Independent Student Analysis (ISA)
University of Western Ontario
Schulich School of Medicine and Dentistry
May 9, 2023

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Executive Summary

The survey was launched between May 22, 2022 and July 29, 2022 and reopened on September 12-30, 2022. The survey was accessible to students in both campuses (London & Windsor) and all 4 cohorts (2025-2022). The overall response rate was approximately 60%.

Summary Table:

	Strengths	Weakness	Recommendations
Standard 3: Academic and learning environments (Q1-11)	Participation in research/scholarly activities, respectful environment	Reporting mistreatment without fear of retaliation	Continue progress with mistreatment response
Standard 5: Educational resources and infrastructure (Q12-39)	Teaching facilities, equipment, infrastructure, safety and security, library resources, information technology	Study/lounge space, internet resources, and secure storage facilities (primarily in hospitals)	Increased communication regarding scheduling, contacts, virtual attendance options, and advocacy for hospital resources (i.e. Internet, student space, etc.)
Standard 6: Competencies, curricular objectives, and curricular design (Q40-53)	Awareness of learning objectives, exposure to clinical learning and generalist care, opportunity for electives/selectives	Access to clinical exposure in preclinical years Opportunities for service learning	Central directory of service learning opportunities Formal preclerkship exposure to clinical learning
Standard 7: Curricular Content (Q54-62)	Cultural Competence Medical Student Skills	Lack of early exposure of practical skills in pre-clinical years	Emphasis for nuanced discussions/ representation on EDI-D Increased formal exposure to practical skills as pre-clerks
Standard 8: Curricular management, evaluation, and enhancement (Q63 – 66) **Standard 9:** Teaching, supervision, assessment, and student and patient safety (Q 67-75)	Opportunities to provide feedback Awareness of rights to appeal and report	Timely formative/ assessment feedback Response to feedback	Recognition/ response to student feedback Frequently updated learning content

Standard 11: Medical student academic support, career advising, and educational records (Q76-84)	Academic and career advising Awareness of access to academic records MSPR	Knowledge of ability to challenge MSPR	Increased transparency surrounding grading and remediation processes.
Standard 12: Medical student health services, personal counseling, and financial aid services (Q85)	Knowledge of Post-Exposure; Treatment and available support systems	Student Support Office resources (i.e. long wait times); Lack of flexibility around sick/mental health absences	Resources for student support office; Flexibility for absences (i.e. offering hybrid/ virtual learning options)

The ISA Steering Committee

The Schulich Medicine ISA Steering Committee was formed on April 9, 2022 after an application process headed by the student council Vice Presidentgovernment VP Academic. The Steering Committee consists of 6 members, as recommended by the 2023-2024 Guide to the Independent Student Analysis, spanning both campuses and the three cohorts represented in both the ISA Questionnaire and the 2023 accreditation visit.

Members of the Schulich ISA Steering Committee included:

- Retage Al Bader (Class of 2025, Windsor campus, co-lead)
- Helen Jin (Class of 2025, London campus, co-lead)
- Lina Ghattas (Class of 2025, London campus)
- Braden Kralt (Class of 2024, London campus)
- Zahra Taboun (Class of 2024, London campus)
- Hailey Guertin (Class of 2023, Windsor campus)

The Schulich Medicine ISA Steering Committee met on an ad-hoc basis to coordinate questionnaire release, promotion of response rates, data analysis, and report writing. The co-leads corresponded and met with members of the Association of Faculties of Medicine of Canada (AFMC) data team and the CACMS Secretariat for guidance as needed.

Introduction

This Independent Student Analysis (ISA) report is intended for the Accreditation site visit by the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation team visiting in November 2023. The ISA Questionnaire is intended to represent students' perspectives and feedback on the Undergraduate Medical Education (UME) program throughout the accreditation process.

This report was written by the ISA Steering Committee, which was selected by the Hippocratic Council Vice President Academic. The team represented students from all cohorts within the UME program, and were tasked with the distribution and analysis of the ISA Questionnaire. Generally, the team met monthly during the academic months of April 2022 to spring 2023.

The survey was initially launched between May 22, 2022 and July 29, 2022. With a low response rate, a collective decision to relaunch was made, and it was reopened between September 12-30, 2022. When open and live, the survey was accessible to students in both campuses (London & Windsor) and all cohorts (Classes of 2025-2022).

AFMC assisted with survey distribution, and Schulich Medicine faculty supported student awareness and incentives to boost the response rate.

The ISA Steering Committee had an independent role in analyzing the raw data received by AFMC and in writing this report.

The authors confirm that medical school officials and the Faculty Undergraduate Accreditation Lead (FUAL) had an opportunity to review the report's factual correctness. Medical school officials had the opportunity to comment on the draft report's factual correctness but did not edit or revise the report or pressure students to change its content, conclusions, or recommendations.

Methodology

Questionnaire Distribution and Promotion

The ISA Questionnaire was developed by the CACMS Secretariat and distributed by the AFMC data team. The ISA Steering Committee provided AFMC with the email addresses of all currently active students (Classes 2025-2022) and sent out an introductory email to the student body ahead of questionnaire distribution. The purpose of the introductory email was to 1. introduce students to the accreditation process and the ISA Questionnaire, 2. ask students to anticipate an email from the AFMC data team, and 3. advertise the incentives for questionnaire completion.

The ISA Steering Committee, in agreement with the FUAL and accreditation project team, offered students the following incentives to promote questionnaire participation:

1. Any cohort that obtains a 70% response rate or more will receive a $5 Starbucks gift card for all students of that cohort
2. The cohort with the highest response rate at the end of the data collection period will receive an additional $5 Starbucks gift card for all students of that cohort

The questionnaire was publicized multiple times via email and social media by members of the ISA Steering Committee, student council class presidents, the FUAL, the Schulich Medicine Medical Self-Study (MSS) lead, and the Dean of Schulich Medicine. The Dean also held a mandatory in-person session for each cohort to explain to students the importance of the ISA report and request students to fill in the ISA Questionnaire, with time allocated during the session for questionnaire completion.

The questionnaire was open between May 22, 2022 and July 29, 2022, then reopened between September 12-30, 2022. The second iteration was prompted by the extremely low response rates observed during the first iteration, and coordinated with substantial advertising efforts by the Schulich Medicine accreditation project team and the Dean of Medicine.

Data Analysis

The ISA Questionnaire consisted of 85 yes/no questions and 4 open-ended questions. The questionnaire covered content pertinent to Standards 3, 5, 6, 7, 8, 9, 11, and 12 of the CACMS Accreditation Standards and Elements.

As the two iterations of the survey were released during different academic years, the ISA Steering Committee elected to group responses based on cohort (eg. Class of 2025) rather than year of study (eg. Year 2). As such, all respondents of the second iteration were considered to be one year below their reported year of study for the purposes of data analysis – for example, a second-year student who submitted the questionnaire on September 20th, 2022 (during the second survey iteration) would have been interpreted as being in the same cohort (Class of 2025) as a first-year student who submitted the questionnaire on June 20th, 2022 (during the first survey iteration).

Quantitative and qualitative data analysis was conducted by the ISA Steering Committee and broken down by standard within this report. For yes/no questions, the percentage of students responding positively were calculated and categorized as program strengths or weaknesses using the following cut-offs:

Area of Weakness	**< 70%**
Borderline Area	**70-80%**
Area of Strength	**80% +**

Throughout this report, tables showing percentages of students satisfied with each item evaluated are presented as an amalgamation of all four cohorts and two campuses. However, during the analysis process, responses were also broken down by cohort and by campus to identify focal deficits. This detailed breakdown can be found in the Appendix.

The qualitative results provided by students in the four open-ended questions were also analyzed and used to supplement the quantitative data. Oftentimes, these responses would identify additional areas of concern by students that were not directly asked by the questionnaire, which were also included in this report.

