Medical School Self-study Summary Report

Schulich School of Medicine & Dentistry

University of Western Ontario

July 3, 2023

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INTRODUCTION
PRIOR ACCREDITATION HISTORY

The Schulich School of Medicine & Dentistry (Schulich) last underwent a full accreditation survey in 2015. The CACMS/LCME Accreditation Decision at that time was "Continue accreditation for 8-year term." The School was found to be noncompliant with four standards: 3.3 (IS-16), 6.6 (IS-14-A), 7.9 (ED-19-A), and 9.1 (ED-24). In addition, the School was found to be in compliance but with a need for monitoring for one additional standard: 9.4 (ED-27). Schulich responded to each of these challenges as detailed below, and continues to work to improve and enhance its MD Program.

In response to the finding of non-compliance with 3.3 (Diversity), Schulich developed a Diversity Working Group that produced a planning document (Advancing Diversity in Schulich Medicine) to guide an approach to meaningful change. The School established key priorities, including improving recruitment and retention of students, faculty, staff, and leaders from under-represented groups: Indigenous people, women, individuals from rural backgrounds, and individuals of lower socioeconomic status. A series of steps were identified to reach these goals, including enhancing early intervention programs, strengthening pipeline programs, using directed scholarships, and improving curriculum support for learner diversity. These efforts have continued, as detailed in this self-study report.

In response to the finding of non-compliance with 6.6 (Service Learning), Schulich integrated service learning into the MD curriculum as a mandatory learning experience. To facilitate this integration, Schulich centrally developed service learning opportunities through sustained community engagement, set expectations for learners and developed assessment strategies, facilitated regular evaluation of these learning experiences, and provided financial, risk management, and administrative supports. While service learning efforts were dealt a temporary blow by Covid-19, the strong foundation that Schulich built has allowed a rapid rebound.

In response to the finding of non-compliance with 7.9 (Interprofessional Collaborative Skills), the MD Program developed and integrated mandatory learning experiences designed to support the development and assessment of these skills across the curriculum. In response to the finding of non-compliance with 9.1 (Preparation of Resident and Non-faculty Instructors), Schulich developed a policy that described the expectations of and support available to non-faculty instructors to guide the preparation of these individuals for their important roles in supervising, teaching, and assessing medical students. Both the Schulich Office of Continuing Professional Development and its Office of Postgraduate Medical Education enhanced the opportunities they provided to support the professional development of resident and other non-faculty instructors. More recent efforts have further ensured consistency in instructor preparation, through mandatory online learning modules whose completion is tracked centrally.

In response to the requirement for monitoring for 9.4 (Assessment), the MD Program put in place a requirement for at least two observed histories and physicals in each of the six core clerkship rotations, along with a centralized tracking system to ensure that this requirement was being met. This approach has resulted a sustained improvement in the routine use of direct observation in medical student assessment.

The table below summarizes the accreditation history since the 2015 survey, including the timing of and outcomes of the required status reports.

Western University **Schulich School of Medicine and Dentistry**			Last Site Visit: **April 12-15, 2015** Last Updated: November,2020			
Standard	Standard / Element	Full Visit Oct 2015	Status Report Jan. 2017	Notification: Curricular Change May 2017	Status Report May 2020 *(postponed to Sept 2020)*	
Standard 3			C	--		
3.3	IS-16	NC	SM	--	S	
Standard 6			C	--		
6.6	IS-14-A	NC	SM	--	S	
Standard 7			C	--		
7.9	ED-19-A	NC	S	--		
Standard 9			C	--		
9.1	ED-24	NC	S	--		
9.4	ED-27	CM	S	--		
Follow-up 1		Status Rpt	Status Rpt on 3.3 and 6.6	No follow up	--	
Due date		Dec 1, 2016	Mar 15, 2020	--	--	
Follow-up 2		--	--	--	--	
Due date		--	--	--	--	
Accreditation status		Continue accreditation for the balance of the 8-year term	Continue accreditation for the balance of the 8-year term	Continue accreditation for the balance of the 8-year term	Continue accreditation for the balance of the 8-year term	
Next full survey		2022-23	2022-2023	2022-2023	Fall 2023-2024 **Postponed from 2022-2023*	

DESCRIPTION OF THE SELF-STUDY PROCESS

In the summer of 2022, a steering committee was formed to oversee the medical school self-study process. The MSS Steering Committee was chaired by Dr. Chris Watling, the Vice Dean (Acting) for Education Scholarship and Strategy. Dr. Watling has considerable accreditation experience. He served as Associate Dean for Postgraduate Medical Education from 2010-2019, leading Schulich through two postgraduate accreditation surveys. He also chairs the Royal College's Residency Accreditation Committee, and recently co-facilitated a peer review process for another Canadian university to assist in its CACMS accreditation preparation.

Reporting to the MSS Steering Committee were six subcommittees, each of which was tasked with an in-depth review of the MD Program's compliance with TWO standards. The Chairs of each of these six subcommittees were members of the MSS Steering Committee. The MSS Steering Committee also included the FUAL (Dr. Shannon Venance), several members-at-large to ensure broad representation across the School, two student leads, and several key UME Staff members. Each subcommittee was also broadly representative in its membership, and included medical students, faculty from both the London and Windsor campuses, and faculty from basic and clinical sciences; several department chairs also participated.

The self-study process was iterative and transparent. Each subcommittee reviewed the Data Collection Instrument relevant to its assigned Standards and Requirements. Subcommittees also reviewed data from the Independent Student Analysis once available (early 2023). Based on their analysis of the data, subcommittees determined whether or not they felt that all requirements were met for each standard. In situations where a subcommittee was uncertain, their concerns were fed back to the MD Program leadership, who were able to revisit the DCI, adding additional information and clarification where possible, to facilitate subcommittee analysis.

Once each subcommittee had completed its analysis, its chair presented that analysis to the MSS Steering Committee. In all situations where compliance with a requirement was in question, the concerns were elaborated in detail for the Steering Committee for full group discussion. These discussions resulted in consensus decision-making about compliance with each requirement. The MSS Steering Committee also reviewed and discussed the entire ISA document, paying particular attention to any inconsistencies between the DCI and the student experience. When appropriate, the MSS Steering Committee also endorsed recommendations for continuous quality improvement.

Once each subcommittee's work had been presented and discussed at the MSS Steering Committee, written reports were submitted to the MSS Chair (i.e. one report for each of the 12 standards). These written reports were reviewed in detail by Dr. Watling, who identified areas requiring clarification or elaboration and returned them to the subcommittees for revision. Once final revised versions were completed, Dr. Watling collated all these reports into this Medical School Self- Study report. The full report was circulated to the MSS Steering Committee, the FUAL, and the Dean for one further round of feedback before submission to CACMS.

Ultimately, the self-study process created not only a document useful to the accreditation team, but also a roadmap for the School's continuous quality improvement efforts. Like any thorough self-study process, this one enabled us to identify some areas where we can do better. In all of these areas, strategies and approaches are already underway to enhance our performance as a medical school.

To facilitate progress, we plan to share the results of the self-study with faculty, students, and staff over the coming months, which will enable us both to celebrate our strengths and successes and to target our future efforts on key opportunities for improvement.

STANDARD 1
ELEMENT EVALUATION FORMS

STANDARD 1: MISSION, PLANNING, ORGANIZATION AND INTEGRITY

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

Requirement 1.1-1
The medical school engages in ongoing strategic planning that establishes its short and long-term programmatic goals.

Analysis of evidence for requirement 1.1

The medical school has consistently engaged in ongoing strategic planning. The current Strategic plan for 2021 - 2026 establishes the path for realizing the school's vision and mission, including short-term and long-term goals for its medical education program. The current strategic plan as well as previous strategic plans have had themes and timelines that align with Western University's overall strategic plan.

Schulich's strategic planning process is an inclusive one; a broad range of stakeholders, including leaders, teachers, research faculty, learners and staff, was consulted as the plan was developed.

Requirement 1.1-2
The medical school engages in ongoing continuous quality improvement processes that result in the achievement of measurable outcomes that are used to improve educational program quality.

Analysis of evidence for requirement 1.1-2

Schulich's 2021-2026 Strategic Plan has been linked with a set of metrics that capture key outcomes within the five strategic priorities (Educational Excellence, Research Impact, Social Accountability, People, and Partnerships). Metrics are reported regularly, and this information is used to identify opportunities for continuous quality improvement.

Within the MD Program specifically, the curriculum is considered a living document that is continually monitored, evaluated, and adjusted as required to ensure both a high-quality learner experience and a curriculum that delivers on the required educational outcomes. Well-articulated examples of continuous quality improvement processes have been provided. There is use of an evidence-based approach to make the curriculum more learner-centered.

Requirement 1.1-3
The medical school engages in ongoing continuous quality improvement processes that ensure effective monitoring of the medical education program's compliance with accreditation standards.

Analysis of evidence for requirement 1.1-3

The medical school has established and engages in ongoing continuous quality improvement processes that ensure effective monitoring of the medical education's program compliance with accreditation standards. Specifically, the MD program has constituted a dedicated Accreditation Committee, led by the Faculty Undergraduate Accreditation Lead (FUAL), which meets every two months to critically review and provide formative guidance for the accreditation process through a lens of quality improvement. The Accreditation Committee reports to the Curriculum Committee on new and existing CACMS accreditation elements and makes recommendations for continuous quality improvement linked to accreditation standards.

Medical Education Program Objectives tied to accreditation requirements have been formally adopted. These are used to guide content and to review and evaluate the medical education curriculum on an ongoing basis to address its short and long-term goals.

1.1.1 SOCIAL ACCOUNTABILITY

A medical school is committed to address the priority health concerns of the populations it has a responsibility to serve. The medical school's social accountability is:

- ***a) articulated in its mission statement;***
- ***b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences;***
- ***c) evidenced by specific outcome measures.***

Requirement 1.1.1-1

The medical school is committed to address the priority health concerns of the populations it has a responsibility to serve.

Analysis of evidence for requirement 1.1.1-1

The population the medical school serves has been clearly identified, and its priority health concerns have informed the development of the MD curriculum. The 2021-2026 Strategic Plan identifies social accountability as one of its five strategic priorities, with a specific call to identify and address the distinct health needs of Southwestern Ontario. The School's commitment to the region is evident in the work of its six Distributed Medical Education Academies, which enable a meaningful presence in the dozens of communities that constitute Southwestern Ontario and facilitate recognition of current and future health concerns.

The School continues to work to develop and strengthen relationships with Indigenous People and communities across this region as an area of particular focus and responsibility. It is developing processes to build strong relationships with other historically marginalized communities, including the LGBTQ2+ community.

Continued efforts are required to more systematically identify the priority health needs of the populations the medical school has a responsibility to serve, to recognize when those priorities evolve, and to link these efforts to adjustments in curriculum and desired educational outcomes.

Requirement 1.1.1-2

The medical school's social accountability is:

- *a) articulated in its mission statement*
- *b) fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences*
- *c) evidenced by specific outcome measures*

Analysis of evidence for requirement 1.1.1-2

a) The medical school's social accountability is embedded in its mission statement, which notes that Schulich "partners with communities to improve health for today and tomorrow." Furthermore, the School has adopted the values of Belonging, Excellence, and Accountability, which speak directly to the importance of inclusivity, diversity, and equity, and to the accountability we have to society.

b) The school has ensured that admission pathways are available for students who reside in the communities it serves, ensuring that up to 20% of each class consists of students from Southwestern Ontario communities. Additionally, the Access Pathway for applicants under-represented in medicine, along with admissions pathways for Indigenous and Black learners, further support the School's social accountability mission.

The MD curriculum links to the medical school's social accountability, including education related to social determinants of health, Indigenous health, and issues of particular concern to the Southwestern Ontario region. Clinical experiences are programmed across the region to ensure that all students gain first-hand experience with the health concerns of both urban and rural communities in Southwestern Ontario.

c) Outcome measures of the medical school's social accountability are carefully monitored. For example, we have documented a significant increase in the number of family physicians in Windsor and in other distributed medical learning sites since the launch of the Windsor Campus.

The School is actively engaged in creating more systematic approaches to data collection and analysis that will further support its social accountability mission, including data that will help to determine how effectively it is moving towards promoting equity for students from marginalized/underrepresented populations.

1.2 CONFLICT OF INTEREST POLICIES

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any individuals with responsibility for the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

Requirement 1.2-1

The medical school has in place and follows effective conflict of interest policies and procedures applicable to:

- *i. board members*
- *ii. faculty members*
- *iii. any individuals with responsibility for the medical education program*

Analysis of evidence for requirement 1.2-1

The medical school has extensive and effective conflict of interest policies and procedures (Appendix_1.2_A1-A3) in place applicable to its board members, faculty members and everyone involved in its medical education program.

Requirement 1.2-2

The medical school has in place and follows effective policies and procedures to avoid the impact of conflicts of interest in the operation of:

- *i. the medical education programs*
- *ii. its associated clinical facilities*
- *iii. any related enterprises*

Analysis of evidence for requirement 1.2-2

The policies governing conflict of interest are robust, and appear to be clearly communicated. In addition, implementation is supported by a number of approaches that aim to help faculty, learners, leaders, and clinical facilities understand the process. These approaches include:

1. Annual discussions with faculty during the Career Development and Planning review by Department Chairs/Chiefs
2. Incorporation of conflict of interest expectations into new faculty orientation every August, and at the start of every new employment
3. Hyperlinks in faculty onboarding checklists to COI policies and procedures
4. Active discussion within MD program committees

In addition to these implementation approaches, the School offers a tool kit of online resources to support its faculty, staff, and learners in managing and appropriately disclosing potential conflicts of interest.

1.3 MECHANISMS FOR FACULTY PARTICIPATION

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

Requirement 1.3-1
The medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program.

Analysis of evidence for requirement 1.3-1

Table 1.3-1 A in the DCI demonstrates faculty participation in decision-making at the medical school. Faculty voting members constitute the majority (53% to 100%) of committees.

Requirement 1.3-2
The medical school ensures that there are opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

Analysis of evidence for requirement 1.3-2

The Dean and the Vice Dean, UME, nurture an approach of transparency, with open calls for faculty and departments to solicit engagement and involvement in the MD program.

The School structures its key decision-making committees to ensure that ample opportunities are available for faculty to participate in discussing and establishing policies and procedures for the medical education program. Terms of reference are carefully crafted to promote and ensure a strong faculty voice. An example is provided in the DCI of the nominating committee and the way it operates.

In addition to careful structuring of MD Program Committees to ensure faculty participation, there are a number of other ways that Schulich promotes faculty engagement:

1. Joint Schulich Council meets four times a year, and the meeting is open to any faculty member in the school with an active academic rank. Agenda items typically include issues of direct relevance to the MD program, including policies, accreditation, and curriculum change.
2. The Dean holds town halls for faculty (in both London and Windsor), to discuss strategies and initiatives and also to seek input from faculty.
3. School leaders, clinical and basic departments, affiliated institutions, and Western University use many modalities including monthly electronic communication (such as email, web hosting, social media, newsletters) and print communication tools to share announcements, achievements, strategic goals, plans, and innovations, and to highlight people, teams and processes for internal and external audiences.
4. A monthly update from the Vice Dean, UME is sent to all faculty, staff and students, providing information about the program, current and future initiatives, and offering invitations (as appropriate) for faculty, staff and students to participate in the program.

1.4 AFFILIATION AGREEMENTS

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical learning experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:

a) assurance of medical student and faculty access to appropriate resources for medical student education

b) primacy of the medical school's authority over academic affairs and the education/assessment of medical students

c) role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching

d) specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury

e) shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment that is conducive to learning and to the professional development of medical students

Definition taken from CACMS lexicon

- *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

Requirement 1.4-1

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school's faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical learning experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:

a) assurance of medical student and faculty access to appropriate resources for medical student education

b) primacy of the medical school's authority over academic affairs and the education/assessment of medical students

c) role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching

d) specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury

e) shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment that is conducive to learning and to the professional development of medical students

Analysis of evidence for requirement 1.4-1

The medical school has affiliation agreements with all clinical affiliates that are used regularly for required clinical learning experiences. The vast majority of these agreements – including those with Schulich's four largest clinical affiliates - explicitly address items a)-e) in this requirement. In addition, there is an affiliation agreement with the University of Windsor that similarly addresses these items as they apply to the Windsor Campus.

1.5 BYLAWS

A medical school has and publicizes bylaws or similar policy documents that describe the responsibilities and privileges of its dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, senior administrative staff, faculty, and committees.

Definition taken from CACMS lexicon
- *Senior administrative staff: Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities.*

Requirement 1.5-1
The medical school has bylaws or similar policy documents that describe the responsibilities and privileges of its dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, senior administrative staff, faculty, and committees.

Analysis of evidence for requirement 1.5-1

The School is governed by the Western University Senate By-Laws and the Board of Governors By-Laws. The university, in turn, is governed under the UWO Act (University of Western Ontario) 1982 (amended in 1988) (Appendix_1.5-1_A_UWO Act 1982).

The Bylaws that were reviewed September 21, 2021 specify the responsibilities and privileges of the Dean or designate/delegate (example Vice, Associate, or Assistant Deans), Department Heads, senior administrative staff, faculty, and committees.

Requirement 1.5-2
These bylaws or similar policy documents are publicized.

Analysis of evidence for requirement 1.5-2

Western University institutional bylaws are published as unrestricted access documents to all through the University Secretariat. Additional reference to relevant bylaws appears in the Western University academic calendar. All are found from the landing page of Western University's website.

1.6 ELIGIBILITY REQUIREMENTS

A medical school ensures that its medical education program meets all eligibility requirements* of the CACMS for initial and continuing accreditation and is either part of, or affiliated with, a university that has legal authority to grant the degree of Doctor of Medicine.

**** Details are found in the CACMS Rules of Procedure.***

Definition taken from CACMS lexicon - *University: The university or universities of which the medical school is a part.*

Requirement 1.6-1
The medical school ensures that its medical education program meets all eligibility requirements of the CACMS for initial and continuing accreditation.*

Analysis of evidence for requirement 1.6-1

The medical school meets the eligibility requirements of the CACMS for continuing accreditation, as confirmed in a recent letter from the Dean.

Requirement 1.6-2
The medical school ensures that its medical education program is either part of, or affiliated with, a university that has legal authority to grant the degree of Doctor of Medicine.

Analysis of evidence for requirement 1.6-2

Western University (legally, The University of Western Ontario) has legal authority to grant the degree of Doctor of Medicine.

STANDARD 2
ELEMENT EVALUATION FORMS

STANDARD 2: LEADERSHIP AND ADMINISTRATION

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

2.1 SENIOR LEADERSHIP, SENIOR ADMINISTRATIVE STAFF AND FACULTY APPOINTMENTS

The dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, and senior administrative staff and faculty members of a medical school are appointed by, or on the authority of, the governing board of the university.

Definitions taken from CACMS lexicon

- *Senior administrative staff: Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities.*
- *University: The university or universities of which the medical school is a part.*

Requirement 2.1-1

The dean and those to whom the dean delegates authority (e.g., vice, associate, assistant deans), department heads, and senior administrative staff and faculty members of the medical school are appointed by, or on the authority of, the governing board of the university or by other individuals who have been given the authority to make these appointments.

Analysis of evidence for requirement 2.1-1

The process for the appointment of senior leadership, senior administrative staff, and faculty of Schulich School of Medicine & Dentistry is governed by the Western University Appointment Procedures (Appendix_2.1-1_A) and complies with the Employment Standards Act 2000 (amended 2021) for Ontario.

The process for appointing a dean for a faculty is guided by Western's *Appointment Procedures for Senior Academic Leadership.* A search committee appointed by the Senate makes the selection, and then communicates its selection to the Board of Governors and the President for their confirmation of the appointment.

Appointments for faculty decanal leaders and department heads are recommended by a search committee of faculty, leadership, staff, and learners led by a senior decanal chair who reports to the Dean. For clinical department heads, the search committee is jointly chaired by the Dean and the VP Medical Affairs of the clinical affiliate, as these are dual appointments with the university and the hospital affiliate. The Dean can approve or reject the committee recommendation. Following the approval of the candidate from the Dean, the Provost is asked by the Dean to approve the candidate. The final document of appointment is signed by the Dean and Provost, and for clinical department heads, by the hospital affiliate CEO. In alignment with the Public Hospitals Act of Ontario, department head candidates must also be endorsed by the Medical Advisory Committee of the hospital affiliate to the Hospital Board of Directors, which can also approve or reject. For decanal leaders, the Department Chair is consulted to ensure the faculty member is supported in accepting this leadership role and altering their academic role category document.

Senior administrative staff are appointed through a search committee under the Professional Managerial Association Policies and Procedures.

2.2 DEAN'S QUALIFICATIONS

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

Requirement 2.2-1

The dean of the medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

Analysis of evidence for requirement 2.2-1

Dr John Yoo is a renowned surgeon, an accomplished scholar, and an experienced leader. A Professor in the Departments of Otolaryngology/Head and Neck Surgery and Oncology, Dr. Yoo's past leadership experience includes an 11-year appointment as Chair of Otolaryngology/Head and Neck Surgery and 2 years as Interim Chair/Chief for the Department of Pediatrics. He is recognized for innovative work in clinical care, for establishing new research platforms to drive academic productivity, and for national and international leadership in clinical and academic organizations. As his curriculum vitae demonstrates, he has outstanding qualifications to provide effective leadership for the Schulich School of Medicine and Dentistry across its clinical, educational, research, and social accountability missions.

2.3 ACCESS AND AUTHORITY OF THE DEAN

The dean of a medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill the dean's responsibilities. The dean's authority and responsibility for the medical education program are defined in clear terms.

Definition taken from CACMS lexicon
- *University: The university or universities of which the medical school is a part.*

Requirement 2.3-1

The dean of the medical school has sufficient access to the university president or other university official charged with final responsibility for the medical education program and to other university officials in order to fulfill the dean's responsibilities.

Analysis of evidence for requirement 2.3-1

The leadership structure for Western University (Appendix_2.3-1_A) ensures that the Dean has sufficient access to the President and to other key senior leaders.

The Dean has frequent and regularly scheduled meetings with the Provost and VP Academic, the President and Vice Chancellor, and other university leaders who carry the final responsibility for the medical education program as outlined in the DCI.

In addition to the formally scheduled meetings, the Dean always has open and, if required, urgent access to university leadership whenever such access is required.

Requirement 2.3-2

The dean's authority and responsibility for the medical education program are defined in clear terms.

Analysis of evidence for requirement 2.3-2

The Dean's responsibilities to the faculty of medicine, including the MD program, are clearly outlined by Western University in its job description for the role and its explicit statement of expectations for senior academic leaders. (Appendix_2.3-2_A1-A2). The Dean has sole oversight of the medical education program and has the authority to approve allocation of resources, to manage and resolve disputes, to adjudicate final appeals, and to drive improvements in educational outcomes.

2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

Definition taken from CACMS lexicon
- *Senior administrative staff: Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities.*

Requirement 2.4-1

The medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

Analysis of evidence for requirement 2.4-1

On the assumption of the position of Dean, Dr. John Yoo consulted broadly with stakeholders and put in place an organizational structure that supports the medical school's missions.

The medical school has 6 Vice Dean positions, 9 Associate Dean positions and 10 Assistant Dean positions. In addition, there is an ample number of all levels of administrative staff that together help to achieve the mission, vision and ongoing program evaluation of the medical school (Appendix_2.4-1_A).

2.5 RESPONSIBILITY OF AND TO THE DEAN

The dean of a medical school with more than one campus is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus (e.g., regional/vice/associate/assistant dean or site director) is administratively responsible to the dean.

NOTE: Only schools operating more than one campus should respond to element 2.5.

Definition taken from CACMS lexicon
- *Campus: An instructional site that offers a complete pre-clerkship academic year.*

Requirement 2.5-1

The dean of a medical school with more than one campus is administratively responsible for:

i. the conduct and quality of the medical education program at each campus

ii. ensuring the adequacy of faculty at each campus

Analysis of evidence for requirement 2.5-1

The Dean of the medical school has administrative responsibility for the medical education program and the faculty at both campuses (London and Windsor). The Dean delegates the day-to-day oversight of the Windsor Campus to the Associate Dean, Windsor Campus, who reports directly to the Vice Dean, Undergraduate Medical Education. The Associate Dean, Windsor Campus is also supported by the Assistant Dean, Windsor Campus. The organizational chart lays out the integration of leadership between the two campuses. The Dean communicates regularly with the Associate Dean, Windsor Campus, and travels to the Windsor campus from time to time to meet with faculty and administrative staff and to support integration of the campuses. Particular attention is paid to equivalency in the conduct and quality of the medical education program, and to the adequacy of faculty at both campuses.

Requirement 2.5-2

The principal academic officer at each campus (e.g., regional/vice/associate/assistant dean or site director) is administratively responsible to the dean.

Analysis of evidence for requirement 2.5-2

The job descriptions for the Vice-Dean UME and the Associate Dean, Windsor Campus are provided, and within these job descriptions it is made clear that they are both accountable to the Dean.

2.6 FUNCTIONAL INTEGRATION OF THE FACULTY

At a medical school with more than one campus, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., participation in shared governance; regular minuted meetings and/or communication; periodic visits; review of student clinical learning experiences, performance, and evaluation data; and review of faculty performance data related to their educational responsibilities).

NOTE: Only schools operating more than one campus should respond to element 2.6

Definition taken from CACMS lexicon
- *Campus: An instructional site that offers a complete pre-clerkship academic year.*

Requirement 2.6-1
At a medical school with more than one campus, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms.

Analysis of evidence for requirement 2.6-1

Schulich operates according to a "one program, two campuses" philosophy, which is supported by both integrated governance and by a continuous sharing of ideas between campuses. There is functional integration of administrative capabilities between the two campuses (the London campus and the Windsor campus). The organizational chart demonstrates the administrative connectivity that has led to excellent functionality of the medical education program. There is a shared governance and regular meetings are held to review every aspect of medical education provided at the two campuses to ensure equivalency. Student feedback has formed a critical and necessary part of the monitoring process.

Windsor faculty and staff sit on all committees for the medical school, including Executive Committee of Schulich School, Senior Leadership Council, and Learner Experience Office (an integrated team on both campuses); these arrangements are embedded in the Terms of Reference. Additionally, Windsor faculty and staff are represented on all course committees of the 4 year MD program.

Technology facilitates integration of the campuses, including high-resolution dedicated fiber optic videoconferencing for learner education at both campuses. Faculty and student performances at both campuses are reviewed collectively. Continuing professional development is frequently provided for faculty on both campuses. The Dean and other senior level faculty visit the Windsor campus frequently in person. There are times where major events for the two campuses are held at the Windsor campus and video conferenced to the London campus, reinforcing the excellent functional partnership that exists.

STANDARD 3
ELEMENT EVALUATION FORMS

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

Each medical student in a medical education program participates in at least one required clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enrolled in an accredited program of graduate medical education.

Definition taken from CACMS lexicon

- *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

Requirement 3.1-1

Each medical student in the medical education program participates in at least one required clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enrolled in an accredited program of graduate medical education.

Analysis of evidence for requirement 3.1-1

All students in the year 3 Clerkship course at both campuses are scheduled in at least one required clinical learning experience in which residents are rotating as part of the health care team. The clerkship schedules are centrally overseen by clerkship coordinators in London and Windsor. All residents are enrolled in accredited residency programs, with the most recent PGME accreditation survey completed in 2019. Residents participate in medical student teaching and supervision during these required clinical learning experiences.

ISA data shows 100% of students worked with a resident in at least one rotation (for both London and Windsor campuses).

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

Requirement 3.2-1
The medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

Analysis of evidence for requirement 3.2-1

Western University supports collaborative research and scholarship under the leadership of the Vice President, Research. Western prioritizes research productivity as a key strategic goal and measure of success and has a peer-reviewed competitive process for collaborative research and scholarship grant funding. Schulich Medicine is the leading driver of Western's research grant success with provincial, national Tri-council, and other funding agencies. Schulich researchers account for over half of Western's Tri-council funding. CIHR and NSERC success rates for Schulich faculty have consistently surpassed the national average; in 2022, for example, 26% of Schulich faculty CIHR and 70% of Schulich faculty NSERC grants applications were funded. In addition to Tri-council, major sources of external research support include the Ontario Research Fund, Canada Foundation for Innovation, Heart & Stroke Foundation, National Institutes of Health (US) and industry. More research excellence metrics are shared on the Western Research page for the university, including that Western has six research areas ranked in the top 100 globally.

The Vice Dean, Research & Innovation leads the research portfolio for the Schulich School of Medicine & Dentistry. Schulich's commitment to nurturing and developing tomorrow's physicians, educators, and researchers within a patient-centred, research-intensive, distributed learning environment is outlined in its 2021-2026 strategic plan.

