chair, who will determine an appropriate course of action.

Potential conflicts of interest **could** include, but are not limited to:

- Any EAB member's close personal relationships with a resident under review,
- Clinical teacher or resident directly involved in a rotation/learning experience of concern.

**L. Confidentiality:**

All documents and files reviewed and prepared by the EAB are confidential.

**M. Administrative Support:**

Administrative support (secretarial) will be provided by the PGME Office.

Tasks will include but are not limited to:

- Uploading all relevant documents for individual cases into the EAB MEdTech community.
- Documenting minutes of annual meetings.
- Tracking responsibility of EAB members by case and types of remediation/probation issues.

**N. Agendas & Minutes:**

- Agendas and meeting minutes will be uploaded into the EAB MEdTech community by the recording secretary.
- Agenda and minutes will be stored in the EAB password protected MEdTech community with access restricted to Board members.

**O. Reporting Relationship:**

Case Reports:

- Submitted to the Associate Dean, PGME, and individual Residency Programs and uploaded to EAB Committee's MEdTech community.

Annual Report to the Associate Dean, PGME:

- Outlining the number and nature of cases reviewed and types of recommendations made.
- Recommendations for enhanced committee functionality as necessary.

**P. Evaluation:**

Terms of reference will be formally reviewed by the EAB on an annual basis, normally during the Annual meeting as required. Recommended changes will be submitted to the Associate Dean, PGME for review.

## 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 thoroughly reviewed. 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 seriously consider what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and thus 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 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, and 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 willingly support it.

**School of Medicine  
Postgraduate Medical Education  
Level 1 Appeals - Procedural Guidelines**

1. A Resident appealing to the Residency Program Committee (RPC) or delegate subcommittee must file the appeal in writing explaining the reasons for the appeal and the remedy sought 15 business days after the decision being appealed. The appeal should be based on procedural grounds or extenuating circumstances. Academic judgements are not subject to appeal.
2. In advance of the hearing, the Resident may file with the RPC or delegate subcommittee documents that are relevant to the appeal.
3. The RPC or delegate subcommittee will give the individual whose decision is being appealed (the decision maker) notice of the appeal and forward any documents received from the Resident to the decision maker. The decision maker will be asked to provide a response and all relevant documentation.
4. The RPC or delegate subcommittee will set a date for the hearing as soon as reasonably possible. Any RPC or delegate subcommittee member who is unable to be present for the entire hearing may not participate in the final decision.
5. The Resident and the decision maker will be invited to appear before the RPC or delegate subcommittee to make submissions. The Resident may be accompanied by an advisor and/or support person; however it is expected that the Resident will present her or his case and be prepared to respond to questions from the members of the RPC or delegate subcommittee.
6. After hearing first from the Resident, the RPC or delegate subcommittee will ask the decision maker to make submissions in response. The Resident will then be given the opportunity to reply to any new issues raised by the decision maker.
7. The members of the RPC or delegate subcommittee may ask questions of the Resident and the decision maker and may ask for additional information to assist in understanding all the issues.
8. After the hearing, the RPC or delegate subcommittee will meet in camera and render a decision. The decision and the reasons for the decision will be delivered to the Resident and the decision maker.
9. The RPC or delegate subcommittee must advise the Associate Dean, Postgraduate Medical Education of the outcome of the appeal.

**School of Medicine**  
**Postgraduate Medical Education: Level 2 Appeals**  
**Academic Review Board: Rules of Procedure**

**Academic Review Board function**

The Academic Review Board (ARB) is a special committee convened by the Associate Dean, Postgraduate Medical Education (PGME) to hear Level 2 appeals from a postgraduate medical student or an International Medical Graduate in the Assessment Verification Period (hereafter referred to as “residents” or “appellants”) from the decision of a Residency Program Committee (RPC) or delegate subcommittee or a requirement to withdraw for academic reasons. The ARB makes a formal recommendation to the Associate Dean, Postgraduate Medical Education about whether to deny or grant the appeal with or without conditions.

The ARB also conducts investigations under section 10.

**Academic Review Board Membership**

Membership of the ARB, including the designation of chair status is recommended by the Associate Dean, Postgraduate Medical Education and approved by the Vice-Dean Education on a case-by-case basis. All proposed members must be from outside the residency program of the appellant.

The ARB will normally consist of no less than three members including:

- A Designated Chair
- One faculty member
- One resident

**Note:** This number may be expanded at the discretion of the Associate Dean, PGME in consultation with the Vice-Dean Education should circumstances warrant.

Administrative support (secretarial) will be provided by the Postgraduate Medical Education Office.

**Procedure for an Investigation**

1. In the event of an investigation, pursuant to section 12.2.2, the Associate Dean, PGME, convenes the Academic Review Board (ARB) to conduct an investigation, which will include a review of the Resident’s academic file, interviews with anyone with information relevant to the investigation, meetings with the Program Directors and Resident to discuss the concerns.
2. All material before the ARB in an investigation will be made available to the Program Director and the Resident in advance of their meeting time with the ARB.

3. The ARB will commence the investigation as soon as reasonably possible.
4. The Resident may have an advisory and/or support person (e.g., PARO representative, or legal counsel) present, but the Resident is expected to address the questions of the ARB.
5. The ARB will make a recommendation to the Associate Dean about the ongoing status of the trainee in the program, which may include: (a) maintaining the suspension with or without conditions; (b) removing the suspension with or without conditions; or, (c) recommending that the Resident be required to withdraw.

### **Procedure for an Appeal**

1. A Resident appealing to the ARB must file the appeal in writing explaining the reasons for the appeal and the remedy sought 15 business days after the decision being appealed. The appeal should be based on procedural grounds or extenuating circumstances. Academic judgements are not subject to appeal.
2. In advance of the hearing, the Resident may file with the ARB documents that are relevant to the appeal.
3. The ARB will give the individual whose decision is being appealed (the decision maker) notice of the appeal and forward any documents received from the Resident to the decision maker. The decision maker will be asked to provide a response and all relevant documentation.
4. The ARB will set a date for the hearing as soon as reasonably possible. Any ARB member who is unable to be present for the entire hearing may not participate in the final decision.
5. The Resident, the decision maker, and other relevant witnesses will be invited to appear before the ARB to make submissions. The Resident may be accompanied by a representative and/or support person; however it is expected that the Resident will be prepared to respond to questions from members of the ARB.
6. After hearing first from the Resident, the ARB will ask the decision maker to make submissions in response. The Resident will then be given the opportunity to reply to any new issues raised by the decision maker.
7. The members of the ARB may ask questions of the Resident, the decision maker, and witnesses and may ask for additional information to assist in understanding all the issues.
8. After the hearing, the ARB will meet in camera and render a formal recommendation. The recommendation and the reasons for the recommendation will be delivered to the Associate Dean, PGME.
9. The Associate Dean, PGME will render a final decision and notify the Resident and decision maker of the outcome. In the event that the Associate Dean, PGME, has concerns about the recommendation of the ARB and is considering not adopting the recommendation(s), the



Associate Dean, PGME, will advise the Resident of the concerns (in writing) and provide the Resident with an opportunity to respond (in writing, within 10 business days) prior to the final decision being rendered.

**School of Medicine**  
**Postgraduate Medical Education: Level 3 Appeals**  
**Postgraduate Tribunal: Rules of Procedure**

**1. Postgraduate Tribunal Function:**

To hear appeals from a postgraduate medical student or an International Medical Graduate in the Assessment Verification Period (hereafter referred to as “residents” or “appellants”) from a decision suspending the resident or requiring the resident to withdraw, or from a decision of the Associate Dean, Postgraduate Medical Education (PGME), based on extenuating circumstances or procedural grounds. The Postgraduate Tribunal (the Tribunal) has no jurisdiction over academic judgements. The decision of the Tribunal is final. A resident does not have access to the University Student Appeal Board of the University Senate.

**2. Tribunal Membership**

(a) The Tribunal membership shall consist of:

- A Chair: To be appointed for a one year renewable term by the School of Medicine Academic Council from among the Faculty Panel.
- A Faculty Panel: Seven faculty members who are experienced in the training of postgraduate medical resident, appointed by School of Medicine Academic Council for staggered three-year terms. The faculty members may or may not be Program Directors. No residency program shall have more than two representatives on the Panel.
- A Resident Panel: Three postgraduate medical residents, appointed by School of Medicine Academic Council for one-year terms, renewable. No residency program shall have more than one postgraduate resident representative on the Panel.

The Tribunal will be assisted by legal counsel and a secretary.

- (b) For each hearing the Tribunal shall consist of three members; the Chair, one faculty member from the membership of the Faculty Panel (from outside of the discipline of the appellant) and one postgraduate medical resident from the membership of the Student Panel (also from outside the residency program of the appellant) selected by the Dean of the School of Medicine.
- (c) Members must recuse themselves and will be replaced if they have been involved in supervising or evaluating the appellant or are from the appellant’s residency program.

**3. Starting an Appeal – Time Limits**

- (a) A resident may, within 15 business days of the decision complained of, appeal to the Tribunal. Failure to adhere to the time limits may prevent the resident from pursuing the matter further.
- (b) The Chair may extend or abridge this and other time limits established in these rules if, upon a written application by the requesting party, a satisfactory reason is provided for the delay and there is no undue prejudice to the other party. Normally time limits will be extended during holiday periods.

#### **4. Parties**

Parties to every resident appeal shall include:

- (a) The resident who is appealing (the appellant); and
- (b) A respondent, who shall be the Associate Dean, PGME.

#### **5. Right to Representation and Assistance**

An appellant is encouraged to seek the assistance of an advisor or any other person, including legal counsel.

#### **6. Procedure**

- (a) An appeal to the Tribunal is commenced by filing a Notice of Appeal (Form A) with the Tribunal Secretary (the Secretary), with all supporting documentation, including a copy of the decision being appealed, the underlying facts, the precise grounds of the appeal, the specific remedy sought, all documents upon which the appellant intends to rely (e.g., case law), a list of witnesses that the appellant intends to call, the name of appellant's counsel, if any, and the appellant's current contact information.
- (b) The respondent shall be provided with a copy of the Notice of Appeal by the Secretary and shall have 15 business days from the date of receipt to file a Response (Form B) which will include all documents upon which the respondent intends to rely (e.g., case law), a list of witnesses to be called, and the name of respondent's counsel if any.
- (c) Any submissions about preliminary matters such as jurisdiction or summary dismissal shall be raised at this time.
- (d) The Secretary shall provide the appellant with a copy of the Response.
- (e) No matter shall be placed before the Tribunal unless the appellant has filed, to the satisfaction of the Secretary, the appeal documents described above. The Secretary shall notify the appellant of any deficiencies in the appeal documents, and if these deficiencies are not corrected within the timeframe specified by the Secretary, the appeal may be disallowed for lack of completeness or for non-compliance with procedures. In the event that the Secretary is unable to contact the appellant at the last known address, the appeal shall be considered withdrawn.

