STATEMENT 3.0.1 – EQUIVALENCE ACROSS DISTRIBUTED SITES
Undergraduate Medical Education

Approved by: Curriculum Committee
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I. PURPOSE

The curriculum of a medical education program must include comparable educational experiences and equivalent methods of assessment across all instructional sites within a given discipline. LCME/CACMS Accreditation Standards (ED-8)

The Doctor of Medicine or Undergraduate Medical Education (UME) Program (the Program) at the Schulich School of Medicine & Dentistry in Western University is based on a distributed learning model, using pre-clinical and clinical and instruction sites in London, Windsor, and throughout Southwestern Ontario. These include individual physician and health professionals’ offices, community hospitals, academic health science centres, clinics, collaborative primary and secondary health care facilities and specialized health care institutions.

The Program accepts responsibility of the Curriculum Committee to ensure the comparability of all learning sites with respect to their ability to deliver the Program curriculum and provide a positive environment for medical student learning.

While comparable sites may not be identical, but they must:

• Afford students the same core mix and essential quality of learning experiences.
• Enable students the opportunity to achieve and demonstrate the same level of Program performance.
• Adhere to a similar set of expectations and standards.
• Demonstrate similar results in student assessments and evaluations.

II. STATEMENT

All instruction in the Program will meet the guidelines listed below from accreditation standards:

a. Equivalence Across Sites (Standard)
   i. Program educational experiences at all instructional sites must be designed to achieve the same educational objectives.
   ii. Program Courses and Clerkship Rotations' length must be identical.
   iii. The instruments and criteria used for student assessment in the Program in addition to the process and policies governing progression will be the same at all instructional sites.
   iv. Faculty in the Program who teach in any core curricular site should be sufficiently knowledgeable in the Course or Rotation objectives and assessment methods used to determine achievement of those objectives with the governance model for oversight.
   v. Opportunities to improve the teaching and assessment skills of Program faculty should be available in a variety of learning formats for all instructional sites.
vi. Each Course or Clerkship rotation in the Program must identify core-learning methodology needed to achieve their objectives and ensure that all students receive exposure to these experiences. While it is acknowledged that the types and frequency of clinical learning or conditions may vary between instructional sites, there will be every effort to ensure equivalency.

vii. While the amount of time spent in Clerkship patient care settings may vary according to a site’s local circumstances, the Program will demand that a Clerkship Rotation Committee must ensure that the limitations in learning environments do not impede the accomplishment of rotation objectives.

viii. To facilitate the comparability of educational experiences and the equivalency of assessment methods in the Program, the Course or Clerkship Rotation should orient all faculty and students to the educational objectives and assessment used.

   NOTE: This orientation can be accomplished through regularly scheduled meetings between the Course or Rotation governance leaders at the identified Program instructional sites and faculty. Students will be oriented at the orientation to a Course or Rotation and through Western University’s learning platform: “Online Western Learning” (OWL).

ix. The Program Course or Clerkship Rotation leadership should review at least annually the student evaluation data that reports on learning experiences in all instructional sites, identify any new or ongoing variations in outcomes, create a plan for addressing these and following through on these plans.

b. **Equivalence Across Sites (Process)**

   i. The Program or UME Office and the Quality Committee will follow a plan endorsed by the Curriculum Committee that regularly reviews curricular data by site for each course or rotation and identifies excellence, comparability or concerns in delivering the Program curriculum.

   ii. The Curriculum Committee is responsible for actively monitoring through its governance processes each of the following with attention to comparability between teaching sites:

      1. Assessment of student performance including:

         a. Students performance data
         b. Student Progression data
         c. Student withdrawal from or Leave of Absence results
         d. Completion rate and timeliness of the student assessments
         e. Evaluations completed by students regarding:

            i. The quality of Program courses
            ii. The effectiveness of Program faculty as teachers
            iii. Assessment psychometrics
            iv. In Clerkship:

               1. Student completion of the required encounters and procedures specified for each course
               2. Student workload, including but not limited to students’ call schedule, shift length, patient load, and balance of didactic teaching sessions and clinical training

         f. CARMS Match results
         g. Canadian Graduation Questionnaire results

   iii. The Program Quality Committee will be responsible for reviewing, investigating and developing recommendations on all statistically significant differences between learning sites and reporting the findings of the review to the Curriculum Committee with recommendations for changes or improvements.

   iv. The comparability of sites and any measures taken against discrepancies should be documented on the Course report submitted through the Program Curriculum Evaluation process.