The School places a high priority on impactful research in basic, clinical, translational, and educational milieus, and provides the necessary resources for success. Full-time academic faculty in the 22 departments are expected, as part of their academic commitment, to contribute either individually or collaboratively to research, scholarly work, and quality improvement. Faculty contributions are defined either by the University of Western Ontario Faculty Association's (UWOFA) workload for basic science faculty or the Academic Role Categories (ARCs) for clinical academics. The Lawson Research and Robarts Research Institutes provide research intensive environments for Schulich faculty and learners. The AMOSO (Academic Medical Organization of Southwestern Ontario) has semi-annual requests for applications and funds clinical faculty for research and leading-edge clinical work.

The 2021-2026 Schulich Strategic Plan identifies Research Impact as a priority, and a key goal within this domain is to provide students and trainees with substantive and meaningful exposure to research as part of their educational programs. To facilitate these opportunities, a range of student and trainee programs targeted at learners at all levels as well as new faculty researchers are made available. In order to provide consistent oversight, guidance, and strategy to support these various learning initiatives, Schulich has established a new position of Assistant Dean, Clinical Research Training, reporting to the Associate Dean, Clinical Research.

The School's Centre for Education Research & Innovation (CERI) is led by the (Acting) Vice Dean, Education Scholarship & Strategy, who is also the Centre Director. CERI is a vital community of practice supporting faculty and learner education research and scholarship. CERI produced 168 research publications during the two years ending December 2022, and over the same time period its core scientists were cited over 8000 times, garnered nearly $2 million in grant funds, and supervised over 100 students ranging from medical student research projects to PhD dissertations. CERI partners with the University of Maastricht and the University of British Columbia in offering a Master of Health Professions Education (MPHE). Since inception, and as of fall 2022, 16 Schulich faculty

and four Schulich residents have received their MPHE. As of fall 2022, seven Schulich learners and five Schulich faculty are enrolled in the program. CERI has additionally supported six Schulich faculty or learners in completing a PhD in Health Professions Education (four in the Maastricht University School of Health Professions Education Program and two in Western's Faculty of Health Sciences PhD program in Health Professions Education, all with CERI supervision).

Requirement 3.2-2

The medical education program provides sufficient opportunities, encouragement, and support for medical student participation in research/scholarly activities of its faculty.

Analysis of evidence for requirement 3.2-2

A. Opportunities, encouragement, and support for medical student participation in research/scholarly activities.

Aligned with the strategic priorities of both the School and Western, medical students have many opportunities to participate in research and scholarship. Indeed, all medical students will participate in such activities in the Experiential Learning course (see point 1 below). Formal opportunities are summarized below. These opportunities often result in publications and presentations at peer-reviewed national and international conferences.

1. Before 2019, final-year students were required to complete a small individual or team project in the Integration and Transition Course (renamed Transition to MD in 2022). Student and faculty feedback suggested the research module would be better placed earlier in the curriculum. Therefore, when the curriculum was renewed in 2019, the inquiry-based learning or research module became a required component of the Experiential Learning course (Meds 5163). Small groups of students are paired with a faculty supervisor or mentor in first year, and over the next 24 months they work collaboratively to develop a final project for presentation. Projects are often continued beyond second year. This required curriculum experience aims to develop critical inquiry behaviours integral to becoming a physician, such as conceptualizing a question, designing an approach to find answers, and generating discussion around results. The abilities to acquire, appraise, and draw conclusions from literature are essential skills for life-long learning. No financial support is provided to students from the MD program for completing the required research component of Experiential Learning. However, financial support may be provided through supervisor's individual operating grants. The Research module leads in Windsor and London receive stipends for their engagement with Experiential Learning. A dedicated course site on Elentra, the learning management system, provides regular updates and communication to the learners. Administrative staff at both campuses support the students in meeting course requirements.

2. The Summer Research Training Program (SRTP) enables medical students at the School to work under the supervision of a faculty member on a research project during the summer months after Years 1 or 2 (or both). Funding for the SRTP comes from the School, Schulich clinical departments, and the Lawson Health Research Institute, among other sources.

3. If a SRTP research project is in the topic of Global Health, an additional source of funding is available through the Global Research Opportunities in Health (GROH) Program. This program is administered through the SRTP to encourage interest, learning, and leadership in global health by undergraduate medicine and dentistry students at the School. Up to two GROH awards are available annually to enable students to undertake a research project in global health.

4. The Schulich-UWindsor Opportunities for Research Excellence Program (SWORP) provides research opportunities for Windsor campus students under the supervision of University of Windsor faculty members. Funding for the SWORP is provided by the Dean, Schulich School of Medicine & Dentistry (50%) through the Schulich Research Office, the University of Windsor Office of the Vice President, Research (25%), and either the faculty Dean or the supervisor (25%), depending on the individual agreement. The same panel that awards summer research studentships in the SRTP also adjudicates student applications for funding for SWORP projects ($5,000/18 months).

5. The MD+ Track was established in 2020-21 as a partnership between the MD program, Schulich Medicine, and other Western faculties to support students in obtaining a Master's degree or a Diploma/Certificate in an area of interest before graduation (MD+ Track). Students in good academic standing at either campus are eligible to apply. Students in the MD+ Track receive the Dean's MD+ Graduate Award, with a minimum of $10,000 awarded per student to offset tuition. Students remain enrolled as "active" in the MD program which continues their eligibility for Western scholarships and bursaries that are available for medical students and maintains the interest-free status for OSAP loans and lines of credit.

6. The MD/PhD Program accepts up to five students annually in a competitive application process. The School provides students in this program a tuition grant of $40,000 total over four years. This program has a high rate of completion (100% over the period 2016 to 2022).

7. The Office of Distributed Education annually funds clinical research projects for summer and longitudinal research.

8. The Hannah Chair in the History of Medicine, supports a robust elective process that allows students to present projects at the annual national History of Medicine Days (HMD) conference in Calgary (completed virtually in 2021 and 2022 during the pandemic). Three prizes are also available within this department, in recognition of excellence in medical history: the Western University History of Medicine Award, the Rowntree Prize in Medical History, and the Harvey Club of London Prize.

9. Medical students are eligible to participate in the annual London Health Research Day (LHRD), featuring outstanding work from labs from across the Schulich School of Medicine & Dentistry, Western's Faculty of Health Sciences, and the Lawson Health Research Institute. Students can share scholarly work and are also encouraged to attend this event even if not presenting.

In addition to funding mechanisms mentioned above, other financial support for medical student participation in research and scholarly activities is available from sources within Western and outside of Western. Examples are outlined in the DCI.

As further incentives to pursue research or other scholarly activities, several awards are presented for research achievement, including the Dr. L. DeWitt Wilcox Award, the Dr. Glen S. Wither Award for Research, and the Horace and Clarice Wankel Memorial Award for Cardiovascular Research. The DCI provides information about each of these awards.

Information about the opportunities listed above, as well as other external prospects, are communicated to medical students via class email lists and Elentra, and through dedicated information sessions, the Schulich website, posters, and social media. For example, information about available Student Research Training Programs is posted on the Schulich Research Office website.

The environment of the School is conducive to student scholarly work. The MD Program provides on average two days/week of unscheduled time to enable students to engage in independent learning, research, and scholarly activities. The Western University Research Ethics Boards (REB) can answer questions about ethics submissions from learners at both campuses.

In Windsor, Devinder Moudgil, PhD is the Medical Student Research Associate. In collaboration with University of Windsor (Office of Research and Innovation Services (ORIS)), Schulich School of Medicine and Dentistry-Windsor Campus and WE-SPARK, this position supports the research activities of medical school students being supervised by researchers and clinicians in Windsor-Essex with the goal of further expanding the research opportunities for the students and the faculty within the region. The Windsor Faculty Research lead works closely with the Medical Student Research Associate.

B. Evidence of medical student participation in research/scholarly activities

In the spring of their second year, the Meds Class of 2024 submitted 106 posters for a virtual research symposium to present and discuss their projects from the Experiential Learning course. A selection of abstracts was published in a special edition of the UWOMJ.

In 2019, the Office of Distributed Education funded nine clinical research projects, two supporting conference attendance only. Though funding was suspended during the pandemic because most conferences were cancelled or held virtually, six projects were funded in 2022.

The first two students in the MD+ Track completed their programs (Master of Public Health at Western; History and Philosophy of Science MSc at University College London) and returned to the MD Program in September 2022. The second two students are taking a one-year leave of absence starting September 2022, each pursuing an MSc in Clinical Epidemiology and Biostatistics.

In May 2022, the Department of Clinical Neurological Sciences (CNS) held their 19th annual CNS Research Day, where a student from the Meds Class of 2023 was part of a three-way tie for best poster (title: *Canadian use of Marijuana Post-Legalization Among Patients with Epilepsy*).

Medical students report satisfaction with the opportunities for research and scholarly activities available to them (Table 3.2-2 C).

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policies and practices, program or partnership outcomes.

Definition taken from CACMS lexicon

- *Senior academic and educational leadership: Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice-dean, associate dean, curriculum chair, and directors of required learning experiences.*

Requirement 3.3-1

The medical school in accordance with its social accountability mission has effective policies and practices in place to achieve mission-appropriate diversity outcomes among its:

i. students
ii. faculty
iii. senior academic and educational leadership
iv. other relevant members of its academic community

Analysis of evidence for requirement 3.3-1

The 2021-26 Strategic Plan reaffirmed the commitment to diversity, equity and inclusion as key factors for fulfilling our social accountability mandate:

> "Our commitment to social accountability begins with a more inclusive School. Equity, diversity, inclusion, and antiracism are foundational to our values of belonging, excellence, and accountability. We will work diligently to ensure that everyone has a place and a voice in our enterprise, in order to maximize the potential of our community.
>
> We affirm our commitment to the essential process of reconciliation with Indigenous Peoples. We accept the failings of our past relationship with Indigenous Peoples, acknowledge the role we played in Canada's colonial history, and commit to the Calls to Action of the Truth and Reconciliation Commission. Social accountability also implies a commitment beyond our own walls – a commitment to respond to the pressing health needs of society, including health disparities in our region and beyond. Our commitment to the principles of equity, inclusion, decolonization, and antiracism is thus fundamental to our mandate to advance health." (Schulich School of Medicine & Dentistry Strategic Plan 2021-2026, page 17)

Policies and Practices for Diversity Outcomes are found in the DCI and included in Appendix_3.3-1_A1-A8 with relevant sections highlighted. These represent a broad approach to diversity outcomes for student admissions (ACCESS Pathway, Indigenous Pathway), and faculty (Western Office of EDI, and Employment Equity Policy).

The 2021-2026 Strategic Plan outlines extensive diversity goals, which are found in the DCI document. These diversity goals, and the strategies proposed to achieve them, cannot be fully assessed for their effectiveness at this point as the goals have only recently been set. While these goals do represent (hopefully) effective practices, the goals do not refer to policies.

With this caveat, there is some evidence available that helps to illuminate Schulich's progress related to its targeted mission-appropriate diversity outcomes. For medical students, admissions statistics are collected and analyzed. Demographic information for Meds Classes of 2024, 2025, 2026 is provided in Appendix 3.3-1 C: Admission Statistics; the most recent year admission statistics are available on the Admissions website. The AFMC Incoming

Survey has been collecting diversity information for all Canadian medical schools since 2019. Data for the Meds2023, Meds2024, Meds2025 and Meds2026 are available for applicants and matriculants including gender identity and sexual orientation, ethnicity, Indigenous and size of home community.

For faculty, senior and academic leadership, other relevant members of the academic community, data have not been systematically collected; the School is in the early stages of addressing this gap. A University survey is currently being done and will provide some information on diversity of faculty within Western. Having access to aggregated School specific data will be important for achieving mission-appropriate diversity outcomes.

While the Strategic Plan is ambitious in its desire to increase diversity among all constituencies, the plan is very early in its implementation, and it remains to be seen whether these intentions translate into the desired mission-appropriate diversity outcomes. The Strategic Plan metrics may not adequately capture desired outcomes with respect to diversity; however, it is understood that the process of implementing the Strategic plan will be an iterative one. Implementation of the Strategic Plan will be monitored with quarterly updates that are discussed and publicized beginning in the 2023-2024 academic year.

Requirement 3.3-2

The medical school engages in ongoing, systematic, and focused recruitment and retention activities to achieve mission-appropriate diversity outcomes among its:

i. students
ii. faculty
iii. senior academic and educational leadership
iv. other relevant members of its academic community

Analysis of evidence for requirement 3.3-2

The School has well developed processes for mission-appropriate diversity recruitment and retention strategies for medical students. It is *beginning* to solidify the approach to recruitment and retention activities to achieve mission-appropriate diversity outcomes for faculty, senior academic and educational leadership, and administrative personnel.

Students

Schulich Medicine Admissions is committed to inclusivity; this commitment is reflected in policy development, committee composition, and the selection of file reviewers and interviewers. The Medicine Admissions Committee (MAC) membership includes community members that reflect the diversity of the population. Implicit bias and EDI training, essential to successful recruitment activities, are included in the MAC onboarding, file review, and interview orientations. The Indigenous and ACCESS Pathways explicitly support mission-appropriate diversity outcome goals.

Attention to financial needs is essential for retention. There are several awards available to students demonstrating financial need that are distributed throughout all years of medical school. Within the Schulich School of Medicine & Dentistry there are over 120 student clubs, which students can join to explore their leisure interests, feel a sense of social interaction and community involvement, or learn information about their career interests.

These access pathway programs, financial assistance for demonstrated needs, and extracurricular clubs assist students both through advocacy for specific needs and by providing a sense of place and community that is essential for success and perseverance through the often challenging and isolating world of medical studies.

Results of these efforts can be seen in Appendix_3.3-1_A1-A8, demonstrating an evolution of diversity in the medical school classes among matriculated students who will graduate in 2024 through 2026. These data

demonstrate increasing numbers of women, Indigenous learners, and visible minorities within the Schulich student population over time

Faculty, Senior Academic and Educational Leadership, and Other Relevant Members of the Academic Community

The same or similar policies, principles and practices that apply to faculty also apply to senior academic and educational leadership as well as other relevant members of the academic community. The University maintains an equitable employment system, free of systemic barriers that might affect the hiring, retention or promotion of a group of people. Western has targeted hiring processes for specific equity-seeking groups, such as Indigenous Scholars and Black Scholars, under Section 14 of the Ontario Human Rights code. The Faculty Collective Agreement has provisions for equity representatives on the various Collective Agreement committees (i.e., Appointments Committees) and has provisions regarding consideration of Indigenous Faculty issues to assist in better understanding of Indigenous scholars.

Western's Office of Faculty Relations assists prospective, new, and current faculty members with non-academic related inquiries. The office provides information on family support (community and Western resources available regarding family and social issues, including childcare, schooling, diversity, eldercare, health care, family recreation, marriage, new baby, and separation/divorce), immigration, relocation assistance, and spousal employment.

The Schulich School of Medicine & Dentistry announced the Acting Associate Dean, Equity, Diversity, Inclusion and Decolonization on September 9, 2022. The role is considered essential for advising the Dean and providing leadership and guidance on matters related to working towards recruitment and retention of faculty, staff and students in a healthy learning and working environment that values anti-oppression, decolonization and equity, diversity and inclusion. The Office of Equity, Diversity, Inclusion and Decolonization also does a speaker series, to maintain a public dialogue on EDID.

Recent data shows a systematic increase in gender diversity among clinical and non-clinical faculty at Western. Information specific to leaders and other relevant members of the academic community could not be found. As such commenting on the outcomes of any recruitment and retention activities for these cohorts is not possible.

Requirement 3.3-3

These activities include the appropriate use of effective policies and practices, programs, or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policies and practices, program, or partnership outcomes.

Analysis of evidence for requirement 3.3-3

As mentioned in 3.3-2 and in the DCI, the Admissions office has many policies and programs in place to increase diversity among the student population. Admissions statistics, seen in Appendix_3.3-1_C show that from 2019 through 2022 there is a discernable increase in the diversity of the matriculated students entering medical school at Schulich. This includes an increase in Indigenous, racialized and non-heterosexual students between these years. This points not only to the effectiveness of policies and programs, but the commitment on the part of the admissions team to diversify the student population in a mindful and intentional manner.

Efforts through policy and practice to diversify the student population seem clear. Further, the Medical Admissions Committee has continued to achieve greater diversity year over year in its admitted students, giving evidence to the effectiveness of these policies and practices. To fully satisfy this requirement, the school would benefit from a more formal and ongoing process to systematically evaluate its policies and practices.

3.4 ANTI-DISCRIMINATION POLICY

A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, gender identity, national origin, race, sex, or sexual orientation. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of documented incidents with a view to preventing their repetition.

Requirement 3.4-1
The medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, gender identity, national origin, race, sex, or sexual orientation.

Analysis of evidence for requirement 3.4-1

There are multiple policies and statements at Western, Schulich School of Medicine & Dentistry, the London Health Sciences Center and other affiliated clinical institutions, that address discrimination. Policies/statements are included in Appendix_3.4-1_A with the relevant sections highlighted.

At Western all reporting and complaints of discrimination are managed through the Western Human Rights Office. No complaints were filed from 2015 to 2018, nor in 2020. One complaint was investigated in each of 2019 and 2021.

The Office of Human Rights, Equity and Accessibility at the University of Windsor has not received any discrimination complaints since 2015.

No information was received regarding incidents of discrimination from affiliated clinical institutions.

Even though there are policies in place and few formal complaints have been received, Schulich acknowledges the reality that discrimination is often underreported. That said, objectively it is reassuring that very few reports on discrimination are brought forward.

Requirement 3.4-2
The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect.

Analysis of evidence for requirement 3.4-2

The School and Western University recognize that fostering an environment in which all individuals are treated with respect begins with leadership and is an ongoing process. The commitment to a respectful and inclusive environment is outlined in the Western and Schulich Codes of Conduct and serves as direction for all who work, learn and teach in the School. The Schulich School of Medicine & Dentistry values high standards in all working, learning and clinical care environments.

The Codes are augmented by other university, clinical affiliates, regulatory bodies and government policies and processes for professional and respectful behavior. The core values outlined in the School's 2021-2026 Strategic Plan include Belonging, Excellence and Accountability. The School's Four Pillars of Professionalism are Altruism, Integrity, Respect and Responsibility. Communication, role modelling and education of faculty, staff and students is the mainstay for fostering a safe, respectful environment. The Dean's address to the Meds 2026, Meds 2025 and Meds 2024 students at their White Coat Ceremony explicitly stated the importance of collegiality, respect, kindness and gratitude.

The School and Western are receptive to the voices of student, staff and faculty concerns and follow this with action to create and maintain safe, inclusive, and respectful learning and working environments. The TRC Calls to Action, Black Lives Matter and Gender-Based Sexual Violence are some of the critical societal issues that are being addressed. Visible action can be seen throughout the School and University with smart screen messaging, posters (e.g., consent posters are in all washrooms on walls and backs of stall doors) and social media postings.

The clinical affiliates require all learners and faculty to complete e-learning modules on Accessibility, Workplace Violence Prevention, Confidentiality, and Privacy amongst others. The hospitals have patient experience offices to ensure all who receive care are listened to and their needs valued. Each has a code of conduct and reporting procedures for workplace behaviours by professional and support staff, learners, patient/family, third party, or visitor actions impacting an individual or group. All have processes to lodge a complaint and procedures to be followed, such as independent investigations.

There is always work to be done, and this includes orientation activities for students and onboarding for new staff, faculty and leadership that require completion of online modules addressing issues such as Gender-Based Sexual Violence. As an additional example, the orientation week for the incoming Meds 2026 class included sessions on Gender-Based Sexual Violence Resources, Indigenous Health 101, and Re-thinking the Concept of Ableism and Normal, in addition to the introduction to faculty, staff and the program.

The Associate Dean, Learner Experience gives annual sessions to each of the classes on Discrimination and Harassment, and the reporting process for incidents. The Learner Experience Office website has a Mistreatment and Reporting Incidents portal which students will use to report issues of concern that may include discrimination. Non-anonymous reporting will be referred to the Western Human Rights Office for investigation and/or alternate resolution processes when appropriate. All student evaluation forms of required educational experiences include asking about whether the learning occurred in a safe and respectful way.

As demonstrated from Table 3.4-2 in the ISA, students at both campuses feel overwhelmingly that both the medical school and the hospitals foster an environment where people are treated with respect.

Requirement 3.4-3

The medical school and its clinical affiliates take steps to prevent discrimination.

Analysis of evidence for requirement 3.4-3

The DCI outlines many approaches to preventing discrimination, through policy, promotion and procedures. Western and Schulich have codes of conduct that promote anti-discrimination. Schulich makes an effort to promote these through signage in hallways as well as smartboard messaging. Students are given presentations on discrimination at least annually through the LEO. Included in these presentations is information about how to report discrimination in a confidential manner.

There are also formal courses for medical students, such as Professionalism, Career & Wellness, as well as Integrated Small Group Learning that tackle issues of discrimination as part of the formal curriculum.

Similarly, clinical affiliates have their own codes of conduct that are reviewed at orientation for students at the beginning of clerkship. Regular meetings between the Vice Dean UME and medical affairs leadership provide for the opportunity to review ongoing issues related to professional behaviour in the clinical learning environment.

Requirement 3.4-4

The medical school and its clinical affiliates provide a safe mechanism for reporting incidents of known or apparent anti-discrimination breaches.

Analysis of evidence for requirement 3.4-4

The DCI outlines the approach for reporting incidents of known or apparent anti-discrimination breaches. The Schulich School of Medicine & Dentistry – Learner Mistreatment Guideline outlines this approach. This approach to complaints provides a safe mechanism for reporting incidents, and ensures that confidentiality is maintained as much as possible. The policies and procedures contain explicit protections for the complainant and their interests.

A convenient, effective and confidential means to report learner mistreatment is available online on the learner experience website. This is the preferred method of reporting suggested by the School. However, learners may also report mistreatment through several other avenues. They may report events in any learning and experience evaluation or faculty review form. Learners may also report events to the Learner Experience Office, Western University Human Rights Office, Western University Student Experience, Program faculty, administrative staff, or leaders (Undergraduate Medical Education, Postgraduate Medical Education and Doctor of Dental Surgery leaders). Witnesses or other learners may provide support by submitting their own report. Reporting of events may be anonymous or identified. All reports will be reviewed and are confidential. This creates a safe reporting environment.

The Learner Experience Office reviews and manages all reports. All communication gathered is confidential. The disclosure form, supporting documents, investigation records and documents, and discussion and meeting notes are retained in a secure file in the Learner Experience Office or if necessary, elsewhere in a School, Western University or University of Windsor secure electronic file. These documents are not disclosed unless released by the Privacy Officer or under the legal requirements of a court order. This helps to maintain confidentiality and foster a safe reporting environment.

The School and University guard the confidentiality of the complainant whenever possible. If there is reason to anticipate identification of the learner because of the review, there may be a discussion with the complainant to consider a delay in action until the end of a course, rotation, or academic year. This provision will not be considered if delayed action may place that learner or other learners at risk. This serves to balance the protection and safety of the complainant and confidentiality.

If the Learner Experience Office finds itself to be in a conflict of interest with a complaint, the Learner Experience Office will immediately inform the Dean who will appoint another individual to review the incident. This again serves to foster a safe mechanism of reporting incidents, to ensure conflict of interest is removed.
Learners who self-identify in an incident are provided full support through the Learner Experience Office and if relevant, Western University Student Experience or any professional body or affiliate. This support involves all care necessary while the learner is at Western. Transition to follow-up care is also provided, if necessary. This support helps to foster a safe reporting environment.

Only a small number of students indicated that they felt discriminated against in a hospital setting. These students are still encouraged to make the school aware of these incidents through the LEO. These complaints are eventually reported back to the clinical affiliate in a confidential manner as part of the School report back to the clinical affiliate.

Requirement 3.4-5

The medical school and its clinical affiliates provide fair and timely investigation of allegations of discrimination.

Analysis of evidence for requirement 3.4-5

The process for a fair and timely investigation of an allegation is as outlined in 3.4-4. The process is tailored to the specific allegation, bound by legislation and confidentiality. The Learner Experience Office or leader approached will follow up with the individual identified as potentially displaying discriminatory behavior. The student will not be formally identified unless they are willing to allow this.

Once a student files an allegation of discrimination, within 2 days the Learner Experience Office reaches out to the student to arrange an appointment to follow up with the student. The actual length of time that it takes to do the investigation varies greatly, depending on the seriousness of the allegation and the extent to which it is investigated.

Requirement 3.4-6

The medical school and its clinical affiliates provide prompt resolution of documented incidents of discrimination with a view to preventing their repetition.

Analysis of evidence for requirement 3.4-6

The Schulich School of Medicine and Dentistry has a coordinated system for reporting incidents of discrimination. All incidents are reported to Learner Experience (either through an on-line portal or during a face-to-face meeting with the LE team) and then, with the complainant's permission, referred to Student Experience, the Human Rights Office (HRO), or to the Medical Affairs reporting system depending on the nature of the complaint and the setting in which it occurred. If a student contacts Student Experience, The Human Rights Office, or Medical Affairs first, the incident details are shared back to Learner Experience.

Hospital and School discrimination and Harassment Policies are in place and, along with the Western Student Code of Conduct, guide processes for incident reporting, follow-up, investigation, and resolution.

With regards to timelines for prompt resolution of incidents of discrimination, all complaints to Learner Experience are responded to within 2 days to set up in-person or virtual meetings with complainants. Once the nature of the complaint has been determined, and, if needed, referred to the appropriate office/organization, the process and timeline to resolution can vary. For example, serious allegations that are investigated by the HRO can take months to be properly investigated. In all incidents, a balance between thorough investigation and prompt resolution is sought. Unfortunately, little is known about how long it takes to resolve the incidents other than it is quite variable. Time to resolution of complaints is not tracked and most of the focus regarding addressing incidents is focused on promptly starting the investigation of complaints and dispositioning them to the correct office/organization. There does not appear to be a definition of “prompt” against which we can measure our performance. Despite this, it can be said that it is reassuring that complaints are initially addressed within a very short time frame. The actual time to resolution will be quite variable depending on the context and content of the issue.

Prevention of incidents is a priority for the school. For example, after Learner Experience received 3 anonymous complaints regarding transphobic comments made within the same clinical program, Learner Experience worked with the program to present at their rounds discussing learner mistreatment and how such comments interfere with the safety of the learning environment. The presentation also highlighted that if there was a pattern of complaints regarding a clinician or a named complainant this would result in a formal investigation. Despite not being able to conduct a formal investigation due to anonymous complaints, a proactive, preventative approach was still able to be used.

3.5 LEARNING ENVIRONMENT

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations

The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to:

- ***a) identify positive and negative influences on the maintenance of professional standards***
- ***b) implement appropriate strategies to enhance positive and mitigate negative influences***
- ***c) identify and promptly correct violations of professional standards***

Requirement 3.5-1

The medical school ensures that the learning environment of its medical education program at all locations is conducive to the ongoing development of explicit and appropriate professional behaviors in its:

- *i. medical students*
- *ii. faculty*
- *iii. staff*

Analysis of evidence for requirement 3.5-1

A key strength of the School is its people: learners, staff, and faculty. The 2021-2026 Strategic Plan explicitly emphasizes the value of our people in its strategic priorities and goals. Banners prominently placed in the medical school highlight the strategic priorities, including People and Partnerships, to visibly demonstrate the School's commitment to promoting an environment of respect, fairness, and collegiality. A large plaque dedicated to the four pillars of professionalism – Altruism, Integrity, Responsibility and Respect – is positioned in a high-traffic location. The expectations for professional behaviour are laid out in the School's Code of Conduct and the statements on Teacher-Learner and Clinician-Trainee Relationships. These expectations are in addition to those specified in the Western Code of Student Conduct and policies and procedures relating to the broader Western community on the University Secretariat website.

Medical students

The School and the clinical affiliates strive to ensure that their learning environments nurture the development of explicit and appropriate professional behaviours through education, communication, leadership, role modelling and, as required, taking necessary corrective action. Students attend specific sessions on the responsibilities of the profession throughout the longitudinal 4-year course Professionalism, Career & Wellness. Appraisal of professional behaviours is embedded in and monitored through all student assessments, such as course, rotation, and faculty evaluations. UME or LEO staff follow up on any concerns raised through assessments or logged through the Learner Experience portal.

Faculty and Staff

Professional behaviours are a component of annual performance reviews for staff, faculty, and senior leadership. Learners, staff, and faculty may access mentorship, remediation, and support as appropriate through the Learner Experience and Faculty Affairs offices. If necessary, external support programs are available for learners and faculty (for example, through the College of Physicians and Surgeons of Ontario (CPSO) and the Canadian Medical Protective Association (CMPA)). As per their employee agreement, staff may access educational assistance to pursue training and development opportunities relevant to current or future career aspirations, whether at Western or other accredited Canadian universities or colleges.