Results/Discussion

Survey Response

In total the ISA Questionnaire received 403 responses. The breakdown of responses by cohort and campus is as follows:

Campus	Number (%)			
	Year 1	Year 2	Year 3	Year 4
London	98/131 (74.8%)	92/135 (68.1%)	88/138 (63.7%)	32/133 (24.1%)
Windsor	32/37 (86.4%)	26/35 (74.3%)	27/39 (69.2%)	8/36 (22.2%)

The total number of respondents was 410, which yielded an overall response rate of approximately 60%. This is within the required sample size and percentage response rate needed to achieve results with a 95% confidence interval and a 5% margin of error.

Standard 3: Academic and learning environments

Standard 3 focuses on academic and learning environments. Within this category, students were able to comment on their experiences surrounding student mistreatment, and the diversity of academic and learning experiences available, including research opportunities.

Summary Statistics:

Standard 3: Academic and learning environments	% Agreement
I worked with a resident in at least one required clinical learning experience during medical school.	**100%**
The medical education program provided me with sufficient opportunities for participation in research/scholarly activities.	**87.0%**
The medical education program encouraged my participation in research/scholarly activities.	**92.9%**
I feel that the medical school fosters an environment in which people are treated with respect.	**91.4%**
I feel that the hospital(s) where I was assigned fostered environments where people were treated with respect.	**92.8%**
I feel that the medical school discriminated against me.	**3.9%**
I feel that the medical school provides a safe mechanism for reporting incidents of discrimination.	**21.4%**

I feel that I was discriminated against at one or more hospitals to which I was assigned as a medical student.	**5.2%**
I feel that the hospital(s) involved provided a safe mechanism for reporting.	**40.0%**
I understand how I can report mistreatment.	**85.5%**
I feel that I can report mistreatment without fear of retaliation.	**60.8%**

Strengths

- **Faculty Engagement**
  - Faculty are supportive and engaged, and many preceptors are passionate teachers. This sentiment was echoed consistently between campuses, and amongst both pre-clerks and clerks.
- **Safety, respect, and support**
  - In terms of both qualitative and quantitative data, most students reported that Schulich Medicine is a community that fosters safety, respect, and support for its learners.
  - Very few (5% or less) reported a self-perception of discrimination by the medical school or at one of its teaching hospitals.

Weaknesses

- **Safety reporting mistreatment and discrimination**
  - While reports of discrimination are very low, quantitative data suggests that those who are victims of discrimination do not feel safe reporting incidents. Of those students who reported experiencing discrimination, only 40% felt that there was a safe mechanism for reporting.
  - Of all the students who responded to this survey, 40% felt that by reporting mistreatment, they may face retaliation. Some qualitative responses felt that reports of mistreatment are not actioned upon.
- **Access to research opportunities**
  - According to quantitative data, 87% of students reported that there were sufficient opportunities for participation in research or scholarly activities. However, a common theme among qualitative comments was an increased desire for research.
  - A subset of Windsor students also commented that there were reduced opportunities for research for Windsor students.

Discussion

In summary, the majority of students felt as though the school fostered a safe environment that was free from mistreatment. Faculty and preceptors are engaged and supportive of student learners. However, for those who have experienced mistreatment or discrimination, they do not feel adequately supported by the school.These students feel as though they cannot safely report mistreatment, with some students noting a concern that there may be retaliation from reporting. Put together, this suggests that the school may be underestimating the amount of learner mistreatment that occurs. Furthermore, some qualitative comments suggested that even after

reporting these instances, some students may not feel as though their reported concerns are adequately addressed.

In terms of research, the data was mixed. On quantitative assessment, 87% of students reported that there were sufficient opportunities for research. However, a common theme among free-text responses was that there could be increased opportunities for research. As participation in research is becoming an increasingly important aspect in CaRMS applications, it behooves the school to ensure that students are provided adequate access.

Recommendations

1) Overall, the majority of students expressed that Schulich Medicine fosters a safe environment for its learners. For the rare cases of learner mistreatment that occur, the school should continue progressing toward striking the fine balance between protecting students and ensuring reporters feel heard when addressing reports of mistreatment.
2) As research is an increasingly important component in applications to residency positions, the school should continue to make efforts to reduce the barrier to entry in securing these research opportunities.

Standard 5: Educational resources and infrastructure

Standard 5 focuses on the educational resources and infrastructure available at the institution. Within the ISA, students were able to comment on the sufficiency of financial, technological, and informational resources available to them, as well as the adequacy of spaces in the school and hospital settings.

Summary Statistics:

Standard 5: Educational resources and infrastructure	% Agreement
Overall, I consider that the teaching facilities are sufficient for my educational needs.	**87.4%**
Overall, I consider that the equipment (other than audiovisual or information technology) used for teaching is sufficient for my educational needs.	**88.0%**
Based on my experience, I consider that the resources for clinical instruction in ambulatory settings are appropriate.	**92.4%**
Based on my experience, I consider that the resources for clinical instruction in inpatient settings are appropriate.	**90.4%**
At this stage of my education/training, I consider that I have sufficient access to adequate numbers of patients/simulated patients to complete my required learning objectives/clinical encounters log.	**88.9%**
At this stage of my education/training, I consider that I have sufficient access to the types of patients/simulated patients to complete my required learning objectives/clinical encounters log.	**86.5%**
I consider that my access to computer/Internet resources is sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences.	**90.3%**
I consider that information resources available to me (other than computer/Internet access) are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences.	**87.6%**
I consider that the instructional facilities are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences.	**92.6%**
At my campus during regular classroom hours, I consider that the security systems in place are adequate to ensure my safety.	**98.5%**
At my campus outside of regular classroom hours, I consider that the security systems in place are adequate to ensure my safety.	**95.1%**

At clinical teaching sites where I was assigned for required clinical learning experiences, I consider that the security systems in place are adequate to ensure my safety.	**97.6%**
I consider that library holdings are readily accessible.	**90.4%**
I consider that the breadth of library holdings is sufficient for my educational needs.	**86.6%**
I consider that technology resources of the library are readily accessible.	**90.4%**
I consider that technology resources of the library are sufficient for my educational needs.	**89.4%**
I consider that my medical school provides me with sufficient access to electronic learning materials.	**80.7%**
I consider that information technology (IT) resources are accessible while I am on campus.	**92.8%**
I consider that information technology (IT) resources are accessible while I am off-campus at teaching facilities required by my program.	**89.2%**
I consider that Information technology (IT) resources are sufficient in scope to support my educational needs while I am on-campus.	**92.3%**
I consider that information technology (IT) resources are sufficient in scope to support my educational needs while I am off-campus at teaching facilities required by my program.	**89.6%**
The study space on my campus was adequate for my needs.	**83.3%**
At all hospitals where I was assigned, the study spaces were adequate for my needs.	**59.9%**
The lounge space on my campus was adequate for my needs.	**81.3%**
At all hospitals where I was assigned, the lounge areas were adequate for my needs.	**69.1%**
The personal lockers/other secure storage facilities on my campus were adequate for my needs.	**87.9%**
At all hospitals where I was assigned, the personal lockers/other secure storage facilities were adequate for my needs.	**68.5%**
Each time I was on call and required to participate in a late night (i.e., after midnight) or an overnight clinical learning experience, I had a call room that was adequate and secure.	**85.8%**

Strengths

- **Teaching facilities, equipment, and learning resources**
    - Students across all years and campuses believed the teaching facilities, equipment, and learning resources to be adequate and sufficient, both on campus and within the hospital. Students were also satisfied with the safety and security systems available and their access to library and electronic resources when needed.

- **Patient exposure and electives**
    - Clerks were satisfied with the number and breadth of patients they were able to interact with and expressed appreciation for the clerkship and elective planning resources made available by Schulich Medicine.

Weaknesses

- **Communication with school administration**
    - Students across all years and campuses reported frustration with the level of miscommunication they've experienced. Pertinent examples include:
        - Last minute changes to class/placement schedules that significantly disrupted students' pre-existing plans
        - Last minute notification about placement details during clerkship
        - Poor distribution of required documents for classes
    - London pre-clerks also commented on experiencing difficulty with contacting staff and getting administrative support for classes when needed.