#### **7. Convening the Tribunal**

The Chair shall convene the Tribunal within 5 business days after the filing of the Response, or as soon thereafter as is possible, to examine the documents and to determine whether any additional information may be required. If the Tribunal requires additional information, it may request that the parties supplement their submissions or provide additional documents. The Tribunal shall have access to the resident's file, containing written evaluation reports, ITERs, relevant School of Medicine documents and other material, including without limitation,

- College of Physicians and Surgeons of Ontario-Licensing Standards.
- Royal College of Physicians and Surgeons of Canada-Standards of Accreditation
- College of Family Physicians of Canada-Standards of Accreditation
- Objectives of Training and training requirements for individual programs
- CMA Code of Ethics.
- Regulated Health Professions Act.
- The Medicine Act.
- The PARO-CAHO contract.

## **8. Disclosure**

The Secretary will forward to all parties every document that is before the Tribunal.

## **9. Delivery of Documents**

- a) Documents referred to in this document may be delivered personally or by mail, fax, or email.
- b) An appellant shall provide the Secretary with the following information:
  - (i) a full residential and mailing address;
  - (ii) an email address; and
  - (iii) a home telephone number.
- c) The appellant shall ensure that the information provided is current and accurate at all times until the appeal is finally disposed of. The appellant shall immediately notify the Secretary in writing of any change in this information.
- d) If the document is sent by regular mail, it shall be sent to the latest mailing address provided by the appellant and shall be deemed to be received by the party on the fifth business day after it was mailed.
- e) If the document is sent by fax or email, it shall be deemed to be received on the day after it was sent, unless that day is a holiday, in which case it shall be deemed to be received on the next day that is not a holiday.

## **10. Notice of Hearing**

The Secretary, on behalf of the Tribunal, shall give the parties reasonable notice of the hearing. A Notice of Hearing shall include:

a statement of the time, place and purpose of the hearing; and

a statement that if the party notified does not attend at the hearing, the Tribunal may proceed in the party's absence and the party will not be entitled to any further notice in the proceeding.

## **11. Alternate Dispute Resolution**

- a) The Chair may at any stage of the proceedings before a decision is rendered, recommend that the parties participate in an alternate dispute resolution process for the purpose of resolving the proceeding or an issue arising in the proceeding.
- b) If the parties agree to participate in an alternate dispute resolution process, they and the Chair must establish timelines for resolving the dispute, normally no longer than 20 business days. At any time during the dispute resolution process, or at the conclusion of the established timeline if the dispute remains unresolved, either party may request that the hearing resume.
- c) No person called upon as a mediator or otherwise appointed to facilitate the resolution of a dispute under this section shall be required to give testimony or produce documents in a proceeding before the Tribunal or in a civil proceeding with respect to matters that have come before her or him in the course of carrying out such duties.
- d) No mediation notes or document, which is produced for the purposes of resolving the dispute, will be disclosed in a proceeding before the Tribunal or in a civil matter.
- e) Both parties shall sign a confidentiality agreement in the form attached (Form C)

## **12. Dismissal of Appeal Without Hearing**

- a) The Tribunal may, on its own motion, dismiss a case after a review of the documents filed and without hearing from the parties if:
  - (i) The Chair determines that the Tribunal does not have jurisdiction;
  - (ii) The Tribunal determines that the appeal is clearly without merit or was commenced in bad faith; or
  - (iii) The appellant has not complied with the timelines or has failed to rectify a deficiency described in 6(e).
- b) The Tribunal shall notify the parties in writing that it is considering dismissing the appeal without a hearing for any of the reasons described in 12(a), and it shall set a date to hear submissions from the parties on the issue.
- c) If a party files a motion with supporting documentation requesting that the Tribunal dismiss the appeal without a hearing, the Tribunal will provide the other party with 10 business days within which to file a response to the motion and will schedule a hearing to hear the motion.
- (d) If a decision is made to dismiss an appeal without hearing, the Chair shall inform the parties in writing of the Tribunal's decision with reasons.

### **13. Attendance of Witnesses**

- (a) Witnesses are not expected to be sworn or affirmed.
- (b) The Tribunal has no power to compel any person to attend a hearing.

### **14. Hearings To Be Private**

Tribunal hearings are to be conducted in private. The Chair may direct who may or may not be present at any stage of a hearing.

### **15. Examination of Witnesses**

- (a) A party to a proceeding or their representative may,
  - (i) Call and examine witnesses and present evidence and submissions; and
  - (ii) Conduct cross-examinations of witnesses reasonably required for a full and fair disclosure of all matters relevant to the issues in the proceeding.
- (b) The Chair may reasonably limit examination or cross-examination of a witness when satisfied that the examination has been sufficient to disclose fully and fairly all matters relevant to the appeal, or that the questioning is irrelevant or abusive.

### **16. Adjournments**

- (a) If during the course of any hearing, the Tribunal decides that additional information is required in order to resolve the matter, the Chair may adjourn the hearing to permit the parties to bring forward such additional information or facts or to permit the Tribunal to obtain such additional information.
- (b) The Tribunal may decide to adjourn the hearing at the request of a party when it is satisfied that no party will be unduly prejudiced by the delay or that an injustice would occur if the hearing were to proceed.

### **17. Incapacity of Board Member**

If a member of a Tribunal who has participated in a hearing becomes unable, for any reason, to complete the hearing or to participate in the decision, the remaining members may complete the hearing and give a decision. In this event, if the decision of the Tribunal is not unanimous, a new Tribunal must be struck and the hearing re-commenced.

### **18. Powers of the Tribunal**

- (a) The Tribunal has the following powers:

- (i) To make preliminary or interim directions and procedural rulings concerning the conduct of the hearing, disclosure of documents and attendance of witnesses.
  - (ii) To direct any party to provide particulars or produce documents before or during a hearing.
  - (iii) To fix dates for the commencement and continuation of hearings.
  - (iv) To admit, in the interests of a fair and expeditious hearing, only evidence that is relevant.
  - (v) To admit evidence that would not be admissible in a court of law if it is determined that the evidence is relevant, reliable and its probative value outweighs any prejudice which its admission might produce.
  - (vi) To exclude evidence on the ground that it is unduly repetitious, irrelevant, or otherwise inadmissible, for example because of confidentiality or privacy concerns.
  - (vii) To determine rules of procedure what are just and equitable and intended to provide a fair and expeditious hearing
  - (viii) To uphold the appeal and grant the remedy sought by the appellant in whole or in part, including re-instatement in the Postgraduate Program, and fashion any remedy deemed just and reasonable in the circumstances;
  - (ix) Grant the appeal in part and require the appellant to complete a remediation plan developed by the Postgraduate Program prior to being permitted to continue in the Postgraduate Program
  - (x) To deny the appeal and require the appellant to withdraw
- (b) The Tribunal may not award financial compensation or costs to an appellant except for compensation for out-of-pocket (non-legal and non-medical) expenses that were incurred by the appellant as a direct result of the decision that was reversed on appeal.

## **19. Tribunal Decision**

The Tribunal shall render a decision with reasons as soon as reasonably possible following the conclusion of the hearing. The decision and the reasons shall be delivered to the appellant and the respondent(s).

## **20. Record of Proceeding**

- (a) The Secretary shall keep a record of all proceedings before the Tribunal which shall include:
  - (i) Any written documents filed by the parties;
  - (ii) Any interim orders made by the Tribunal;
  - (iii) The decision of the Tribunal and the reasons therefore.
- (b) The Secretary may make a tape recording of the proceedings for the purposes of aiding the Tribunal in its deliberations. If directed by the Chair, a transcript of the

hearing may be prepared. Ordinarily any tape that is made shall be erased or destroyed one year after the decision of the Tribunal is rendered.

- (c) Unless the preparation of a transcript is directed by the Chair, any party to a proceeding may, within one year from the date of the decision, make a written requisition of the Secretary for a transcript of all or part of the proceeding. Under no circumstances can this time limitation be extended.
- (d) A party requisitioning a transcript pursuant to subsection (c) shall be liable for the cost of its preparation calculated at an hourly rate on a strict cost-recovery basis. The requisition must be accompanied by a deposit in the amount of \$250.00, payable to "Queen's University", to be credited toward the final preparation cost.



## Notice of Appeal: Postgraduate Tribunal

<b>Appellant:</b>	Last name	First name	Student number
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<b>Respondent:</b>	Last name	First name
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<b>Decision under Appeal:</b>	Name of the decision-maker or chair of decision-making body	Name of the decision-maker's board or office	Date of decision
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<b>Appellant's Mailing Address:</b>		<b>Appellant's Residential Address: (If different):</b>	
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<b>Appellant's Principal Phone #:</b>		<b>Appellant's Alternate Phone #:</b>	
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<b>Appellant's Email:</b>		<b>Appellant's Fax #:</b>	
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**Indicate with a ✓ that the following REQUIRED documents are attached:**

- ☐ Statement of the Grounds of Appeal, the Underlying Facts and the Remedy Sought
- ☐ List of Relevant Documents (copies of all documents must also be attached)
- ☐ List of the Appellant's Potential Witnesses
- ☐ Name of Appellant's Counsel (if any)

**Indicate which of the s.18 power(s) listed here the Appellant REQUESTS the Board exercise in this appeal:**

- s.18(a)viii ☐
- s.18(a)ix ☐
- s.18(a)x ☐

<b>Date:</b>		<b>Signature:</b>	
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## Response: Postgraduate Tribunal

**Appellant:** Last name First name

**Respondent:** Last name First name

**Respondent's Department:** **Respondent's Building and Room #:**

**Respondent's Principal Phone #:** **Respondent's Alternate Phone #:**

**Respondent's Email:** **Respondent's Fax #:**

**Indicate with a ✓ that the following REQUIRED documents are attached:**

- ☐ Statement of the Underlying Facts and the Remedy Sought
- ☐ List of Relevant Documents (copies of all documents must also be attached)
- ☐ List of the Respondent's Potential Witnesses
- ☐ Name of Respondent's Counsel (if any)

**Indicate which of the s.18 power(s) listed here the Respondent OBJECTS to the Board exercising in this appeal:**

s.18(a)viii ☐  
s.18(a)ix ☐  
s.18(a)x ☐

**Date:** **Signature:**

## Confidentiality Agreement

In the matter of the mediation between \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_ (the appellant) and \_\_\_\_\_ (the respondent) have agreed to enter into mediation with the assistance of \_\_\_\_\_ (the Mediator) with the intent of resolving all issues raised in the Level 3 appeal and agree to the following:

1. The Mediator is an impartial intermediary whose role is to assist the parties in reaching a settlement and resolving the issues between them.
2. It is understood that any party may withdraw from the mediation at any time for any reason.
3. It is understood that the mediation will be strictly confidential. Mediation discussions, documents submitted during mediation, any draft resolutions or unsigned mediated agreements are without prejudice and shall not be admissible in any court, administrative or other contested hearings. The parties further acknowledge that the Mediator cannot be called to testify concerning the mediation nor to provide any materials from the mediation in any court or other contested proceeding between the parties.