Requirement 3.5-2

The medical school and its clinical affiliates share the responsibility in the periodic evaluation of the learning environment in order to:

a) identify positive and negative influences on the maintenance of professional standards
b) implement appropriate strategies to enhance positive and mitigate negative influences
c) identify and promptly correct violations of professional standards

Analysis of evidence for requirement 3.5-2

The shared responsibility for the learning environment is outlined in the affiliation agreements. There are regular meetings between the medical school and its clinical affiliates which can include discussing the learning environment.

a) All medical student-required clinical learning is evaluated by the students for the safety of the learning environment and the behaviours of their preceptors. Students are asked to comment on whether "This clinical site provided a learning environment in which I felt emotionally, mentally, and physically safe." In addition, student evaluations of individual preceptors include a question on whether the individual established a positive learning environment. All student evaluation forms include the following disclaimer:
Reminder: If you have experienced or witnessed mistreatment, you are strongly encouraged to discuss the incident with the appropriate resource available to you here at Western University. For more information and guidance on reporting mistreatment, please consult the resources here:
https://www.schulich.uwo.ca/learner-equity-wellness/equity_professionalism/reporting/index.html

The evaluation forms completed by students at the end of their placement and for their specific Clinical Preceptor are in Appendix_3.5-2_B2

Any red flags in Elentra will be reviewed by the UME staff, the Vice Dean, Undergraduate Medical Education, and the Competence Committee, and as required, follow up with the appropriate individual, leader or department as per procedure. Issues of wellness and burnout have been paramount over the past several years, with approaches at the medical school and the clinical affiliates stressing positive approaches and how to minimize and manage the negative. One example includes a voluntary survey introduced by LHSC that includes questions about the workplace for learners, staff and faculty with quarterly reporting online, of LHSC Performance Indicators. The LHSC and SJHC CEOs use email and social media "kudos" and "shout outs" to recognize and celebrate outstanding efforts by their teams.

b) Meeting deadlines, maintaining competence and contributing to a safe and respectful working and learning environment are professional expectations. The Medical Affairs Trainee Relations Specialist ensures the Medical Affairs website for medical learners, including visiting student electives, is up to date. This is tracked by the Medical Affairs Trainee Relations Specialist and shared with the Clerkship Coordinator, who follows up with any students who have yet to complete mandatory learning by the required deadline. Any student who fails to fulfil the training must meet with the Vice Dean, Undergraduate Medical Education, to explain the reason for failing to meet the deadlines and outline action steps for completion. Students are not permitted to begin any clinical learning until all required documentation is complete.

c) Medical Affairs will reach out to the relevant decanal lead with violations of professional standards by medical students and residents. The clinical affiliates have reporting mechanisms for bullying, harassment, threats of violence, etc. (Adverse Event Management System – AEMS report at LHSC/SJHC and Incident Report – RI6) that are to be completed by all personnel. When appropriate, Medical Affairs connects with the PGME or UME Offices when learners are involved. The Privacy Offices conduct random audits of access to the electronic health record. Any unusual or suspicious access is investigated, and when unsanctioned access is by a learner, the Privacy Office contacts Medical Affairs.

Schulich has a code of conduct that applies to all faculty, staff, learners and visitors. The Code outlines options for the reporting of violations of professional standards through a number of venues. The Learner Experience office has a confidential reporting mechanism that allows learners to anonymously report mistreatment. All reports of mistreatment are brought to the attention of the Associate Dean, Learner Experience.

For more serious mistreatment, Western has policies on Harassment and Discrimination that are handled through the Office of Human Rights and Equity Affairs. Through this office, guidance is given to faculty, staff and students regarding concerns about Harassment and Discrimination and where appropriate, investigations are undertaken. At the Windsor Campus, the learning environment is routinely discussed during the Schulich Windsor Campus Academic Committee. Three medical students represent their peers with academic directors from each major clinical rotation. Additionally, in camera (without students present), academic leads are also asked to discuss concerns they have with faculty. The Associate Dean, Windsor Campus, also sits on the Medical Affairs Committee (MAC) of both hospitals where faculty concerns are occasionally raised as part of the credentials committee reporting process.

The process for the correction of violations of professional standards differs depending on the source of the violation. Hospital staff violations in behaviours at LHSC are addressed through the AEMS system of reporting and are handled by the appropriate manager. Physician/faculty violations are addressed initially by the Department or Division Chair/Chief. Issues may be brought to their attention through several avenues and the Chair is encouraged to resolve issues at the local level. There is not a clearly defined and consistent process in place for dealing with faculty professionalism lapses. While individual Department Chairs and Chiefs may address matters using their own approach, Chairs are encouraged to utilize a Schulich approach to lapses in professional behaviour which is called **RESOLVES**. This is a supportive and non-punitive approach to understanding reasons underlying the lapses in behaviour and then facilitating behavioural change in a supportive way. If there are ongoing faculty issues related to professional conduct, the Vice Dean, Clinical Faculty Affairs is available to be involved in the resolution process.

3.6 STUDENT MISTREATMENT

The medical school has written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and investigated without fear of retaliation.

Requirement 3.6-1
The medical school has written policies that define mistreatment.

Analysis of evidence for requirement 3.6-1

The Learner Mistreatment definition, guidelines and reporting form and process are found on the Learner Experience website. The Schulich School of Medicine & Dentistry – Learner Mistreatment Guideline was approved October 2, 2020. Mistreatment is defined and highlighted in the Learner Mistreatment Guideline (Section 2 of the Guideline: "Definitions for Recognition"). The definition comes from the Association of American Medical Colleges (2011):

> *"Learner mistreatment refers to the intentional and unintentional behavior that shows disrespect for the dignity of others and unreasonably interferes with learner process."*

The Learner Mistreatment definition highlights that mistreatment may be verbal, emotional or physical in nature, and provides several examples. Discrimination and Harassment are defined in the Western Non-Discrimination/Harassment Policy.

Requirement 3.6-2
The medical school has effective mechanisms in place for a prompt response to any complaints.

Analysis of evidence for requirement 3.6-2

As outlined in the DCI there is a well-defined process through the Learner Experience Office to address any medical student complaints. These complaints are addressed, at least initially, in a timely manner with all students being offered a time to meet within 2 business days of the complaint. Time to resolution is variable, depending on the complexity of the complaint.

Whether these mechanisms are effective or not is difficult to assess. There is no formal mechanism in place to assess effectiveness. The school could consider implementing anonymous surveys of individuals who have made complaints to assess their experience and determine if they are satisfied with both the logistics and content of the outcome of their complaint.

Requirement 3.6-3
The medical school supports educational activities aimed at preventing mistreatment.

Analysis of evidence for requirement 3.6-3

The Schulich School of Medicine and Dentistry supports both student and faculty directed education to create awareness about and prevent learner mistreatment.

Each fall, the Associate Dean, Learner Experience presents a mandatory large group session for students that includes definitions and examples of bullying, harassment, mistreatment, and gender-based sexual violence. The session reviews the Learner Mistreatment Guideline and reviews the processes for reporting incidents. For Meds Class of 2025, this session was held virtually in October of 2021 and for the Meds Class of 2026, the session was

held in-person in September 2022. Additionally, in both years 1 and 2 of the curriculum, Integrated Small Group learning sessions regarding learner mistreatment occur in the Professionalism, Career, and Wellness (PCW) course. These sessions discuss strategies and action steps that students and professionals can take if they recognize mistreatment. A specific session in year 2 of PCW is focused on workplace boundaries. In clerkship, these topics are revisited when the Associate Dean, Learner Experience, participates in clerkship orientation to review issues around learner mistreatment and the role of the Learner Experience Office in supporting students.

After an educational presentation to the Executive Committee of Schulich Council on October 2, 2020 to approve the Learner Mistreatment Guideline and Process, the Associate Dean, Learner Experience, presented the policy to faculty. Information about what constitutes learner mistreatment and how to recognize it was presented to each clinical and basic science department during the 2020-21 academic year. Ongoing, the Learner Experience Office offers and provides sessions to Divisions and Departments regarding how to prevent learner mistreatment, how to approach conversations about potential mistreatment with learners, and how to support learners who have experienced racist or sexist comments from patients.

In alignment with Western University, the Schulich School of Medicine and Dentistry has fully supported Western's Gender Based and Sexual Violence Action Committee (outcomes, resources, prevention news, and terms of reference are accessible on the Office of the President website). All faculty and students have been required to complete a GBSV training module.

Additionally, Western and the Schulich School of Medicine and Dentistry post information posters and signs about mistreatment and sexual violence throughout washrooms, hallways and classrooms in campus buildings to enhance prevention and reporting,

Requirement 3.6-4
Mechanisms for reporting mistreatment are understood by medical students.

Analysis of evidence for requirement 3.6-4

All students have access to the Learner Mistreatment Guideline, which is prominently displayed and available on the Learner Experience Website. The Guideline reviews the Purpose of the Guideline, the Definitions of mistreatment, discrimination, and harassment, and the Process for reporting mistreatment. Each class from years 1 to 3 receives a presentation from the Learner Experience Office on an annual basis at the beginning of the academic year to review the role of the office and to review reporting mechanisms for mistreatment.

Table 3.6-4 A from the DCI shows ISA data, indicating that the majority of students in all years understand how to report mistreatment. Understandably, there are fewer students in first year (at both campuses) with an understanding of the reporting mechanism. This number increases over time at both campuses.

Requirement 3.6-5
Mechanisms for reporting mistreatment are understood by visiting medical students.

Analysis of evidence for requirement 3.6-5

The Schulich School of Medicine and Dentistry supports education to create awareness about learner mistreatment and has policy to prevent learner mistreatment for both home and visiting medical students. Unfortunately, the COVID-19 Pandemic resulted in the cancellation of all visiting medical student electives for the classes of 2021, 2022, and 2023. Visiting electives will return with the class of 2024. The learner mistreatment reporting process for visiting medical students is identical to that for home medical students, and is outlined in a welcome letter from LEO. All medical students are oriented to LEO during the first week of their respective programs with a Welcome Letter, a presentation during Orientation Week, and welcome emails. As mentioned, the reporting process for all students is identical through the online mistreatment reporting tool.

Because of the absence of visiting student electives over the last few years, we do not have current data on visiting medical students' awareness and understanding of learner mistreatment reporting. For this report, it is reasonable to use the data collected in 3.6-4 as a proxy for this standard. Going forward, visiting students' understanding of learner mistreatment reporting will be collected and cross-referenced with this proxy.

Requirement 3.6-6

Mechanisms for reporting mistreatment ensure that any mistreatment can be registered and investigated without fear of retaliation.

Analysis of evidence for requirement 3.6-6

The Learner Mistreatment Guidelines and Western University Code of Conduct Process outline the expectation that reporting mistreatment is the responsibility of all and to be done without retaliation. Students can report through the Learner Experience Office via an anonymous and confidential portal (LEO website) or by booking an appointment. The LEO and Western University offices maintain high standards of privacy and confidentiality. The Dean, departmental Chairs/Chiefs, and other decanal leaders are responsible for ensuring no retaliation or negative impact for those who report mistreatment. However, the perception of students, staff, and faculty may reflect a fear of retaliation despite robust processes and safeguards. Evidence for this perception is outlined by the results of the ISA. Table 3.6-6 B shows that students at both campuses are still leery of reporting without fear of retaliation. Learners are encouraged to report to the LEO if any concerns for retaliation arise so that it may be investigated.

STANDARD 4
ELEMENT EVALUATION FORMS

STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

The faculty members of a medical school are qualified through their education, training, experience, and continuing professional development and provide the leadership and support necessary to attain the institution's educational, research, and service goals.

4.1 SUFFICIENCY OF FACULTY

A medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum and to meet the other needs and fulfill the other missions of the medical school.

Requirement 4.1-1
The medical school has in place a sufficient cohort of faculty members with the qualifications and time required to deliver the medical curriculum.

Analysis of evidence for requirement 4.1-1

Currently, there is a sufficient cohort of faculty members with the necessary qualifications and time to deliver the medical curriculum. The Schulich School of Medicine and Dentistry has collectively available at both education sites: 1108 part-time clinical faculty members (clinical adjuncts and clinical preceptors) as well as 957 full-time clinical faculty members (155 Professors, 435 Associate Professors, 365 Assistant Professors and 2 Lecturers). This team is complemented by 204 full-time basic faculty members which include probationary, tenured and limited-term faculty (98 Professors, 71 Associate Professors, 38 Assistant Professors). Another 70 adjunct professors and 15 UWOFA part-time limited duty faculty complete the roster.

The qualifications for basic science faculty are outlined in Appendix_4.1-1_A1 as defined by UWOFA.
The typical workload breakdown for basic science faculty is 40:40:20 (research: teaching: service) and the workload is reviewed and specified annually by the department chair. Alternate workloads emphasizing teaching or research are available and deployed to accommodate faculty member skills and training. Basic science faculty may be assigned teaching roles in the BMSc, graduate programs and/or medical curriculum. Most basic science departments have designated instructors to cover the bulk of the teaching within the medical curriculum.

The conditions of appointment for clinical faculty are also outlined in Appendix_4.1-1_A2. Clinical faculty are assigned teaching workloads ranging between 10-75% in accordance with the Conditions of Appointment for Physicians section 6.2. Clinical teaching may include undergraduate medical students, post-graduates and/or CME. Despite the ample basic and clinical faculty size, there have been some challenges in filling small group and large group teaching needs in some disciplines. The greatest concern is with finding facilitators for small group learning and academic coaching. In these instances, the curriculum is being delivered by increasing group sizes from the desired 6 to 8 students in some cases.

Requirement 4.1-2
The medical school has in place a sufficient cohort of faculty members with the qualifications and time required to meet the other needs and fulfill the other missions of the medical school.

Analysis of evidence for requirement 4.1-2

The Dean and Senior Leadership Council and Clinical and Basic Chairs meet regularly to ensure the needs and mission of the medical school are met. Requirements of tenure/tenure-track faculty as outlined in Appendix_4.1.1_A1, taken from UWOFA Collective Agreement, specified faculty workloads must include research and service components in addition to teaching.

The Conditions of Appointment for Physicians, Appendix_4.1.1_A2 outlines workload assignments. All full-time clinical academics are assigned to an Academic Role Category (ARCs) which defines the faculty member's % time spent in clinical duties, teaching, research, administration, leadership/general contributions/role model. Full time clinical academics are expected to spend 50% or more of their time in an academic role with the University. The clinical departments engage in human resource planning to ensure that faculty complement meets the academic deliverables of each department, the School and the university. As of July 2021, the AMOSO AFP faculty ARC complement included 1% Clinician Educators; 3% Clinician Scientists; 6% Clinician Administrators; 20% Clinician

Researchers; and 68% Clinician Teachers. Collectively, a sufficient cohort of faculty members are in place to meet the mission of the medical school.

4.2 SCHOLARLY PRODUCTIVITY

The medical school's faculty, as a whole, demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Requirement 4.2-1
The medical school's faculty, as a whole, demonstrate a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.

Analysis of evidence for requirement 4.2-1

All faculty, whether clinical or basic science, are expected to undertake research/scholarly activity in their area of expertise as described in 4.1.1 under the Conditions for Appointment for Physicians or UWOFA Collective agreement for basic science faculty; these expectations are supported by explicit performance indicators. Promotion and tenure in the basic sciences is in part based on a strong performance in research/scholarship. Faculty in both clinical and basic science departments, whether tenure track or limited term, are evaluated annually and given feedback on their research/scholarly goals.

A new career stream of UWOFA faculty - Teaching Scholar - has been implemented in 2018 with the current collective agreement. Teaching Scholars are placed on track for promotion to Associate Professor with Continuing Status within six years of employment. The research portion of their workload (10-40%) is based on teaching scholarship. With outcomes for the School's Strategic Plan 2021-2026 in mind, the positions of Associate Dean, Clinical Research (October 2021), Assistant Dean, Research Chairs & Awards (September 2021), and Assistant Dean, Clinical Research Training were created to lead and support strategic collaborative initiatives and to recognize excellence with the faculty. For example, the Associate Dean Clinical Research enables effective partnerships across the University and its health care partners to help faculty achieve the overall research mission of the School.

In 2021-2022, Schulich research engaged ~700 independent investigators that supervised ~ 450 masters and ~215 doctoral students. Over 1500 research grants totaling $136M (12% increase over previous 5-year average) led to >2000 publications. The School is home to 16 Canada Research Chair holders and over 35 endowed chair holders. Collectively, the School is growing and excelling in scholarly and research activity.

4.3 FACULTY APPOINTMENT POLICIES

A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve a faculty member, the appropriate department head(s), and the dean, and provides each faculty member with written information about the faculty member's term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.

Requirement 4.3-1

The medical school has clear policies and procedures in place that involve the faculty member, the appropriate department head(s) and the dean when dealing with a faculty member's:

i. appointment
ii. renewal of appointment
iii. promotion
iv. granting of tenure
v. remediation
vi. dismissal

Analysis of evidence for requirement 4.3-1

Schulich School of Medicine and Dentistry follows the policies and procedures for appointments as defined by UWOFA, which deals with items 4.3-1(i-vi), for all types of faculty appointments (including tenure track full time, limited term, limited duties and teaching scholar), in the basic sciences. Clinical academic appointments (full time clinical, part time clinical, adjunct or institute scientist) are appointed by the University in accordance with the Conditions of Appointment for Physicians document. Details for the policies and procedures items 4.3-1(i-vi) for both clinical and basic science faculty are outlined in Appendix_4.3-1_B1-B2. Thus, standard operating procedures and policies are in place to manage all faculty dealings that include initial appointment, renewal, promotion, tenure, remediation and (if necessary) dismissal.

Requirement 4.3-2

The medical school provides each faculty member with written information about the faculty member's:

i. term of appointment
ii. responsibilities
iii. lines of communication
iv. privileges and benefits
v. performance evaluation and remediation
vi. terms of dismissal
vii. the policy on practice earnings (if relevant)

Analysis of evidence for requirement 4.3-2

Information regarding items (i-vi; item vii is not relevant in our context) are defined in the Joint letter of Offer (clinical) or Academic Offer Letter (basic science) as described in Appendix_4.3-2_A, as well as the Conditions of Appointment and/or UWOFA collective agreement. Hyperlinks are provided in the above-mentioned letters to relevant sections in the Appointment documents Appendix_4.3-2_A. Standard governing mechanisms ensure all these items are in place.

4.4 FEEDBACK TO FACULTY

A medical school faculty member, consistent with the terms of the faculty member's appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

Definitions taken from CACMS lexicon

- *Senior academic and educational leadership: Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice-dean, associate dean, curriculum chair, and directors of required learning experiences.*
- *University: The university or universities of which the medical school is a part.*

Requirement 4.4-1

A medical school faculty member, consistent with the terms of the faculty member's appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on academic performance, and, when applicable, progress toward promotion or tenure.

Analysis of evidence for requirement 4.4-1

All faculty receive formal feedback from their department chairs ("Career Development & Planning" (CDP) for clinicians; "Annual Performance Evaluation" for faculty appointed to Basic Science departments). Physicians with Continuing Appointments at the Associate Professor or Professor rank may be reviewed bi-annually.
The CDP process is an opportunity for regular career discussions regarding clinical responsibilities, teaching, research, and administration, with the goal of enhancing collaboration between leaders and faculty members. The CDP process is bi-directional, consisting of a balanced discussion on strengths as well as learning needs, and career goals including personal aspirations, plans for personal development, challenges and barriers to success, and resources needed to succeed.

The Conditions of Appointment document (found in Appendix_4.1-1_A2) details the CDP processes for physician faculty members. These processes for feedback serve to ensure that faculty members progress appropriately through the ranks and maintain a high quality of performance. Table 4.4-1B shows the percentage of full-time clinical faculty that received feedback in the most recently completed academic year; the data suggests it varies amongst the Clinical departments from 45-100%, with all but 3 Departments exceeding 73%. Given that this data set reflects a one-year snapshot, and feedback may be received annually or biannually, the committee was satisfied that most clinical faculty are receiving feedback on a regular basis, but this situation is being monitored in both the London and Windsor sites.

UWOFA members follow the Annual Performance Evaluation Process as required by the Collective Agreement (Appendix_4.1-1_A1). All UWOFA Members on a Probationary Appointment also receive an annual review by the Dean (or designate) on their progress toward meeting the expectations for Promotion and/or Tenure as described in their letter of Appointment. Table 4.4-1 B shows that 100% of full-time faculty members, in the most recently completed academic year, received feedback. These UWOFA-directed processes continue to serve the medical school well, ensuring that faculty members receive annual evaluation and feedback; pre-tenured faculty receive even further feedback from the Dean or designate.

4.5 FACULTY PROFESSIONAL DEVELOPMENT

A medical school and/or the university provides opportunities for professional development to each faculty member (e.g., in the areas of teaching and student assessment, curricular design, instructional methods, program evaluation or research) to enhance the faculty member's skills and leadership abilities in these areas.

Definition taken from CACMS lexicon
- *University: The university or universities of which the medical school is a part.*

Requirement 4.5-1

The medical school and/or the university provides opportunities for professional development to each faculty member (e.g., in the areas of teaching and student assessment, curricular design, instructional methods, program evaluation or research) to enhance the faculty member's skills and leadership abilities in these areas.

Analysis of evidence for requirement 4.5-1

All faculty at the School have access to a wide variety of workshops, lectures, speaker presentations, e-learning resources, and other training related to continuing professional development, teaching and learning, leadership development, mentorship and research. In some cases, these opportunities are provided by the School while in other cases they are available University-wide, such as those provided by the Office of Indigenous Initiatives, the Centre for Teaching and Learning, and the Office of Equity, Diversity & Inclusion. The School ensures that this broad slate of offerings is available to faculty on Western campus, Windsor campus and at Distributed sites. The Continuing Professional Development office offers advanced certifications in education, while the Centre for Education Research & Innovation offers opportunities for mentorship for education research. Full and part-time faculty receive regular and diverse communications about the opportunities to grow and develop professionally within their defined roles as well as in potential or realized leadership roles. Clinical Academic faculty at the Western or Windsor site can refer to the Continuing Professional Development Guide to assist with planning of continuing professional development initiatives. The School also ensures that funding opportunities for faculty development are made available and are well advertised to all faculty and students.

4.6 GOVERNANCE AND POLICY-MAKING PROCEDURES

The dean and a committee of the faculty at a medical school determine the governance and policy-making procedures of the medical education program.

Requirement 4.6-1

The dean and a committee of the faculty at a medical school determine the governance and policy-making procedures of the medical education program.

Analysis of evidence for requirement 4.6-1

The Curriculum Committee is the governing body for the undergraduate medical education program and reports to the Executive Committee of Schulich Council (ECSC). This is similar for the PGME Committee. The ECSC meets at least 4 times per year and may act in the name of or on behalf of the Joint Schulich Council (JSC), of which it is a subcommittee (Appendix_4.6-1_A_JSC TOR). The JSC meets at least 4 times per year and advises the University Senate on all matters under the Senate's jurisdiction pertinent to the School. Pertinent UME and PGME policies, statements, information and procedures are reviewed, discussed and approved at ECSC/JSC meetings. These procedures are considered appropriate and sufficient to run the medical education program.

STANDARD 5
ELEMENT EVALUATION FORMS

STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

5.1 ADEQUACY OF FINANCIAL RESOURCES

The present and anticipated financial resources of a medical school are adequate to sustain the medical education program and to accomplish other goals of the medical school.

Requirement 5.1-1

The present and anticipated financial resources of the medical school are adequate to sustain the medical education program and to accomplish other goals of the medical school.

Analysis of evidence for requirement 5.1-1

The medical school has an extensive and multilayered budgeting process that is designed to ensure that sufficient funds are available to execute the medical education program. A stable base budget of ~$90 million has revenue contributions from practice plans, the province, the hospitals and other health agencies. Department Chairs and Chair/Chiefs annually present their budgets for review to the Dean's office prior to consolidation of the Dean's budget, which is delivered to the Provost for review and recommendation. The Board of Governors provides the final approval. All these checkpoints ensure sufficient funds are made available annually to sustain the medical education program. Financial reserves are available as needed and have been modestly used in the past year. Capital requests for deferred maintenance and infrastructure needs are elevated from the Associate Director of Facilities to the Executive Director of Finance and Operations and the Dean. These requests are presented to the University for consideration with final approval coming from the Board of Governors. The Schulich School of Medicine & Dentistry has a long and successful tradition of meeting its short-term, long-term and capital financial needs and processes are in place to see the building of a new Bioconvergence Centre, which will house many of the facilities necessary to deliver the medical education program.

5.2 DEAN'S AUTHORITY/RESOURCES

The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean's responsibility for the management and evaluation of the medical curriculum.

Requirement 5.2-1

The dean of a medical school has sufficient resources and budgetary authority to fulfill the dean's responsibility for the management and evaluation of the medical curriculum.

Analysis of evidence for requirement 5.2-1

The annual faculty budgeting process drives a regular evaluation of the sufficiency of resources to manage the medical curriculum. As the decanal and administrative leadership within Medical Education develop their budgets, they identify in detail the resources that will be required to fulfil their mission. Additional budgetary resources may be requested as required; for these new initiatives, the unit will prepare a business case that articulates the rationale for the request, the alignment of the request with the Strategic Plan, and the implications for the School if the request is not funded. The Dean in collaboration with the Chief Administrative Officer reviews these detailed documents to prioritize funding requests and to distribute resources accordingly. When critical needs arise within the Medical Education portfolio, these can be brought forward outside of the regular budgeting process in order to secure funding more urgently. The Dean has flexibility through reserves and a strong relationship with the university to ensure funding can be accessed when needed.

After the budget has been reviewed as above, a final decision is made by the Dean on what items are approved to go forward in the annual budget, which is presented to and defended before the University by the Dean, the Chief Administrative Officer and the Executive Director, Finance and Operations. For the current budget year, in addition to the budgetary request from Schulich in support of Medical Education, the Dean and Executive Director have procured an additional $20M of University funds which has been allocated towards planning a new Bioconvergence Centre, which will include space for anatomy teaching labs and additional needs for Medical Education.

5.3 PRESSURES FOR SELF-FINANCING

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school's educational mission.

Requirement 5.3-1
The medical school admits only as many qualified applicants as its total resources can accommodate.

Analysis of evidence for requirement 5.3-1

The size of the entering medical student class is fixed by the Ontario government. After an extended period with a stable class size of 171 students (133 London; 38 Windsor since 2016), the provincial government recently announced a modest class size expansion. Beginning in September, 2023, 16 seats will be added at Schulich. In addition, a new MD-International pathway has been added to the Windsor Campus that will ultimately add 3 seats to the Windsor cohort each year over the next 4 years. The September 2023 incoming class will thus have 188 students (146 London; 42 Windsor); by 2027, the international pathway will be fully mature and we anticipate numbers will stabilize at 199 students (149 London; 50 Windsor).

Both campuses have the space, educational resources, and financial stability to accommodate these increases.

Requirement 5.3-2
The medical school does not permit financial or other influences to compromise the school's educational mission.

Analysis of evidence for requirement 5.3-2

The Schulich School of Medicine and Dentistry has financial reserves that can be accessed (if necessary) to ensure the medical education mission is not compromised or ever put in jeopardy. The robust and multilayer budgeting process also provides many checks and balances to ensure financial shortcomings do not occur. Policies and governances established by the University are also in place to mitigate risk even during difficult times such as that seen with the arrival of Covid-19 pandemic. Overall, both Western and the medical school are financially well placed to deliver a top-notch medical program.

5.4 SUFFICIENCY OF FACILITIES AND EQUIPMENT

A medical school has, or is assured the use of, facilities and equipment sufficient to achieve its educational, clinical, and research missions.

Requirement 5.4-1
The medical school has, or is assured the use of, facilities and equipment sufficient to achieve its educational mission.

Analysis of evidence for requirement 5.4-1

The learning facilities in use by the London campus have sufficient capacity to accommodate all students in London, including the expanded class size detailed above. The main lecture hall in the Medical Sciences Building (MSB) has a capacity for 150 people and the 19 group learning rooms have a total capacity of 316 which exceeds the anticipated need. Similarly, the facilities in Windsor are sufficient for all students (including, again, the planned increase noted above). The main lecture hall in Windsor's Medical Education Building has capacity for 50 people and the 15 group learning rooms have a total capacity of 148. At both campuses, Schulich also has priority access to lecture hall and small group rooms during the booking process.