- **Accommodation for synchronous learning events**
    - Schulich Medicine currently does not record lectures or have an option for students to attend classes virtually when sick.

- **Availability of Technological Resources**
    - London clerks citied a lack of access to tools like UptoDate and anatomy study resources.
    - Windsor students reported poor internet access within the hospital.

- **Student spaces in the hospital**
    - London clerks report a lack of lockers or secure facilities in which to store their belongings while on certain rotations.
    - Windsor clerks report a lack of call rooms in which students can rest while on certain rotations.

Discussion

Overall, students found the educational resources and infrastructure at Schulich Medicine to be sufficient and conducive to their learning, expressing appreciation for the access to campus facilities and resources. In general, many areas of concern focused on the availability of spaces and technological resources within the hospitals.

The data from the ISA Questionnaire suggested that a major area of focus for future improvement needs to be facilitating smooth communication between Schulich Medicine faculty, staff, and students; administrative and logistical details, such as course scheduling and placements, should not be intrusive to student learning. Last minute changes or delays in releasing pertinent details

can have a significant impact on student experiences, including a lack of preparation prior to classes/rotations, disruption of students' other responsibilities and commitments, increase in student anxiety, and additional burden for both students and administration to coordinate belated accommodations.

Finally, in comparison to other medical schools across Canada, Schulich Medicine is the only institution to not record or offer virtual attendance options for in-person lectures. Students reported frustration at this policy, as while transitioning out of the COVID-19 pandemic, outbreaks within the cohort present significant disruptions to learning. While UME leadership have previously expressed attendance concerns if lectures were to be offered virtually, students have overwhelmingly disagreed with this evaluation, stating that such options could be restricted to only the limited number of students for which it is needed.

Recommendations

1) A commitment by Schulich Medicine UME to release information pertinent to students' academic experiences (schedules, placement details, preparatory materials, etc.) at least 1 week prior to its occurrence, without making any changes to these details during this time.
2) Increased communication with students about points-of-contact within UME administration for particular domains of concerns. This information could be provided during student orientation, at the beginning of each course/placement, and clearly published on Elentra (currently, this information is only available for certain courses).

Of note, this concern and recommendation is primarily focused on the London campus, as the Windsor team is not only smaller, but also already has a clearly defined point-of-contact for students.

3) Make virtual attendance options available to students who obtain approval by the Learner Experience Office (LEO). A unique Zoom link can be generated for each class to prevent the system from being abused by learners without approved absences and ensure that class attendance is not impacted.
4) Increased advocacy by Schulich Medicine UME to hospital administration on behalf of students for increased secure student spaces, call rooms, and internet access.

Standard 6: Competencies, curricular objectives, and curricular design

Standard 6 focused on competencies, curricular objectives, and curricular design. Students had the opportunity to talk about self-directed learning opportunities, availability of in-patient and out-patient clinical encounters, and exposure to a broad range of patient care settings. Students were also asked about clinical elective opportunities, and our service learning curriculum.

Summary Statistics:

Standard 6: Competencies, curricular objectives, and curricular design	% Agreement
I was made aware of the medical education program objectives.	**96.8%**
So far this academic year, I was made aware of the learning objectives for each required learning experience that I completed.	**95.6%**
In my medical school curriculum to date, I have had clinical experiences in outpatient/ambulatory settings (i.e., where patients are not admitted to hospital).	**87.9%**
In my medical school curriculum to date, I have had clinical experiences with inpatient settings, (i.e., where patients are admitted to hospital).	**83.0%**
I had broad exposure to generalist care.	**81.0%**
I had experience in generalist care.	**82.5%**
I had broad exposure to comprehensive family medicine.	**74.8%**
I had experience in comprehensive family medicine.	**78.3%**
I had clinical learning experiences (required and elective combined) that took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres.	**80.7%**
I had the opportunity to supplement required learning experiences with elective (or as appropriate, selective) experiences.	**88.1%**
I had the opportunity to gain exposure to medical specialties in my elective (or as appropriate, selective) experiences.	**86.9%**
I had the opportunity to pursue my individual academic interests in my elective (or as appropriate, selective) experiences.	**84.9%**
I had an opportunity to participate in a service-learning activity.	**58.3%**
I was encouraged to participate in a service-learning activity.	**67.0%**

Strengths

- **Learning objectives**
    - The vast majority of students feel that they have an awareness and understanding of the objectives of the medical education program (96.8%) and objectives for each required learning experience (95.6%).

- **Clinical learning experiences**
    - Most students across all four years feel that they have adequate exposure to clinical learning experiences in both inpatient and outpatient settings. By fourth year, 100% of students feel that they have had these experiences.
    - The vast majority of clerks feel that they have had exposure to generalist care (71%.).
    - Most students felt they had experienced a range of settings for clinical learning. 100% of students in fourth year felt they had experienced care in a broad range of settings.

- **Elective/Selective opportunities**
    - Most students across all four years felt that they have had the opportunity to explore and pursue their interests through elective and selective experiences. 100% of Windsor campus fourth years felt that electives/selectives were readily available and a good tool for exploring career interests and gaining exposure and experience in their area of interest.

Weaknesses

- **Family Medicine Exposure and Experiences**
    - This was identified as a borderline weakness with many pre-clerks who felt that they had little or no exposure to comprehensive family medicine practice. Pre-clerks expressed that there was little opportunity to connect with family medicine physicians for clinical learning opportunities prior to the M3 year.
- **Service learning**
    - Only 58.3% of students felt they had the opportunity to participate in service learning, and a similarly low number of 67% felt they were encouraged to do so.
    - Students expressed that the process for identifying and connecting with opportunities for service learning was complicated, which discouraged them from engaging.
    - Students who did connect with service learning opportunities felt that there was not adequate time granted in the schedule to meaningfully contribute to these programs.

Discussion

Our quantitative data has demonstrated that Schulich Medicine students have a very good understanding of the objectives and expectations associated with the medical education program as a whole, as well as for specific learning experiences. Clinical learning opportunities at Schulich Medicine have been identified as being readily available and broad in terms of both area and location of practice. Students feel that by the end of their clinical learning years, they have been appropriately involved in clinical learning in both tertiary care centers and rural locations, and have seen a mixture of inpatients and outpatients/ambulatory patients.

Quantitative data identified that many pre-clerks did not feel that they have this same opportunity for exposure. Many students asked for easier access to optional clinical learning opportunities (OCLOs), and more integration of clinical, hands-on learning into the required curriculum. Possible benefits of this have been identified as greater comfort with hospital routines/systems, and exposure to a greater range of pathology and clinical presentations. Pre-clerks feel that this is an important building block in preparing them for clerkship experiences. It was recognized by pre-clerks that their experiences may have been altered by hospital restrictions associated with the COVID-19 pandemic.

In terms of elective/selective opportunities, students felt well supported in finding and participating in clinical experiences that supplemented required learning experiences. Most students felt that they had adequate opportunity to explore possible career pathways, and to build experience in their chosen interests. Unfortunately, experiences in family medicine were felt to be limited, especially for fourth year students hoping to include rotations in family medicine as part of their CaRMS preparation. The CaRMS elective lottery was identified as a weakness which did impose some limitations on career planning for fourth year students, though the extra strain on resources imposed by the COVID-19 pandemic was recognized.

Recommendations

1) Opportunities for delivering more exposure to family medicine in the pre-clerkship years should be explored, including a greater proportion of lectures delivered by family medicine physicians, and a central directory of family medicine physicians who are interested in taking students on as part of the OCLO program.
2) Creating a central directory of service learning opportunities that is distributed to students so as to minimize barriers to engaging in these opportunities. With the independent learning days having been incorporated into student schedules, it may benefit students for days/afternoons to be set aside without mandatory content in order to more regularly engage in their service learning opportunities.

Standard 7: Curricular Content

Within Standard 7, students had an opportunity to share their opinions on the curricular content that Schulich delivers to its students.