Signed at the City of Kingston, Ontario on the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
(The appellant) (The respondent)

**Terms of Reference: Resident Advisory Committee**  
**A subcommittee of the Postgraduate Medical Education Committee**  
**School of Medicine**  
**Faculty of Health Sciences**  
**Queen's University**

**In collaboration with our affiliated teaching hospitals**

**Part I: Mandate and Responsibilities**

**A. Mandate:**

The transition to program management by the primary teaching hospitals has shifted how both policy and management decisions are made. Resident education and work environment are impacted by hospital management decisions. Engaging residents in decision-making processes within our affiliated institutions provides an opportunity to support the development of residents' skills as Managers, Collaborators and Communicators within the CanMEDS framework.

**B. Major Responsibilities**

The Resident Advisory Committee must:

1. Identify issues of concern to residents regarding hospital efficiency, patient-safety, and work environment in the affiliated teaching hospitals at Queen's University.
2. Identify solutions and provide recommendations to the appropriate administrative structures at Kingston Health Sciences Centre, and Providence Care.
3. Ensure there is a forum for sharing of best practices within and across the affiliated teaching hospitals.

**C. Access to Information:**

Members of the committee will have access to documents required to make informed decisions with respect to recommendations and guidance on policy and management issues.

## **Part II: Leadership & Membership**

### **D. Membership:**

Each representative must have an assigned delegate who will attend the meetings if the member is unable to attend. The name of the delegate must be provided to the Postgraduate Medical Education Office and the delegate will be copied on all communication.

- A Senior Resident from each of Kingston Health Sciences' Programs
  - Emergency (1)
  - Oncology (1)
  - Pediatrics (1)
  - Critical Care (1)
  - Obstetrics & Gynaecology (1)
  - Mental Health (1)
  - Cardiac (1)
  - Medicine (1)
  - Ophthalmology (1)
  - Perioperative Services (2)
    - Surgical
    - Anesthesia
- One PARO representative
- One Family Medicine Resident
- One Subspecialty Resident
- One Resident representing Providence Care
- One Resident representing Choosing Wisely Campaign
- One Program Director
- Director, Medical Affairs, Kingston Health Sciences Centre
- Director, Medical Administration, Providence Care
- Associate Dean, Postgraduate Medical Education

Standing subcommittee:

- Choosing Wisely Committee

### **E. Leadership:**

#### **Resident Advisory Committee**

The positions of Chair and Vice-Chair will be held by resident members.

#### **KHSC Joint Program Council**

Either the Chair or Vice-Chair must be a member of one of the nine joint program councils.

F. Term of Membership:

All members will be appointed bi -annually, and will have the option to renew on the recommendation of their program director.

The Chair and Vice-Chair will be elected annually and will have an option to renew for one additional term.

The past Chair and past Vice-Chair will be ex-officio members of the committee for one year.

G. Responsibilities of Members:

- Attend meetings
- Read pre-circulated material
- Participate in discussions
- Communicate committee activities to colleagues and report feedback at meetings
- Participate on other committees as required

***Part III: Meeting Procedures***

H. Frequency and Duration of Meetings:

- The Resident Advisory Committee meets at a minimum quarterly throughout the academic year (September to June).
- Additional meetings may be called at the discretion of the Chair.

I. Quorum:

- Minimum of 5 Members

J. Decision-Making:

- Committee members are encouraged to work towards consensus-based decision making (See Appendix 1)
- Motions will be passed by a majority vote

K. Conflict of Interest:

Members **must** declare conflict of interest to the Chair in advance who will determine an appropriate course of action.

#### **Part IV: Administrative Support & Communication**

##### **L. Administrative Support**

Provided by the Postgraduate Medical Education Office.

##### **M. Agendas & Minutes:**

- Agendas and Minutes to be distributed electronically to all members within 1 week of meetings.

##### **N. Reporting Relationship:**

- Resident Advisory Committee: Chair reports to PGMEC as required
- KHSC Joint Program Council: Chair or Vice-Chair (designated member) will report back at the monthly meeting.
- Providence Care: Designated representative reports as required

##### **O. Evaluation:**

Terms of reference to be formally reviewed by the KHSC Joint Program Council, Providence Care and the Postgraduate Medical Education Committee annually, and as required.

Revised - December 11, 2018 – **Approved at PGMEC meeting – December 13, 2018**

## 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 thoroughly reviewed. 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 seriously consider what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and thus 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 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, and 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 willingly support it.



## Undergraduate Curriculum Committee

### Terms of Reference

1. To ensure that the curriculum enables students to achieve the stated program goals.
2. To ensure the curriculum meets the standards for [program approval and accreditation](#), ~~set by the Canadian Associate School of Nursing.~~
3. To coordinate discussions with teaching teams in each year of the program to ensure consistency across the curriculum, avoid duplication of content, and ensure all courses contribute to the overall goals and standards of the [School of Nursing](#) ~~ON~~ undergraduate program.
4. To review proposed changes to course objectives and/or major areas of content in order to assess the impact of such changes on the curriculum.
5. [To conduct regular](#) ~~To monitor and utilize~~ curriculum evaluation.
6. To recommend curriculum changes to Academic Council.

### Membership

- Associate Director, Undergraduate Programs (Chair)
- Three faculty
- Two undergraduate students [\(one four-year track, one AST track\)](#).
- Ex-officio (non-voting)
  - [Health Sciences](#) Bracken Library representative
  - Invited guests

Revised: October 29, 2014

Approved at Academic Council, October 14, 2009, Faculty Board, Faculty of Health Sciences, May 13, 2010

Revised and approved at Academic Council November 5, 2014.

Revised and approved at Academic Council January 17, 2018, Faculty Board, Faculty of Health Sciences, February 15, 2018.

Revised and approved at Academic Council September 4, 2018.

# Queen's University, School of Nursing

## Student Awards Committee

### Preamble

The Student Awards Committee has oversight over undergraduate School of Nursing student awards. The Nursing graduate and Health Quality student awards will be managed by the Associate Director Graduate Nursing Programs (& the Nursing Graduate Program Committee), and the Associate Director Health Quality Programs (& the Health Quality Graduate Program Committee) as applicable. The Associate Directors will submit an annual report of graduate student awards in the Nursing and Health Quality programs to the Student Awards Committee for reporting purposes only by the end of ~~October~~ September each year.

### Terms of Reference

1. To review procedures for awards administered and/or recommended through the School of Nursing.
2. To develop terms of reference for new awards and recommend these to Academic Council.
3. To select potential recipients of undergraduate awards administered through the School of Nursing, in consultation with the Associate Director, Undergraduate Nursing Programs, when the criteria involve more than academic standing. \*
4. To notify the applicants of the result of undergraduate awards administered through the School of Nursing.
5. Student Liaisons. The Committee will maintain a liaison to the Nursing Science Society (NSS) to promote availability and procedure for award application. This is achieved via the membership of one upper level NSS executive member undergraduate student.
6. External Liaisons. The Committee will maintain a liaison with the Faculty of Health Sciences Development Officer, and with the Student Awards Office.
7. To report to Academic Council the recipients of the awards administered and/or recommended through the School of Nursing for both undergraduate and graduate awards.
8. To submit to Academic Council an annual report on the business of the Committee.
9. Databases. To create and maintain a database of all undergraduate nursing awards to facilitate, including but not exclusive to, review of available funds and application

deadlines.

10. To annually review the undergraduate awards section in the School of Nursing Calendar and School of Nursing website annually for revisions or changes.

\*Awards will be treated as confidential and only faculty will participate in the selection process.

### Membership

Three faculty members, one upper level NSS executive member undergraduate student, one Undergraduate Program Coordinator, and the Coordinator, Technology & Instructional Design.

### Special Procedures

Minutes are confidential unless they relate to policy discussion.

If an agenda item is confidential and should be discussed in Closed Session, students shall leave the meeting unless requested by the Chair to remain.

Approved at Academic Council, May 8, 2013, effective immediately.

Revisions approved at Academic Council January 17, 2018, Faculty Board, Faculty of Health Sciences, February 15, 2018.

[Revisions approved at Academic Council September 4, 2018.](#)

## **Undergraduate Student Academic Progress and Graduation Committee School of Nursing**

### Terms of Reference

1. To act as the delegated authority of the Academic Council as approved by Faculty Board of Faculty of Health Sciences in all matters directed by the terms of reference.
2. To review the grades and progress for all students and determine those students who have met requirements for promotion and those who will be placed on academic probation or required to withdraw from the School of Nursing.
3. To consider records of students struggling academically borderline or failing students and make recommendations to students to seek counsel from the Undergraduate Academic Advisor about policies, procedures and resources available to students.
4. To report to Academic Council at the end of Fall, Winter, and Summer terms on academic progress of students.
5. To **recommend to Faculty Board, Faculty of Health Sciences**, students for graduation, graduation with honours, the University Medal in Nursing and the Governor General's Academic Medal nominee.
6. To identify recipients of awards and scholarships based on academic performance.
7. To report to the Administrative Assistant, School of Nursing, who notifies the University Registrar (Student Awards) on recipients of academic scholarships and awards.
8. To review student appeals as outlined in Academic Regulation 22 "Procedures for review of student progress and appeal processes" with respect to procedure, progression and graduation (approved Faculty of Health Sciences Faculty Board, April 7, 2005; **amended by Academic Council, April 2011**).

### Membership

Three to four faculty members from Queen's University will be members of the committee. One undergraduate student will attend meetings of the Committee for policy discussions. The student may also be in attendance and participate in discussion and decision-making regarding student appeals when the presenting student has knowledge of, and has given

permission for the inclusion of the student member. The student member will be excluded from such discussion when permission has not been obtained. The student member will not attend when academic progress of students is discussed or academic award recipients are identified.

### Special Procedures

Minutes of meetings are confidential except when they pertain only to policy discussions.

### Closed Sessions

If an agenda item is confidential and should be discussed in Closed Session, visitors shall leave the meeting unless requested by the Chair to remain.

If the confidential item pertains to a student matter, the student members of the Council shall leave the meeting, unless the student whose status is under review requests that the student members of the Academic Council be present during the discussion of her or his record. All discussions and decisions arising from such discussions are considered confidential.

Once approved, send degree lists to Senate Committee on Academic Procedures (SCAP) and the Secretary to the Faculty of Health Sciences (facsec@meds.queensu.ca) by the designated date.

Once approved, send scholarship and awards list to the Office of the University Registrar Student Awards and the Secretary to the Faculty of Health Sciences (facsec@meds.queensu.ca) by the designated date.

Motions must be preceded by “On the delegated authority of Faculty Board” and must also delegate authority to the Dean to add to the list any additional students who have completed the requirement up to and prior to convocation.