The quality of the facilities is overseen by a facilities committee at each campus and data from the Independent Student Analysis supports that students are satisfied with quality of available facilities and equipment at the respective campuses. Students in London reported at least an 80% satisfaction rate with the facilities and at least an 80% satisfaction rate with the equipment. In Windsor, the minimum satisfaction rate was 88% for both facilities and equipment. These appear to be increased from the previous ISA for both campuses, although the surveys are not directly comparable as the questions were structured differently.

Requirement 5.4-2
The medical school has, or is assured the use of, facilities and equipment sufficient to achieve its clinical mission.

Analysis of evidence for requirement 5.4-2

The London campus has access to the Clinical Skills Learning Building which contains 16 simulation clinic rooms outfitted with an examination table, lamp, ophthalmoscope, otoscope, sphygmomanometer, and additional supplies for exam specific use such tongue depressors and safety pins. The Windsor campus similarly has access to 10 rooms in the clinical skills laboratory of the Medical Education Centre. Additional clinical simulation sessions are conducted at the Canadian Surgical Technologies & Advanced Robotics space in University Hospital and the Michael Gunning Simulation Centre at Victoria Hospital which both contain adult and pediatric manikins and task specific training devices. Thus, these facilities and equipment meet what is expected for a clinical teaching setting.

Requirement 5.4-3
The medical school has, or is assured the use of, facilities and equipment sufficient to achieve its research mission.

Analysis of evidence for requirement 5.4-3

The medical school has access and affiliations with over 300 different research laboratories within Western University. The research spaces are distributed across laboratories housed on Western University's campus as well as the affiliated London Health Sciences Centre and St. Joseph's Health Care hospitals. Students at the Windsor site tend to engage in research initiatives with London-based faculty with a few students linking into research through Windsor-based researchers. The Space Committee, chaired by the manager of facilities, meets monthly to review the quality of research facilities and the Vice Dean, Research & Innovation, works with the university to review improvements or revisions to existing infrastructure. The research facilities are both dynamic and extensive, benefiting from successful major equipment grant applications and the recruitment of new faculty that require state-of-the-art equipment.

5.5 RESOURCES FOR CLINICAL INSTRUCTION

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Requirement 5.5-1

The medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in:

i. ambulatory settings
ii. inpatient settings

Analysis of evidence for requirement 5.5-1

Clinical instruction in both ambulatory and inpatient settings is assured through coordination from the Clerkship & Electives Committee (CEC). Ambulatory and inpatient clinical experiences occur at affiliated hospitals and health care facilities in London and Windsor and across a network of distributed learning sites across Southwestern Ontario. To ensure this experience is delivered and supervised at both the London and Windsor campuses, the CEC consists of directors for each core rotation, the chair of electives, associate director, office of distributed education, and student representatives. This committee meets on a monthly basis to review and assess resources, schedules, feedback, faculty evaluations and capacity to provide an effective clinical experience.

The clerkship core site list includes 13 locations in Southwestern Ontario (Appendix_5.5-1_A_Clerkship Core Site List). Based on the ISA data in Table 5.5-1B most students across all 4 years indicate they consider the resources available for both inpatient and ambulatory clinical experiences to be appropriate. The percentage numbers given for all 4 years in Windsor are consistent across the board; while the percentages dip slightly for year 2 in London with regards to inpatient and ambulatory, the response is still well above 80%. Furthermore, there is no expectation of inpatient training experiences during Year 2.

Requirement 5.5-2

The medical school has, or is assured the use of, adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Analysis of evidence for requirement 5.5-2

The medical school outlines and institutes a minimum number of required clinical encounters for the students during clerkship as defined by the Course Rotation Committees. These encounters include a diverse population by patient age, acuity, and gender. The School tracks and validates the student encounters through Elentra. Rotation/Academic Directors or their delegates review each student's log midway through each core rotation and at the end of each core rotation (see Elements 6.2 and 8.6).

The Clerkship and Electives Committee and Program Evaluation Committee monitor clerkship rotation evaluations and the Graduate Questionnaire qualitative comments for any access issues, reviewing this data annually prior to the start of each clerkship class.

Table 5.5-2 B gives the ISA response data for the percentage of students at both campuses that consider their access to adequate numbers and types of clinical patients to be satisfactory at this stage of their education. The percentage of students stating satisfaction is lower in Year 1&2 than in other years, at both campuses. In London, 79% were satisfied with their access to patients and this was slightly lower (75%) in Windsor, but this may be because years 1 and 2 are not clinical years. Overall, the diversity of patient access in both ambulatory and patient settings appears adequate.

5.6 CLINICAL INSTRUCTIONAL FACILITIES/INFORMATION RESOURCES

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

Definition taken from CACMS lexicon

- *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

Requirement 5.6-1

Each hospital or other clinical facility affiliated with the medical school that serves as a major location for required clinical learning experiences has sufficient information resources for medical student education.

Analysis of evidence for requirement 5.6-1

Students can access computers and wired or wireless internet at all hospitals that provide required learning experiences. Furthermore, electronic medical records and the dictation system can be accessed from the hospital or remotely. IT support is available from the hospital help desk. Students have access to Western University libraries and library services which include online clinical databases. Clinical tools and guidelines can be accessed by students through DynaMed and Clinical Key (through the CMA). Physical hospital library resources are specifically available at the Victoria Hospital campus in London and at Windsor Regional Hospital in Windsor.

Any concerns regarding access can be offered by students through end-of-rotation evaluations for review by UME staff and faculty. In the Independent Student Analysis, students reported satisfaction with both the computer/internet access and available information resources at affiliated hospitals/clinical facilities. Students in London reported at least a 91% satisfaction rate with the internet/computer access and at least 85% satisfaction rate with the information resources available. In Windsor, the satisfaction rate was at least 72% for computer/internet access and 76% for information resources available. These appear to be increased from the previous ISA (minimum 75% satisfaction) for London and stable (73% satisfaction) for Windsor; however, these surveys are not directly comparable as the questions were structured differently.

Requirement 5.6-2

Each hospital or other clinical facility affiliated with the medical school that serves as a major location for required clinical learning experiences has sufficient instructional facilities for medical student education.

Analysis of evidence for requirement 5.6-2

The safety and adequacy of facilities is regularly reviewed at various administrative levels that source feedback from Rotation Directors and medical student representatives and formal triennial reviews. Concerns are promptly addressed through direct communication with clinical staff or with hospital Medical Affairs personnel in the six regional academies. In the event an issue is not resolved, it is brought to the Clerkship & Electives Committee for further discussion and resolution. Based on the Independent Student Analysis, there are no concerns regarding the sufficiency of the instructional facilities at affiliated hospitals/clinics. Students in London reported at least an 88% satisfaction rate and in Windsor, the satisfaction rate was at least 89%. Comparator data to previous years is not available.

5.7 SECURITY, STUDENT SAFETY, AND DISASTER PREPAREDNESS

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

Requirement 5.7-1
The medical school ensures that adequate security systems are in place at all locations.

Analysis of evidence for requirement 5.7-1

Western campus has a robust security network that is monitored 24/7 by its own Campus Safety and Emergency Services that has installed emergency blue phones throughout campus. Windsor campus has similar systems in place including its own Campus Community Police. Outside regular classroom hours, both communities have engaged foot patrols, walk safe programs and emergency call boxes/phones. Emergency 911 calls activate the local police departments that coordinate activities with campus police to ensure prompt and appropriate responses. Student surveys revealed that over 92% of respondents representing all 4 years of training considered adequate security systems are in place to ensure safe London and Windsor campus environments during both regular classroom times and outside normal hours. All major hospital affiliates have robust security systems that ensure the safety of their employees and of medical students undertaking clinical learning activities. Student surveys also revealed that over 95% of respondents consider necessary security systems to be in place at all clinical settings.

Requirement 5.7-2
The medical school publishes policies and procedures to ensure student safety.

Analysis of evidence for requirement 5.7-2

Programming, policies, and resources are all in place to promote a safe environment on both London and Windsor campuses. A summary of these services is found online under "Campus life" which includes links to the Student Emergency Response Team and the Western Foot Patrol. Websites for Safe Campus Policies, Student Emergency Services and Campus Community Police are all easy to access. Student surveys revealed no safety concerns, suggesting that existing published documentation is sufficient and widely accessible. Please refer to Appendix_5.7-2_A1-A5.

Requirement 5.7-3
The medical school publishes policies and procedures to address emergency and disaster preparedness.

Analysis of evidence for requirement 5.7-3

Both Western and Windsor campuses have dedicated websites (Emergency Services, Western Campus Safety and Emergency Services) and polices devoted to emergency and disaster preparedness and responses that are documented in Appendix_5.7-3_A. These include information on severe weather and evacuation procedures, as well as procedural documentation for many specific emergencies (e.g., bomb threats, fire, explosions). No shortcomings were identified in the established polices or procedures that are currently in place in London and Windsor. As it did for all medical schools, the COVID pandemic offered a stern test of emergency preparedness. At both campuses, the response was speedy and the communication to students and faculty was excellent.

5.8 LIBRARY RESOURCES / STAFF

A medical school ensures ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

Requirement 5.8-1
The medical school ensures ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions.

Analysis of evidence for requirement 5.8-1

Both the London and Windsor campuses have ready access to Western Libraries online. Access to library resources is facilitated 24/7 through a centralized authentication system through on-campus computers, wireless, and the off-campus proxy server. The breadth of holdings is sufficient to support the educational needs. Western Libraries' consortium memberships include the Canadian Research Knowledge Network (CRKN), the Centre for Research Libraries (CRL) and the Ontario Council of University Libraries (OCUL) Scholars Portal initiative. This provides comprehensive access to resources for students at both campuses. The student survey data show that across the four years the students are very satisfied (aggregate score >80%) with the access to holdings, breadth of information, and technological resources.

Requirement 5.8-2
Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems.

Analysis of evidence for requirement 5.8-2

Both the London and Windsor campuses are supported by professional librarian staff at the libraries. The MD Program is supported by Western Libraries with the Allyn & Betty Taylor Library as the primary source of support; the Assistant University Librarian provides oversight and reports to the Vice-Provost and Chief Librarian. There is evidence that Western and hospital librarians undergo professional development on a regular basis. Information literacy instruction is available to the MD program, and all faculty, students and researchers have access to elaborate sources of information. Western librarians meet on a regular basis to discuss the current needs of the UME students. Librarians also work to revise collections and accessibility in keeping with the instructional and research needs. As new large open-access data sets become available as research resources, library services will need to continue to monitor the needs of the community.

Requirement 5.8-3
Library professional staff is/are responsive to the needs of the:

i. medical students
ii. faculty members
iii. others associated with the medical school

Analysis of evidence for requirement 5.8-3

Medical students have access to librarian services both on-line and on both Windsor and Western campuses throughout the year (including weekends and exam periods). Western librarians and hospital librarians meet on a regular basis to discuss issues and service enhancements for shared user groups, including medical students, and provide orientation sessions for learners. The faculty, like medical students, have access to both in-person and online librarian services. *Ask a Librarian*, an online service offered in collaboration with OCUL Scholar's Portal as a

collaborative effort among participating Ontario universities, is one such service. Personal research assistance is also available on request. All students and faculty, including all authorized visiting or associated members of the medical community, have access to library resources.

5.9 INFORMATION TECHNOLOGY RESOURCES / STAFF

A medical school ensures access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the medical school.

Requirement 5.9-1
The medical school ensures access to well-maintained information technology resources sufficient in scope to support its educational and other missions.

Analysis of evidence for requirement 5.9-1

The medical school provides sufficient access to IT resources on campus for all students and faculty. A website for the Instructional Media Production Services provides a list of existing learning spaces, tools, and best practices for learners and teachers. The medical school has various synchronous, asynchronous, and virtual learning, which is accomplished via various online platforms including Zoom and Elentra. Both the on-campus and on-line IT services are evaluated to meet the educational objectives of the medical school.

As per the student reported survey, both the London and Windsor campus were very satisfied (>84%) with access to learning materials with a slight drop in rating for the Year 2 and Year 3 London class where satisfaction levels approached 70%. There are very satisfactory ratings from medical learners across the years (>80% on aggregate) for accessible IT resources on-campus / off-campus and sufficient in scope to support the educational needs.

Requirement 5.9-2
The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities.

Analysis of evidence for requirement 5.9-2

The medical school employs staff from Educational Technology & Media Services (ETMS) and Information Services (IS), who ensure the smooth operation of information and technologies that drive the delivery of the distributed medical education program. The Schulich IS/ETMS group consists of a Director, Team Leaders, and several programmers, analysists, and support specialists. There is sufficient evidence to show that there is enough IT support across both campuses.

Requirement 5.9-3
The information technology staff serving a medical education program is responsive to the needs of the:

i. medical students
ii. faculty members
iii. others associated with the medical school

Analysis of evidence for requirement 5.9-3

Both the London and Windsor campuses have IT staff support for students of the MD program. The Hippocratic Undergraduate Medical Education Committee (HUMEC) meets monthly with the Vice Dean, UME, and Associate Dean, Windsor, where any persistent technology issues are raised, discussed, and as appropriate, solutions provided. There is an escalation system from the student body to the Vice Dean (in London and Windsor) to be responsive to the needs of the students. Faculty members with technology concerns can reach out to the Schulich Help Desk or hospital IT support and IT services have dedicated staff with multiple contacts across the school to address concerns.

5.10 RESOURCES USED BY TRANSFER / VISITING STUDENTS

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

Requirement 5.10-1

The resources used by the medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

Analysis of evidence for requirement 5.10-1

Visiting medical students adhere to policies listed on the AFMC portal, and their presence does not compromise the education and training program of enrolled medical students. It is noted that visiting student elective options were paused from 2021-23. Upon resumption of visiting student electives in 2023-2024, the UME administrative staff will ensure compliance to policies on Visiting Electives (which have defined limits) to ensure there is no compromise to the resources available to already enrolled medical students. Transfer students are rare and only accepted into Year 3 after an assessment of capacity to accept. Space is found to accommodate students coming off leave and students re-entering the program as part of their MD/PhD training. Since these numbers are very low this does not noticeably strain available resources to run the medical program. Table 5.10-1 B reveals the low numbers of visiting and transfer students.

5.11 STUDY / LOUNGE / STORAGE SPACE / CALL ROOMS

A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

Definition taken from CACMS lexicon - *Campus: An instructional site that offers a complete pre-clerkship academic year.*

Requirement 5.11-1
The medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space.

Analysis of evidence for requirement 5.11-1

Both university campuses have adequate study space, including several dedicated libraries, classrooms at the Medical Science Building (London Campus) and the Medical Education Building (Windsor Campus), and multiple other bookable spaces at affiliated campus sites. All affiliated hospitals in both London and Windsor are equipped with library spaces available for booking, in addition to auditoriums, classrooms, and conference rooms, as well as computer labs and simulation labs at CSTAR in University Hospital (London). According to the Independent Student Analysis (ISA) data (Table 5.11.1 B), medical students from all four years are fairly satisfied with the study spaces available to them on campus in London (>72%) and very satisfied in Windsor (>88%). The study spaces available at affiliated hospitals had a lower satisfaction rate of 64.5% on average in London and 60.5% on average in Windsor. In particular, the 2nd year students at Windsor hospitals were <50% satisfied, suggesting efforts should be made to find additional study space. We note, however, that the pandemic may have created some constraints for hospitals in making study space available, particularly for early-year medical students.

Requirement 5.11-2
The medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate lounge areas.

Analysis of evidence for requirement 5.11-2

Dedicated lounge spaces exist at the Medical Science Building (London Campus), and Medical Education Building (Windsor Campus), with adequate seating, entertainment, and kitchen appliances available 24/7 to students. There are also adequate lounge areas at all the affiliated clinical sites including OR lounges, public spaces, call room lounge areas, conference rooms, and cafeterias. Plans for new construction at the London Campus and for the new hospital in Windsor both incorporate open spaces for gathering, networking and collaborating as well as student lounge areas. As shown on table 5.11-2 B, ISA data revealed that >74% of students on both campuses find campus lounge spaces adequate for their needs in almost all years. On average, 73% of students in London and 71% of students in Windsor found the hospital lounge spaces adequate for their needs. These findings suggest that there is an acceptable level of lounge space.

Requirement 5.11-3
The medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate personal lockers or other secure storage facilities.

Analysis of evidence for requirement 5.11-3

Each student is assigned a locker accessible by key or access card in the MSB at London campus, and MEB at Windsor. At both campuses, storage facilities accessible only by key are provided for students as well. All medical students in need of a locker at London and Windsor clinical sites have one available, which is ensured by monitoring the number of clerks per rotation in relation to the available number of lockers. According to table 5.11-3 B, the ISA

data shows that most students on both campuses were satisfied with the adequacy of personal lockers or secure storage facilities on their respective campus (>80% in London and >90% in Windsor). Hospital lockers and storage facilities were deemed slightly less available but still acceptable with approval ratings of ~70% on average for London and ~75% on average for Windsor.

Requirement 5.11-4

The medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate and secure call rooms if students are required to participate in late-night or overnight clinical learning experiences.

Analysis of evidence for requirement 5.11-4

Victoria hospital, University hospital, Windsor Regional Hospital (Metropolitan) and Windsor Regional Hospital (Ouellette) all have secure call rooms equipped with coded entrances. According to table 5.11-4 B, ISA data reveals that >86% of students in all years in London, and >73% in Windsor were satisfied with the adequacy and security of the call rooms provided for late night or overnight clinical learning experiences.

5.12 REQUIRED NOTIFICATIONS TO THE CACMS

A medical school is required to notify* the CACMS in any of the following circumstances:

- ***a) changes in enrollment, student distribution and/or the resources to support the educational program;***
- ***b) creation of a new or expansion of a campus;***
- ***c) changes in curriculum;***
- ***d) changes in program delivery at an existing campus;***
- ***e) changes in governance or ownership.***

****Details regarding the notification are found in the CACMS Rules of Procedure.***

Definition taken from CACMS lexicon
- *Campus: An instructional site that offers a complete pre-clerkship academic year.*

Requirement 5.12-1

The medical school is required to notify the CACMS in any of the following circumstances:*

- *a) changes in enrollment, student distribution and/or the resources to support the educational program*
- *b) creation of a new or expansion of a campus*
- *c) changes in curriculum*
- *d) changes in program delivery at an existing campus*
- *e) changes in governance or ownership*

Analysis of evidence for requirement 5.12-1

The medical school is fully compliant with this notification requirement. CACMS was notified of a curricular change in June 2017, as detailed in Appendix_5.12-1_A. Historically, CACMS was notified of the creation of the Windsor campus and will be appropriately informed of upcoming changes to enrollment on the Windsor campus.

STANDARD 6
ELEMENT EVALUATION FORMS

STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

The faculty of a medical school define the competencies to be achieved by its medical students through medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enables its medical students to achieve those competencies and objectives. The medical education program objectives are statements of the knowledge, skills, behaviors, and attitudes that medical students are expected to exhibit as evidence of their achievement by completion of the program.

6.1 PROGRAM AND LEARNING OBJECTIVES

The faculty of a medical school define its medical education program objectives in competency-based terms that reflect and support the continuum of medical education in Canada and allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician. The medical school makes these medical education program objectives known to all medical students and those faculty members with leadership roles in the medical education program, and others with substantial responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

Definitions taken from CACMS lexicon

- *Learning objectives: Statements of what medical students are expected to be able to do at the end of a required learning experience.*
- *Medical education program objectives: Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 6.1-1

The faculty of a medical school define its medical education program objectives in competency-based terms.

Analysis of evidence for requirement 6.1-1

The medical education program objectives (known as MD Program Competencies) are defined in competency-based terms and found in Appendix_6.1-1_A. The MD Program Competencies are made up of 23 key competencies and 106 enabling competencies.

Requirement 6.1-2

The medical education program objectives reflect and support the continuum of medical education in Canada.

Analysis of evidence for requirement 6.1-2

The MD Program Competencies reflect and support the national continuum of medical education. They were revised in 2015-2016 based on the CanMEDS competency framework and influenced by the Medical Council of Canada (MCC) blueprint and the Association of the Faculties of Medicine of Canada (AFMC) Entrustable Professional Activities (EPAs). Approved by the Curriculum committee in 2016, these MD Program Competencies were adopted as Graduation Competencies in 2019 as the new competency-based curriculum was introduced. The MD Program competencies will be referred to as MD Graduation Competencies for the remainder of this standard. The 23 key competencies within this document align with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada competency frameworks.

Requirement 6.1-3

The medical education program objectives allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician.

Analysis of evidence for requirement 6.1-3

The multiple assessment modalities across the four years of the program are mapped to the MD Graduation Competencies, which allows the faculty and ultimately the Competence Committee to make decisions and recommendations on student progression throughout the program and ultimately into residency. Students receive a 'Strengths and Opportunities Report' for both progress and summative assessments, mapped to the MD Graduation Competencies, which identify opportunities for growth.

Expectations of a physician by the profession and the public were built into the creation of the MD Graduation competencies. Any students with identified academic difficulties participate in learning and remediation plans based on these Graduation Competencies.

Requirement 6.1-4

The medical school makes these medical education program objectives known to all medical students and those faculty members with leadership roles in the medical education program and others with substantial responsibility for medical student education and assessment.

Analysis of evidence for requirement 6.1-4

All medical students are made aware of the Graduation Competencies throughout their course of study. The Independent Student Analysis (ISA) confirmed this awareness with over 90% agreement across all four years of study and across both London and Windsor campuses. Incoming classes receive a formal introduction to the Graduation Competencies during their orientation, and they are widely published on the Schulich School of Medicine and Dentistry website. Every course and committee website in Elentra contains a link to the Graduation Competencies for all students and faculty with leadership, teaching and assessment responsibilities.

Requirement 6.1-5

The medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

Analysis of evidence for requirement 6.1-5

The learning objectives for each required learning experience are all housed within Elentra. Each course has a syllabus listing the course objectives as well as the outcomes and assessment plans. For each individual learning experience, there are published learning objectives. For the Clerkship course, each of the rotations has a London and Windsor section to include campus specific information. The course navigation is similarly structured for all courses. In the Academic year 2022/23, the clerkship specific rotation objectives were linked to the course learning objectives under the Course Navigation tab. Each course is overseen by a course committee that meets regularly throughout the year. Faculty members with leadership roles in the curriculum are actively involved in reviewing the objectives at least on an annual basis.

Medical students have access to Elentra and can become familiar with the learning objectives for each required learning experience. The ISA data supports student awareness of learning objectives for learning experiences with the lowest percentage of respondents at 89% for Year 3 London students.

Faculty, residents and others with teaching and assessment responsibilities in the pre-clinical years are informed of the objectives when teaching synchronous and small group sessions, either through Elentra or through provision of supplementary documents such as facilitator handbooks.

In clerkship and for local electives in Year 4, dissemination of learning objectives to faculty (both distributed and local) and residents involved in teaching and assessing students is inconsistent and lacks a robust process. Some department websites have a UME link with the overall learning objectives for Years 3 and 4 clinical learning, but the information provided through these links can be inconsistent. While all faculty and residents involved in teaching or assessing medical students have access to Elentra, where they can find clerkship and elective learning objectives, we cannot confirm that all residents and faculty access Elentra routinely. Efforts to ensure widespread awareness of learning objectives have likely been insufficiently robust in clerkship and for local clinical electives.

6.2 REQUIRED PATIENT ENCOUNTERS AND PROCEDURES

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills and procedures to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

Requirement 6.2-1

The faculty of a medical school define the:

- *i. types of patients and clinical conditions that medical students are required to encounter*
- *ii. skills and procedures to be performed by medical students*
- *iii. the appropriate clinical settings for these experiences*
- *iv. the expected levels of medical student responsibility*

Analysis of evidence for requirement 6.2-1

Patient encounters, including clinical conditions, patient type, clinical setting and level of student responsibility, are clearly defined in Table 6.2-1 A. Similar parameters for skills and procedures are outlined in Table 6.2-1 B.

6.3 SELF-DIRECTED AND LIFE-LONG LEARNING

The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and unscheduled time to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills.

Requirement 6.3-1

The faculty of the medical school ensure that the medical curriculum includes self-directed learning experiences to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills.

Analysis of evidence for requirement 6.3-1

The curriculum is rich with self-directed learning experiences that allow students to develop their self-assessment of learning needs; to independently identify, analyze, and synthesize relevant information; to appraise the credibility of information sources; and to receive feedback on all of these skills. There are multiple exposures to each of these four components individually throughout the curriculum. Small group learning and the research project of the experiential learning course work on developing these four components together holistically.

Requirement 6.3-2

The faculty of the medical school ensure that the medical curriculum includes unscheduled time to allow medical students to develop the skills of lifelong learning.

Analysis of evidence for requirement 6.3-2

Within the pre-clinical curriculum, there are full days dedicated to independent learning every week, during which there are no scheduled sessions. Multiple asynchronous sessions are also embedded in the curriculum. This time is reflective of the foundational goal of the curriculum to create master adaptive learners who will further develop their skills to become lifelong learners.

6.4 OUTPATIENT / INPATIENT EXPERIENCES

The faculty of a medical school ensure that the medical curriculum includes clinical experiences in both outpatient and inpatient settings.

Requirement 6.4-1
The faculty of the medical school ensure that the medical curriculum includes clinical experiences in outpatient settings.

Analysis of evidence for requirement 6.4-1

Years 1 and 2

Students start in Year 1 with mandatory outpatient experiences in the Longitudinal Clinical Experience Component of the Experiential Learning Course. Disrupted by Covid, this experience is now coming back on track to include about 6 half days of outpatient experience. Discovery Week runs at the end of year 1 and sees the first-year class placed in more than 60 rural and regional communities in Southwestern Ontario. Students get outpatient experience during this week in a non-tertiary setting.

In Years 1 and 2, students can arrange Optional Clinical Learning Opportunities (OCLOs) in ambulatory clinics. They may also choose to take a Non-credit pre-Clerkship Summer Clinical Elective (NPSE) where they spend 30 clinical hours with a faculty member that may include outpatient care.

The ISA data for Years 1 and 2 describing the outpatient experience statement had lower agreement in Year 1 (71% and 67% in London and Windsor respectively) with improvement in Year 2 (74% and 94% in London and Windsor respectively). These numbers are low, likely because of the still diminished but improving capacity of the Longitudinal Clinical Experience as recovery from Covid disruption improves.

Years 3 and 4

In Clerkship, all core rotations provide required clinical learning in outpatient settings. Outpatient experience makes up an estimated 46% and 55% of rotations in London and Windsor respectively.

In Year 4, students choose electives with a variable amount of outpatient experiences.

The ISA data for Years 3 and 4 describing the outpatient experience is much improved. Year 3 students in Windsor endorsed having outpatient/ambulatory setting experience at 88%, with Year 4 Windsor and Years 3 and 4 London students all responding positively more than 96%.

Requirement 6.4-2
The faculty of the medical school ensure that the medical curriculum includes clinical experiences in inpatient settings.

Analysis of evidence for requirement 6.4-2

Students experience clinical learning in inpatient settings as well. Discovery Week in year 1 exposes students to inpatient experiences in rural and regional communities throughout Southwestern Ontario. As noted above, students may choose to take advantage of OCLOs and NPSEs to experience inpatient care. Given the broad range and optional nature of inpatient exposure, the ISA data describing clinical experience with inpatient settings ranging from 53% to 76% across both years and campuses is expected.

In Clerkship, students learn in a variety of inpatient settings; an estimated 54% and 45% in London and Windsor respectively of clinical experiences take place in an inpatient setting. In Year 4, students choose electives with variable inpatient experiences. The ISA data describing clinical experience with inpatient settings in years 3 and 4 rises to above 95% at both campuses.

6.4.1 CONTEXT OF CLINICAL LEARNING EXPERIENCES

Each medical student has broad exposure to, and experience in, generalist care including comprehensive family medicine. Clinical learning experiences for medical students occur in more than one setting ranging from small rural or underserved communities to tertiary care health centres.

Requirement 6.4.1-1
Each medical student has broad exposure to, and experience in, generalist care including comprehensive family medicine.

Analysis of evidence for requirement 6.4.1-1

September 2019 saw the launch of our renewed curriculum, with a focus on generalist principles. Generalist physicians from Family Medicine, General Internal Medicine and Emergency Medicine are highly engaged in our UME Curriculum. Eight of 20 Academy Educators are generalists.

In Year 1, students are exposed to generalist care in their Longitudinal Clinical Experience. Although disrupted by Covid, the course leaders aim to get students spending 6-10 half-days with a family physician. Discovery Week also exposes students to generalist care in rural and regional centres outside of London and Windsor. The ISA data for the questions involving exposure and experience to generalist care and comprehensive family medicine showed low agreement in Year 1 across both campuses (38% - 72%). These numbers improved in Year 2 (52%-73%), likely because students had gained more experience through Discovery Week, OCLO and NSPE opportunities, but these numbers are certainly influenced by the restricted capacity of all generalist exposures during Covid.