Summary Statistics:

Standard 7: Curricular content	% Agreement
The curriculum helped me enhance my skills in clinical reasoning.	**94.9%**
The curriculum helped me enhance my skills in clinical critical thinking.	**92.3%**
The curriculum helped me enhance my skills in critical appraisal of evidence.	**89.7%**
The curriculum helped me enhance my skills in the application of the best available information to the care of patients.	**100%**
The curriculum helped prepare me to recognize that factors such as culture, gender, and belief systems influence patients' perceptions of health and illness.	**100%**
The curriculum helped prepare me to recognize and appropriately address my personal biases when caring for patients.	**92.3%**
The curriculum helped me acquire basic skills needed to provide culturally competent health care.	**90.0%**
The curriculum helped prepare me to identify health care disparities.	**100%**
The curriculum helped prepare me to participate in the development of solutions to address health care disparities.	**92.3%**

Strengths and Weaknesses

- **Equity, Diversion, and Inclusivity (EDI)**
  - Some comments felt as though the teaching with a lens on EDI was a strength.
  - Some students felt as though discussions related to EDI could be more nuanced and less superficial.
  - Within this broad topic, other suggestions for improvement include improving representation of minorities within our medical education.
- **Earlier exposure to techniques used in clerkship**
  - There was some desire for earlier exposure as pre-clerks to skills and techniques that are frequently used in clerkship: suturing techniques, and inserting IVs and Foley catheters.

Discussion

Equity, Diversity, and Inclusivity (EDI) in the classroom has received mixed feedback from students. On one hand, students have appreciated the emphasis on EDI, finding it to be a strength

in the curriculum. On the other hand, some students have expressed a need for deeper and more nuanced discussions on EDI. A suggestion for improvement in this area is to improve representation of minority groups within medical education.

In addition, there was a desire expressed by some students for earlier exposure to practical skills such as suturing and inserting IVs and Foley catheters. This highlights a need for a more hands-on approach to pre-clerkship education, which would provide students with practical experience in these important techniques.

Overall, the feedback suggests a need for a balance between theoretical and practical education, with a focus on EDI, to ensure that the medical profession is representative and inclusive of diverse communities. It's important to address these concerns in order to provide students with a well-rounded education that prepares them for the challenges they will face in the field.

Recommendations

1) Curriculum revisions to incorporate deeper and more nuanced discussions on the topic of equity, diversity, and inclusion, so students are better equipped to practice medicine in an increasingly diverse cultural landscape.
2) Increased exposure to practical skills as pre-clerks that are used routinely in clerkship. This would provide students with practical experience in important skills that they will need in clerkship and beyond.

Standard 8: Curricular Management, Evaluation, and Enhancement and Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety

Standard 8 focuses on curricular management components such as opportunities for evaluation and awareness of time commitments for learning activities. Standard 9 focuses on clinical supervision during clinical learning situations, formative feedback, student appeal process, and patient safety.

Summary Statistics:

Standard 8: Curricular management, evaluation, and enhancement	% Agreement
The medical school provided me with opportunities to evaluate my required learning experiences (e.g., courses, clerkship rotations, longitudinal integrated clerkships).	**95.8%**
The medical school provided me with opportunities to evaluate my teachers.	**99.0%**
I am informed of the amount of time that the medical education program expects me to spend in required activities.	**78.6%**
I am disappointed by the number of times I was required by a supervisor/teacher to spend more time in required activities than expected by the medical education program.	**28.9%**
Standard 9: Teaching, supervision, assessment, and student and patient safety	**% Agreement**
I consider that I was appropriately supervised at all times in clinical learning situations involving patient care.	**92.5%**
The level of supervision I received in clinical learning situations ensured my safety.	**98.3%**
I consider that the level of supervision I received in clinical learning situations ensured patient safety.	**95.5%**
I consider that the level of responsibility delegated to me in clinical learning situations was appropriate for my level of training.	**93.9%**
I am confident that any concerns I have about my supervision during clinical learning situations can be discussed and addressed by the medical school.	**82.5%**
The formative feedback that I received so far this academic year was given in time for me to measure my progress in learning.	**79.2%**
The formative feedback that I received so far this academic year was given by the midpoint of each required learning experience of four weeks or longer	**82.6%**

duration or approximately every six weeks in the case of longer educational experiences such as longitudinal integrated clerkships.	
I know that I have the opportunity to appeal any adverse decision related to my advancement, graduation or dismissal.	**82.3%**
I know that I have an obligation to report to an appropriate authority, situations in which my personal health poses a risk of harm to patients.	**95.5%**

Strengths

- **Opportunities to provide feedback**
  - Our quantitative analysis showed that students across all years at both the London and Windsor campuses were satisfied with the opportunities to evaluate required learning experiences and teachers.
- **Mid-rotation feedback**
  - A majority of students agreed they received timely mid-rotation feedback.
  - Interestingly, the first year students at both campuses were less satisfied in this respect compared to the remaining classes; only 67.7% of first-year students at the Windsor campus were satisfied with midpoint feedback and the first-year class at the London campus fell within the borderline region, with 79.6% of students being satisfied.
- **Opportunities to appeal grades and academic standing**
  - A majority of students reported that they were aware they had the opportunity to appeal any decision that impacts their standing in the program.
- **Student health and patient safety**
  - Most students reported they knew they were obligated to report situations in which their own health or the safety of their patients may be impacted.

Weaknesses

- **Time spent on activities**
  - Many students reported that the time they spent on required activities was oftentimes more than expected, based on the information provided by the school.
  - Students at the London campus were less satisfied in this aspect than those at the Windsor campus (77% vs 83.8%).
- **Timeliness of formative feedback**
  - First year students at the Windsor campus were particularly unsatisfied with the time in which feedback was provided, with only 62.5% reporting that they received timely feedback.
- **Response to feedback**
  - Although students qualitatively noted there are numerous opportunities to give feedback on specific learning sessions, lecturers, and preceptors, there appears to be a lack of accountability. A few comments indicted they provide feedback and no changes are made in response to the feedback they have given.
- **Lectures and delivery of content**
  - With the recent curriculum change for the Class of 2023 and a shift to largely online learning with the pandemic, concerns were raised by students on the recycling of lectures. On multiple occasions, lectures were uploaded from previous years and did not reflect changes in the curriculum.
  - Students also report problems with the quality of some modules (i.e. audio, clarity, etc.).

- **Evaluation mechanisms**
    - Students felt that it was unfair to have a single high-stakes summative at the end of the course. This causes more stress on students, who feel that summative exams at the end of each block would be more helpful in allowing students to tailor their learning to their own specific weaknesses.

Discussion

Students felt that they were given numerous opportunities to provide feedback on various aspects of their education; this is a very straightforward process and easily accessible by all students. However, many felt that although they are able to easily give feedback, they were not convinced that the feedback was taken seriously or acted upon. This feeling was uniform across both campuses and all years.

Students felt that there was miscommunication on how long they were to spend on certain activities. For each module, an estimated time to completion is given, which is usually inputted as the length of the video if there is a video integrated into the module. However, students felt that this sometimes underestimated how long modules actually took to complete. This may be due to different learning styles across learners; some individuals may take longer to go through the material as they work to solidify their knowledge base and reinforce the concepts, rather than simply watching the lecture one time. These changes in different approaches to the modules likely adequately describe the discrepancy between estimated time to completion and actual time to completion of modules.

It is important to note that there has been a change in attendance expectations and delivery of course content since the ISA survey was conducted. Previously, attendance at large group consolidation sessions was not mandatory, and students were encouraged to attend if it would help them achieve outlined competencies. Starting in 2023, attendance at all sessions will be mandatory, which may impact student opinions on course delivery and affect time spent on required activities.

Overall, there was satisfaction with the time in which mid-rotation or mid-course feedback was given. However, the first-year class felt that this was not necessarily the case. This may be due to less emphasis being put on mid-course feedback for the pre-clerkship years as compared to mid-rotation feedback during rotations in clerkship. Regarding feedback for other assessments, there were many concerns with the time in which this feedback was received; awaiting feedback for exams and assignments can sometimes be anxiety-provoking. Interestingly, all students in fourth-year at the Windsor campus that completed the survey (n=8) had no concerns with the timing of their feedback; this discrepancy may represent a bias in the data, as only 8 individuals in that particular group completed the survey and it is possible that this may not correctly reflect the opinion of the entire class.