Sample Motions:

On the delegated authority of Faculty Board, the Undergraduate Student Academic Progress and Graduation Committee, School of Nursing has approved the students whose names appear on the degree list to be granted standing and would like to submit to Senate for the granting of the degree of Bachelor of Nursing Science with Honours.

On the delegated authority of Faculty Board, the Undergraduate Student Academic Progress and Graduation Committee, School of Nursing has approved the students whose names appear on the degree list to be granted standing and would like to submit to Senate for the granting of the degree of Bachelor of Nursing Science.

That the Dean of Health Sciences be authorized to add to the degree list the names of additional students who complete the BNSc requirements prior to convocation.

That the Dean of Health Sciences be authorized to put forward to Senate for Fall Convocation the names of students who do not complete the BNSc requirements prior to the Spring Convocation but who complete the requirements prior to the Fall Convocation.

On the delegated authority of Faculty Board, the Undergraduate Student Academic Progress and Graduation Committee, School of Nursing has approved and would like to submit the list of students receiving scholarships and prizes.

That the Dean of Health Sciences be authorized to add additional names of students to the prize list as nominations are received.



## Queen's University School of Nursing

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Structure, Function and Procedures of the School of Nursing Academic Council

March 17, 1999  
Approved at Faculty Board, Health Sciences, May 6, 1999

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## Academic Council

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### 1. Purpose

The School of Nursing Academic Council meets to administer the academic affairs of the School under ~~such authority regulations of the following: the Senate of Queen's University, as the the Board of Trustees , the Queen's University School of Graduate Studies, and~~ Faculty Board, Faculty of Health Sciences, ~~University Senate, and the Board of Trustees may prescribe.~~

### 2. Functions

- (2.1) To determine the principles, policies and priorities for the academic development of the School's programs.
- (2.2) To recommend to the Faculty Board, Faculty of Health Sciences or School of Graduate Studies, programs of study leading to the degrees, diplomas or certificates, the requirements for admission and the qualifications and standards required for completion of these programs.
- (2.3) To receive regular reports and consider recommendations from Standing Committees, Special Committees and Task Groups of Academic Council.
- (2.4) To approve policies governing class, laboratory, clinical and research fieldwork and, examinations.
- (2.5) To act on the delegated authority of Faculty Board, Faculty of Health Sciences ~~about with respect to~~ promotion, standing, supplemental privileges, the repeating of a portion of the program and the requirement to withdraw.
- (2.6) To recommend to the Faculty Board, Faculty of Health Sciences, the names of undergraduate degree ~~or certificate~~ candidates, those graduating with Honours distinction and the recipient of the University Medal in Nursing and the Governor General's Academic Medal nominee.
- (2.7) To recommend to the Faculty Board, Faculty of Health Sciences, terms of reference for new permanent scholarships, medals and prizes for students in the School of Nursing.
- (2.8) To set the policy ~~of regarding~~ non-academic discipline within the academic setting, academic dishonesty and the professional conduct of students, in conformity with University policy and the guidelines of the College of Nurses of Ontario.

(2.9) To approve and recommend to the Senate Committee on Academic Procedures (SCAP) the Sessional Dates for Undergraduate Nursing Programs.

**Commented [AM1]:** Should the degree and awards lists be approved at Academic Council

### 3. Composition

Members of the School of Nursing Academic Council shall consist of the Director, all tenured, tenure-track and renewable [term](#) adjunct faculty members, [one term adjunct faculty member](#), [the Clinical Outreach Services Librarian](#), the President ~~and Vice-President~~ of the Nursing Science Society, ~~the student Senator~~, the Presidents of each undergraduate class, ~~one~~ graduate student [representative](#), and ~~one~~ staff member. The [Dean, Vice-Principal-Faculty of \(Health Sciences\)](#) or delegate shall be an *ex-officio* member.

The [Vice-Dean \(Faculty of Health Sciences\)](#) and Director of the School of Nursing shall be the Chair. The chair will prepare the agenda, conduct the meetings and follow-up on decisions. ~~The A-Vice-Chair will normally be the Associate Director, Graduate Nursing Programs and will shall be elected from the tenured faculty to~~ conduct meetings in the [Vice-Dean and](#) Director's absence. The [Vice-Dean and](#) Director's administrative ~~assistant secretary~~ will act as Secretary of the Council. The Secretary's responsibilities include: ~~assisting in the~~ preparation of agenda for meetings of the Academic Council; ~~to circulate the agenda and minutes of the Academic Council to members (see Article 7); to preparing~~ minutes and submitting them to the Academic Council for approval; [to maintain an official and permanent record of all agenda and minutes of Academic Council; to maintain a current list of those eligible for membership in the Academic Council and to ensure that all new members of the Council have access to the Structure, Function and Procedures; to maintain a current list of all Standing and Special Committee memberships and ensure that all Chairs have access to the Structure, Function and Procedures; to ensure that each of the students and staff know how to access the Structure, Function and Procedures, and circulating the agenda and supporting materials, and minutes of the Academic Council, as well as relevant documentation, to members, and such other persons as may from time to time be designated and maintaining an official and permanent record of all minutes.](#)

### 4. Meetings of the Academic Council

#### (4.1) Regular meetings

Regular meetings of Academic Council shall be held monthly except in [June](#), July and August.

#### (4.2) Special meetings

The Chair or, in the absence of the Chair, the Vice-Chair may call a special meeting at any time. The Chair shall call a special meeting following a request in writing signed by 5 members of the Academic Council.

(4.3) Attendance

Regular attendance is expected of the members of the Academic Council.

(4.3.1) Invitees

The Chair may invite other persons whose presence would be useful to Council meetings; such invited persons may speak but shall not vote.

(4.3.2) Appointees

Term adjuncts, Cross appointees, Adjunct (Group I), and Academic Assistants may attend Academic Council, but do not vote.

(4.3.3) Visitors

Space will be provided for up to 10 visitors who are not members of the Academic Council. Visitors may be invited by the Chair to speak, but they may not vote.

Persons wishing to attend the Academic Council meetings may apply in person to the Chair/Director's Secretary's Office. Spaces will be issued on a first-come, first-served basis during the week of the meeting until 30 minutes before the meeting time. A lottery system may be instituted for a particular meeting if it appears from the agenda that there will be a strong demand for spaces.

Visitors who wish to speak to an item appearing on the agenda of the Academic Council shall apply to the Secretary of Council not later than 48 hours before the meeting. Such requests shall be ruled on by the Chair.

- (4.4) Cameras and audio-recording devices are not normally permitted at Academic Council meetings. However, requests to use these may be made to the Chair.

(4.5) Closed session

If an agenda item is confidential and should be discussed in Closed Session, visitors shall leave the meeting unless requested by the Chair to remain.

If the confidential item pertains to a student matter, the student members of the Council shall leave the meeting, unless the student whose status is under review requests that the student members of the Academic Council be present during the discussion of her or his record. All discussions and decisions arising from such discussions are considered confidential.

(4.6) Quorum

A quorum shall be one-third of the members plus one, with one-half plus one being tenured, tenure track and renewable adjunct faculty. Regular attendance shall be

[expected of the members of Academic Council. A record of attendance shall be taken and kept as part of the minutes.](#)

(4.7) Order of business

[1. Adoption of the Agenda](#)

[2. Adoption of the Minutes](#)

[3. Business arising from the minutes](#)

[4. Program reports:](#)

[4.1 Undergraduate Nursing Programs](#)

[4.2 Graduate ~~Nursing~~ Program-s](#)

[4.3 Health Quality Programs](#)

[4.4 Undergraduate Student Report \(NSS President\)](#)

[4.5 Graduate Student Report \(Graduate Student Representative\)](#)

~~Undergraduate program~~

~~Nurse Practitioner Program~~

[5.1 Standing Committees](#)

[5.2 Special Committees](#)

[5.3 Task Groups](#)

[6. Director's Report](#)

[7. Motions](#)

[8. Report of representatives to other bodies Other Business](#)

[9. Other](#)

[10. Closed session](#)

(4.8) Rules of Order

Unless otherwise specified in these rules of procedure, [Bourinot's](#)~~Robert's~~ Rules of Order

(4.9) Duration of meetings

Meetings shall normally not exceed 90 minutes unless two-thirds of the members present agree to continue with the business of the meeting. If the meeting is not continued, a special meeting may be called within 10 days to complete the agenda.

## 5. Motions

### (5.1) Notice of motions

All motions and resolutions of substance shall be preceded by a notice of motion which is given in writing during the previous meeting or submitted to the Secretary in time to be included in the agenda circulated before the meeting at which the motion is to be considered. Otherwise, a two-thirds vote of the members present shall be required to proceed with a motion.

### (5.2) Voting

Voting shall normally be by a show of hands. Ballot voting shall be used when there are two or more candidates for a position.

## 6. Agenda and Minutes

### (6.1) Agenda

Any member may submit agenda items for a meeting. The agenda for a regular meeting shall normally be in the hands of members at least 4 working days prior to the meeting. Items to be placed on the agenda of regular meetings must be submitted to the Secretary ~~8~~<sup>10</sup> working days preceding the regular meeting, or 5 working days prior to meetings scheduled at other times. Notice of special meetings, together with the agenda, shall normally be in the hands of members at least 48 hours prior to the meeting but in cases of emergency the Chair may call a meeting at any time.

Copies of all reports, except those dealing with confidential matters, shall accompany the agenda of the meeting at which the report is to be considered. Otherwise, the report shall be deferred to the next meeting, unless there is the consent of two-thirds of the members present to proceed with the report.

### (6.2) Minutes

Minutes of meetings shall be taken and maintained by the Secretary. A One-digital version of approved minutes signed copy shall be saved in deposited with the official the School of Nursing shared drive Committee folder records in the Office of the Administrative Assistant, and one signed copy shall be deposited in the Archives. With the exception of those portions of meetings dealing with cases of individuals and declared confidential, the minutes of Academic Council meetings will be accessible to all persons and bodies who request them. Normally, the minutes of Academic Council

meetings are approved at the next Academic Council meeting and the non-confidential portion is a matter of public record.

## 7. Standing Committees of Academic Council

### (7.1) The Standing Committees of Academic Council are:

*(See Appendix A for Terms of Reference of Standing Committees)*

[Graduate Program Committee](#)

[Health Quality MSc\(HQ\) Programs Committee](#)

[Nominating Committee](#)

[Undergraduate Program Evaluation Committee](#)

[Research Committee](#)

[Student Awards Committee](#)

[Undergraduate Curriculum Committee](#)

[Undergraduate Student Academic Progress and Graduation Committee](#)

[Undergraduate Student Admissions Committee](#)

[Graduate Program Committee](#)

### (7.3) [Committees deal with matters passed to them by Academic Council or initiated by the committees themselves and will bring recommendations and/or motions based on their deliberations to Academic Council.](#)

(7.54) Committees should be small and the membership should rotate regularly. Normally, membership shall be for three-year term, with eligibility for renewal, and shall commence July 1.