In clerkship, students spend time in generalist care in general internal medicine, pediatrics, emergency medicine and family medicine. Students now complete 8 weeks of family medicine, increased from 6 weeks in 2020/2021.
In Year 4 students may choose electives to expand their knowledge in generalist care. The ISA data shows that by Year 3, students have received much more exposure and experience in generalist care and comprehensive family medicine. The lowest scores were in broad exposure to comprehensive family medicine (82% and 77% for the London and Windsor campuses respectively). By Year 4, all scores had improved to at least 94%.

Requirement 6.4.1-2
Clinical learning experiences for medical students occur in more than one setting ranging from small rural or underserved communities to tertiary care health centres.

Analysis of evidence for requirement 6.4.1-2

There is exposure to smaller rural and regional and underserved communities during Discovery Week in Year 1. All clerkship students must complete their clinical learning in a variety of clinical settings that include rural, regional urban, and tertiary academic sites. All students must complete a mandatory community/rural rotation for a minimum of four weeks in clerkship. The list of 130 community/rural placement choices offers a wide variety of small rural and regional exposure.

The ISA data shows Year 4 students had clinical learning experiences in a range of clinical settings at 99% and 93% for London and Windsor respectively. Numbers for Years 1 – 3 are lower with Year 2 being lowest at 61% and 59% for London and Windsor respectively. These numbers again reflect the effect of Covid on learning opportunities outside of the tertiary sites, including the disrupted Discovery Week.

Our MD Program has averaged approximately a 50% match to Family Medicine over the past 3 years — higher than the national average. Of those matching to Family Medicine in 2022, 50% matched to a rural/regional Family

Medicine program. We recognize that this metric is an indirect and imperfect proxy of the impact of our generalist curriculum and clinical learning exposures, but we feel it does support our generalist focus.

6.5 ELECTIVE OPPORTUNITIES

The faculty of a medical school ensure that the medical curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to and deepen their understanding of medical specialties and pursue their individual academic interests.

Definition taken from CACMS lexicon
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 6.5-1

The faculty of the medical school ensure that the medical curriculum includes elective opportunities that a) supplement required learning experiences b) permit medical students to gain exposure to and deepen their understanding of medical specialties and c) permit medical students to pursue their individual academic interests.

Analysis of evidence for requirement 6.5-1

In Year 3, students have 4 weeks of open selective, 2 weeks of Internal Medicine selective, 4 weeks of Surgery selective, 2 weeks of Pediatrics selective and 2 weeks of Psychiatry selective. Students are offered selectives based on a lottery system which allows them to supplement required learning experiences, to gain exposure to a breadth of medical specialties, and to pursue their individual academic interests. In Year 4 students have 16 weeks of open electives. The MD Program manages an elective lottery process and follows the AFMC Electives Diversification Policy. After a national moratorium on visiting student electives, Meds 2024 will be able to pursue electives across Canada and at approved international sites. After returning from their Year 4 electives, students have a final 2 week selective offered in the Transition to MD course.

The ISA data confirms elective opportunities that supplement required learning experiences, increase exposure to and deepen their understanding of medical specialties, and permit pursuit of their academic interests. At least 79% of all respondents from all years and both campuses agreed with these statements and the percentage increased to at least 89% when considering only years 3 and 4.

6.6 SERVICE-LEARNING

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in a service-learning activity.

Definition taken from CACMS lexicon

- *Service-learning: A structured learning experience that combines community service with preparation and reflection.*

Requirement 6.6-1

The faculty of the medical school ensure that the medical education program:

i. provides sufficient opportunities for medical student participation in a service-learning activity
ii. encourages medical student participation in a service-learning activity
iii. supports medical student participation in a service-learning activity

Analysis of evidence for requirement 6.6-1

The faculty of the medical school ensures sufficient opportunities for students to participate in a service-learning activity. The school maintains a list of 43 local organizations willing to take on students in both London and Windsor (Appendix 6.6-1A) and students are permitted to find opportunities outside the list.

Students are expected to complete 40 hours of service-learning by the end of year 2 as part of the Experiential Learning Course. Service-learning has clear objectives and assessment requirements, including a reflection. The medical school supports medical student participation in service-learning. A faculty lead and UME staff support is funded in both London and Windsor. They help to coordinate insurance coverage and background checks. Students are prepared for service-learning with a one-hour orientation seminar. In years 1 and 2, there is a weekly template for planning and scheduling activities. Both years have one consistent unscheduled day for independent learning, which ensures that students have sufficient time to participate. The school also indirectly supports these activities by incorporating an emphasis of social determinants of health and their impact on healthcare delivery into the curriculum. The early emphasis and integration of the social determinants of health is motivating students to continue to be involved in these activities outside of the minimum curricular requirement.

Since the last accreditation, the medical school has worked hard to strengthen its service-learning experience. However, from March 2020 to September 2022, Covid forced a pause on service learning, as community service providers were not able to accommodate any student participation. It is now up and running for the 2022/23 academic year, with considerable effort expended to restore the experience. Capacity for service learning at many community agencies remains lower than their pre-Covid baseline, although it continues to gradually increase. The service-learning lead continues to work tirelessly to rebuild partnerships with both new and established agencies, creating new affiliation agreements. The ISA data on the opportunity and encouragement to participate in service-learning reflects the Covid disruption. Percentages in Years 1 and 2 were low at both campuses (28% - 58%). Years 3 and 4, who had the benefit of an uninterrupted service-learning experience, responded much more positively at both campuses (78%-100%).

6.7 Currently, there is no element 6.7

6.8 EDUCATION PROGRAM DURATION

A medical education program includes at least 130 weeks of instruction.

Requirement 6.8-1
The medical education program includes at least 130 weeks of instruction.

Analysis of evidence for requirement 6.8-1

The medical school program includes 148 weeks of instruction.

STANDARD 7
ELEMENT EVALUATION FORMS

STANDARD 7: CURRICULAR CONTENT

The faculty of a medical school ensure that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

7.1 BIOMEDICAL, BEHAVIORAL, SOCIAL SCIENCES

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and social sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

Requirement 7.1-1

The faculty of the medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and social sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

Analysis of evidence for requirement 7.1-1

The MD Program curriculum includes content from the biomedical, behavioural, and social sciences integrated within and across courses from years 1 – 4. This integration is a principle of course design and learner assessment, implemented with the renewed curriculum starting in September 2019 with the inaugural cohort (Class of 2023), and continued despite the challenges and uncertainty provided through the pandemic. Transdisciplinary content from the biomedical, behavioral, and social sciences is woven through courses, weeks, and session learning outcomes/objectives, and delivered in a hybrid format of asynchronous modules (requiring advance preparation by students), small group and inquiry-based project learning, interdisciplinary labs, and large group consolidation sessions. The health of populations is addressed throughout the program; for example, students learn an approach to public health and outbreak investigations in Year 1, antimicrobial stewardship in Year 2 and infection prevention and control in Year 3. Social and behavioral sciences are foundational to the educational experiences in Experiential Learning and Professionalism Career & Wellness, with objectives and assessments mapped to the graduation competencies.

The medical curriculum supports mastery of contemporary medical science knowledge and concepts through explicit connecting and mapping of course objectives and assessments linked to the graduation competencies. Approval from the Curriculum Committee is required for all updated curriculum changes.

7.2 CURRICULUM ACROSS THE LIFE CYCLE

The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care.

Definition taken from CACMS lexicon
- *End of life care: Care of patients with a terminal illness or condition; includes palliative care and where appropriate medical assistance in dying.*

Requirement 7.2-1

The faculty of a medical school ensure that the medical curriculum includes content related to:

i. each organ system
ii. each phase of the human life cycle
iii. continuity of care
iv. preventive, acute, chronic, rehabilitative, and end-of-life care

Analysis of evidence for requirement 7.2-1

Each phase of the human life cycle is introduced into the curriculum early in Foundations of Medicine (Semester 1, Year 1), with an introduction to organ systems beginning in the latter half of Foundations and building throughout the first three years. There is a return in Year 4 Transition to MD with a consolidation of the MCC Clinical Presentations/Diagnoses. Preventive, acute, chronic, rehabilitative and end-of-life care are integrated into the approach to clinical presentations in Foundations of Medicine and in Principles of Medicine I and II in preparation for students' transition to clinical learning. Continuity of Care is discussed in small groups briefly in Years 1 and 2 and then is heavily emphasized during required clinical learning.

Requirement 7.2-2

The faculty of a medical school ensure that the medical curriculum includes clinical experiences related to:

i. each organ system
ii. each phase of the human life cycle
iii. continuity of care
iv. preventive, acute, chronic, rehabilitative, and end-of-life care

Analysis of evidence for requirement 7.2-2

The curriculum provides clinical experiences during Years 1 and 2. The Longitudinal Clinical Experience – a series of half days with a family physician – provides an opportunity for first and second-year students to potentially see patients of all ages, understand the importance of continuity of care, and observe how family physicians approach preventative, acute, chronic, rehabilitative, and end-of-life care. Clinical Skills curricular content is organized by and covers each organ/body system in simulated settings with standardized patients.

Most clinical educational experiences occur during the 50-week Year 3 Clerkship and the 16-week Year 4 Clinical Electives. In Clerkship and Clinical Electives, the core clinical rotations include the required clinical encounters (Element 6.2) and AFMC Entrustable Professional Activities (EPAs) which provide the opportunity to be involved in the care of patients with generalists and specialists across the life cycle, encountering varying acuity and types of care.

7.3 SCIENTIFIC METHOD/CLINICAL/ TRANSLATIONAL RESEARCH

The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

Definition taken from CACMS lexicon
- *Translational research: Studies or investigations aimed at finding solutions to clinical problems such as those: applying discoveries generated in the laboratory or through preclinical studies to the development of trials and studies in humans; promoting the adoption of best practices in the community or targeting cost-effectiveness of prevention and treatment strategies.*

Requirement 7.3-1

The faculty of the medical school ensure that the medical curriculum includes instruction in the scientific method.

Analysis of evidence for requirement 7.3-1

Students are instructed in the scientific method early in the MD Program. Two of the 15 overarching learning outcomes for Foundations of Medicine in Semester 1, Year 1, require students to demonstrate critical thinking and problem solving while reviewing relevant data to formulate an approach to patient care and communicate to others. These objectives are accomplished through asynchronous modules and a Discipline Specific Small Group (DSSG) session.

As a component of the Experiential Learning course, students (individually or in small groups) are required to complete a research project by the end of Year 2. Formulation of a suitable, specific question, efficient and appropriate literature search and retrieval and evaluation of information gained are all objectives that direct learning.

In Clerkship, students are expected to apply these learned principles of critical appraisal.

Requirement 7.3-2

The faculty of the medical school ensure that the medical curriculum includes instruction in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is:

i. conducted
ii. evaluated
iii. explained to patients
iv. applied to patient care

Analysis of evidence for requirement 7.3-2

As outlined in 7.3-1, the curriculum provides instruction on the scientific principles of how research is conducted and evaluated during Foundations of Medicine and the research component of Experiential Learning. In completing their research project, students are required to submit their proposal for approval by the Research Ethics Board for the university. The ethics of consent and capacity are explored in an ISGL in Foundations of Medicine. In the Transition to Clerkship course, the students review landmark studies in family medicine.

Curriculum planners recognized a gap in learning about explaining research to patients. Some students gained experience explaining research to patients in obtaining consent for their research project, but this experience was lacking for most students. In response, a large group session in the Experiential Learning course will address how research is explained to patients starting in the 2023-24 academic year.

7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine and provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients. These required learning experiences enhance medical students' skills to solve problems of health and illness.

Definition taken from CACMS lexicon

- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 7.4-1

The faculty of the medical school ensure that the medical curriculum incorporates the fundamental principles of medicine.

Analysis of evidence for requirement 7.4-1

The fundamental principles of medicine are embedded in all aspects of our medical school curriculum. The five strategic priorities of our MD program (1. Equity, Diversity and Inclusion, 2. Evidence Informed Decision Making, 3. Indigenous Health, 4. Social Determinants of Health and 5. Socially Accountable Health) are woven into all learning experiences to guide our students to become compassionate, culturally competent physicians. Building upon this foundation, our students learn to think like a physician and apply clinical decision-making skills to maximize their medical knowledge and skills.

Requirement 7.4-2

The faculty of the medical school ensures that the medical curriculum provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients.

Analysis of evidence for requirement 7.4-2

The medical curriculum provides opportunities for medical students to develop clinical decision-making skills in a step-wise progression. In Year 1 and Year 2, students work their way through case of the week scenarios in small student groups and then come together at the end of the week with a faculty-led large group discussion. Groups may be called upon to discuss their approach and reasoning. In discipline-specific small group sessions, students work as a team to gather appropriate clinical information, decide on a course of investigation and generate a differential diagnosis followed by a management and follow-up plan. A discipline specific faculty member facilitates the sessions, probing students' rationale, seeking alternate ideas, and providing feedback. Clinical decision making is further reinforced with the Quality Improvement project, which involves identification of a clinical opportunity for improvement, critical appraisal of the literature, and design of an action plan.

Students learn how to identify patient goals, how to take an effective history, and how to approach decision making in Clinical Skills. In Clerkship, these clinical reasoning skills are coupled with critical thinking skills to further integrate information to develop appropriate, patient-centered investigation, management and follow-up plans under supervision.

Requirement 7.4-3

These required learning experiences enhance medical students' skills to solve problems of health and illness.

Analysis of evidence for requirement 7.4-3

Progress tests and summative exams have students apply their critical thinking and problem-solving skills to answering the multiple choice, extended-choice or key-feature format questions tied to clinical scenarios. Students engage in a variety of clinical skills sessions and Observed Structured Clinical Exams (OSCEs) with standardized patients in Years 1 and 2, where they are asked to complete a part of the history and physical exam or both, and are then asked questions about the case, including diagnoses, investigations, and management plans. In Clerkship, students must meet a variety of objectives and EPAs that require integration of knowledge and skills, to exercise critical judgement and problem solving, such as identifying and prioritizing issues to address in patient encounters, eliciting a focused history, accurately interpreting signs and symptoms, recognizing urgent and emergent situations, responding appropriately to complexity, uncertainty and change in clinical encounters, and outlining an initial management plan.

Data from the ISA supports this requirement from both campuses. At least 87% of students agreed that the curriculum enhanced their skills in clinical reasoning, clinical critical thinking, critical appraisal of evidence, and application of the best available information to the care of patients.

7.5 SOCIETAL PROBLEMS

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

Requirement 7.5-1

The faculty of the medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

Analysis of evidence for requirement 7.5-1

The Curriculum Committee (CC) endorsed the integration of societal problems into the medical curriculum during the curriculum renewal process at the January 2018 meeting. During annual curricular reviews, attention is drawn to vulnerable populations that often experience inequitable access to quality health care. When feasible, the content is linked directly to the societal problems relevant to Southwestern Ontario. Course committees along with the Education Program Integration Committee (EPIC) and the Program Leadership Council provide venues to discuss which, where, and how topics will be addressed in the curriculum. Prevention, diagnosis, treatment, and appropriate reporting of social problems like substance abuse, elder abuse, and child abuse are encountered in Principles of Medicine 1, Foundations of Medicine, and Clerkship respectively.

7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, races and belief systems, in particular the Indigenous peoples of Canada.

The medical curriculum prepares medical students to:

- ***a) recognize and appropriately address the manner in which people of diverse cultures, genders, races and belief systems perceive health and illness and respond to various symptoms, diseases and treatments;***
- ***b) recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients;***
- ***c) develop the basic skills needed to provide culturally competent health care;***
- ***d) identify health care disparities and participate in developing solutions to address them.***

Requirement 7.6-1

The faculty of the medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, races, and belief systems, in particular the Indigenous peoples of Canada.

Analysis of evidence for requirement 7.6-1

The medical school provides opportunities to recognize and appropriately address the needs of people of diverse cultures, genders, races and belief systems throughout all required learning experiences. For example, racism, power and privilege, and building inclusivity through anti-racism are examined in Professionalism, Career and Wellness. Diversity in cultural perspectives on cancer and heart disease are addressed in Foundations of Medicine and Principles of Medicine 1. 2SLGBT+ inclusive care is tackled in Foundations of Medicine, Principles of Medicine 2, and Transition to Clerkship.

The unique needs of the Indigenous peoples of Canada are discussed and explored throughout the medical school curriculum. Beginning in Orientation week with a session with an Indigenous social worker, the exposure continues to be woven into all courses. Students are required to complete 6.5 hours of asynchronous modules describing Canadian Indigenous peoples' history, legal issues and cultural traditions and values. Course leaders continue to actively increase their content to address the Indigenous perspective in ISGL sessions, examining inequities of care, intergenerational trauma, Indigenous medicines, ceremonies and practices, and relationship to the environment.

Requirement 7.6-2

The medical curriculum prepares medical students to:

- *a) recognize and appropriately address the manner in which people of diverse cultures, genders, races, and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments*
- *b) recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients*
- *c) develop the basic skills needed to provide culturally competent health care*
- *d) identify health care disparities and participate in developing solutions to address them*

Analysis of evidence for requirement 7.6-2

The philosophy of the MD Program is the development of Master Adaptive Learners with the foundational knowledge, skills, and attitudes to provide culturally competent, patient-centered care, taking into consideration the individual, family, and/or community perspectives with the patient at the centre of shared decision making. All courses integrate cultural competence, gender, and diverse belief systems and map content and assessments accordingly. Clinical experiences, from the Longitudinal Clinical Experience through to Clerkship and Electives,

facilitate application of the knowledge, skills and attitudes that students develop in these courses. Successful achievement of graduation competencies requires students to recognize and respond appropriately to unique patient and family needs.

The MD Program acknowledges that personal biases influence decision making, with the potential for devastating outcomes for patients, families, and communities. The Program aims to facilitate safe spaces where students and faculty can recognize, discuss, and learn about strategies to mitigate personal bias. Diverse cultural perspectives are frequently discussed in facilitated small groups that emphasize psychological safety for learners. The program recognizes that addressing unconscious bias is difficult terrain, that teaching efforts will require careful evaluation, and that revisions and modifications will be required if approaches are not delivering on desired outcomes. For example, a session on uncovering and understanding personal bias in Professionalism, Career and Wellness was implemented in AY 2020-21 and 2021-22. Intended as a small group discussion, it had to be delivered as a large group session because of Covid restrictions. These sessions generated significant negative feedback and were modified going forward. The MD Program provided financial support for an external consultant to deliver a series of four sessions over two years that addresses bias and anti-racism. The outline was reviewed and approved by the Associate Director Curriculum Oversight, The Associate Dean, Equity, Inclusion, Diversity and Decolonization, and the Vice-Dean, Undergraduate Medical Education.

Students develop the basic skills necessary to provide culturally competent care in a stepwise fashion throughout all of their four years as outlined above. This ability is embedded within the MD Program graduation competencies and is linked to session objectives and assessments.

Students are prepared to identify health care disparities through the medical curriculum, and they participate actively in developing solutions to address them. Throughout years 1 and 2, weekly ISGL discussions often require students to propose solutions to health care and health system problems. The Experiential Learning Course includes educational experiences that stimulate inquiry-based learning outside the classroom and the clinical environment.

Service Learning has students working for and learning from community organizations. Students may continue with the organization after completion of the requisite 40 hours. Quality Improvement and Research projects are frequently aimed at solutions or questions for equity-deserving groups to address health care disparities. These early educational experiences prepare students to creatively problem solve and to apply critical thinking when caring for patients directly affected by health care disparities.

The ISA data confirms that our students feel prepared to recognize the need and to deliver culturally competent health care. Our Windsor students answered positively 100% to all statements related to education for cultural competence. At least 88% of students in London felt that their curriculum helped prepare them for these challenges.

7.7 MEDICAL ETHICS

The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

Requirement 7.7-1
The faculty of the medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities.

Analysis of evidence for requirement 7.7-1

Instruction in medical ethics and human values is woven throughout the four-year program. From the first course in Foundations of Medicine, the students have a module on Introduction to Ethics. Ethical principles and approaches concerning issues such as cancer genetics, blood transfusions, alternative medicine, cancer screening, consent and capacity, and 2SLGBTQ+ inclusive care are discussed in small group sessions. Objectives for the Clinical Skills course include the role of ethics in the doctor-patient relationship and the ethical and legal requirements of dealing with the information gathered in their encounter. In the Transition to Clerkship, students participate in modules on palliative care and medical assistance in dying. In Professionalism, Career & Wellness, case presentations occur dealing with informed consent, patient autonomy, confidentiality and other ethical dilemmas. In clerkship and Clinical Electives, students experience the practical aspects of many of these issues under supervision.

Requirement 7.7-2
The faculty of the medical school requires medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

Analysis of evidence for requirement 7.7-2

Medical students are made aware by a variety of means that they are expected to behave ethically in caring for patients and relating to patients' families and others involved in their care. The Medical Student Handbook, introduced during Orientation Week, lays out expectations and provides links to the Undergraduate Medical Education (UME) policies and statements website. The statement on Assessment and Appeals in the MD Program and the Statement on Professionalism reference the CMA Code of Ethics and Professionalism and clearly outline the MD Program's expectations of students in relating to patients, families, and others involved in patient care.

Professional behaviour is an expectation for progression in all courses and is assessed throughout the MD Program, as outlined in the Assessment and Appeals Statement and the Statement on Professionalism. All course home pages in Elentra are linked for ease of access to the Graduation Competencies, which form the backbone of MD Program curricular design, delivery, and assessment.

7.8 COMMUNICATION SKILLS

The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

Requirement 7.8-1

The faculty of the medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with:

i. patients and their families
ii. colleagues
iii. other health professionals

Analysis of evidence for requirement 7.8-1

The medical school curriculum contains a great deal of specific instruction in communication skills. Communication with patients and their families is the focus of early Clinical Skills, where students learn to conduct a respectful history that attempts to address the relevant issues for the patient. As the Clinical Skills course progresses into year 2, they learn to establish common ground and later expand their skills to be able to conduct interviews with patients with psychiatric presentations and to modify their interviews in response to the unique needs of their patient. All other courses in Year 1 and 2 have objectives related to competency in communication. Professionalism, Career and Wellness specifically deals with approaches to trauma-informed care. Communication skills are further developed and assessed in Clerkship and Clinical Electives.

Communication with colleagues receives focus in Transition to Clerkship. Communication with other physicians in both consultation and handover is explored. How to effectively call for help is another important learning objective. In clerkship, students are assessed on their verbal reporting skills and written records as communication tools.

Important objectives in Clerkship relating to communication with other health professionals include how to work effectively and appropriately, how to share decision making, and how to navigate interpersonal differences within an inter-professional health care team.

7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

The faculty of a medical school ensure that the core curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These required curricular experiences include practitioners and/or students from the other health professions.

Requirement 7.9-1

The faculty of the medical school ensures that the core curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients.

Analysis of evidence for requirement 7.9-1

The medical curriculum incorporates large group sessions, small group sessions and panel discussions to help prepare medical students to function well in interprofessional teams. In Years 1 and 2 this is accomplished primarily in two courses: 1) Professionalism, Career & Wellness (PCW), where specific sessions address teamwork, health care roles and care delivery, and 2) Clinical Skills, which provides instruction on communication skills. The Windsor Clinical Skills instructors may include nurses (breast exam; geriatrics), physiotherapists (musculoskeletal) and optometrists (eye exam). There are educational sessions in Foundations of Medicine, Principles of Medicine I and II, and Transition to Clerkship that also have explicit learning objectives addressing interprofessional collaborative care. Through interactive panel discussions and other group interactions, students are witness to an effective interdisciplinary team approach to patient care. These learning environments expose students to the roles of health professionals from other disciplines, but some concern exists that exposure to the experience and contributions of these team members is inconsistent.

In the spring of each year, all first-year medical students come together with ~1,000 other health professional students for an Interprofessional Education Day to discuss facilitator-guided clinical cases. This event was last held March, 2023 in a virtual format. IPE Day is sponsored by Western University, University of Windsor, University of Waterloo and Brescia, King's and Renison University Colleges.

During the required clinical learning in Years 3 and 4, medical students work in interprofessional health care teams in the care of patients in all rotations. The students are assessed on weekly, mid- and end-rotation assessments for achievement of competence on whether they "demonstrate the ability to work effectively and share decision-making with patients, caregivers, families and other health care professionals," and "participate effectively in respectful and effective decision making as a member of interprofessional healthcare teams." EPA 6 requires students to "effectively present verbal reporting of clinical encounters to colleagues & other health professionals." Satisfactory achievement is required in all eight rotations. While opportunities for learning about collaborative health care team function abound, assessment that targets these skills could be further strengthened.

Requirement 7.9-2

These required curricular experiences include practitioners and/or students from the other health professions.

Analysis of evidence for requirement 7.9-2

IPE day, as described above, for first year students is the biggest example of a pre-clinical curricular experience with students from other health professions. Other required curricular experiences that include practitioners from other health professions are present in Foundations of Medicine, Principles of Medicine I and II, and Transition to Clerkship. The main exposure to practitioners and students from other health professions occurs in Clerkship and Clinical Science Electives where medical students learn from and with these important team members as they care for their shared patients.

7.10 PROFESSIONAL AND LEADERSHIP DEVELOPMENT

The curriculum provides educational activities to support the development of each student's professional identity, core professional attributes, knowledge of professional responsibilities and leadership skills.

Requirement 7.10-1

The curriculum provides educational activities to support the development of each student's:

i. professional identity
ii. core professional attributes
iii. knowledge of professional responsibilities
iv. leadership skills

Analysis of evidence for requirement 7.10-1

Professional and leadership development is concentrated within the Professionalism, Career & Wellness course. Professional identity is explored through learning objectives that encompass societal commitment, community expectations, workplace boundaries, imposter syndrome, professionalism, and a commitment to personal health and well-being. Core professional attributes such as emotional intelligence, effectiveness as a team member, and the delivery of equitable and just treatment for all patients is covered. Knowledge of professional responsibilities is developed through learning objectives that require students to demonstrate a commitment to integrity, honesty, altruism and respect, as well as to integrate principles of cultural safety, equity, diversity, and inclusion into their practice. Leadership skills in the areas of conflict resolution, professional obligations, and quality improvement are also addressed.

STANDARD 8
ELEMENT EVALUATION FORMS

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.1 CURRICULAR MANAGEMENT

The faculty of a medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Requirement 8.1-1

The faculty of the medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body commonly called a curriculum committee.

Analysis of evidence for requirement 8.1-1

The Curriculum Committee has the overall authority and responsibility for the MD Program curriculum. The committee derives its authority from the Executive Committee of Schulich Council (ECSC) and the Vice Dean Undergraduate Medical Education, who has the Dean's delegated authority in this portfolio.

Requirement 8.1-2

This committee and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the

i. overall design
ii. management
iii. integration
iv. evaluation
v. enhancement of a coherent and coordinated medical curriculum

Analysis of evidence for requirement 8.1-2

The Terms of Reference for the Curriculum Committee and the sub-committees it oversees are outlined in Appendices 8.1-1B and 8.1-2B. The Curriculum Committee directs all operational committees in the undergraduate program and the relationships between the committees are clearly articulated and delineated in the organizational chart shown in in Appendix_8.1-2_A. The Curriculum Committee meets regularly to monitor all aspects of the Program curriculum to ensure that it aligns with accreditation standards and that the curriculum is ordered logically and is integrated across all four years of the program.

Each subcommittee has a specific role in the overall design, management, integration, evaluation, and enhancement of the curriculum. All aspects pertaining to these roles are drafted in each subcommittee and then passed to the Curriculum Committee for discussion and approval.

8.2 USE OF PROGRAM AND LEARNING OBJECTIVES

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

Definitions taken from CACMS lexicon

- *Learning objectives: Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).*
- *Medical education program objectives: Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 8.2-1

The faculty of the medical school, through the curriculum committee, ensure that the formally adopted medical education program objectives are used to:

i. guide the selection of curriculum content
ii. review and revise the curriculum

Analysis of evidence for requirement 8.2-1

The current curriculum was built on the Curriculum Committee-approved 2016 program graduation competencies. The Curriculum Committee reviewed, approved, and provided direction to all course committees to map all course outcomes and session learning objectives to these graduation competencies. In addition, courses were also required to ensure that content was linked to the Medical Council of Canada (MCC)'s clinical presentation and diagnosis objectives.