Students at both the London and Windsor campuses have access to the same lectures, whether they are synchronous or asynchronous. Concerns regarding recycling of old lectures were brought up from members of both campuses.

Finally, students reported dissatisfaction with the layout of the summative assessments; many felt that having one high-stakes summative assessment at the end of each course that covered all content throughout the course was too stressful. It was noted that students prefer to have one summative at the end of each block, which would allow them to focus more on the specific content

of that black. This would perhaps help facilitate long-term learning, rather than having students cram for a single high-stakes exam.

Recommendations

1) Student feedback should be responded to and details on how the feedback will be used should be provided to students.
2) Strict deadlines should be set for when students should expect feedback for milestone evaluations.
3) Summative exams after every block rather than one high-stakes final at the end of the course.
4) Regarding time spent on content, two estimated times may be provided: one with the actual length of the lecture and another with an estimated time students should spend learning the content. This may prove challenging, as all students differ in their learning strategies and students may differ with how much time they spend per activity; therefore, it should be stressed to students that these are only rough estimates and do not in fact represent how much time they may be spending per activity.
5) Lectures/Modules should be updated every year to reflect changes in the curriculum and to ensure the content is up to date. Furthermore, modules/videos that are uploaded to the student portal should undergo quality checks to ensure the quality of videos is sufficient from a technical standpoint.

Standard 11: Medical student academic support, career advising, and educational records

Standard 11 centers around academic support, career advising, and educational records. Here, students were able to reflect on available resources, including career advising and academic counseling. This standard is also focused on students' awareness and understanding of resources and processes, including academic appeals.

Summary Statistics:

Standard 11: Medical student academic support, career advising, and educational records	% Agreement
I am aware that I can obtain academic advising through the medical school.	**92.1%**
I am aware that confidential career advising opportunities are available to me.	**84.9%**
I am aware that I can obtain assistance in choosing elective courses.	**78.9%**
I am aware that I can obtain assistance in evaluating career options.	**84.9%**
I am aware that I can obtain assistance in applying to residency programs.	**86.6%**
I am aware that I am permitted to review my educational records.	**76.4%**
I am aware that I am permitted to challenge my educational records if I consider the information to be inaccurate, misleading, or inappropriate.	**71.7%**
I am aware that I am permitted to review my medical student performance record (MSPR).	**71.7%**
I am aware that I am permitted to challenge my medical student performance record (MSPR) if I consider the information to be inaccurate, misleading, or inappropriate.	**65.3%**

Strengths

- **Academic and career advising staff availability**
  - Both quantitatively and qualitatively, the availability of accessible staff for assistance in academic matters was reported to be one of Schulich Medicine's greatest strengths.
  - Early introduction to career planning in pre-clerkship years by the Learner Experience Office (LEO) was also highlighted as a prominent strength of the program.

Weaknesses

- **Challenging academic records**
  - Though students generally understood that they could access their academic records and review their MSPR, there was a gap in the knowledge that they could

challenge either of these records if they considered the information to be inaccurate or inappropriate.

- **Quality of available resources**
    - Although only about 5% of clerks were unaware that they could obtain assistance when applying to residency programs, many students reflected that the quality and type of resources available needed improvement. Students generally wished for greater CARMs support, including one-on-one CV support and the implementation of a long-term mentorship program.
- **Transparency**
    - Participants reflected the desire for more transparency surrounding grading and remediation processes.

Discussion

In summary, the majority of students felt that the Schulich Medicine staff were easily accessible for assistance on academic and education matters. However, there was a sentiment that available resources, particularly surrounding the residency matching process, required improvement and that policies and practices surrounding grades and academic records are required.

Quantitatively, this standard reflects some discrepancy between the pre-clerk and clerkship years, particularly surrounding the knowledge that a student is able to view and challenge their educational records/ MSPRs. However, there were no major differences between campuses, and this discrepancy is likely due to the relevance of this information as clerks prepare to apply for the match process.

Of note, since the administration of this survey, the UME office has updated their academic policies to outline the remediation and probation process more clearly. Additionally, they have piloted a one-on-one CV guidance program for students preparing to apply for residency programs. Furthermore, Town Halls are held where UME faculty discuss the program and answer questions with and from students

Recommendations

1) Overall, many students expressed support for a longitudinal mentorship program that spans the four years of medical school. Unlike the current program, wherein a mentor provides a student with only academic support during their pre-clerkship years, this program would allow a mentor to truly get to know a student and support them in multiple areas during their time at medical school, culminating with guidance during the residency application process.
2) School policies and relevant information should be organized not just on the website, but also through the school's learning management system (Elentra) to improve students' knowledge of them. This information would have to be paired with clear, consistent communication on where to find relevant information from both the UME and LEO offices, to increase accessibility.

Standard 12: Medical student health services, personal counseling, and financial aid services

This standard focuses on support services and resources available to medical students.

Summary Statistics:

Standard 12: Medical student health services, personal counseling, and financial aid services	% Agreement
I received instruction on steps to take following exposure to infectious or environmental hazards before undertaking any educational activities that would place me at risk.	**89.8%**

Strengths

- **Education regarding exposure to hazards**
  - Most survey participants in all years at both the London and Windsor campuses agree that they received instructions on steps to take following exposures to environmental or infectious hazards before participating in educational activities.
- **Learner Experience Office (LEO)**
  - Qualitative analysis revealed that students at both the London and Windsor campuses and across all four classes were satisfied with the Learner Experience Office, which is a student support system available to all students.

Weaknesses

- **Lack of resources for LEO**
  - Despite many students believing the Learner Experience Office was an asset to Schulich Medicine, some did feel that the office was not well-equipped to handle student issues. One pertinent example cited is the lack of staff diversity, which impacts their ability to address the lived experiences of particular groups of students.
  - Students commented on long wait times and a lack of follow up for meetings with LEO staff.
- **Absence policy**
  - Students felt that as adult learners responsible for their own learning, there should be more flexibility in attendance to allow for more sick days and mental health days.

Discussion

Overall, Schulich Medicine did well in educating students on steps to take when exposed to environmental and infectious hazards; this knowledge was uniform across all years and at both campuses. In terms of reaching the standard on a broader level, it appears that although students were often happy and satisfied with personal counseling services available through LEO, some felt that there was a lack of resources allocated to LEO. This imbalance between supply and demand of LEO's services may be amplified in high-stress times for students, such as near high-stakes exams or with CaRMS deadlines.

Some students were unsatisfied with a lack of flexibility in student schedules, which often did not accommodate missed days for illness. For example, students in pre-clerkship years often are

denied online access to in-person classes if they are unwell. Additionally, making up missed time in clerkship poses significant difficulty, and may even require students to take time out of electives to make up missed time; students argue that it should be easier to make up missed time during the clerkship year. With a lack of flexibility in making up missed time or accessing classes in-person, students are often pressured to go in for school while unwell.

There was not much discussion in the student survey regarding financial aid services, as this was not asked about in the multiple-choice questions and not brought up by many students in the open-ended answers. Therefore, more information should be collected regarding student satisfaction in this aspect of the survey to determine whether the school meets this section of the standard.

Recommendations

1) Increasing resources to LEO; while it was evident that LEO was valued by students, having more resources available should help those working in the LEO to aid students in need of assistance.
2) Update attendance policies to allow more flexibility for days off and for increased frequency of hybrid sessions whenever possible. Furthermore, a system should be placed in which students that miss time from core rotations can have the option to make up that time on weekends when possible. Improving the flexibility and the ease with which students can direct their own learning can have a significantly positive impact on mental health and will also allow learners to tailor their learning to their own needs and career goals.

Feedback on Improving the ISA Questionnaire

While many students welcomed the opportunity to voice feedback on their experiences, they also identified opportunities to improve the survey experience.