(7.65) Normally one half of the membership of a committee shall constitute a quorum.

(7.76) Members of committees and task groups who are not members of the Academic Council may be invited to attend an Academic Council meeting at which a report of their committee is being presented, and may speak to the report but may not vote.

(7.87) The Director shall appoint the Chair of each committee of the Academic Council. Normally, the chair of all committees shall serve for two years and shall be eligible for reappointment for one further term.

- (7.98) Unless otherwise directed, each committee shall select a secretary from its membership.
- (7.109) The agenda of Academic Council committees that are not considered confidential, shall be prepared and distributed to committee members and the Director at least 48 hours before the meeting of the committee.
- (7.119) Normally, minutes of every committee meeting shall be ~~prepared and saved in the School of Nursing Shared Drive Committee folder. kept by the Secretary of the committee and one signed copy deposited in official School files in the office of the Administrative Assistant.~~ In addition, the Director will receive a copy of the minutes. With the exception of those portions of meetings dealing with cases of individuals and declared confidential, the minutes of meetings of committees will be accessible to all persons and bodies who request to see them.
- (7.124) ~~Meetings of the Committee on Student Admission, Academic Progress and Graduation are normally closed. Other c~~Committees may, by their own decision, have closed or open meetings. In the case of open meetings, the same general provisions as are utilized by the Academic Council shall be followed, with limitations on the number of visitors being set at a level appropriate to the committee concerned.
- (7.12) If an agenda item is confidential and should be discussed in Closed Session, visitors shall leave the meeting unless requested by the Chair to remain.
- If the confidential item pertains to a student matter, the student members of the Committee Council shall leave the meeting, unless the student whose status is under review requests that the student members of the Committee Academic Council be present during the discussion of her or his record. All discussions and decisions arising from such discussions are considered confidential.

## 8. Special Committees

Special committees are formed to consider specific questions. A special committee is established, and its membership and terms of reference determined, by resolution of the Academic Council. A special committee serves until it is discharged by the Academic Council.

## 9. Task Group

From time to time the Director may appoint a task group to consider a specific issue. The appointment of such a group, with its mandate, shall be reported by the Director at the next



Academic Council meeting and the Academic Council will be kept informed about the group's progress.

#### 10. Amendment of Rules

The Structure, Functions and Rules of Procedure of the Academic Council may be amended on a ~~two-thirds~~<sup>2/3rds</sup> vote of the Academic Council, following notice of motion at the previous meeting. A copy of the document, in the latest revised form, shall be distributed to all members of the Academic Council, and the Dean ~~and Vice Principal~~, Faculty of Health Sciences.

## Appendix A

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### Terms of Reference for Standing Committees of Academic Council

## Graduate Program Committee (to be updated in January)

The Graduate Program Committee has a dual reporting function: 1) to Academic Council (Program changes) then Faculty of Health Sciences Graduate Council, and 2) to the School of Graduate Studies (Admissions, Awards, Ph.D. Oral Examining Committees, Graduations, Periodic Reviews).

### Terms of Reference

The Graduate Program Committee (GPC) has the following functions:

1. Responsible for, and makes recommendation on, admissions, course waivers, special student status, academic progress and graduation.
2. Reviews, monitors and makes recommendations on individual student progress reports.
3. Advises the Director on problems arising between students and supervisors.
4. Approves the supervisory committee for a student in consultation with the supervisor.
5. Responsible for recommending and rating students for scholarships and awards as requested by agencies and Queen's School of Graduate Studies.
6. Reviews and suggests policies for and improvements to the graduate programs to School of Nursing and School of Graduate Studies.
7. Proposes policies and procedures for the School of Nursing graduate programs and implements policies and directives from the School of Graduate Studies.
8. \*Undergoes program evaluation for all fields on a regular basis.

### Membership

- Vice Dean (Health Sciences) and Director, School of Nursing (ex-officio)
- Associate Director (Graduate Nursing Programs) (Chair)
- The committee consists of three members of the Faculty who supervise graduate students for a three-year term, the Associate Director (Graduate Nursing Programs) (Chair), the Director (ex officio) and a
- One graduate student representative (for policy discussions only)-
- One staff member for administrative support

\*An ad hoc committee will be struck for program evaluation.

## School of Nursing, Academic Council: Structure, Function, and Procedures

Approved Academic Council, April 13, 2011  
Revised and approved at Academic Council, September 10, 2014  
Revised and approved at Academic Council, October 21, 2015

## Health Quality Graduate MSc(HQ) Programs Committee

The Health Quality MSc (HQ) Program Committee ~~reports to~~ is a sub-committee of the Graduate Program Committee of the School of Nursing. The sub-committee has a dual reporting function: 1) Faculty of Health Sciences to Graduate Program Committee which reports to Academic Council (e.g., program changes) then to the Faculty of Health Sciences Graduate Council, and 2) to the School of Graduate Studies (e.g., Admissions, Awards, Graduations, Periodic Reviews). The Committee will provide an update to the School of Nursing Academic Council as required. The Health Quality (HQ) Graduate Program Committee oversees admissions, academic progress, graduation, research, curriculum and program evaluation.

### Terms of Reference

The MSc (HQ) Program Committee has the following functions:

2. Advises the Faculty of Health Sciences Graduate Council (FHS GC) on progress and graduation.
3. Reviews and suggests policies and procedures for program improvement and oversees the implementations of the aforementioned improvements to HQ Programs to School of Nursing, Department of Anesthesiology & Perioperative Medicine and School of Graduate Studies.
4. To provide an annual report on committee activities under the Terms of Reference to School of Graduate Studies, School of Nursing Academic Council (SONAC) and the Department of Anesthesiology & Perioperative Medicine.
2. Establish a small working group around (Queen's University Quality Assurance Process) QUQAPs tasks and coordinating report that is distributed to reporting bodies.
- 8.

The committee consists of four HQ Programs Committee Chairs ~~members of the MSc (HQ) Faculty~~ whom are members of the School of Graduate Studies, the Associate Director of HQ Programs (will hold the position of Chair), Vice-Dean (Health Sciences) and Director of the School of Nursing, Department Head of Anesthesiology & Perioperative Medicine, Medical Lead of HQ Programs, co-Directors of the MSc (HQ) program (one of whom is Chair), the Graduate Program Coordinator (ex officio), and a current graduate student representative (for policy,

[QUQAPs, and program](#) discussions only). [The a](#) Aim of the Committee will be to have faculty representation from each discipline involved in the [MSc \(HQ\)](#) program.

### [Quorum](#)

[50% of voting members plus one \(1\) must be in attendance.](#)

### [Frequency](#)

[The committee shall meet two \(2\) times per year.](#)

### [Special Procedures](#)

Minutes arising from closed session meetings shall be held in confidence and shall be accessible by faculty members of the committee.

Approved at Academic Council, April 4, 2012  
[Approved at HQ GPC January 23rd 2019](#)

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## Nominating Committee

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### Terms of Reference

1. To prepare a slate of nominations of faculty [and staff](#) members for Standing Committees, Renewal, Promotion, and Tenure Committee, Appointments/~~Personnel~~ Committee ~~and Council of Ontario University Programs in Nursing (COUPN)~~ representation by May of each year.
2. To solicit nominations for vacancies or new positions that arise during the year.

### Membership

Two faculty members.

## Undergraduate Program Evaluation Committee

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### Terms of Reference

1. To monitor the program evaluation plan for Undergraduate, Graduate and Healthcare Quality programs.
2. To advise on resources required for program evaluation activities.
3. To serve as a resource and coordinate program evaluation activities.
4. To collaborate and liaise with the Undergraduate Curriculum Committee, the Undergraduate Student Admissions Committee, the Undergraduate Student Academic Progress and Graduation Committee, the Graduate Program Committee, the Healthcare Quality Programs Committee and other committees as necessary.
5. To report to the Academic Council and to the relevant committees, with any necessary recommendations.
6. To collect and prepare data for candidacy review, including but not limited to CASN Accreditation, CNO Program Approval and internal reviews as required by Queen's.

- Vice Dean (Health Sciences) and Director, School of Nursing (Chair)
- Associate Director, Undergraduate Nursing Programs
- Associate Director, Graduate Nursing Programs
- Associate Director, Healthcare Quality Programs
- Two faculty members (minimum one tenured/tenure track faculty) for a three-year term.
- One staff member for administrative support (alternate years between Undergraduate/ Graduate-/Healthcare Quality staff)

## Research Committee

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### Terms of Reference

1. ~~To e~~Enhance the scholarly and research environment in the School of Nursing.
2. To advertise, review, award, monitor and report on research applications submitted to internal School of Nursing administered funds.
3. To advise, as requested, on the adequacy or need for resources to support scholarship and research activities including, but not limited to library and informational resources, computing and office support, clinical research space etc.
4. To enhance the research environment of the School of Nursing through the planning, implementing of activities such as seminars, workshops, visiting scholar programs, and annual research symposia.
5. To promote, support and collaborate in inter-agency and interdisciplinary research initiatives.
6. To provide advice and recommend directions for consideration by Academic Council in regard to research requests from investigators wishing to access nursing students as participants.
7. To provide advice, as requested, on research or scholarship matters within the School of Nursing.

~~7-8.~~ To Submit to Academic Council an annual report on the business of the Committee.

~~— To provide an annual report to the Academic Council in the Fall of each academic year.~~

### Membership (three-year term)

- Vice Dean (Health Sciences) and Director, School of Nursing (ex-officio)
- Three faculty members (one will be appointed as Chair by the Director)
- One 1-external nurse researcher
- One 1-graduate student representative will attend meetings for policy discussions only
- One1 undergraduate student representative will attend meetings for policy discussions only. ~~Students will be included for policy discussion only.~~

### Meetings

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Meetings will be held monthly between September and April, or at the call of the Chair.

Revised and approved at Academic Council, November 8, 2006  
Revised and approved at Academic Council, May 6, 2009, Faculty Board, Faculty of Health Sciences May 13, 2010

## Student Awards Committee

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### Preamble

The Student Awards Committee has oversight over undergraduate School of Nursing student awards. The Nursing graduate and Health Quality student awards will be managed by the Associate Director Graduate Nursing Programs (& the Nursing Graduate Program Committee), and the Associate Director Health Quality Programs (& the Health Quality ~~Graduate Programs~~ Committee) as applicable. The Associate Directors will submit an annual report of graduate student awards in the Nursing and Health Quality programs to the Student Awards Committee for reporting purposes only by the end of October each year.