Subsequently, annual iterative course reviews with recommendations for change and revision are presented to the Curriculum Committee for discussion and approval. The Curriculum Committee receives, reviews, discusses and approves annual course reports. Course reports are compiled by the Program Evaluation & Assessment Specialist, who works in collaboration with the course faculty leads and students to compile. The successes, challenges, and recommendations for future change are then presented to the Curriculum Committee for discussion and approval. It is the responsibility of the Curriculum Committee to monitor, review and revise the curriculum to ensure it is aligned with and driven by the graduation competencies.

Requirement 8.2-2

The learning objectives of each required learning experience are linked to the medical education program objectives.

Analysis of evidence for requirement 8.2-2

The Curriculum Committee provides direction to all course faculty leads through Program Leadership Council and Clerkship & Electives Committee (CEC). The linkage of session learning objectives to the MD Program graduation competencies was a priority of the renewal in order to address inconsistencies within the legacy curriculum. For the implementation of the renewed curriculum in September 2019, the Associate Director, Curriculum Oversight (a PhD-trained educational specialist), with the support of the Curriculum Committee, worked with all course committees to ensure that learning objectives for each required learning experience were mapped to the graduation program competencies with each iteration of the course. While much work has been done to ensure that the learning

objectives for each required learning experience are clearly linked to the overall medical education program objectives, this process remains incomplete. The program's target for completion of this work is September, 2023.

8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee.

Definitions taken from CACMS lexicon

- *Learning objectives: Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).*
- *Medical education program objectives: Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 8.3-1

The faculty of the medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

Analysis of evidence for requirement 8.3-1

As detailed in appendix 8.3-1 A (Curriculum Committee Terms of Reference), the Curriculum Committee is the primary governance committee responsible for the detailed development, design, and implementation of all components of the medical education program. The function and goals of the committee as described in the TOR are included below. Appendix_8.1-2_A details all the subcommittees that report to the Curriculum Committee. The terms of reference for each of the subcommittees clearly articulates their roles and responsibilities (Appendix_8.1-2_B). Schulich faculty lead all curriculum design, development, and delivery, including crafting and implementing learning objectives, instructional approaches, and assessment methods. The Curriculum committee provides oversight of the work of these faculty members to ensure that the approach is consistent, integrated, and aligned with the graduation competencies.

Requirement 8.3-2

The curriculum committee oversees:

i. content and content sequencing
ii. ongoing review and updating of content
iii. evaluation of required learning experiences
iv. teacher quality

Analysis of evidence for requirement 8.3-2

The curriculum is centered on the "Approach to Clinical Presentations" and aims for integration within and across the four years of the MD Program. The Curriculum Committee discusses, approves, and communicates

bidirectionally with course faculty leads and the Associate Director, Curriculum Oversight, with respect to curricular content and sequencing. There is a Curriculum Update as a standing item for the majority of Curriculum Committee meetings.

Curricular content is reviewed and updated on a yearly basis. Each course committee meets several times throughout the year to plan the next iteration of each course. The committee reviews and reflects on a variety of data from multiple sources to identify successes, challenges and opportunities for change. A proposal for the following year is presented to the Curriculum Committee for discussion and approval. There is also an external review of each course that is presented to the Curriculum Committee every three years.

The Curriculum Committee oversees evaluation of required learning experiences through annual course reports and a cyclical course review process. The Program Evaluation & Assessment Specialist provides the annual report to the course faculty lead and course committee; the course faculty lead then presents this report, alongside a summary of the successes, challenges, opportunities, and plans for any changes, to the Curriculum Committee for discussion and approval.

Faculty evaluation forms are integrated into Elentra. All faculty teachers and/or residents can be evaluated by students. Students can evaluate "in the moment", and in addition, administrative staff send frequent reminders to complete faculty/resident evaluations. The Program Evaluation & Assessment Specialist summarizes and presents the faculty evaluations to the Curriculum Committee. A Faculty Evaluation Strategy was approved at the Curriculum Committee in July 2021, to make summaries of students' evaluations directly available to faculty. Faculty evaluations are collated and available after each academic year to ensure anonymity of the students providing the faculty feedback. Currently faculty evaluation forms have an embedded workflow prompt that is captured whenever a student checks that a faculty member should be nominated for a teaching award or conversely, whenever a faculty member's mean score is less than five on a seven-point Likert scale. Elentra triggers an email to a designated staff member when such prompts are captured, resulting in a review with appropriate action taken. The Technology team is looking at ways to generate an aggregate report of faculty evaluation prompts and the actions/outcomes taken, beginning in the 2023-2024 academic year, for annual presentation to the Curriculum Committee annually.

Requirement 8.3-3

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee.

Analysis of evidence for requirement 8.3-3

For the past four academic years, the Curriculum Committee has received and approved annual reviews from each course committee. Data is compiled by the Program Evaluation and Assessment Specialist, and includes input by student course representatives. Course chairs present this data to the Curriculum Committee, and highlight successes, challenges and suggestions for changes for the following year. The Associate Director, Curriculum Oversight, sits on all course committees and is the director of the Academy of Educators.

Each course is tasked with ensuring that the curricular content is linked to the learning objectives, which are in turn mapped to the graduation program objectives; additionally, each course must ensure that its assessments are linked to its learning objectives. Formal assessment (that is formative progress and summative tests) must include MCQ and key feature questions, with options for short answer questions. All assessment plans for each course are approved by the Curriculum Committee. The Curriculum Committee has endorsed the following instructional methods: small group cased-based learning; active experiential inquiry-based learning; large group consolidation/application including team-based learning and flipped classroom, interdisciplinary anatomy labs, clinical learning and independent learning.

The Curriculum Committee annually reviews the AFMC GQ, MCCQE I, and the residency match results which are surrogate markers of student achievement in the curriculum. The 2022-2023 Curriculum Committee was guided by a planning document outline for the monthly agendas over the course of the academic year. In addition, the Associate Director, Curriculum Oversight reports on curriculum updates as a standing item.

For Year 3 clerkship and Year 4 clinical electives, the CEC reports to the Curriculum Committee on a regular basis with respect to their responsibility and oversight of the Clerkship Course and Clinical Electives. The CEC meets monthly to address current and emerging concerns, reviews individual rotations annually, and engages in a detailed triennial rotation review process with purposeful attention to learning in London and Windsor

8.4 EVALUATION OF PROGRAM OUTCOMES

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

Definition taken from CACMS lexicon - *Medical education program objectives: Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.*

Requirement 8.4-1

The medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives.

Analysis of evidence for requirement 8.4-1

DCI Table 8.4-1 B details the outcome data collected and evaluated by the medical school to demonstrate the extent to which medical students are achieving the medical education program objectives. The outcome data collected and evaluated includes student performance in required learning experiences, performance-based assessment of clinical skills, achievement of AFMC EPAs, student advancement and graduation, CaRMS match rates, and the results of the MCCQE Part 1. The data is presented and discussed at the appropriate individual course committees and at the Curriculum Committee. Individual student assessment portfolios are reviewed at the Competence Committee to ensure there are no concerns with achievement of the graduation competencies.

Requirement 8.4-2

The medical school collects and uses a variety of outcome data, including national norms of accomplishment, to enhance the quality of the medical education program as a whole.

Analysis of evidence for requirement 8.4-2

DCI table 8.4-2 A details the data collected and how it enhances the quality of the medical education program. The student responses on the AFMC GQ are reviewed at the Curriculum Committee, and any marked deviations from expectation result in reflection and action. The student responses on the AFMC GQ are also reviewed as a whole and compared to internal data for consideration of next steps.

The Curriculum Committee carefully considers and discusses the MCCQE Part 1 results, attending to pass rate, the 8 dimensions of the MCC Blueprint, and campus comparisons. Objectives identified in the MCC report with suboptimal performance are discussed and forwarded to the relevant course committees for review and reconsideration of content. For example, based on lower than expected performance on the MCCQE Part 1 Clinical Decision Making previously, clinical decision-making and problem-solving were strengthened into the planning of the curriculum renewal. More recently, the Curriculum Committee has debriefed pass rates on the MCCQE1 that are modestly below historical averages, and has considered potential contributing factors, from curriculum renewal to changes to admissions approaches.

A further example is the MD Program's use of the AFMC *Readiness for Clerkship* data to inform its curricular renewal, including structure, content, assessment, and instructional strategies. This data-informed approach resulted in the development of the Transition to Clerkship course that occurs in the second half of year 2.

Requirement 8.4-3

These data are collected during program enrollment and after program completion.

Analysis of evidence for requirement 8.4-3

Data is collected throughout all four years of the medical school program. Specific data that is collected after program completion includes the Readiness for Residency survey, MCCQE1 results, and information about the specialty choices and ultimate practice settings of graduates.

8.5 MEDICAL STUDENT FEEDBACK

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.

Definition taken from CACMS lexicon

- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 8.5-1

In evaluating medical education program quality, the medical school has formal processes in place to collect and consider medical student evaluations of their:

i. required learning experiences
ii. teachers
iii. other relevant aspects of the medical education program

Analysis of evidence for requirement 8.5-1

End of course evaluations for all required learning experiences are developed with input from students, faculty, the Program Evaluation & Assessment Specialist, and the Program Evaluation Committee chair. These evaluations collect quantitative and qualitative feedback, with questions that cover communication, organization, workload, assessment, learning environment, and teaching. All evaluations include open-ended questions about strengths and opportunities for improvement. The Program Evaluation & Assessment Specialist, working with student representatives, provides the analysis of the data and themed comments for the course chairs' review and discussion, which informs suggestions for the next iteration of the course. Annually, course reviews including successes, challenges, and proposed changes are presented to the Curriculum Committee by the course faculty lead.

As described in DCI section 8.3-2 G, end-of-course and end-of-rotation evaluations contain questions relating to the quality of teaching in general for that required learning experience. These are synthesized and summarized by the Program Evaluation & Assessment Specialist, reviewed by the course committees, and presented to the Curriculum Committee. Elentra houses evaluation forms for individual faculty and residents. Students can evaluate their teachers "in the moment" but additional reminders are sent to students by the course administrative staff, departmental staff and rotation/academic directors. As described above in 8.3-2, faculty evaluation forms have a workflow prompt that is captured whenever a student checks that a faculty member should be nominated for a teaching award or conversely, whenever a faculty member's mean/average score is less than five on a seven-point Likert scale. These prompts trigger a timely review and an action plan. Student representatives in each course can provide course faculty leads with dynamic, in-the-moment student evaluations of teacher quality.

The ISA data in Table 8.5-1 E supports that the Program has a robust process for medical student evaluation of program quality.

In addition to the evaluation processes described above, the Program also collects and evaluates data from a variety of other sources including the AFMC GQ survey, the AFMC Entry survey, and the Pre-Clerkship survey. End of course and end of rotation evaluations also include evaluation of the learning environment. The Learner Experience Office aggregates data about student mistreatment, and the Program also collects data about the adequacy of communications and technology; these data are shared annually with the Curriculum Committee.

8.6 MONITORING OF REQUIRED PATIENT ENCOUNTERS AND PROCEDURES

A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

Requirement 8.6-1
The medical school has in place a system with central oversight that monitors the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

Analysis of evidence for requirement 8.6-1

Central oversight of clinical experiences appears adequate. Students must log all clinical encounters and procedures as one requirement of successfully passing Clerkship. Logging of required encounters and procedures is done through the Elentra learning management system. At the end of each core rotation, the Rotation/Academic Director reviews the logbook to ensure that students are meeting the appropriate number and type of encounters. Centrally, the logbooks are reviewed quarterly by the UME Clinical Education Coordinators; if there are concerns identified, they are brought to the student's attention. If necessary, the Clinical Education Coordinators will reach out to the Clerkship Director to ensure that solutions are found to ensure the issue is resolved.

Requirement 8.6-2
The medical school has in place a system with central oversight that remedies any gaps in the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

Analysis of evidence for requirement 8.6-2

The medical school has the capacity to identify and remedy gaps. The expectation for the required clinical encounters and procedures is that these will be achieved with real patients under direct observation. When gaps are identified either by the Clinical Education Coordinator, the Rotation/Academic or Clerkship Director, or brought to attention by the student themselves, a discussion with the student will include exploring the reasons for the gap and identifying strategies to ensure completion by the end of Clerkship. Many of the required clinical encounters can be achieved in more than one rotation, and so strategies to remedy the gap will be discussed for upcoming rotations. If the issue relates to a specific gap that can only be met on certain rotations, tailored arrangements will be made. For example, if a student required another observed assessment for fracture management, the student might be required to spend a day in an Orthopedic clinic, or be scheduled during vacation time or the first elective period in Year 4.

Requirement 8.6-3
The medical school has in place a system with central oversight that ensures completion of the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

Analysis of evidence for requirement 8.6-3

The Clinical Learning Coordinators (L/W) review all logbooks near the end of clerkship to ensure completion prior to progression to Year 4 and Clinical Electives. Any remaining gaps are brought to the attention of the Clerkship Directors (L/W) and plans are put in place to remedy these gaps. Table 8.6-3 B and C shows that at both campuses for the last two academic years, 100 % of students completed all required patient encounters, skills and procedures. The completion log is one of the requirements reviewed by the Competence Committee to determine eligibility to advance to year 4.

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

Definitions taken from CACMS lexicon

- *Comparable: Very similar, like, commensurate, close.*
- *Equivalent: Essentially equal, identical, same.*
- *Learning objectives: Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 8.7-1

The medical school ensures that the medical curriculum includes comparable educational experiences across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

Analysis of evidence for requirement 8.7-1

Comparability is ensured through governance, operation, and course committees that include faculty, staff and students from London and Windsor, with Distributed Education represented at Clerkship & Electives and Curriculum Committee. Curriculum design and delivery, regardless of location, use the same learning objectives mapped to the graduation competencies for all required learning experiences. Annually, course evaluation reports, the AFMC GQ, and the MCCQE Part I results are reviewed for the MD Program as a whole, by campus, and when relevant, for different sites within a particular rotation. The results of these reviews are presented to the Clerkship & Electives Committee and/or the Curriculum Committee.

With the curriculum's emphasis on asynchronous online learning, there has been greater comparability in educational experiences for students in year 1 and year 2 who often have virtual access to the same teachers in London and Windsor through online chat rooms and discussion boards.

Requirement 8.7-2

The medical school ensures that the medical curriculum includes equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

Analysis of evidence for requirement 8.7-2

The required formative and summative assessments are the same across all locations.

8.8 MONITORING TIME SPENT IN EDUCATIONAL AND CLINICAL ACTIVITIES

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

Definition taken from CACMS lexicon

- *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

Requirement 8.8-1

The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

Analysis of evidence for requirement 8.8-1

The statement and policies that pertain to the total number of learning hours and workload during clinical and educational activities are easily accessible for all on the UME Statements and Policies webpage and in Elentra (Appendix_8.8-1_A). Course faculty leads, students, teaching/supervising faculty, and residents are made aware of the policies through weekly schedule templates (that confine the time spent in required learning experiences in Years 1 and 2 to the hours described in the Curriculum Learning Hours statement), discussion at course orientation, and course syllabi. The weekly schedule template is used during curriculum development planning to ensure adherence to policies; ongoing monitoring of compliance is done by the Associate Director, Curriculum Oversight and by course faculty leads. During clerkship the education administrative assistant in each department makes up the call schedule for each rotation following the On Call policy (which is based on the Professional Association of Residents of Ontario (PARO) guidelines). Rotation orientations provide information about work hour expectations and call.

The effectiveness of these policies and procedures is carefully monitored. End-of-course and end-of-rotation questionnaires ask students to indicate whether there was adherence to the required learning/work hours, for example, and data are presented to the Curriculum Committee and/or the Clerkship & Electives Committee (CEC). Interpretation of student responses can sometimes be challenging, however. Year 1 and 2 students have raised the concern that asynchronous learning takes more time than the time listed to review a module at 1x speed (e.g., a 22-minute digital module may require ninety minutes of learning time). On review, the Curriculum Committee felt this situation was no different from a 50-minute didactic lecture that generally always required additional time for the majority of students to master the content by revisiting, doing additional reading, etc. During clerkship, end-of-rotation evaluations ask students whether their duty hours, *exclusive of call*, exceed 60 hours a week. The CEC and the Curriculum Committee have identified circumstances where student data indicate that duty hours are exceeded when it is highly unlikely that is the case, suggesting that some students have been including on-call hours in their calculations. (e.g., Psychiatry, Family Medicine). In 2022-23, the student representatives on CEC began working with their peers to remedy this misunderstanding (discussed at HUMEC in November 2022). Nonetheless, the CEC has a process in place to ensure that any rotation where greater than 10% report work hours above 60 hours per week is discussed at CEC and reported to the Curriculum Committee so that the situation can be properly explored. Any concerns are investigated and followed up by the rotation/academic directors and the Clerkship Directors. Two rotations were highlighted for 2021-22 (London Surgery, 20% and Windsor Psychiatry, 28%) and will be monitored for improvement by CEC over 2022-23.

STANDARD 9
ELEMENT EVALUATION FORMS

STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach or assess medical students are familiar with the learning objectives of the required learning experience in which they participate and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

Definitions taken from CACMS lexicon

- *Learning objectives: Statements of what medical students are expected to be able to do at the end of a required learning experience (see lexicon).*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 9.1-1

In the medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach, or assess medical students are familiar with the learning objectives of the required learning experience in which they participate.

Analysis of evidence for requirement 9.1-1

The MD Program provides all residents, graduate students, and other non-faculty instructors with access to course sites on Elentra, which include learning objectives of the required learning experience in which they participate. The course coordinator and faculty course lead ensure that these individuals are familiar with the learning objectives via Elentra and by targeted emails. Graduate students who are Teaching Assistants in anatomy laboratory sessions are students in the Anatomy & Cell Biology department, where preparation for learning objectives, teaching methods, and assessment processes is part of their program. For required clinical learning, residents who supervise and assess medical students are oriented to the objectives by rotation/academic directors or faculty preceptors. In addition to being available on Elentra, learning objectives for clinical learning experiences are also embedded in the assessment forms. Postdoctoral fellows are not involved in teaching medical students.

Requirement 9.1-2

In the medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach, or assess medical students are prepared for their roles in teaching and assessment.

Analysis of evidence for requirement 9.1-2

The Scholar role for residents in all residency programs includes competencies and Entrustable Professional Activities (EPAs) that relate to teaching of students, residents, the public, and other healthcare professionals. The Leader role for residents include milestones and EPAs that are requirements for completion of residency and include activities such as planning and delivering a learning activity as well as providing effective feedback.

The Executive Committee of Schulich Council (ECSC) approved the Postgraduate Medical Education (PGME) policy on Residents and Area of Focused Competence Trainees as Teachers on September 9, 2022. This policy was developed to ensure safe supervision and the primacy of patient care. Additionally, individual residency program directors and the Residency Program Committees are responsible for ensuring safe supervision, always keeping the primacy of patient care in mind.

The PGME office offers an annual Resident as Teacher Boot camp to residents across all disciplines, providing them with a core set of teaching skills. This program was paused during the COVID-19 pandemic but was restarted with

the most recent in-person offering in February 2023. The Boot camp is not the only means of training; residents also receive supervision and teaching training through individual departmental residency program activities, via completion of the "Resident as Teacher" online module that is mandatory for all PGY-1 residents, and through voluntary participation in a variety of faculty development modules offered by the CPD Office. All educational experiences, competencies, and/or objectives provided by the program must address each of the Roles in the CanMEDS/CanMEDS-FM Framework specific to their discipline, including the Scholar role, which includes teaching of students, residents, the public, and other healthcare professionals. Therefore, the Schulich School of Medicine & Dentistry provides multiple avenues to ensure that residents are prepared for their roles in teaching and assessment of medical students.

As noted above, the PGME Office "Resident as Teacher" online module is mandatory for all PGY1 residents beginning with the 2022 incoming cohort (tracked for completion). For graduate students serving as TAs in Anatomy & Cell Biology, an annual meeting with the faculty educator lead for Anatomy in UME occurs in August of each year. During this meeting, the faculty educator lead outlines how the curriculum is organized and what is expected of TAs. The TAs have access to the same materials that the students use for preparation, including all of the learning outcomes and objectives. If necessary, residents and other non-faculty instructors who may serve as instructors or assessors for formative and summative Objective Structured Clinical Examinations (OSCE) are given digital instructions, preparation by the faculty leads, and an orientation by the Clinical Skills Learning Program team.

Requirement 9.1-3

The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

Analysis of evidence for requirement 9.1-3

Educational resources are offered through the Postgraduate Medical Education (PGME) office, Western University's Center for Teaching and Learning, and the Schulich Medicine Continuing Professional Development (CPD) Office.

Central monitoring of participation and completion of training opportunities (prior to engaging in medical student supervision, teaching or assessment) is done by the PGME office. DCI Table 9.1-3 B provides specific details by residency specialty. The completion data indicates that even though the teaching is mandatory, there is still room for improvement to ensure that all incoming residents complete the "Resident as Teacher" online module. In addition to the mandatory online module there are a number of other workshops and certificates offered by the PGME office. Examples include the Hidden Curriculum Workshops (2021-2022, 72 participants) and Certificate of Leadership (30 registered resident participants in 2022-2023).

9.2 FACULTY APPOINTMENTS

A medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by members of the medical school's faculty.

Definition taken from CACMS lexicon

- *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

Requirement 9.2-1

The medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by members of the medical school's faculty.

Analysis of evidence for requirement 9.2-1

During required clinical learning experiences, clinical supervisors **must** have a faculty appointment; data confirms that 100% of clinical supervisors at Schulich hold faculty appointments. In scheduling rotations, medical students are only placed in clinical rotations with supervisors holding a faculty appointment. In the province of Ontario, all licensed physicians must adhere to the College of Physicians and Surgeons Policy on Professional Responsibilities in Medical Education. Any activities completed with other health professionals at affiliated sites remain under the primary supervision of Schulich faculty. Fourth-year students may undertake visiting electives at other Canadian medical schools. The 17 Canadian medical schools place students via the AFMC Portal and supervision is undertaken by the away school's appointed faculty, with the student evaluating the elective and the supervising faculty providing an assessment of the student.

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the delegated activities supervised by the health professional are within the health professional's scope of practice.

Requirement 9.3-1

The medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure:

i. *patient and student safety*
ii. *that the level of responsibility delegated to the student is appropriate to the student's level of training*
iii. *that the delegated activities supervised by the health professional are within the health professional's scope of practice*

Analysis of evidence for requirement 9.3-1

All clinical encounters and procedures must be achieved under direct supervision, with medical students working as part of clinical care teams with residents, faculty, and other healthcare professionals or via 1-on-1 supervision. In clinical settings, the Most Responsible Physician is responsible for ensuring proper supervision and patient care, as per the Faculty Supervision of Medical Students Policy, the Postgraduate Medical Education Supervision Policy, and the College of Physicians and Surgeons of Ontario's Policy on Professional Responsibilities in Medical Education. The guidance documents for these policies are in the DCI or its appendix.

The Clerkship & Electives Committee (CEC) develops and reviews the required clinical encounters and procedures as outlined in the DCI 6.2 and 8.6, as well as the Association of Faculties of Medicine of Canada's Entrustable Professional Activities (EPAs), annually. The level of student responsibility for these encounters is determined by the CEC. Supervising faculty and residents assess the students' knowledge and experience during each rotation or encounter. Students gradually acquire responsibility under direct supervision, with the supervising physician determining the level of responsibility based on the student's prior experience, feedback, and other information, always keeping patient safety in mind. The pandemic led to an increase in virtual care provision, and the Statement on Medical Learner Participation in Virtual Patient Assessments outlines the process for medical student supervision, safety, and delegation of responsibility in virtual visits. The DCI contains an exit survey of the students that indicates that the vast majority of them are confident in the level of supervision they have received.

It is the expectation of all provincial regulatory bodies that health professional work within their scope of practice. Annual performance reviews by department Chair/Chiefs include clinical care. The hospitals have annual performance reviews for all employees that include solicitation of information from others, e.g., 360-degree evaluation for Nurse Practitioners. Ultimately, it is the most responsible physician (the faculty member) that ensures that any delegated activities supervised by health professionals are within their scope of practice.

9.4 ASSESSMENT SYSTEM

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all graduates achieve the same medical education program objectives.

Definition taken from CACMS lexicon - *Medical education program objectives: Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.*

Requirement 9.4-1

The medical school ensures that, throughout its medical education program, there is a centralized system in place that:

i. *employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, attitudes specified in medical education program objectives*
ii. *ensures that all graduates achieve the same medical education program objectives*

Analysis of evidence for requirement 9.4-1

The MD program uses the learning management system Elentra, as a central repository for all assessments; Elentra provides automated reminders to students and faculty and embeds built-in flags for potential concerns. The Curriculum Committee approves all course and curriculum assessment plans, including both formative and summative components. Student assessment in the MD Program provides both feedback to the learner and documentation that supports success in student's learning and achievement of the graduation competencies. The MD Program uses a pass/fail grading system and assesses students on their knowledge, clinical skills, and professional behaviors and attitudes through formative and summative assessments. These assessments include readiness quizzes, assignments, concept maps, reflections, projects, progress tests, and exams. The assessments are aligned with the Medical Council of Canada Qualifying Examination (MCCQE) Part I rubric and the Association of Faculties of Medicine of Canada (AFMC) Entrustable Professional Activities (EPAs). All courses have summative assessments that assess knowledge acquisition and application.

Assessment measures requiring direct observation of students are included in the assessment plan for all four years. Knowledge application, clinical decision making, core clinical skills, professional behaviours, and attitudes are assessed through direct observation during: Years 1 and 2 Clinical Skills Teaching Observed Structured Clinical Exams (OSCEs); the formative Year 2 OSCE; Integrated Small Group Learning (ISGL) and Discipline Specific Small Group (DSSG) learning; all eight clerkship rotations (on the ward, in the clinic, operating room, emergency room and on-call; oral case presentations); the summative OSCE in Year 3 or 4; Clinical Electives in Year 4; and small group participation in Transition to MD in Year 4. Table 9.4.1 C shows the percentage of students who completed the history and physical exam standards. While not all learning experiences are at 100%, there is a substantial improvement over the past three years. Family Medicine Plus and OB GYN at both the London and Windsor Campuses fail to meet the 100 % target, but are improving and moving closer to the 100 % target set for all clerkship rotations. Curriculum Committee has in place rigorous standards to ensure that all students are assessed and obtain the competencies as outlined in the Assessment and Appeals policy. In addition, the transition to Elentra was most recently completed by all Clerkship rotations and the statistics may not be complete; this bears watching in the future.

The Faculty Assessment Lead provides overall oversight of the assessment program for medical students. The work is further supported by several dedicated staff roles, including the Program Evaluation & Assessment Specialist, eLearning Technology Specialists, and Curriculum Development Specialist, all working under the guidance of the Associate Director of Undergraduate Medical Education.

All progression decisions are made by the MD Program Competence Committee (meets monthly). All required educational experience learning outcomes/objectives for each session and course are mapped to the MD Program Graduation Competencies. Students enrolled in dual degree programs (e.g., MD/PhD and Oral & Maxillofacial Surgery) achieve the MD Program Graduation Competencies in addition to objectives specific to their doctoral or oral maxillofacial residency programs. During and since the curriculum renewal, courses and educational experiences were created and reviewed prior to implementation for alignment with achievement of the Graduation Competencies. Students must complete 100% of required summative and formative assessments in order to progress in the program and, ultimately, to graduate. Regular reminders are sent to students and completion rates are considered by the Competence Committee for progression decisions.

9.5 NARRATIVE ASSESSMENT

A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

Definitions taken from CACMS lexicon

- *Narrative assessment: A written description of a student's performance that is provided in addition to a grade (e.g., pass/fail, letter or number) to help guide learning.*
- *Non-cognitive: Refers to the physician's intrinsic CanMEDS roles.*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 9.5-1

The medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

Analysis of evidence for requirement 9.5-1

All courses in the MD program include elements of narrative assessment. Narrative feedback informed by direct and indirect observation relates to students' behaviours, attitudes, and actions, and includes attention to: communication with faculty, peers, families, patients, health providers, and staff; understanding and applying medical knowledge; and professional behaviours. Most assessment tools used in the program include comment sections for assessors to describe what is working well to identify opportunities for growth. For some assessments (e.g. clerkship and elective assessments), it is mandatory for faculty to provide narrative feedback. There are several resources available to faculty to encourage and improve their narrative feedback skills, including course manuals and formal faculty development workshops.

Narrative feedback on intrinsic CanMEDS roles is included for specific small group learning modalities, such as Integrated Small Group Learning (ISGL), Clinical Skills and the Experiential Learning components of Service Learning, and Research and Quality Improvement (Years 1 and 2). Professionalism Career and Wellness (PCW) (Years 1-4) has facilitators reviewing and providing narrative feedback on reflections as well as early drafts of CV and personal statements in preparation for residency application. During Clerkship, narrative feedback is provided at a minimum at the midpoint and final assessment for each required clinical learning experience and during one-on-one learning experiences such as Emergency Medicine shifts. Year 4 Clinical Electives assessments provide opportunities for narrative feedback. OSCE and TOSCE assessment forms require narrative feedback to justify the rating on all stations where there is a concerning performance or station failure.