The following reflects the answers to Question 89, which seeks opportunities for CACMS to improve the ISA Questionnaire:

- **Lack of N/A response**
  - This was voiced by pre-clerks, who felt that they did not have adequate experience to make informed opinions for some questions.
    - For example, there were multiple comments indicating that the question did not apply to them but the N/A was not an answer available. The lack of N/A options made it such that students were bound to provide responses they were not confident in or fully agree with.
- **Yes/no responses**
  - Students expressed wanting less binary yes/no questions. A scale of agreeableness/frequency or Likert system was proposed to allow for nuanced answers. There were comments indicating that several questions were not appropriately responded to given the inability to express nuance, inconsistencies, and exceptions, as "sometimes the answer is somewhere in between".
    - For example, this comment details challenges with the binary response options: "although I answered no to a question, that was only reflective of about 10% of my experience relating to the question. Thus, for certain things, it appears as though the school is doing a poor job but in reality, they are doing well, just not 100%."
  - There were comments indicating that in addition to binary yes/no options regarding the presence of systems in place, the ability to further explain allows for feedback on the efficacy of such systems.
- **Opportunity for short-form answers**
  - Students expressed wanting the opportunity to further elaborate on answers within the multiple-choice questions and open-form questions. We recommend allowing for explanatory comments for specific questions/standards and extending the character limit on open-response questions. There was a recurring sentiment that the word limit hindered their ability to fully elaborate on strengths and weaknesses. Text boxes next to the Y/N questions can give students a chance to elaborate on why they answered yes or no to a particular question.
- **Year of study as an identifier**
  - We suggest replacing the 'year of study' question to 'cohort' to more accurately and reliably group responses given the transient nature of students' 'year of study.'
- **Automated reminder email appearing as spam**
  - Some students expressed that the automated reminder emails to complete the survey appeared as scam emails, and some reminders did indeed end up in spam folders. Allowing the ISA team to make changes/additions to the reminder emails (to be approved by CACMS) would help orient students to what they are receiving and increase interest/awareness to complete the survey.
- **Length of survey**
  - Some students expressed that the survey was too lengthy, with some questions being redundant or too similar.
- **Survey distribution**

    - There was a suggestion for schools to provide students with protected time to complete the survey. The authors suggest distributing the survey during the middle of the academic year rather than the beginning/end to allow for a better response rate. In addition to considering workload intensities, a midpoint was felt to be a more appropriate time given feedback from students wanting more time to make informed judgments to questions that they may not have much experience with earlier in the year.
- **Survey display**
    - Highlight positive and negative modifiers (i.e. 'not' or 'doesn't') within questions.
    - Decrease/ eliminate the number of pages involved in the completion of the survey in order to have one page where students can view all the questions included.
    - Include the number of questions left on the progress bar to gauge the amount of time required for completion.
- **Question content**
    - Allow opportunities for the ISA Steering Committee to add school-specific questions. This would allow the ISA Steering Committee to potentially include explanatory or elaborative data in the ISA Report.
    - Include questions to directly gauge satisfaction on mental health and wellness community building within the program.
- **Specificity within questions**
    - Specifying what is intended when referring to clinical exposure would help distinguish clinical experience from preclinical observations and/or electives, clinical rotations, etc. For example, students would have varying levels of clinical/hospital exposure depending on whether they participated in nonmandatory preclinical opportunities or not. This can be mitigated by clarifying preclinical (Year 1/2) vs clinical (Year 3/4) exposure within the question stem.

Limitations/Considerations

The following pose as limitations to the findings in this report:

- **COVID-19:** The Classes surveyed by the ISA Questionnaire all had their curriculum disrupted by the COVID-19 pandemic. As a result of shutdowns and the move to online learning, many opportunities usually provided by the school may not have been accessible to students between 2019-2021. It is therefore likely that student dissatisfaction with the availability of some of these opportunities identified in this report can be explained by these disruptions.

- **Double distribution:** Given the low response rate during the first survey distribution, a second round of distribution was deemed necessary. While the first iteration of the survey was during Spring 2022, the second was during the following academic year in Fall 2022. This interfered with data analysis, as students of the same cohort would have responded differently to the 'year of study' identifying question, which initially hindered cohort analysis. Additionally, the difference in time meant that the data was representing 2 different contexts within the UME program, which was not further explored during data analysis.

- **Low response rate from the graduating class:** The survey was distributed towards the end of the 2021-2022 academic year, which was a busy time for the graduating Class of 2022 given CaRMS, residency, and licensing exam preparations. As such, the graduating

Class of 2022 had the lowest response rate amongst cohorts. The low response translated to minimal feedback from an important group, considering the graduating cohorts' increased engagement within the UME program. Of note, however, is that the UME curriculum was re-designed into a competency-based model in 2019 (starting with the Class of 2023), and so the Class of 2022 would have experienced a learning program significantly different to the current model in place.

- **Presence of N/A option:** The lack of an N/A option for some questions that were not applicable to all students created a situation where students were forced into yes/no answers with minimal lived-experience regarding the questions. This was mostly described in reference to pre-clerks being presented with questions pertaining to the clinical environment and/or the clinical years of study.. Given the comments/feedback by students, the lack of an N/A option suggests that some respondents were not fully confident in some answers, which undermines the confidence placed in the validity of the data.

Summary

This report summarizes the feedback of 60% of students in the Schulich Medicine Classes of 2025-2022.

Based on responses to the ISA Questionnaire, the authors of this report believe that the school is doing an excellent job overall in providing a safe, effective, and conducive learning environment for students, both on campus and in the hospitals. Students recognize and appreciate the learning opportunities and support mechanisms available to them through the school, and are generally satisfied with the Schulich Medicine undergraduate medical curriculum.

Key areas of concerns (student agreement <70%), however, identified by this report include:

- Safe mechanisms for reporting mistreatment and discrimination, at the hospital and medical school *(Standard 3)*
- Students perception of being able to report mistreatment without fear of retaliation *(Standard 3)*
- Adequate study spaces and lounge areas in the hospitals *(Standard 5)*
- Adequate personal lockers/other secure storage facilities in the hospitals *(Standard 5)*
- Opportunity and encouragement from the school to participate in service-learning *(Standard 6)*
- Student awareness of being able to challenge their MSPR *(Standard 11)*

Areas that require monitoring moving forward (student agreement between 70-80%) identified by this report include:

- Student exposure and experience to comprehensive family medicine *(Standard 6)*
- Time spent on required curricular activities beyond expectations *(Standard 8)*
- Timeliness of formative feedback *(Standard 9)*
- Student awareness of assistance available in choosing electives *(Standard 11)*
- Student awareness of being able to review and challenge educational records *(Standard 11)*
- Student awareness of being able to review their MSPR *(Standard 11)*

Of note, these responses should be interpreted within the context of the COVID-19 pandemic, and the resulting curricular disruptions that affected all respondents of the ISA Questionnaire.

In summary, the authors of this report would recommend for Schulich Medicine UME leadership to focus on student-directed enhancements in school policies, services, and opportunities.

Appendix I – DCI Tables

Standard 3: Academic and learning environments.

Table 3.1-1 B | Resident Participation in Medical Student Education

Survey Question	Campus	Number (%) Final Year
1. I worked with a resident in at least one required clinical learning experience during medical school.	London	32/32 (100%)
	Windsor	8/8 (100%)

Table 3.2-2 C | Medical Student Participation in Research/Scholarly Activities

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
2. The medical education program provided me with sufficient opportunities for participation in research/scholarly activities.	London	89/100 (89%)	76/92 (83%)	80/89 (90%)	27/32 (84%)
	Windsor	28/32 (88%)	24/26 (92%)	23/28 (82%)	7/8 (88%)
3. The medical education program encouraged my participation in research/scholarly activities.	London	95/100 (95%)	86/92 (93%)	82/89 (92%)	26/32 (81%)
	Windsor	32/32 (100%)	25/26 (96%)	25/28 (89%)	7/8 (88%)

Table 3.4-2 B | Fostering an Environment of Respect.