### Terms of Reference

1. To review procedures for awards administered and/or recommended through the School of Nursing.
2. To develop terms of reference for new awards and recommend these to Academic Council.
3. To select potential recipients of undergraduate awards administered through the School of Nursing, in consultation with the Associate Director, Undergraduate Nursing Programs, when the criteria involve more than academic standing. \*
4. To notify the applicants of the result of undergraduate awards administered through the School of Nursing.
5. Student Liaisons. The Committee will maintain a liaison to the Nursing Science Society (NSS) to promote availability and procedure for award application. This is achieved via the membership of one upper level NSS executive member undergraduate student.
6. External Liaisons. The Committee will maintain a liaison with the Faculty of Health Sciences Development Officer, and with the Student Awards Office.
7. To report to Academic Council the recipients of the awards administered and/or recommended through the School of Nursing for both undergraduate and graduate awards.
8. To submit to Academic Council an annual report on the business of the Committee.

9. Databases. To create and maintain a database of all undergraduate nursing awards to facilitate, including but not exclusive to, review of available funds and application deadlines.
10. To annually review the undergraduate awards section in the School of Nursing Calendar and School of Nursing website ~~annually~~ for revisions or changes.

\*Awards will be treated as confidential and only faculty will participate in the selection process.

- ~~Vice Dean (Health Sciences) and Director, School of Nursing (ex-officio)~~
- Three faculty members ~~(one will be appointed as Chair by the Director)~~, ~~one~~
- One upper level NSS executive member undergraduate student ~~representative~~
- ~~Two staff members: one for administrative support (, one Undergraduate Program Coordinator), and the and the~~ Coordinator, Technology & Instructional Design.

#### Special Procedures

Minutes are confidential unless they relate to policy discussion.

If the confidential item pertains to a student matter, the student members of the Committee shall leave the meeting. All discussions and decisions arising from such discussions are considered confidential.

Approved at Academic Council, May 8, 2013  
Revised and approved at Academic Council January 17, 2018, Faculty Board, Faculty of Health Sciences, February 15, 2018

## Undergraduate Curriculum Committee

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### Terms of Reference

1. To ensure that the curriculum enables students to achieve the stated program goals.
2. To ensure the curriculum meets the standards for [program approval and accreditation](#). ~~set by the Canadian Associate School of Nursing.~~
3. To coordinate discussions with teaching teams in each year of the program to ensure consistency across the curriculum, avoid duplication of content, and ensure all courses contribute to the overall goals and standards of the School of Nursing undergraduate programs.
4. To review proposed changes to course objectives and/or major areas of content in order to assess the impact of such changes on the curriculum.
5. To monitor and utilize curriculum evaluation.
- ~~6.~~ [To recommend curriculum changes to Academic Council.](#)
- ~~7.~~ [To submit to Academic Council an annual report on the business of the Committee.](#)

~~6.~~ \_\_\_\_\_

### Membership (three-year term)

- [Vice-Dean \(Health Sciences\) & Director, School of Nursing \(ex-officio\)](#)
- Associate Director, Undergraduate Programs (Chair, [ex-officio](#))
- Three faculty [members](#)
- Two undergraduate students ~~representatives~~ [\(one four-year track, one AST track\)](#).
- Ex-officio (non-voting)
  - [Health Sciences](#) Bracken Library representative
  - [Invited guests](#)

Approved at Academic Council, October 14, 2009, Faculty Board, Faculty of Health Sciences, May 13, 2010  
Revised: October 29, 2014, Approved at Academic Council November 5, 2014.  
Revised and approved at Academic Council January 17, 2018, Faculty Board, Faculty of Health Sciences, February 15, 2018  
[Revised and approved at Academic Council September 4, 2018.](#)

## Undergraduate Student Academic Progress and Graduation Committee

### Terms of Reference

- ~~1. To act as the delegated authority of the Academic Council as approved by Faculty Board, Faculty of Health Sciences in all matters directed by the terms of reference.~~
- ~~3-2.~~ To consider records of students who are struggling academically or failing, ~~students~~ and make recommendations to students to seek counsel from the Undergraduate Academic Advisor about policies, procedures and resources available ~~to students~~.
- ~~4. To report to Academic Council at the end of Fall, Winter, and Spring/Summer terms on academic progress of students.~~
- ~~6-4.~~ To identify recipients of awards and scholarships based on academic performance.
- ~~7. To report to the Administrative Coordinator, School of Nursing, who notifies the University Registrar (Student Awards) on recipients of academic scholarships and awards.~~
6. To recommend to Academic Council changes to Academic Regulations.
7. To report to Academic Council at the end of Fall, Winter, and Summer terms on academic progress of students.
8. To submit to Academic Council an annual report on the business of the Committee.

### Membership (three-year term)

- Vice Dean (Health Sciences) & Director, School of Nursing (ex-officio).
- Three to four faculty members (one will be appointed as Chair by the Vice-Dean and Director). ~~from Queen's University will be members of the committee.~~
- ~~Three faculty members will be members of the Committee.~~ One undergraduate student representative will attend meetings of the Committee for policy discussions only. The student may also be in attendance and participate in discussion and decision-making regarding student appeals when the presenting student has knowledge of, and has given permission for, the inclusion of the student member. The student member will be excluded from such discussion when permission has not been obtained. The student member will not attend when academic progress of students is discussed or academic

award recipients are identified. There is an understanding that one of the two members of the Committee may Chair appeals when the normal Chair would be in a conflict of interest.

- One staff member for administrative support.

### Special Procedures

Minutes are confidential ~~except when they unless they concern~~ pertain only to relate to policy discussions.

### Closed Sessions

If an agenda item is confidential and should be discussed in Closed Session, visitors shall leave the meeting unless requested by the Chair to remain.

If the confidential item pertains to a student matter, the student members of the Committee Academic Council shall leave the meeting, unless the student whose status is under review requests that the student members of the Committee Academic Council be present during the discussion of her or his record. All discussions and decisions arising from such discussions are considered confidential.

### Degree Lists

Once approved, send scholarship, award and degree lists to the Executive Assistant to the Dean, Senate Committee on Academic Procedures (SCAP) and the Secretary to the Faculty of Health Sciences (facsec@meds.queensu.ca) by the designated date for Faculty Board approval.

Once approved by Faculty Board, send scholarship and awards list to the Office of the University Registrar Student Awards, and degree list to the Office of the University Registrar Student Records and the Secretary to the Faculty of Health Sciences (facsec@meds.queensu.ca) by the designated date.

Motions must be preceded by “On the delegated authority of Faculty Board” and must also delegate authority to the Dean to add to the list any additional students who have completed the requirement up to and prior to convocation.

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Sample Motions:

On the delegated authority of Faculty Board, the Undergraduate Student Academic Progress and Graduation Committee, School of Nursing has approved the students whose names appear on the degree list to be granted standing and would like to submit to Senate for the granting of the degree of Bachelor of Nursing Science with Honours.

On the delegated authority of Faculty Board, the Undergraduate Student Academic Progress and Graduation Committee, School of Nursing has approved the students whose names appear on the degree list to be granted standing and would like to submit to Senate for the granting of the degree of Bachelor of Nursing Science.

That the Dean of Health Sciences be authorized to add to the degree list the names of additional students who complete the BNSc requirements prior to convocation.

That the Dean of Health Sciences be authorized to put forward to Senate for Fall Convocation the names of students who do not complete the BNSc requirements prior to the Spring Convocation but who complete the requirements prior to the Fall Convocation.

On the delegated authority of Faculty Board, the Undergraduate Student Academic Progress and Graduation Committee, School of Nursing has approved and would like to submit the list of students receiving scholarships and prizes.

That the Dean of Health Sciences be authorized to add additional names of students to the prize list as nominations are received.

## School of Nursing, Academic Council: Structure, Function, and Procedures

Approved at Academic Council, March, 2005, effective July 1, 2005

Revised and approved at Academic Council, September 20, 2006

Revised and approved at Academic Council, October 14, 2009, Faculty Board, Faculty of Health Sciences, May 13, 2010

Revised and approved at Academic Council, February 14, 2018

## Undergraduate Student Admissions Committee

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### Terms of Reference

- ~~1. To recommend to Academic Council on matters relating to the admission criteria for Undergraduate Nursing programs. To act as the delegated authority of the Academic Council in all matters directed by the terms of reference.~~
- ~~2. To recommend to Academic Council guidelines and policies for admission to the Undergraduate Nursing programs. To select applications in accordance with the admissions policies.~~
- ~~1. To advise, when requested, on the interpretation of the guidelines and policies for admission that have been approved by Academic Council.~~
- ~~1. With the Executive Director, Undergraduate Admission and Recruitment, select recipients for the undergraduate programs in accordance with admission policies. With the University Registrar (Admission Services) and in consultation with the Director, decide on the number of acceptances to be offered each spring.~~
- ~~1. In collaboration with Undergraduate Admission and Recruitment, participate in and make recommendations on student recruitment. With the Associate University Registrar (Admission Services) decide on the equivalency of nursing courses taken at another post-secondary institution for credit at Queen's University.~~
- ~~2. To submit to Academic Council an annual report on the business of the Committee and a summary of information on applications and enrollment for the incoming class. To maintain liaison with the Associate University Registrar (Admission Services) and with others in the university concerned with liaison with secondary schools in Ontario and elsewhere.~~

~~9.~~

### Membership (three-year term)

- Vice Dean (Health Sciences) & Director, School of Nursing (ex-officio)
- Three faculty members (one will be appointed as Chair by the Director)
- One undergraduate student representative will attend meetings for policy discussions only
- One staff member for administrative support (Undergraduate Academic Advisor, ex-officio). This staff member also provides administrative support to the Committee

~~Three faculty members. One undergraduate student will be included for policy discussion only.~~

### Special Procedures

Minutes are confidential unless they relate to policy discussion.



Approved at Academic Council April, 2006, effective immediately.  
Revised and approved at Academic Council, September 20, 2006, Faculty Board, Faculty of Health Sciences, February 1, 2007  
Revised and approved at Academic Council February 27, 2019

### Representation on External Body

While faculty members may apply as individuals to University committees, formal provision is made for official School of Nursing representation on the following external body.

## Council of Ontario University Programs in Nursing (COUPN) Faculty Representative

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### Description

The COUPN is one of the constituent parts of the Canadian Association ~~of University~~ Schools of Nursing (CA~~U~~SN). Its purpose is to provide an organized body to promote the advancement of nursing in Ontario Universities and other degree granting institutions in Ontario. There are usually two meetings a year.

### Membership

Membership in COUPN is by Faculty or School. Each member institution is represented by the Dean or Director and ~~the Associate Director, Undergraduate Nursing Programs~~a ~~faculty~~ ~~representative~~. Schools may set their own term of office for the faculty representative. At Queen's University it is usually ~~five~~~~two~~ years.

*Queen’s University, School of Nursing: Other School Committees*

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## Administrative Advisory Committee

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### Terms of Reference

1. To examine administrative issues related to the School's operation.
2. To monitor the Strategic Plan on a regular basis.
3. To propose administrative policies for the School and to review such policies on a regular basis.
4. To act in an advisory capacity to the Director.

### Membership

#### Director (Chair)

Associate Director (Undergraduate Nursing Programs)

Associate Director (Graduate Nursing Programs)

Associate Director (Healthcare Quality)

Administration Manager

Finance Manager

Undergraduate Coordinator

Graduate Coordinator

Administrative Assistant

### Meetings

Every four ~~two~~ weeks during Fall and Winter terms and as required.