Faculty are encouraged and expected to share narrative feedback with medical students both formally (through assessments) and informally (through discussion); this feedback supports learning and provides developmental "next steps" for students. Any concerning flags on assessments will be directed to course leads and rotation/academic directors, who review written documents and comments provided by instructors and facilitators on individual student performance during and at the end of the course. During the Competence Committee review of student performance, narrative comments are reviewed.

9.6 SETTING STANDARDS OF ACHIEVEMENT

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

Definition taken from CACMS lexicon
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 9.6-1

The medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

Analysis of evidence for requirement 9.6-1

The former MD Program Faculty Assessment Lead (from 2019 to 2021) and current lead (since September 2022) report directly to the Curriculum Committee on a regular basis. The current lead has a master's degree in medical education and has had significant involvement in the curriculum and assessment prior to taking on the role of Faculty Assessment Lead. The current lead was responsible for assessment redesign in Clerkship, which started in 2019-2020. The former lead had experience in competency-based assessment in Family Medicine at the College level.

With the curriculum renewal in 2019, there was a robust discussion (informed by the Faculty Assessment Lead) at Curriculum Committee on moving to purposeful formative assessment (assessment *for* learning) with the need to maintain summative assessments of learning. There was in-depth discussion of standard setting and a motion was passed increasing the benchmark for a "passing grade" from 60 to 70 %.

The Curriculum Committee approves assessment design, rubrics and processes. The Faculty Assessment Lead and Assessment Committee endorsed the Medical Council of Canada (MCC) Blueprint for tagging of assessment questions and considered the Graduation Competencies when working with individual courses. The Lead was instrumental in guiding decision-making options for the Curriculum Committee on virtual online assessments and the implications during the pandemic (e.g., June 26, 2020; September 25, 2020; October 28, 2020).
All formative and summative assessments and the tools used to support them have been mapped across all four years of the curriculum. The assessment plan proposal for the 2023-24 academic year was approved by the Curriculum Committee in June 2023.

The Associate Director, Curriculum Oversight, who holds a PhD in Education, works with all Years 1, 2 and 4 course committees to ensure content and assessment align with the Graduation Competencies and with the CBME vision of curriculum delivery. Several course faculty members also have master's degrees in education or health professions education, or hold advanced certificates (e.g., the Quality Improvement component lead has certification in QI). With the 17-month gap between Faculty Assessment Leads, assessments have been created and delivered by the course committees under the guidance of the PhD Education Specialist with oversight of the outcomes and progression by the Competence Committee and Curriculum Committee.

9.7 TIMELY FORMATIVE ASSESSMENT AND FEEDBACK

A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.

Definition taken from CACMS lexicon

- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 9.7-1

The medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning.

Analysis of evidence for requirement 9.7-1

The Assessment and Appeals Statement (Appendix_9.7-1_A) outlines the requirement that medical students receive timely formative feedback. The Associate Director, Curriculum Oversight and the course faculty leads work together to ensure that formative assessment is incorporated in the courses with the Assessment Coordinator, the Elentra team and the course faculty leads responsible for the timely release of grades/performance. The Assessment Coordinator and the eLearning Technology staff release the Strength and Opportunities (S&O) report after each formative assessment. The report is released to each student based on their individual performance. The S & O report details the questions the student got right and wrong and their associated curriculum tag. This enables students the opportunity to evaluate their progress in learning and to plan for future learning. Students are encouraged to share their S&O and any other performance metrics with their Academic Coaches to make sure they are on track for academic success in the MD Program. See DCI Requirement 9.7-1 narrative which lists the formative feedback and timing through the different learning experiences in all years.

Requirement 9.7-2

Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation.

Analysis of evidence for requirement 9.7-2

DCI Table 9.7-2 A details the timing of formal formative assessment which occurs early and at several time points throughout each required learning experience. There are clear expectations for every required learning experience related to timely formative feedback. The ISA data suggest that a minority of students feel that their feedback has not been timely (Table 9.7-1 C). The program continues to work toward reinforcing its expectations for each learning experience and communicating to the students when formative assessment is occurring.

Requirement 9.7-3

Formal feedback occurs at least at the midpoint of the learning experience.

Analysis of evidence for requirement 9.7-3

DCI Table 9.7-2 A details the Formal Formative Assessment for all required learning experiences; all courses have at minimum formal feedback at the midpoint of the learning experience. DCI Table 9.7-3 B confirms that the vast majority of students received formal formative feedback by the midpoint of each required learning experience.

Requirement 9.7-4

In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) formal feedback occurs approximately every six weeks.

Analysis of evidence for requirement 9.7-4

The MD Program has several longitudinal courses, including Clinical Skills (Years 1 and 2); Professionalism, Career & Wellness (Years 1 through 4), Experiential Learning (Years 1 and 2), and Clerkship (Year 3). Refer to DCI Table 9.7-2 A and 9.7-1 B which outlines that formal feedback occurs approximately every 6 weeks.

Requirement 9.7-5

For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.

Analysis of evidence for requirement 9.7-5

For learning experiences less than four weeks received, a combination of daily assessments and end-of-rotation assessments are used. (DCI Table 9.7-5 A).

9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

Definition taken from CACMS lexicon
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 9.8-1

The medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program.

Analysis of evidence for requirement 9.8-1

Regardless of campus or site assignment, the summative assessment remains the same for all students. The summative assessments for individual courses are developed by the teaching faculty under the direction of the course faculty lead and the Associate Director of Curriculum Oversight. As of 2022-2023, the Pass/Fail mark threshold for all summative assessments has been set at a minimum of 70% for all courses. Western University requires final grades to be released to students within three weeks from the date of course completion. It is the responsibility of the course faculty lead and administrative support to ensure timely release of summative assessment of student achievement within this time frame. For most courses, summative assessments are released within 2 weeks.

Summative assessment is based on generalist "must know" knowledge application supplemented with important specialty or discipline specific questions and is delivered on the computer-based assessment platform, Exam Soft. The development of summative assessments is an iterative process. Psychometric data on the questions is reviewed by the Assessment Coordinator and any poor or atypically performing questions are forwarded to the faculty lead for review. Once the faculty lead has reviewed these flagged questions and made the decision whether to discard any questions or not, the grades are finalized and uploaded by the Assessment Coordinator.

Multiple choice exams are used extensively as summative assessment in the year 1 and 2 courses (Foundations, Principles of Medicine I and II). Final summative assessments in Clerkship use a number of assessment modalities, including but not limited to multiple choice exams (completed using Elentra with psychometrics available), oral exams, and extensive workplace-based assessments. Fairness in workplace based assessments and expert assessments is ensured by using multiple assessments, in multiple settings, by multiple assessors. Clerkship summative assessments are the final rotation assessments of the 8 rotations and 2 open selectives. To achieve a pass in the clerkship course, a student must pass all rotations as well as complete the required clinical encounters (logbook).

Students are notified about the results of their summative assessment by the Assessment Coordinator, and about any academic performance concerns based on their grades. When concerns are identified, the faculty course leads reach out to affected students to discuss remediation and to encourage them to engage the Learner Experience Office (LEO) for support.

Final grades for progression and graduation are approved by the Competence Committee, which consists of basic and clinical faculty members and staff who are not intimately involved with the design, delivery and assessment of the course.

Requirement 9.8-2

Final grades are available within six weeks after the end of a required learning experience.

Analysis of evidence for requirement 9.8-2

For most courses, final grades are available within 6 weeks. Clerkship, however, has not consistently met this bar. While grades for individual clerkship rotations are available to students within 6 weeks of completion, grades for the complete clerkship course have often not been finalized and made available to students until more than 6 weeks after the end of the course.

The MD Program is aware of this gap, and has taken concrete steps to address it. For example, Competence Committee meetings now occur monthly, scheduled around rotation end dates, to improve the timeliness with which clerkship grades are finalized and communicated to students. The program's goal is to have all grades for all courses finalized, released to students, and sent to the Western Registrar within 3 weeks, and the program is working with clerkship leads and the Competence Committee to ensure that this goal is met, beginning with the current academic year.

9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including:

- ***a) timely notice of the impending action,***
- ***b) disclosure of the evidence on which the action would be based,***
- ***c) an opportunity for the medical student to respond,***
- ***d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.***

Requirement 9.9-1

The medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum.

Analysis of evidence for requirement 9.9-1

There is a single set of core standards for advancement and graduation for all medical students, regardless of campus, in order for them to receive an M.D. degree from Western University. Student progression in the MD Program is outlined in the document Program Requirements for the MD Program. Students enrolled in the MD/PhD and Oral Maxillofacial Surgery programs complete additional requirements for their specific programs. All medical students, regardless of campus, must meet the requirements for satisfactory achievement in academics and professional behavior in all required educational experiences for the MD program

Requirement 9.9-2

The medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including:

- *a) timely notice of the impending action*
- *b) disclosure of the evidence on which the action would be based*
- *c) an opportunity for the medical student to respond*
- *d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal*

Analysis of evidence for requirement 9.9-2

The MD Program's Statement on Assessment and Appeals outlines a clear process that is followed whenever action is to be taken that may affect the status of a medical student. Monthly meetings of the Competence Committee ensure that any decision that a student is "not progressing as expected" or "failing to progress" is made and communicated to the student in a timely fashion. Following Competence Committee meetings, the Chair communicates any adverse actions to affected students and outlines the rationale and evidence that supports the action. As per the Statement on Assessment and Appeals, the student has the opportunity to respond, and will be informed of their opportunity to appeal. The available grounds for appeals and the procedures to be followed are clearly outlined in the Statement on Assessment and Appeals.

The Statement on Assessment and Appeals also outlines the procedures that are followed should a student be subject to an action related to their professional conduct. As above, these procedures include timely notification, provision of evidence and rationale for the decision, and provision of an opportunity for the student to respond and to appeal the decision.

9.10 STUDENT HEALTH AND PATIENT SAFETY

The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients. These patient safety policies include:

- ***a) timely response by the medical school***
- ***b) provision of accommodation to the extent possible***
- ***c) leaves of absence***
- ***d) withdrawal processes***

Requirement 9.10-1

The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients.

Analysis of evidence for requirement 9.10-1

The MD program has a policy on Blood Borne Viruses and a statement on Learner Illness, Exposure and Patient Safety in Clinical Learning. These documents effectively guide the medical school's response to situations in which a student's personal health reasonably poses a risk of harm to patients.

These policies/statements are included in Appendix_9.10-1_A in the DCI.

Requirement 9.10-2

These patient safety policies include:

- *a) timely response by the medical school*
- *b) provision of accommodation to the extent possible*
- *c) leaves of absence*
- *d) withdrawal processes*

Analysis of evidence for requirement 9.10-2

All policies relevant to patient safety were reviewed; these include the statements on *Blood Borne Viruses* and on *Learner Illness, Exposure and Patient Safety in Clinical Learning* and the policies on *Attendance and Absence and on Student Return to UME Curriculum after Granted Leave for Personal and/or Health Reasons*. Collectively, these documents fully address items a)-d) above.

STANDARD 10
ELEMENT EVALUATION FORMS

STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

Requirement 10.1-1
Through its requirements for admission, the medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences.

Analysis of evidence for requirement 10.1-1

The MD Program, as outlined on the Medicine Admissions website Admissions Requirements and FAQ section, encourages applicants to complete a broad post-secondary university-based education. To encourage diversity in the educational background of each medical school class and subsequently in future Canadian physicians, Medicine Admissions has for close to two decades required no pre-requisite courses. The required education for each candidate is a minimum of a four-year undergraduate degree from a recognized university. This degree is not restricted to any field. Admissions has had matriculants with a variety of degree programs from sciences, engineering, social sciences, music, business, and health sciences.

This information is shared in recruitment materials, presentations, social media communications, and presented at Ontario recruitment fairs.

Requirement 10.1-2
Through its requirements for admission, the medical school confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

Analysis of evidence for requirement 10.1-2

No specific premedical courses are required for admission to the MD Program; such requirements were discontinued in AY 2006-07.

In 2017, the Medicine Admissions Committee (MAC) reviewed internal data on student progression with respect to pre-medicine academic backgrounds. They concluded that the current process, in which applicants are advised to engage in a broad background of education in the arts, humanities, and sciences, in keeping with their own interests and that of the art and science of medicine, results in sufficient preparation for successful completion of the medical curriculum.

10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

The final responsibility for accepting students to a medical education program rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

Requirement 10.2-1
The final responsibility for accepting students to the medical education program rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies.

Analysis of evidence for requirement 10.2-1

The final responsibility for accepting students into the MD program rests with the Medicine Admissions Committee (MAC). Its terms of reference were approved by ECSC in May 2023. The terms of reference for four subcommittees that report to the MAC were approved by ECSC in June 2023.

Requirement 10.2-2
Faculty members constitute the majority of voting members at all meetings.

Analysis of evidence for requirement 10.2-2

Data shows that the majority of voting members at all the committee meetings were faculty members.
All the meetings were attended by over 60% of voting faculty members.

Requirement 10.2-3
The selection of individual medical students for admission is not influenced by any political or financial factors.

Analysis of evidence for requirement 10.2-3

The MAC oversees the selection of students for admission to the MD program; its polices and processes explicitly state that no political or financial influence should impact on the admission process. In 2021, a policy directly addressing interference in the admission process was added. All faculty, staff, learners, and community members involved in any part of the admission process must sign a conflict-of-interest declaration. If any conflicts are declared, the member is asked to recuse themselves until the conflict has ended.

10.3 POLICIES REGARDING STUDENT SELECTION / ADVANCEMENT AND THEIR DISSEMINATION

The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, advancement, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.

Requirement 10.3-1
The faculty of the medical school establish criteria for student selection.

Analysis of evidence for requirement 10.3-1

The website links are clear and comprehensive in terms of criteria for selection to the MD Program. For the MD/PhD Program, the clarity of available information could be improved. The website that reviews the criteria for entrance to the MD/PhD Program simply states that candidates must meet criteria for both programs; while criteria for entry to MD Program are clear, those for the PhD Program seem less clear.

Requirement 10.3-2
The faculty of the medical school develop and implement effective policies and procedures regarding, and make decisions about:

i. medical student application
ii. selection
iii. admission
iv. assessment
v. advancement
vi. graduation
vii. any disciplinary action

Analysis of evidence for requirement 10.3-2

Medical school applications, selection, and admission are overseen by the MAC. The document *Statement on Application, Selection and Admission* outlines the process, policies and procedures that govern items i – iii above. This document is reviewed by the MAC.

Matters of assessment, advancement, graduation and discipline (items iv - vii) are outlined in the document *Assessment and Appeals.* This document is reviewed, updated and approved by the medical school Curriculum Committee. The ECSC provides final approval of the document contents. The document contains specific sections regarding:

1. Assessment
2. Professional conduct
3. Progression,
4. Incomplete educational experiences,
5. Sharing of performance data
6. Learning plans
7. Remediation
8. Probation
9. Suspension/removal from studies
10. Dismissal
11. Appeal process

The *Assessment and Appeals* document also describes the role of various medical school committees (including competence committee, course committees, Schulich MD Program Appeals Committee, and the Undergraduate Medical Education Advisory Board) in items iv – vii above. Each of these committees have terms of reference that further describe the process and procedures for activities related to iv – vii above.

Measuring the effectiveness of the policies and procedures for items iv – vii is challenging, although these approaches have enabled the MD Program to carefully track any student whose progress is suboptimal. Additionally, the MD Program periodically reflects on and revises its policies to improve their effectiveness in supporting student progress.

Requirement 10.3-3

The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.

Analysis of evidence for requirement 10.3-3

The policies and procedures for matters in 10.3-2 (i-vii) are found on relevant Schulich Medicine and Western University websites:

(i-iii) Medicine Admissions website: The Admissions procedures are available on the Medicine Admissions website and include a Frequently Asked Questions section which addresses selection and admission requirements as well as how to apply to the program. The GPA and MCAT criteria are shared, although the algorithm and weighting are not. The criteria are also available on the Ontario Medical School Application Service (OMSAS) website.

(iv-vii) MD Program web page: The MD Program policies and statements are listed and referenced in the Western Academic Calendar under the Doctor of Medicine (MD) Program. All policies for the MD Program are found under the Policies and Statements section of the MD Program website.

- All Year 1 students are informed of the MD Program policies and procedures during the Orientation online module to be completed in the first several weeks of Year 1, semester 1. The module remains available for review throughout the four-year MD Program. Staff and teaching faculty have access to Elentra, the school's learning portal website, and may also review if desired.

- The Policies page is linked to all ten courses in Elentra and students in all years are apprised of assessment, progression, professionalism, and appeal processes in the online syllabi for each of the ten courses, which faculty can also access.

- Finally, any student having academic difficulty is directed to relevant policies for review and is offered assistance in interpreting those policies.

10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

Requirement 10.4-1
The medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

Analysis of evidence for requirement 10.4-1

Medical school applications, selection, and admission are overseen by the MAC. The policies, procedures, and requirements for candidate selection are found on the relevant Schulich Medicine website pages. The website links are clear, concise, and comprehensive.

Medical school selection begins with screening. As MCAT and GPA scores constitute a surrogate marker for academic success and life-long learning, Schulich uses these scores to establish an objective mark on which to base admissions. Schulich realizes that there are limitations to this model and has some flexibility for equity-deserving groups, allowing for applications through alternative pathways (e.g. Access, Indigenous, Southwestern Ontario). The initial screening process is followed by a holistic evaluation of the characteristics the school believes are essential for future physicians, which include Schulich Medicine's Core Values of: 1) teamwork and leadership, 2) respect for diversity, equity & inclusion, 3) social accountability and social responsibility, and 4) self-directed learning, problem solving, and critical inquiry. The holistic review includes the Abbreviated Autobiographical Sketch (AABS), reference review, and a three-member interview.

The anonymized AABS files are sent for independent review to a community member and medical doctor. A third review is used in the event there is not agreement between the reviewers. File reviewers are provided training materials on AABS scoring, support in understanding their own implicit biases, and examples of acceptable non-traditional answers. Alternative pathway candidates will have file reviewers that are representative. The AABS is reviewed and scored using a standardized rubric.

Reference letters are reviewed by the Admissions team. Reference checks may be completed if any flags are raised as a result of the review of the letters, during the AABS review, or the interview.

The next step after AABS review is a 45-minute interview with a three-person panel consisting of a senior medical student, medical doctor, and community member. The interviewers receive training related to implicit bias and the human rights code, and on how to score the standardized prompts that reflect the characteristics the School is seeking. Each interview panel member scores the applicant independently. Each interview team is provided with the standard stems, questions, and probes. Students in the Indigenous, Black, and Access Pathways will have interviewers reflecting their demographic.

In summary, the MAC process assesses each candidate for:

I. **Intelligence**: This is assessed through a required four-year undergraduate degree, a GPA cut-off, and independent metrics on the MCAT. It is also evaluated through the content and writing of the Abbreviated Autobiographical Sketch (AABS) and critical thinking assessed in the interviews.
II. **Integrity**: The Medicine Admissions Office assesses integrity through review of applicants' documents, review of reference letters, interview questioning, comments from reviewers of the AABS, and reference checks.
III. **Personal and emotional characteristics**: The AABS provides a rich window into the personal attributes, resilience, and emotional characteristics of applicants based on life experiences to date.

The final rank order list is derived from meeting academic requirements and determined by interview scores.

10.5 TECHNICAL STANDARDS

A medical school develops and publishes technical standards for the admission of applicants and the retention and graduation of medical students.

Definition taken from CACMS lexicon
- *Technical standards: The underlying cognitive, communication, sensory, motor and social skills necessary to interview; examine; diagnose and provide comprehensive compassionate care; and competently complete certain technical procedures in a reasonable time while ensuring patient safety.*

Requirement 10.5-1

The medical school develops and publishes technical standards for the admission of applicants and the retention and graduation of medical students.

Analysis of evidence for requirement 10.5-1

The MD Program and Medicine Admissions Office adopted the technical skills and abilities document developed collaboratively by the Council of Ontario Faculties of Medicine revised in 2016, Essential Skills and Abilities Required for Entry to a Medical Degree Program. The Policy on Essential Skills and the Policy on Selection Process for Admissions to the MD Program were reviewed and supported once again in November 2022 by the MAC then endorsed by the Curriculum Committee and ECSC as the accepted technical standards for the six faculties of Medicine in the province of Ontario.

All sections of the document are relevant and applicable for admission, retention, and graduation (Appendix_10.5-1_A_Essential Skills and Selection Process).

The Technical Standards are highlighted and disseminated through the Medicine Admissions Requirements. This is readily accessible to students, applicants, and faculty. The OMSAS website specifies the Essential Skills and Abilities Required for applicants to any medical school in Ontario, which is available to all applicants and referenced in the Schulich OMSAS and Schulich Admissions websites.

10.6 CONTENT OF INFORMATIONAL MATERIALS

A medical school's calendar and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the undergraduate medical degree and all associated joint degree programs, provide the most recent academic schedule for each curricular option, and describe all required learning experiences in the medical education program.

Definitions taken from CACMS lexicon

- *Academic schedule: The academic schedule indicates dates when classes start and end, and timing of breaks and vacations.*
- *Calendar: The calendar is the university's official listing of admission procedures and deadlines, academic regulations, programs of study, academic standards, degree requirements and general university policies and codes.*
- *Medical education program objectives: Statements of what medical students are expected to be able to do at the end of the educational program i.e., exit or graduate level competencies.*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 10.6-1

The medical school's calendar and other informational, advertising, and recruitment materials

i. present a balanced and accurate representation of the mission and objectives of the medical education program
ii. state the academic and other (e.g., immunization) requirements for the undergraduate medical degree and all associated joint degree programs
iii. provide the most recent academic schedule for each curricular option
iv. describe all required learning experiences in the medical education program

Analysis of evidence for requirement 10.6-1

The Western Academic Calendar lists all the relevant information for the MD Program, addressing i-iv above as follows:

i. The MD Program aligns with the Mission, Vision and Values of Schulich Medicine as outlined in the Strategic Plan 2021-2026. An overview of the MD Program requirements is outlined in the Doctor of Medicine Program Admission requirements on the Schulich Medicine & Dentistry Admissions page.

ii. The MD Program Academic Handbook outlines the academic and immunization requirements, and the overview of the ten undergraduate courses. Academic, immunization, vulnerable sector screens, and serology requirements for students enrolled in the MD Program are communicated in a variety of ways. All candidates receiving an offer of admission letter are notified of the requirements necessary before the start of Year 1 studies. These requirements are publicly posted on Medicine Admissions Requirements, Learner Experience Office Immunization, First Aid and Police Records page, and MD Program policies on Blood Borne Viruses, Immunizations, and Police Checks. Students are asked to submit all data online to the Learner Experience Office using an independent third-party verifier Synergy (Appendix_10.6-1_A).

iii. The most recent academic schedule for each curricular option is provided on the MD Program website, and is updated annually.

iv. Information on required learning experiences in the MD Program is outlined in the Undergraduate Medical Education Curriculum page on the UME website.

As pointed out in 10.3-1, the criteria for the MD/PhD program only state the applicants must meet criteria for both programs. The criteria for the PhD portion are not well described in available informational materials.

10.7 TRANSFER STUDENTS

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of the school's medical students at the same level. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

Definitions taken from CACMS lexicon

- *Comparable: Very similar, like, commensurate, close.*
- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 10.7-1

The medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of school's medical students at the same level.

Analysis of evidence for requirement 10.7-1

The requirements for transfer are outlined in the Medicine Admissions Transfer Student section of the Admissions website and in the MD Program Statement, Transfer of Student for Program Studies in Undergraduate Medical Education.

Transfer students are considered only if they are studying medicine at a CACMS-accredited school in Canada that offers a 4-year program. Students seeking transfer may do so only after Year 2 of their UME curriculum with a transfer into Year 3 Clerkship. Requests for transfer into Years 1, 2 or 4 are not accepted, nor are students admitted with advanced standing.

All students accepted for transfer must demonstrate that their admissions profile and current academic achievements would meet the standards of the Year 3 class at matriculation. To this end, transfer students must provide:

- A curriculum vitae;
- Documents to satisfy Medicine Admissions that they would have met Schulich Medicine admission criteria, including transcripts from pre-medical studies;
- A letter of good standing from their present program;
- An outline of their present school's curriculum;
- A full release to speak with their present school's Dean, UME;
- Evidence of support from the student affairs offices at Schulich (Learner Experience Office) and their present school;
- A current Criminal Record Check including vulnerable sector screening; and
- Two letters of reference from faculty at their present school.

Submitted documents are reviewed by the Vice Dean UME, the Associate Dean Learner Experience, the Associate Dean Windsor (when relevant), the Associate Dean Admissions, the Manager Admissions, and the Associate Director UME. The Vice Dean UME also consults with the Dean, UME at the applicant's current university. If requests have arisen through Student Affairs, there may also be discussion (with student consent) between the Deans of Learner Experience and/or Student Affairs. These consultations are to validate the submitted information, and to understand any academic or professionalism issues relevant to adjudication of the transfer request.

A final decision is reached based on capacity of the MD Program; the reason(s) for the request; and confirmation that the student would have met Schulich Medicine Admissions standards, has no outstanding academic, third-party legal or professionalism issues, and is highly likely to successfully complete the MD Program with the class into which they will transfer.

Requirement 10.7-2

The medical school accepts a transfer medical student into the final year of the medical education program only in rare and extraordinary personal or educational circumstances.

Analysis of evidence for requirement 10.7-2

There have been no transfers accepted into the final year.

10.8 Currently, there is no element 10.8

10.9 VISITING STUDENTS

A medical school oversees, manages and ensures the following:

- ***a) verification of the credentials of each visiting medical student;***
- ***b) each visiting medical student demonstrates qualifications comparable to those of the school's medical students;***
- ***c) maintenance of a complete roster of visiting medical students;***
- ***d) approval of each visiting medical student's assignments;***
- ***e) provision of a performance assessment for each visiting medical student;***
- ***f) establishment of health-related protocols for visiting medical students.***

Definition taken from CACMS lexicon
- *Comparable: Very similar, like, commensurate, close.*

Requirement 10.9-1

The medical school oversees, manages and ensures:

- *a) the verification of the credentials of each visiting medical student*
- *b) that each visiting medical student demonstrates qualifications comparable to those of the school's medical students*
- *c) the maintenance of a complete roster of visiting medical students*
- *d) the approval of each visiting medical student's assignments*
- *e) the provision of a performance assessment for each visiting medical student*
- *f) the establishment of health-related protocols for visiting medical students*

Analysis of evidence for requirement 10.9-1

As outlined in the DCI, the processes followed in fulfillment of components a - f of Requirement 10.9.1, are described satisfactorily. Each of these elements is overseen, managed and ensured by the Medical School.

10.10 Currently, there is no element 10.10

10.11 STUDENT ASSIGNMENT

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., alternative curricular track) and uses a centralized process to fulfill this responsibility. The medical school considers the preferences of students and uses a fair process in determining the initial placement. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

Requirement 10.11-1
The medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., alternative curricular track) and uses a centralized process to fulfill this responsibility.

Analysis of evidence for requirement 10.11-1

The medicine program at Schulich operates under the principle of one program, two campuses. The MAC *Policy on Campus Assignment* outlines the assignment process. Students select a preferred campus for study when they register for their admission interview. Based on their expressed preferences and on an internal rank ordering system, students are offered admission to either the Windsor of the London Campus. A small number of candidates are given an offer of acceptance for "Unspecified Campus". These candidates are allocated to a site after the deadline for acceptance for the higher ranked candidates. Student assignments are final and not influenced by outside factors.

The medicine program at Schulich does not have a parallel curriculum.

Requirement 10.11-2
The medical school considers the preferences of students and uses a fair process in determining the initial placement.

Analysis of evidence for requirement 10.11-2

On the Medicine Admissions website, campus selection is requested when applicants are invited to the annual Interview Weekend. Campus preference is taken into consideration in offers of admission, but Schulich does not guarantee a preferred campus. Offers are made for the Windsor campus, the London campus, or for "unspecified campus"; offers are based on student preference, availability at the preferred campus, and their placement in the rank order list. In less than 10% of cases in the 2023-24 academic year, a candidate was offered "unspecified campus", which meant the assignment was finalized after acceptance.