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
4. I feel that the medical school fosters an environment in which people are treated with respect.	London	90/100 (90%)	81/92 (88%)	81/89 (91%)	30/32 (94%)
	Windsor	31/32 (97%)	23/26 (88%)	27/27 (100%)	8/8 (100%)

5. I feel that the hospital(s) where I was assigned fostered environments where people were treated with respect. *Note: Students who were never assigned to a hospital as part of a medical education program should select "Not applicable."*	London	41/42 (98%)	66/71 (93%)	80/88 (91%)	29/32 (91%)
	Windsor	15/15 (100%)	18/22 (82%)	26/26 (100%)	7/8 (88%)

Table 3.4-4 B | Safe Mechanisms for Reporting Discrimination

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
6. I feel that the medical school discriminated against me.	London	2/100 (2%)	6/92 (7%)	5/89 (6%)	0/32 (0%)
	Windsor	1/32 (3%)	1/26 (4%)	0/27 (0%)	1/8 (13%)
For those students who feel that they have been discriminated at the medical school: 7. I feel that the medical school provides a safe mechanism for reporting incidents	London	1/2 (50%)	0/5 (0%)	2/4 (50%)	0/0 (N/A)
	Windsor	0/1 (0%)	0/1 (0%)	0/0 (N/A)	0/1 (0%)
8. I feel that I was discriminated against at one or more hospitals to which I was assigned as a medical student. *Note: Students who were never assigned to a hospital as part of a medical education program should select "Not applicable."*	London	1/45 (2%)	1/70 (1%)	10/87 (11%)	0/31 (0%)
	Windsor	0/16 (0%)	0/23 (0%)	0/26 (0%)	4/8 (50%)
For those students who feel that they have been discriminated against at one or more hospitals: 9. I feel that the hospital(s) involved provided a safe mechanism for reporting.	London	0/1 (0%)	0/1 (0%)	4/9 (44%)	0/0 (N/A)
	Windsor	0/0 (N/A)	0/0 (N/A)	0/0 (N/A)	2/4 (50%)

Table 3.6-4 A | Medical Students Reporting of Mistreatment (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
10. I understand how I can report mistreatment	London	78/100 (78%)	85/92 (92%)	75/89 (84%)	31/32 (97%)
	Windsor				
	London	24/32 (75%)	21/26 (81%)	26/27 (96%)	7/8 (88%)
	Windsor				

Table 3.6-6 B | Reporting Mistreatment Without Fear of Retaliation (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
11. I feel that I can report mistreatment without fear of retaliation	London	56/100 (56%)	63/92 (68%)	45/89 (51%)	19/32 (59%)
	Windsor	21/32 (65%)	18/26 (69%)	19/27 (70%)	6/8 (75%)

Table 5.4-1 C | Sufficiency of Facilities and Equipment

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
12. Overall, I consider that the teaching facilities are sufficient for my educational needs.	London	83/99 (84%)	75/92 (82%)	81/89 (91%)	29/32 (91%)
	Windsor	29/32 (91%)	24/26 (92%)	27/28 (96%)	7/8 (88%)
13. Overall, I consider that the equipment (other than audiovisual or information technology) used for teaching is sufficient for my educational needs.	London	87/100 (87%)	74/92 (80%)	82/89 (92%)	29/32 (91%)
	Windsor	28/32 (88%)	24/26 (92%)	26/28 (93%)	8/8 (100%)

Table 5.5-1 B | Appropriate Resources for Clinical Instruction in Ambulatory and Inpatient Settings by Curriculum Year (as applicable)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
14. Based on my experience, I consider that the resources for clinical instruction in ambulatory settings are appropriate.	London	45/49 (92%)	61/72 (85%)	84/88 (95%)	31/32 (97%)
	Windsor	14/16 (88%)	20/22 (91%)	27/27 (100%	8/8 (100%)
15. Based on my experience, I consider that the resources for clinical instruction in inpatient settings are appropriate.	London	40/45 (89%)	61/74 (82%)	81/88 (92%)	31/32 (97%)
	Windsor	13/15 (87%)	21/23 (91%)	27/27 (100%	8/8 (100%)

Table 5.5-2 B | Access to Patients by Curriculum Year (as applicable)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
16. At this stage of my education/training, I consider that I have sufficient access to adequate numbers of patients/simulated patients to complete my required learning objectives/clinical encounters log.	London	70/84 (83%)	67/86 (78%)	86/89 (97%)	31/32 (97%)
	Windsor	24/27 (89%)	22/24 (92%)	27/27 (100%)	8/8 (100%)
17. At this stage of my education/training, I consider that I have sufficient access to the types of patients/simulated patients to complete my required learning objectives/clinical encounters log.	London	66/84 (79%)	67/86 (78%)	84/89 (94%)	31/32 (97%)
	Windsor	21/28 (75%)	23/24 (96%)	27/27 (100%)	7/7 (100%)

Table 5.6-1 B | Sufficiency of Information Resources in Clinical Facilities Used for Required Clinical Learning Experiences by Curriculum Year

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
18. I consider that my access to computer/Internet resources is sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences.	London	49/53 (92%)	74/80 (93%)	79/88 (90%)	30/31 (97%)
	Windsor	21/23 (91%)	14/22 (64%)	24/26 (92%)	8/8 (100%)
19. I consider that information resources available to me (other than computer/Internet access) are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences.	London	41/48 (85%)	68/81 (84%)	79/87 (91%)	27/31 (87%)
	Windsor	17/19 (89%)	17/22 (77%)	25/26 (96%)	8/8 (100%)

Table 5.6-2 B | Sufficiency of Instructional Facilities at Each Major Hospital or Clinical Facility Used or Required Clinical Learning Experiences by Curriculum Year

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
20. I consider that the instructional facilities are sufficient for my learning needs while I am at hospitals/clinical facilities used for required clinical learning experiences.	London	45/51 (88%)	71/81 (88%)	85/88 (97%)	29/31 (94%)
	Windsor	16/18 (89%)	21/22 (95%)	26/26 (100%)	8/8 (100%)

Table 5.7-1 B | Safety and Security by Curriculum Year

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
21. At my campus during regular classroom hours, I consider that the security systems in place are adequate to ensure my safety.	London	99/100 (99%)	89/92 (97%)	89/89 (100%)	32/32 (100%)
	Windsor	31/32 (97%)	25/26 (96%)	27/27 (100%)	8/8 (100%)
22. At my campus outside of regular classroom hours, I consider that the security systems in place are adequate to ensure my safety.	London	92/100 (92%)	86/92 (93%)	87/89 (98%)	31/32 (97%)
	Windsor	31/32 (97%)	25/26 (96%)	26/27 (96%)	8/8 (100%)
23. At clinical teaching sites where I was assigned for required clinical learning experiences, I consider that the security systems in place are adequate to ensure my safety.	London	54/55 (98%)	80/81 (99%)	84/89 (94%)	32/32 (100%)
	Windsor	22/22 (100%)	21/22 (95%)	26/26 (100%)	8/8 (100%)

Table 5.8-1-B | Access to Library Resources by Curriculum Year

Survey question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
24. I consider that library holdings are readily accessible.	London	64/68 (94%)	60/66 (91%)	67/78 (86%)	21/23 (91%)
	Windsor	22/25 (88%)	20/23 (87%)	21/22 (95%)	6/6 (100%)
25. I consider that the breadth of library holdings is sufficient for my educational needs.	London	85/100 (85%)	71/91 (78%)	81/89 (91%)	30/31 (97%)
	Windsor	27/32 (84%)	21/26 (81%)	27/27 (100%)	7/8 (88%)
26. I consider that technology resources of the library are readily accessible.	London	70/79 (89%)	72/81 (89%)	74/82 (90%)	22/22 (100%)
	Windsor	25/27 (93%)	20/23 (87%)	21/22 (95%)	6/7 (86%)
27. I consider that technology resources of the library are sufficient for my educational needs.	London	90/100 (90%)	76/92 (83%)	77/89 (87%)	31/31 (100%)
	Windsor	30/32 (94%)	22/25 (88%)	27/27 (100%)	8/8 (100%)