## Appointments Committee

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### Terms of Reference

To implement Article 12 of the Collective Agreement, specifically sections 12.6.2 (a), (b), (c), (d) & (e).

### Membership

Members of the Renewal, Tenure and Promotion (RTP) Committee, plus the Director (as chair).

Term: 1 year, Committee elected by May 1 of each year.

## Faculty Committee

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### Terms of Reference

1. To identify School priorities and plans for a five-year period and to review these on a regular basis.
2. To discuss academic and administrative issues for the School.

### Membership\*

- All tenured/tenure track faculty
- All Renewable Adjunct Faculty

### Meetings

Meetings are called by the Chair. Any faculty member may submit items for discussion at a meeting or request that a meeting be called. Special Faculty Committee meetings are held at the end of fall & winter term, usually for a 2-day period.

\*Note: Academic Assistants, Clinical Tutors and Adjunct (Group I) may be invited to attend and participate about specific items.

## Renewal, Tenure and Promotion Committee (RTP)

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### Terms of Reference

To recommend on personnel decisions of promotion, renewal, tenure and continuing appointments to the Director of the School of Nursing in accordance with Article 30

### Membership

Based on Article 30.2 of the Collective Agreement between Queen's University Faculty Association and Queen's University at Kingston.

- Minimum of three (3) Members of the Bargaining Unit in the School of Nursing who shall be Tenure-Track or Tenured Members, and the majority of the committee members shall be Tenured Members
- A student representative from the undergraduate and/or graduate level may be elected
- Term: 1 year, Committee elected by May 1 of each year

## School of Nursing Advisory Council

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### Terms of Reference

1. To provide the School of Nursing with advice on current and future educational programs.
2. To promote collaborative projects between faculty and agencies providing nursing services.
3. To support undergraduate and graduate student education and research in health care settings.
4. To discuss issues and trends in education, health and research and how these might influence the ongoing development of the School of Nursing.

### Membership

The membership term will be three (3) years, with the initial membership terms staggered to provide continuity.

[Vice Dean \(Health Sciences\) and](#) Director, School of Nursing

[Associate Director, Graduate Nursing Programs](#)

[Associate Director, Health Quality Programs](#)

[Associate Director, Undergraduate Nursing Programs](#)

Faculty member elected by Academic Council

Graduate student [representative \(from Academic Council\)](#)

Undergraduate student [\(NSS President or delegate\)](#)

Health Sciences Faculty Representative

Alumni Representative

Community Health Representative

Acute Care Representative

[Acute Care Representative \(Community\)](#)

Continuing Care Representative [& Mental Health Practice Representative](#)

[Ambulatory Care Representative](#)



Other School Committees (May 26, 1999)

National Representative

[National/](#)International Health Representative

Director/Dean of a Canadian University School of Nursing

Public Representative

### Meetings

The Council will meet at least annually, at the call of the Chair. The Chair will be elected by members of the Council for a ~~three~~[two](#)-year term. The Chair and Director of the School will collaborate on the preparation of an agenda.

## **Proposed Course Description Changes**

### **N100 – Jeffrey Lalonde – Nutrition and Health**

#### **Currently in PeopleSoft:**

Focuses on nutrition as determinant of health through the study of nutrient metabolism, nutrition throughout the life span, nutrition behaviour, and nutrition behaviour change. Learn about the role of nutrition in promoting health within the context of their professional discipline. Required course for students of nursing science and relevant for students in life science and other health professions. 3 hours lecture per week. Recommended 12U Chemistry or Biology, or by permission of the instructor.

#### **Committee Suggests Changing it to:**

This course is about nutrition as a determinant of health through the study of nutrient metabolism, nutrition throughout the life span, nutrition behaviour, and nutritional considerations for select health conditions. Students will learn about the role of nutrition in promoting health within the context of their professional discipline. A required course for students of nursing science and relevant for students in life science and other health professions. 3 hours lecture per week. Recommended 12U Chemistry or Biology, or by permission of the instructor.

## **N101 – Cheryl Pulling - Professional Relationships**

### **Currently in PeopleSoft:**

Introduces students to the profession of nursing. Professional relationships and therapeutic communication are the focus of this course. Critical thinking and problem-solving in nursing practice are introduced. Legal and ethical concepts are explored. The professional expectation of reflective, evidence-based practice is introduced. Students are exposed to a variety of nursing roles through class presentations. 2 hours lecture and 2 hours Clinical Education Centre per week.

### **Committee suggests changing it to:**

This course is about introducing students to the profession of nursing. Professional relationships and therapeutic communication are the focus of this course. Critical thinking and problem-solving in nursing practice are introduced. The role of nursing organizations and legal concepts are explored. The professional expectation of reflective, evidence-informed practice is introduced. Students are exposed to a variety of nursing roles through class presentations. 2 hours lecture and 2 hours Clinical Education Centre per week.

## **N103 – Rosemary Wilson – Philosophy and Healthcare**

### **Currently in PeopleSoft:**

This course offers both an introduction to works concerning central philosophical issues including the nature of knowledge, existence, self, ethics, morality and justice and the mind-body relationship and a focus on the philosophy of science and scientific progress and critical thinking. Students will study classical and contemporary works from pre-socratic to modern philosophers. Clinical cases and examples will be used to stimulate discussions regarding the differences between belief and attitude, the objective and subjective and truth and validity.

### **Committee suggests changing it to:**

This course is about the application of works concerning central philosophical issues, including the nature of knowledge, existence, self, ethics, morality, justice and the mind-body relationship in the practice of nursing. Students will study classical and contemporary philosophical works and focus on the philosophy of science, scientific progress, and critical thinking. Clinical cases and examples will be used to stimulate discussions regarding the difference between belief and attitude, the objective and subjective, and truth and validity. 3 hours lecture per week.

## **N202 – Monakshi Sawhney – Health Assessment**

### **Currently in PeopleSoft:**

Introduces students to the concept of health and health assessment across the life span. Learn theories and skills basic to developing therapeutic relationships, interviewing and physical assessment skills and techniques. Includes both classroom and experiential learning in the Clinical Education Centre. 2 hours lecture, 2 hours Clinical Education Centre or Sim Lab per week

### **Committee suggests changing it to:**

This course is about the concept of health and health assessment across the life span. Students will expand their learning regarding theories and skills in developing therapeutic relationships, interviewing and physical assessment skills and techniques. This course includes both classroom and experiential learning using simulation and peer assessment. 2 hours lecture, 2 hours Clinical Education Centre or Simulation Lab per week.

## **N205 – Marian Luctkar-Flude – Medical-Surgical Nursing I**

### **Currently in PeopleSoft:**

Introduces common health challenges and implications for care using the life span as a principal variable. Begin to establish basic nursing knowledge needed to care for clients whose health and independence have been disrupted. Learn to think critically in identifying probable physical and psychosocial responses of individuals and families coping with illness and hospitalization. Emphasizes evidence-based nursing management of clients. Knowledge from related disciplines provides the basis for nursing care. Introduces the concept of critical pathways. Health challenges may include pain, fluid and electrolyte imbalance, the peri-operative experience, infection, common cardiovascular and respiratory problems and sensory alterations. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about introducing students to the common health challenges experienced by adults and the associated implications for nursing care. Using the nursing process, students acquire basic nursing knowledge needed to care for clients whose health and independence have been disrupted. The emphasis of this course is on evidence-informed nursing management of clients, incorporating knowledge from related disciplines. 3 hours lecture per week.

## **N206 – Riley Fillion – Nursing Practicum: Care of Chronic and/or Acutely Ill Adults/Elderly Adults I**

### **Currently in PeopleSoft:**

Introduces students to nursing practice caring for adults/elderly adults with chronic and/or acute health conditions. This practicum course provides opportunities to apply learning from related nursing science and arts and science courses. Students use a nursing framework in their practice and develop relevant skills. Settings include a variety of agencies and nursing laboratories. 120 hours per term

### **Committee suggests changing it to:**

### **Nursing Practicum: Care of Chronic and/or Acutely Ill Adults I**

This introductory practice course is about caring for adults with chronic and/or acute health conditions. Students will apply a nursing framework, and evidence-informed knowledge in providing care for these clients. Students will begin to apply assessment, intervention, and organizational skills in laboratory and direct client care in hospital settings. 120 hours per term.

## **N207 – Kristen Bolton – Nursing Practicum: Care of Chronic and/or Acutely Ill Adults/Elderly Adults II**

### **Currently in PeopleSoft:**

Builds on NURS 206. Students continue to learn how to care for adults/elderly adults with chronic and/or acute health conditions. This practicum course provides opportunities to apply learning from related nursing science and arts and science courses. Students use a nursing framework in their practice and develop relevant skills. Settings include a variety of agencies and nursing laboratories. 120 hours per term

### **Committee suggests changing it to:**

### **Nursing Practicum: Care of Chronic and/or Acutely Ill Adults II**

In this practice course, students will advance their learning about how to care for adults with chronic and/or acute health conditions. This course is about enhancing students' critical thinking skills and students will begin to practice independently. Students will continue to apply assessment, intervention, and organizational skills in laboratory and direct client care in hospital settings. 120 hours per term.



## **N209 – Kevin Woo – Gerontological Nursing**

### **Currently in PeopleSoft:**

Introduces students to gerontological nursing and addresses theories and myths of aging, developmental and normal changes with aging, common health risks and health challenges for the elderly. Focus will be on the major health risks and challenges with aging and discussion of social, legal, and ethical issues in gerontological nursing. 3 hours lecture per week

### **Kevin suggests changing it to:**

Introduces students to gerontological nursing and addresses common health concerns for older adults. Discussion will include comprehensive assessment, evidence informed management and approaches to promote successful aging. 3 hours lecture per week

### **Kevin emailed Cheryl on Dec. 8 with following:**

This course is an introduction to the principles of gerontology and geriatric nursing. Discussion will focus on the developmental changes with aging, theoretical framework of geriatric care, and the special considerations and unique needs encountered in clinical practice with older adults. Attention is placed on applying and integrating the best evidence to promote healthy aging and guide management of complex chronic disease and disabilities in older adults. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about the principles of gerontology and geriatric nursing. Discussion will focus on the developmental changes with aging, theoretical framework of geriatric care, and the special considerations and unique needs encountered in clinical practice with older adults. Attention is placed on applying and integrating the best evidence to promote healthy aging and guide the management of complex chronic disease and disabilities in older adults. 3 hours lecture per week.