Requirement 10.11-3
A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

Analysis of evidence for requirement 10.11-3

Once an offer of admissions has been accepted, the choice of campus cannot be modified or appealed at any time during the admissions process, nor later in the program. Students accepting an "unspecified campus" offer in 2023-24 were required to agree to being placed at a campus with an available seat, regardless of their expressed preference. This circumstance applied to <10% of offers, as the MAC made the decision that applicants would be offered a campus assignment at the time of offer, to be accepted or declined, without a right of appeal. This replaced the previous process that allowed campus appeals.

Extenuating circumstances may prompt a student to request an alternative campus assignment, however. Should a

student have a sudden, unexpected change in circumstance, a request for transfer is taken first to the LEO. These uncommon requests are adjudicated on a case-by-case basis, with the LEO supporting the student's request in consultation with the Vice Dean UME, the Associate Dean Windsor, the Associate Dean Admissions, and the Associate Director UME. Each year, the MD Program has supported student campus transfer requests for such extenuating circumstances.

STANDARD 11
ELEMENT EVALUATION FORMS

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

11.1 ACADEMIC ADVISING

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.

Definition taken from CACMS lexicon - *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 11.1-1
The medical school has an effective system of academic advising in place for medical students.

Analysis of evidence for requirement 11.1-1

The medical school has an effective system of academic advising in place for medical students at both the London and Windsor campuses. This includes academic accommodations, advising, and support, which can be accessed through the Learner Experience Office (LEO). If needed, students from both the London and Windsor campus are directed to Western's Accessible Education Office to determine their needs. London and Windsor students would then work with their respective campus accessibility services for accommodation. LEO is highly advertised to students, and they are familiar with the office, what they offer, and who is there to support them. Table 11.1-1 C in the DCI demonstrates that most students are aware of the academic advising services offered at their campus.

In addition to the advising services, students in Year 1 and 2 also participate in one-on-one coaching through the Academic Coaching Program (ACP), which is a new initiative that started with the renewed curriculum. Students are paired with a faculty member, and they meet regularly with their coach to receive advice and support on their academic progress. Early feedback on the effectiveness of the program was received and implemented to reflect the needs of the students.

Lastly, course faculty are available to support students academically. A systematic process is in place to identify if a student is struggling and a learning plan and/or remediation plan is formulated as needed.

The effectiveness of the academic advising system has been determined based on several parameters. This includes the number of successful learning and remediation plans, student progression and graduation data, and feedback from the students.

Requirement 11.1-2
The academic advising system integrates the efforts of faculty members, directors of required learning experiences and student affairs staff with its counseling and tutorial services.

Analysis of evidence for requirement 11.1-2

The academic advising system integrates the efforts of administrative staff and faculty with those of the LEO to support students' academic success.Students in need of support are identified in a number of ways, including through course directors and committees, the Clerkship and Electives Committee and/or its chair, and individual faculty supervisors. With their permission, identified students are connected with the LEO, which will facilitate tailored support such as academic counseling.

In addition, students can self-identify the need for additional support to their course faculty lead or directly to the LEO.

The Competence Committee meets regularly and makes decisions on progression and graduation; this committee is made up of faculty that are not involved with the curriculum to ensure an objective process for both students and faculty. Under appropriate circumstances, the Competence Committee may be provided with information from UME and/or LEO to assist in its decision-making about individual students. As of September 2022, the Undergraduate Medical Education Advisory Board can provide feedback and a student's learning and/or remediation plans, as outlined in the DCI.

Requirement 11.1-3

The medical school ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.

Analysis of evidence for requirement 11.1-3

Each student is given an academic coach. The academic coach is a faculty member who has a key role in the support of student success in learning. The coach meets regularly (minimum monthly) with the student to review their academic progress throughout the year. The academic coach has no role in assessment decisions.

Attending physicians who act as academic coaches do so on a voluntary basis. Physicians with significant roles in curriculum development, assessment, or leadership that could potentially cause a conflict of interest are excluded from the potential list of coaches. Should a physician's position within UME change, they are asked to immediately notify the faculty lead so that their student can be reassigned to another coach.

Academic counseling can also be provided through LEO via two routes: student self-referral, or student referral to LEO from the Competence Committee (or other academic leaders).The professional and administrative personnel in the Learner Experience Office (LEO) do not have any role in assessment or advancement decisions of the students with whom they work. The Associate Dean, LEO, and Assistant Dean, Undergraduate LEO, do not assess students as they are in an advisory role to students. However, in the rare circumstance that either has been involved with a student assessment, the student is referred for support to another decanal role such as the Assistant Dean, Postgraduate LEO.

Academic counseling is also available through Western Student Success Center or through University of Windsor Student Success and Leadership Centre. As this is outside of Schulich, individuals involved in this support would have no role in assessment decisions.

11.2 CAREER ADVISING

A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Definition taken from CACMS lexicon - *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

Requirement 11.2-1

The medical school has an effective and where appropriate confidential career advising system in place.

Analysis of evidence for requirement 11.2-1

Students have access to and support from the LEO, including confidential career advising and CV and interview preparation. LEO oversees career advising sessions, and some sessions include peer review opportunities. LEO is first introduced during orientation week, and again at the Career Nights in year one for students at both campuses. Students are re-introduced to LEO and the services offered during the Clerkship Orientation in year three.

Required sessions focusing on career advising are also embedded in the Professionalism, Career and Wellness course (PCW) across the four-year curriculum. Examples include Career planning in Year 1, "What specialties are out there?" in Year 2, CaRMS from the PGE Perspective in Year 3, and Preparing for Residency Interviews in Year 4. In addition, voluntary career nights, either virtual or in person, are hosted by directors, faculty members and residents who are available to answer questions, and student-led interest groups organize meetings several times per year to explore careers and seek mentorship.

Requirement 11.2-2

The career advising system integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in:

i. choosing elective courses
ii. evaluating career options
iii. applying to residency programs

Analysis of evidence for requirement 11.2-2

Students can meet with the Assistant Dean, Undergraduate Medicine Learner Experience for guidance on choosing electives.

Although students are aware of opportunities for electives, some report mixed messaging related to how to optimize their elective choices for CaRMS success. The UME program and the LEO office are aware of the potential for mixed messaging given the multiple sources of information that students may access, and regularly seek opportunities to improve the consistency of the messaging.

Evaluating career options is directly embedded into the curriculum in the PCW course, as described above. Students can also book advisory sessions with the LEO office, and they can seek guidance from their course faculty, academic coaches, and faculty facilitators and supervisors with whom they develop relationships throughout the program. Academic Half Day sessions are also hosted by panels from most residency programs to address topics such as elective selection.

Students receive considerable support in applying to residency programs. Mandatory CV and personal statement reviews occur during the fall semester when electives occur. In addition, there are sessions covering the CaRMS application process. Each student has an assigned faculty mentor (personal statements, CVs), and there are required interview workshops held by LEO.

11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- ***a) potential risks to the health and safety of patients, students, and the community;***
- ***b) availability of emergency care;***
- ***c) possibility of natural disasters, political instability, and exposure to disease;***
- ***d) need for additional preparation prior to, support during, and follow-up after the elective;***
- ***e) level and quality of supervision;***
- ***f) potential challenges to the code of medical ethics adopted by the home school.***

Requirement 11.3-1

If a medical student at the medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to:

- *i. review the proposed extramural elective prior to approval*
- *ii. ensure the return of a performance assessment of the student*
- *iii. ensure an evaluation of the elective by the student*

Analysis of evidence for requirement 11.3-1

Students use the national AFMC Electives Portal to select Canadian extramural electives. A process is in place to review each the student's electives schedule to ensure that it meets the AFMC Electives Diversification Policy and the Program's policy for diversification. MD Program staff and the Clinical Electives Faculty Leads are responsible for ensuring that these policies are adhered to.

International electives are overseen by the Director, Schulich Medicine & Dentistry Internationalization in collaboration with the Western University International office. Students undertaking an international elective must meet with the Schulich Internationalization Office and provide learning objectives, clinical site, and supervisor for approval. The Internationalization Office uses the Canadian Government's Travel Advisory classification when considering risk and making recommendations to the Vice Dean, Undergraduate Medical Education and the Clinical Electives lead for approval or not. Students must ensure compliance with vaccine and medication prophylaxis. The Internationalization Office provides support for application, visa, travel, cultural safety training, pre-departure training, debriefing, and an evaluation of the elective.

The student initiates the assessment process, taking responsibility for sending forms to their preceptor for completion. The preceptor then forwards the form to Clinical Electives & Observerships Administrator. Staff will contact the student and preceptor if the assessment is not received. If this is unsuccessful, faculty lead, Clinical Electives and on occasion, the Vice Dean, Undergraduate Medical Education will follow up with preceptor. Support for international assessment completion is available.

Students undertaking an international elective must complete an evaluation of the learning experience. In the past, the approach to collecting evaluations of domestic, extramural electives was insufficiently systematic; to remedy this gap, the MD program has adopted the internal elective evaluation form for use when visiting electives resume in AY 2023–24.

Requirement 11.3-2

Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- *a) potential risks to the health and safety of patients, students, and the community*

b) availability of emergency care
c) possibility of natural disasters, political instability, and exposure to disease
d) need for additional preparation prior to, support during, and follow-up after the elective
e) level and quality of supervision
f) any potential challenges to the code of medical ethics adopted by the home school

Analysis of evidence for requirement 11.3-2

For international electives, a thorough review of all these issues is conducted by the Internationalization Office before the elective is approved. As noted above, the student meets with the Director of the Internationalization Office and the proposed destination site is reviewed with respect to Canadian Government Travel Advisory risk level, healthcare availability, and ethical alignment with the school's principles. Subsequently, the Director, Internationalization Office submits the student's learning objectives to the Vice Dean UME for final approval.

Student preparation for a safe experience is supported by mandatory pre-departure training, which addresses topics such as Global Affairs, travel choices, and medical safety. A debriefing after the pre-departure training has been completed further ensures that student preparation is adequate.

Most extramural domestic electives will not require the same level of vigilance. However, for electives in remote and rural regions of Canada or in other contexts that require specific pre-departure training or support, such training is provided through the UME Office.

11.4 PROVISION OF THE MEDICAL STUDENT PERFORMANCE RECORD

A medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

Requirement 11.4-1

The medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

Analysis of evidence for requirement 11.4-1

The MD Program MSPR release date is based on the timelines for the match process agreed upon by the AFMC, CaRMS, and the UME and PGME Deans and is never before October 1. The date of MSPR release in 2020 was December 15, 2020; in 2021, it was December 3, 2021; in 2022, it was December 23, 2022.

11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS

At a medical school, student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by relevant legislation. A medical school follows policy for the collection, storage, disclosure and retrieval of student records that is in compliance with relevant privacy legislation.

Requirement 11.5-1
At the medical school, student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by relevant legislation.

Analysis of evidence for requirement 11.5-1

Medical student records are stored electronically. Access to these records is restricted to designated MD Program staff (Program Registrar, Clinical Education Coordinator/Visiting Student Electives Administrator, Clinical Electives & Observerships Administrator, UME Manager, Windsor Campus Manager), and to faculty leaders with a need to know, such as the Vice Dean, UME.

Western University has robust policies and procedures protecting the security of student assessment results. Senate policies stipulate that students' academic records are confidential and that access is restricted to faculty and staff who have a legitimate need for the information to carry out their responsibilities as they relate to the administration of student affairs.

Requirement 11.5-2
The medical school follows policy for the collection, storage, disclosure, and retrieval of student records that is in compliance with relevant privacy legislation.

Analysis of evidence for requirement 11.5-2

The MD Program's *Privacy and Release of Personal Information* policy aligns with Western University's *Student Record Information Privacy Policy* (Appendix_11.5-2_A1-A2). Detailed within are the circumstances wherein information is to be released, along with policy with regards to storage of said information. The MD program collects personal information under the UWO Act of 1982, and it shares information as appropriate with teaching partners and professional organizations. Students can contact the UME office via email to learn more, or to withdraw consent to share information.

11.6 STUDENT ACCESS TO EDUCATIONAL RECORDS

A medical school has policies and procedures in place that permit medical students to review and to challenge their educational records, including the Medical Student Performance Record, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.

Requirement 11.6-1

The medical school has policies and procedures in place that permit medical students to review and to challenge their educational records, including the Medical Student Performance Record, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.

Analysis of evidence for requirement 11.6-1

The MD program allows students to review their educational records, including past examinations, evaluations by faculty, and the Medical Student Performance Record (MSPR), as outlined in the Academic Handbook (Appendix_11.6-1_ A_Assessment Performance Review). Excluded are evaluative and opinion material (such as letters of recommendation) that is compiled for the purpose of assessment of eligibility of admission to or progression in an academic program, as per the *Guidelines on Access to Information and Protection of Privacy* (Western Academic Handbook). Students can review these records by making an appointment with the Office of the Registrar.

Regarding the MSPR, students are sent a standard email communication in September of Year 4 by the Education Coordinator/Visiting Student Electives Administrator outlining the process to review and challenge their MSPR (Appendix_11.6-1_ A_Assessment Performance Review). Students have until a designated date to complete their MSPR review and can meet with the Program Registrar and/or the VD UME for clarification and challenge as appropriate.

STANDARD 12
ELEMENT EVALUATION FORMS

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

12.1 FINANCIAL AID / DEBT MANAGEMENT COUNSELING/ STUDENT EDUCATIONAL DEBT

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

Requirement 12.1-1
The medical school provides its medical students with effective financial aid counseling.

Analysis of evidence for requirement 12.1-1

Western's Student Financial Services office provides financial services to all medical students at both campuses. There is a team of Financial Aid Officers who work directly with students enrolled in the MD Program. Incoming students are informed of financial aid counselling availability in LEO presentations during Orientation Week. Students are directed to the Financial Assistance section on the LEO website, which points students in need of financial assistance to various resources available to them, including a Financial Education Guide. This resource contains information about arranging for loans, applying for disability insurance, and budgeting. LEO also offers all incoming medical students at both campuses the opportunity to book a one-on-one meeting to discuss resources and advice relevant to their individual context. Additionally, financial literacy has been integrated into the Professionalism, Career & Wellness (PCW) curriculum. Student input ensures that appropriate financial topics are being covered.

Requirement 12.1-2
The medical school provides its medical students with effective debt management counseling.

Analysis of evidence for requirement 12.1-2

The LEO is primarily responsible for informing students at both campuses about debt management counselling, which is provided through the experienced Western Financial Services team. There are links within the Admissions webpage under Student Finances for medical students, and students are made aware that if they need any counselling or support of any nature, they should reach out to LEO first.

Requirement 12.1-3
The medical school has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

Analysis of evidence for requirement 12.1-3

The school is aware of the financial constraints that many students have with rising costs of living and education, and now interest rates. In addition to several bursaries, the Undergraduate Medical Education Awards Committee disperses ~$358,000 in awards during each school year; many of these include a financial need component. Western University offers $5 million in scholarships and bursaries in support of medical students. Additionally, there are Indigenous Student Resources in place for Indigenous students to help defray costs.

The practice of the Executive Director, Medical Education, is that students should not be charged for items required for personal safety. The UME budget covers several incidental costs (such as masks and gloves for the anatomy lab) to help defray costs incurred by medical students.

12.2 TUITION REFUND POLICY

A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

Requirement 12.2-1

The medical school has clear policies for the refund of a medical student's tuition, fees and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

Analysis of evidence for requirement 12.2-1

Western's Office of the Registrar Student Finances outlines the Fee and Refund Schedules for all programs, including Medicine. Refunds are prorated based on time spent in the program. The MD Program Statement on Tuition Refunds outlines tuition refunds for students who withdraw from the program or take a leave of absence (Appendix_12.2-1_A_Tuition Refunds). Specific policies such as tuition are included with Admissions information that students receive from the Registrar's Office; this information is updated annually in their My Student Centre account. All relevant policies and statements are posted on the Undergraduate Medical Education (UME) Policies & Statements website, which is readily found by searching "Schulich UME policies," and within the UME page itself under the Students tab, with information for current medical students. Faculty and staff in UME and LEO are readily available to direct students to the appropriate resources.

12.3 PERSONAL COUNSELING / WELL-BEING PROGRAMS

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

Requirement 12.3-1

The medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

Analysis of evidence for requirement 12.3-1

Learner wellness is a top priority at the school and is overseen by the Learner Experience Office (LEO). The LEO, which includes certified clinical counsellors at each campus, prioritizes and advocates for student well-being throughout the academic year. Additional attention to learner wellness is paid before assessment periods, where the LEO team reaches out and/or visits classes to remind students of the services available to them. In the fall semester of Year 1, all first-year students receive an invitation to meet with a LEO team member to identify any unique needs, discuss services available, and begin to establish critical relationships should support be required in the future. Students can book confidential appointments with LEO online; the office also offers drop-in hours, and has evening hours available once a week.

The LEO hosts sessions in Year 3 Clerkship during half-days to provide tools and a forum to discuss wellness topics and improve learner health and wellbeing. Access to the Student Health and Wellness Centre is available for all Schulich Medicine students. Peer Support is booked by reaching out to the peer support leads.

The LEO strives to be effective in personal counselling by providing timely responses to requests for support, facilitating referrals to meet specific needs, and creating individualized support plans as necessary. The LEO meets regularly student leaders who have a particular focus on student wellbeing. It is through these meetings that issues are brought forward that allow LEO to meet the current needs of medical students.

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

A medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

Definition taken from CACMS lexicon

- *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student's transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student's choosing.*

Requirement 12.4-1

The medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences.

Analysis of evidence for requirement 12.4-1

Students at both campuses have access to University Student Health supports. For wellness, prevention, health access, or counseling, students have the option of their respective LEO or on-campus student health services. (London campus: Western Health and Wellness Services; Windsor: University of Windsor Student Health Services). Both campus student health services operate like family physician offices and offer acute care, physical exams, immunizations, lab testing and counseling. In addition, LEO can offer support to students by aiding with referral to specialists/mental health professionals both locally and at one of the distributed sites. Hospital emergency departments near both campuses and in distributed sites are available for acute or emergent issues. LEO is also available to provide information and facilitate access for substance use counseling, HIV/blood borne infection counseling, mental health services, and Indigenous student supports. Information regarding all these services is made available to students in various presentations during Orientation Week at the start of each academic year. This information is also available on the LEO website, as well as in course syllabi.

Students are reminded that they can reach out to faculty course leads, preceptors, the UME Office, and the LEO for questions and support. The Vice Dean, UME, and Associate Dean, Windsor, meet monthly with student leaders to discuss student issues and concerns. The Vice Dean, UME, and the President of the Hippocratic Council have monthly meetings to discuss student issues and provide additional avenues of communication.

Requirement 12.4-2

The medical school has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

Analysis of evidence for requirement 12.4-2

Student excusal policies and procedures are outlined in the *Attendance and Absence* document. (Appendix_12.4-2_A). This document outlines the procedure for short-term non-academic leave (personal health issues/health related appointments). Expectations for attendance and the processing for requesting academic and non-academic absences are explained in the online Student Handbook, which is shared with all incoming students during or shortly after Orientation Week. The *Attendance and Absence* statement has been posted to Elentra within each of the ten course sites in the MD Program. To standardize the location, this information was added to the Additional Information page for all courses in September 2022, and with any updates a message is sent to each class.

12.5 PROVIDERS OF STUDENT HEALTH SERVICES / LOCATION OF STUDENT HEALTH RECORDS

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Requirement 12.5-1

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances.

Analysis of evidence for requirement 12.5-1

Access to health and/or psychological/psychiatric services is supported by the LEO, which maintains a list of practitioners that are excluded from any activities in UME assessments. Exceptions could include acute medical care, in which case future involvement of the provider in assessments would be excluded. All incoming students are informed of these procedures in the initial meetings with LEO, and all faculty are expected to abide by the conditions of their appointments and the collective agreement outlining conflict of interest. The MD program *Statement of Faculty-Student Conflict of Interest*" is provided in the UME "Policies and Statement" page and explicitly states that providers in health and/or psychological/psychiatric services must not be involved in academic student assessments.

Requirement 12.5-2

The medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

Analysis of evidence for requirement 12.5-2

The LEO maintains student health records, when required, in a password protected electronic file system (Telus Collaborative Health Record). Student health records are also maintained in a secure manner by the relevant Health and Wellness Services at Western and University of Windsor. Staff and faculty involved in UME have no access to Student Health records, which are electronically secured from access by third parties and are PHIPA compliant.

12.6 STUDENT HEALTH AND DISABILITY INSURANCE

A medical school ensures that health insurance is available to each of its medical students and their dependents and that each medical student has access to disability insurance.

Requirement 12.6-1
The medical school ensures that health insurance is available to each of its medical students and their dependents.

Analysis of evidence for requirement 12.6-1

Health insurance is available to all medical students and their dependents. All Ontario residents have Ontario Health Insurance Plan (OHIP) coverage, and medical students from outside of the province are eligible for this after three months. All international students are required to have coverage through the University Health Insurance Plan (UHIP), which also covers dependents.

All medical students are automatically enrolled in either the Western University Study Council (USC) Health Insurance plan or the University of Windsor Students' Alliance Health and Dental plan, which is paid for by student ancillary fees. The USC Benefit Plan includes extended coverage for health, dental, prescriptions, vision, counselling and more. Both plans have opt-in options for dependents or students may opt out from the plan if proof of coverage from external plans is provided. All students are notified of the Health Insurance plans at the time of registration and when fees are due. Information is also posted on the Western University Health and Wellness website.

Requirement 12.6-2
The medical school ensures that each medical student has access to disability insurance.

Analysis of evidence for requirement 12.6-2

Disability insurance is available through the Ontario Medical Association (OMA), which has partnered with the Ontario Medical Students Association (OMSA). All students are provided information on disability insurance during their mandatory Orientation Week. The information is also available on the LEO website. There are no differences between campuses.

12.7 IMMUNIZATION REQUIREMENTS AND MONITORING

A medical school follows accepted guidelines that determine immunization requirements and ensures compliance of its students with these requirements.

Requirement 12.7-1
The medical school follows accepted guidelines that determine immunization requirements.

Analysis of evidence for requirement 12.7-1

Schulich Medicine follows the policies agreed to by the Council of Ontario Faculties of Medicine (COFM) Immunization Working group, which references the National Advisory Committee on Immunization's *Canadian Immunization Guide* from the Public Health Agency of Canada.

The Learner Experience Office updates the immunization requirements annually for clinical placements using a clearance requirement checklist. Updated immunization requirements are in alignment with Western and Schulich's COVID-19 vaccination policies. Links to policies are available in the DCI.

Requirement 12.7-2
The medical school ensures compliance of its students with these requirements.

Analysis of evidence for requirement 12.7-2

All students are asked to upload their immunization records to a third-party source (Verified by Synergy gateway). Students are asked to complete the requirements before the start of the school year and update the record with their influenza vaccine when available.

The LEO monitors student compliance with vaccination requirements. If a student does not meet immunization deadlines, they meet with LEO staff to a) ensure that there are no extenuating circumstances requiring accommodation, and b) learn about the consequences of failure to comply with the requirements within a brief extension window. The LEO staff sends names of any students who fail to comply to the Vice Dean, UME.

The Vice Dean, UME, makes all decisions regarding suspensions from clinical learning experiences. Students who fail to comply with immunization requirements are prohibited from engaging in clinical learning experiences and preceptors and Medical Affairs are informed. Once the student meets requirements, they are allowed to resume clinical learning.

International students also must comply with immunization requirements as detailed in the AFMC Student Portal.

12.8 STUDENT EXPOSURE POLICIES / PROCEDURES

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

- ***a) education of medical students about methods of prevention***
- ***b) procedures for care and treatment after exposure, including a definition of financial responsibility***
- ***c) effects of infectious and environmental disease or disability on medical student learning activities***

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

Requirement 12.8-1

The medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:

- *a) education of medical students about methods of prevention*
- *b) procedures for care and treatment after exposure, including a definition of financial responsibility*
- *c) effects of infectious and environmental disease or disability on medical student learning activities*

Analysis of evidence for requirement 12.8-1

The medical school has the following policies to address medical student exposure to infectious and environmental hazards:

- The Statement on Learner Illness, Exposure and Patient Safety in Clinical Learning, which addresses education of medical students on prevention, procedures for care and treatment after exposure, and the impact on medical student learning. This statement includes a clear definition of financial responsibility related to learner exposure to infectious agents and/or environmental hazards.
- The Statement on Blood Borne Viruses, which speaks to blood borne illness procedures specifically and effects on medical student learning activities.
- Procedures to be followed in the event of workplace injury (London and Windsor specific) can be found on the UME Policies and Statements website under the Health, Safety and Wellness tab.

Requirement 12.8-2

All registered medical students are informed of these policies before undertaking any educational activities that would place them at risk.

Analysis of evidence for requirement 12.8-2

All students, regardless of campus, are required to complete online modules through My Education London Health Sciences Centre/St. Joseph's Health Care annually, and in advance of starting any educational experiences that may place them at risk. These online modules include, but are not limited to, hand hygiene, workplace safety, transmissible diseases, sharps handling awareness, and environmental hazards. Completion is required for Year 1 students by mid-October and for Year 2 to 4 students by mid-August annually. Medical Affairs sends an updated list of outstanding modules monthly on the 17th day of the month. The Program Coordinator, Clinical Education, reaches out to any students with outstanding modules. Completion is a professional expectation of students and a requirement for continued program learning.

The policy and procedures are available on the LEO website, and students are directed there during Orientation. Year 1 students have an asynchronous module on Infection Prevention in Hospitals and a large group session on the Physician's role in Outbreaks during Week 13 of the Foundations of Medicine course.

During Clerkship Orientation in August each year, educational sessions are provided on workplace exposure to infectious agents and environmental hazards, strategies for prevention, and procedures to follow. These are available on the Clerkship site on Elentra with specific information for London and Windsor students. There are additional links to the Government of Canada's Canadian Centre for Occupational Health and Safety website and the OHS Answer Facts sheet on needlestick injuries, definitions, hazards, prevention, and consequences, as well as the Center for Disease Control and Prevention National Institute for Occupational Safety and Health course on Preventing Needlestick Injuries in Health Care Settings.

Students receive counselling, guidance, and referral to appropriate health professionals through the LEO if they are exposed to an infectious agent and/or environmental hazard or develop a health issue that may impact their own safety or the safety of patients.

Students learning in a distributed education site are educated on local processes and procedures, and supported by Occupational Health (or, after hours, by the local Emergency Department), with reporting to Undergraduate Medical Education and LEO within 24 hours.

Students who plan an international learning experience do so under the direction and guidance of Schulich and Western International and receive pre-departure training. Should the elective experience be undertaken in a country with uncertain access to prevention for HIV blood exposure, the student is required to take with them medication to use if exposure occurs. They are instructed to reach out to the UME Office and LEO if this occurs.

Requirement 12.8-3

All visiting students are informed of these policies before undertaking any educational activities that would place them at risk.

Analysis of evidence for requirement 12.8-3

All visiting elective medical students are registered through the AFMC Student Portal. The Western site includes relevant policies and procedures in the event of their exposure to infectious or environmental hazards. All visiting elective medical students are required to complete the same LHSC/SJHC learning modules as Western's MD program students prior to beginning their clinical experience.

MSS STEERING COMMITTEE SUMMARY STATEMENT

The MSS Steering Committee met over 12 months, beginning May 3, 2022 and concluding its work May 1, 2023. At the initial meeting of the Steering Committee, a philosophy of accreditation as a continuous quality improvement process was articulated in order that the work could be approached from this shared foundation.

The Steering Committee met approximately monthly while its work was ongoing. Subcommittees began meeting in September, 2022, and all had completed their work by April, 2023. Members of both the Steering Committee and its subcommittees were engaged and diligent.

Sections of the DCI were available to both the Steering Committee and the subcommittees beginning in September, 2022. We ensured that each subcommittee had access to the sections of the DCI that related to at least one of the two standards it was charged with evaluating by October 2022, so that each subcommittee could make optimal use of its time. As soon as the DCI for the second standard was available it was shared with the subcommittee; all subcommittees had access to the full DCI for both standards by January, 2023.

Tabular data from the ISA was shared with the Chair of the Steering Committee and the FUAL on November 7, 2022; this data was shared with the full Steering Committee soon after for discussion at its next monthly meeting. A draft ISA report was shared with the Steering Committee on February 14, 2023, and was discussed at its March 7, 2023 meeting. This approach enabled subcommittee chairs to revisit their analysis in light of the ISA data and the ISA final report prior to finalizing their documents. Students were active participants in all subcommittees, and the two student ISA leads (Helen Jin and Retage Al-Bader) were members of and active contributors to the MSS Steering Committee.

Work was approached iteratively, with the ongoing MSS analysis influencing – and influenced by – revisions and updates to the DCI. There were no contextual factors of note that constrained the work of the Steering Committee nor the subcommittees. Zoom and document sharing platforms were used to facilitate collaborative work.

APPENDIX

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