## **N304 – Valerie Cooper – Nursing Practicum: Hospice Palliative Care Nursing**

### **Currently in PeopleSoft:**

An introductory theory and clinical course that examines the history, philosophies, and role of nursing in hospice palliative care. This course focuses on hospice palliative care of adults with cancer and non-cancer end-stage diseases, as well as hospice palliative care in the elderly and pediatrics. Other topics include: pain and symptom management; advance care planning; and caring for self. This course also includes clinical placements in an in-patient palliative care unit and/or acute hospital oncology floor and/or cancer clinic and/or community palliative care nursing and/or residential hospice. 2 hours lecture per week and 64 clinical hours

### **Committee suggests changing it to:**

This theory and clinical course is about hospice palliative care of persons with cancer and non-cancer end-stage diseases. Students will examine the history, philosophies, and role of nursing in hospice palliative care, as well as pain and symptom management; advance care planning; and caring for self. This course includes clinical placements in settings where palliative care is provided. 2 hours lecture per week and 64 clinical hours.

## **NURS 305 – Hilary Machan – Medical Surgical Nursing II**

### **Currently in PeopleSoft:**

Extends the knowledge acquired in Nursing 205. Explore additional clinical problems that challenge the well-being and functioning of clients, using the lifespan as a principal variable. Evidence-informed care and a collaborative approach continue to be emphasized in discussing nursing intervention and responsibility. Health challenges presented may include cancer, musculo-skeletal disorders, impaired integument, diabetes, digestive problems, immune disorders, and neurological and cardiovascular disorders. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about extending the knowledge acquired in Nursing 205. Students will explore additional clinical problems that challenge the well-being and functioning of adults with complex health challenges and unpredictable client outcomes. Evidence-informed care and a collaborative approach continue to be emphasized in discussing nursing interventions and responsibilities. 3 hours lecture per week.

## **N324 – Lenora Duhn – Nursing Research**

### **Currently in PeopleSoft:**

An overview of the principles and processes of nursing research. By the end of the course the student will have developed the ability to identify researchable problems. The student will be able to critique and made decisions about the applicability of published nursing research. The student will acquire the knowledge necessary for beginning participation as a junior member of a nursing research project. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about the basic principles and processes of conducting nursing research, and how to practice using an evidence-informed approach. The student will learn how to identify researchable problems, how to search for evidence, and how to critique and make decisions about the quality and applicability of published research, as well as how to design and implement a research study. The student will acquire the knowledge necessary to critically use research in clinical practice and for beginning participation as a junior member of a nursing research study. 3 hours lecture per week.

## **N325 – Mary Smith – Psychiatric Mental Health Nursing**

### **Currently in PeopleSoft:**

This theory course addresses critical psychosocial and mental health issues that impact on the health of individuals, families, and groups in Canadian society. Topics include nursing care of clients with major mental illnesses including mood and thought disorders, and addictions, and significant mental health challenges related to children, adolescents and the older adult. Addresses therapeutic processes used in working with clients with complex psychosocial issues such as suicide, family violence, aggression, end-of-life decisions and abuse. Advanced communication processes and strategies used by nurses are a major focus of the course. 3 hour lecture per week

### **Committee suggests changing it to:**

This course is about critical psychosocial and mental health issues that impact individuals, families, and groups in Canadian society. The nursing care of clients with mental illnesses, including mood and thought disorders, addictions, and significant mental health challenges across the lifespan are addressed. Advanced communication processes, nursing strategies, and therapeutic processes used in working with clients with complex psychosocial issues, such as suicide, family violence, aggression, end-of-life decisions and abuse, are explored. 3 hours lecture per week.

## **NURS 345 – Hilary Machan – Nursing Practicum: Medical-Surgical and Psychiatric Mental Health Nursing**

### **Currently in PeopleSoft :**

This practice course focuses on the care of adults with complex health challenges and unpredictable outcomes. The course involves two rotations that include laboratory and clinical experiences, care of clients with acute physiological problems and/or exacerbations of chronic illnesses and care of clients with acute or long term mental health problems. Provides an opportunity to enhance assessment, intervention and organizational skills, in laboratory and Clinical Education Centre settings and in direct client care in hospital, community and ambulatory setting. 192 hours per term

### **Committee suggests changing it to:**

This practice course is about the care of adults with complex health challenges and unpredictable outcomes. Students apply theoretical frameworks, evidence-informed knowledge and skills in providing care of clients with acute physiological problems and/or exacerbations of chronic illnesses and care of clients with acute or long term mental health problems. The course involves one medical/surgical and one mental health rotation that include laboratory and clinical experiences. This course enhances assessment, intervention and organizational skills, in laboratory and Clinical Education Centre settings and in direct client care in hospital and community settings. 192 hours per term.

## **NURS 370 – Laurie Gedcke-Kerr – Family-Centred Maternal Child Nursing Care**

### **Currently in PeopleSoft:**

This theory course introduces the student to family-centred maternal and child nursing. A systems-based conceptualization of the family and a family conceptual and assessment model is used to examine social, psychological and cultural influences on the family in contemporary society. This course focuses on nursing care of the family during the normal childbearing cycle and nursing care of the family with children. Discussion includes nursing care of the family during pregnancy, labour, birth and postpartum, as well as prevention and care of selected health alterations in children. Fall or Winter Term: 6 hours lecture per week

### **Committee suggests changing to:**

This course is divided into three components: maternal, child, and family-centred nursing. Health promotion and health challenges presented include nursing care during pregnancy, labour, birth and postpartum. Health promotion, disease and injury prevention and care of children with select health alterations are discussed. A systems-based conceptualization is used to examine social, psychological and cultural influences on the family in contemporary society across the lifespan. Evidence-informed care and a collaborative approach continue to be emphasized in discussing nursing interventions and responsibilities. 6 hours lecture per week.

## **NURS 371 – Laurie Gedcke-Kerr – Nursing Practicum: Maternal and Child, Family Centred Care**

### **Currently in PeopleSoft:**

An applied course for maternal and child family centred nursing care where students apply theoretical frameworks, family centred, maternal child evidenced informed knowledge and skills in providing care during health, acute illness, chronic illness and transition situations. Two rotations are required; one will focus on maternal/child family health (i.e. pregnancy, labour, pre/postpartum and infancy) and the second on the care of children and their families from infant through adolescent stages. Settings include a variety of agencies (hospital and community) and nursing laboratories. 192 hours per term.

### **Committee suggests changing to:**

This practice course is about maternal, child and family-centred nursing care where students apply theoretical frameworks, and evidence-informed knowledge and skills in providing care during health, acute illness, chronic illness and transitions. The course involves one rotation in maternal/child family health (i.e. pregnancy, labour, pre/postpartum) and a rotation in the care of children and their families from infancy through adolescence. The course enhances assessment, intervention and organizational skills in laboratory and clinical simulation settings and in direct client care in hospital and community settings. 192 hours per term.



## **N401 – Stephanie Blasko – Current Issues in Nursing and Health Care**

### **Currently in PeopleSoft:**

Explores current issues in nursing and in delivery of health care which affect the new graduate. Topics include legal, ethical and quality-of-work issues, and career planning.

### **Committee suggests changing it to:**

This course is about current issues affecting nursing practice and health care delivery that are particularly relevant to graduating nurses entering the workforce. Topics include legal, ethical and quality-of-work issues, as well as considerations relevant to advocacy, diversity and inclusion. Career planning will also be reviewed. This is an on-line course, except for the final week which occurs on campus. This course is concurrent with the Integrated Practicum in the final year of the program.

## **N403 – Katherina Choka – Concepts of Acute and Critical Illness**

### **Currently in PeopleSoft:**

Focuses on assessing, monitoring and managing the care of clients across the life span, with major life-threatening illnesses. Illnesses may include sudden catastrophic events, an acute exacerbation of a chronic illness, unexpected deterioration in illness trajectory, sudden irreversible deterioration in health or illness pattern. Ethical, legal, societal and current health service delivery issues are incorporated. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about assessing, monitoring and managing the care of adult clients, with major life-threatening illnesses. Illnesses may include sudden catastrophic events, acute exacerbation of a chronic illness, unexpected deterioration in illness trajectory and sudden irreversible deterioration in health or illness pattern. Ethical, legal, societal and current health service delivery issues are incorporated. 3 hours lecture per week.

## **N404 – Jacqueline Galica – Community Health Promotion Theory**

### **Currently in PeopleSoft:**

Examines the role of the nurse in community health promotion. Topics and theory relevant to the three common approaches to health promotion: the medical approach, the behavioural approach and the socioenvironmental approach are reviewed.

Introduces the processes involved in health program, marketing and evaluation. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about examining the role of the nurse in community health promotion.

Students learn the history and mission of community health nursing, foundational epidemiological concepts, predominant theories underlying community health practices, and strategies to build community capacity for change. Topics and theory are reviewed for their relevance to three common health promotion approaches: the medical approach, the behavioural approach, and the socioenvironmental approach. 3 hours lecture per week.

## **N405 – Sherri Schmidt-Stutzman – Practicum in Community Health Promotion**

### **Currently in PeopleSoft:**

An introduction to the practice of health promotion with population groups. 16 hours clinical fieldwork per week.

### **Committee suggests changing it to:**

This course is about the practice of health promotion with population groups. Students will learn how to work with a planning model to assess, develop and evaluate health promotion needs and interventions for a target population. Students will work with a community-based agency in an independent team-based learning practicum where they will acquire the knowledge necessary to conduct health promotion projects. 192 hours clinical fieldwork.

## **N414 – Lisa Little – Management and Leadership in Health Care**

### **Currently in PeopleSoft:**

An overview of organizations and an examination of key management and leadership skills that are applied in health care. 3 hours lecture per week

### **Committee suggests changing it to:**

This course is about introducing students to key leadership and management theories and practices in the context of complex, constantly changing health care environments. Students examine the concept of leadership as it relates to the role of the nurse, the profession, and the health care system. An overview of organizational and care delivery structures, and the management of financial and human resources is provided. It is intended that the course will enhance students' leadership potential and prepare them as an emerging leader in various practice environments. 3 hours lecture per week.

## **N492 – Cheryl Pulling - Integrated Practicum**

### **Currently in PeopleSoft:**

This preceptored course provides an opportunity to select, in collaboration with faculty, a practice setting which enhances and consolidates knowledge and skills. The practicum includes a leadership/management experience, the form and timing of which is determined by the setting selected. Emphasis on advancing professional identity and accountability and strengthening evidence-based and reflective practice. Furthering skills in critical thinking, the nursing process, workload organization, setting priorities for self and others, working effectively with the health team including family and un-regulated health care providers. The practicum includes a wide variety of clinical experiences including, public health, selected community-based agencies and hospital experiences. 40 hours per week for 10 weeks

### **Committee suggests changing it to:**

This preceptored practice course allows students to further their development in critical thinking, the nursing process, workload organization, priority-setting for self and others, and collaboration with the health team, including family and un-regulated health care providers. Emphasis is on advancing professional identity and accountability and strengthening evidence-informed and reflective practice. The practicum includes a leadership/management experience, the form and timing of which is determined by the setting. The practice setting will vary for students and include public health, community agencies and hospital experiences. 400 hours over 10 weeks.