Table 5.9-1 B | Access to Information Technology Resources by Curriculum Year

Survey question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
28. I consider that my medical school provides me with sufficient access to electronic learning materials.	London	84/99 (85%)	64/92 (70%)	65/89 (73%)	27/32 (84%)
	Windsor	31/32 (97%)	23/26 (88%)	25/27 (93%)	8/8 (100%)
29. I consider that information technology (IT) resources are accessible while I am on-campus.	London	84/91 (92%)	70/82 (85%)	79/82 (96%)	29/30 (97%)
	Windsor	30/32 (94%)	24/25 (96%)	25/26 (96%)	8/8 (100%)
30. I consider that information technology (IT) resources are accessible while I am off campus at teaching facilities required by my program.	London	65/75 (87%)	63/77 (82%)	76/81 (94%)	28/31 (90%)
	Windsor	19/22 (86%)	22/24 (92%)	24/24 (100%)	8/8 (100%)
31. I consider that Information technology (IT) resources are sufficient in scope to support my educational needs while I am on-campus.	London	92/100 (92%)	80/92 (87%)	82/89 (92%)	31/31 (100%)
	Windsor	31/32 (97%)	24/26 (92%)	26/27 (96%)	8/8 (100%)
32. I consider that information technology (IT) resources are sufficient in scope to support my educational needs while I am off campus at teaching facilities required by my program.	London	88/100 (88%)	76/92 (83%)	81/89 (91%)	30/31 (97%)
	Windsor	29/31 (94%)	23/26 (88%)	27/27 (100%)	8/8 (100%)

Table 5.11-1 B | Adequacy of Study Space

Survey question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
33. The study space on my campus was adequate for my needs.	London	77/100 (77%)	76/92 (83%)	75/89 (84%)	23/32 (72%)
	Windsor	30/32 (94%)	24/26 (92%)	26/27 (96%)	7/8 (88%)
34. At all hospitals where I was assigned, the study spaces were adequate for my needs.	London	18/22 (82%)	42/61 (69%)	41/86 (48%)	19/32 (59%)
	Windsor	4/6 (67%)	10/22 (45%)	19/26 (73%)	4/7 (57%)

Table 5.11-2 B | Adequacy of Lounge Areas

Survey question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
35. The lounge space on my campus was adequate for my needs.	London	74/100 (74%)	75/92 (82%)	74/89 (83%)	28/32 (88%)
	Windsor	25/32 (78%)	21/26 (81%)	25/27 (93%)	8/8 (100%)
36. At all hospitals where I was assigned, the lounge areas were adequate for my needs.	London	23/25 (92%)	49/61 (80%)	51/88 (58%)	20/32 (63%)
	Windsor	12/14 (86%)	12/22 (55%)	17/25 (68%)	6/8 (75%)

Table 5.11-3 B | Adequacy of Personal Lockers or Other Secure Storage Facilities

Survey question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
37. The personal lockers/other secure storage facilities on my campus were adequate for my needs.	London	88/100 (88%)	78/92 (85%)	71/88 (81%)	29/32 (91%)
	Windsor	31/32 (97%)	24/26 (92%)	27/27 (100%)	8/8 (100%)
38. At all hospitals where I was assigned, the personal lockers/other secure storage facilities were adequate for my needs.	London	23/28 (82%)	40/54 (74%)	48/87 (55%)	20/32 (63%)
	Windsor	10/13 (77%)	18/22 (82%)	21/26 (81%)	5/8 (63%)

Table 5.11-4 B | Adequacy of Secure Call Rooms

Survey question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
39. Each time I was on call and required to participate in a late night (i.e., after midnight) or an overnight clinical learning experience, I had a call room that was adequate and secure.	London	8/9 (89%)	37/43 (86%)	75/87 (86%)	28/32 (88%)
	Windsor	1/1 (100%)	12/13 (92%)	19/26 (73%)	8/8 (100%)

Table 6.1-4 B | Student Awareness of Medical Education Program Objectives (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
40. I was made aware of the medical education program objectives.	London	96/100 (96%)	86/92 (93%)	89/89 (100%)	32/32 (100%)
	Windsor	31/32 (97%)	25/26 (96%)	26/27 (96%)	8/8 (100%)

Table 6.1-5 B | Student Awareness of Learning Objectives for Each Required Learning Experience (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
41. So far this academic year, I was made aware of the learning objectives for each required learning experience that I completed.	London	99/100 (99%)	80/91 (88%)	87/89 (98%)	31/32 (97%)
	Windsor	31/32 (97%)	25/26 (96%)	26/27 (96%)	8/8 (100%)

Table 6.4-1 B | Student Clinical Experiences in Outpatient Settings

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
42. In my medical school curriculum to date, I have had clinical experiences in outpatient/ambulatory settings (i.e., where patients are not admitted to hospital).	London	73/99 (73%)	80/92 (87%)	89/89 (100%)	32/32 (100%)
	Windsor	25/32 (78%)	23/26 (88%)	26/27 (96%)	8/8 (100%)

Table 6.4-2 B | Student Clinical Experiences in Inpatient Settings

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
43. In my medical school curriculum to date, I have had clinical experiences with inpatient settings, (i.e., where patients are admitted to hospital).	London	65/99 (66%)	72/92 (78%)	88/89 (99%)	32/32 (100%)
	Windsor	21/32 (66%)	24/26 (92%)	26/27 (96%)	8/8 (100%)

Table 6.4.1-1 B | Exposure to and Experience in Generalist Care Including Comprehensive Family Medicine (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
44. I had broad exposure to generalist care.	London	70/99 (71%)	64/92 (70%)	87/89 (98%)	30/32 (94%)
	Windsor	20/32 (63%)	23/26 (88%)	26/27 (96%)	8/8 (100%)
45. I had experience in generalist care.	London	62/99 (63%)	77/92 (84%)	88/89 (99%)	32/32 (100%)
	Windsor	17/32 (53%)	24/26 (92%)	26/27 (96%)	8/8 (100%)
46. I had broad exposure to comprehensive family medicine.	London	57/99 (58%)	63/92 (68%)	84/89 (94%)	30/32 (94%)
	Windsor	16/32 (50%)	19/26 (73%)	26/27 (96%)	8/8 (100%)
47. I had experience in comprehensive family medicine.	London	51/99 (52%)	78/92 (85%)	87/89 (98%)	32/32 (100%)
	Windsor	15/32 (47%)	20/26 (77%)	26/27 (96%)	8/8 (100%)

Table 6.4.1-2 B | Range of Settings for Clinical Learning Experiences (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
48. I had clinical learning experiences (required and elective combined) that took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres.	London	72/99 (73%)	62/92 (67%)	87/89 (98%)	32/32 (100%)
	Windsor	23/32 (72%)	18/26 (69%)	25/27 (93%)	8/8 (100%)

Table 6.5-1 C | Elective/Selective Opportunities

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
49. I had the opportunity to supplement required learning experiences with elective (or as appropriate, selective) experiences.	London	84/99 (85%)	74/92 (80%)	83/89 (93%)	31/32 (97%)
	Windsor	27/32 (84%)	23/26 (88%)	27/27 (100%)	8/8 (100%)
50. I had the opportunity to gain exposure to medical specialties in my elective (or as appropriate, selective) experiences.	London	80/99 (81%)	74/92 (80%)	83/89 (93%)	30/32 (94%)
	Windsor	28/32 (88%)	23/26 (88%)	26/27 (96%)	8/8 (100%)
51. I had the opportunity to pursue my individual academic interests in my elective (or as appropriate, selective) experiences.	London	80/99 (81%)	73/92 (79%)	82/89 (92%)	29/32 (91%)
	Windsor	26/32 (81%)	22/26 (85%)	24/27 (89%)	8/8 (100%)

Table 6.6-1 F | Opportunities and encouragement for medical student participation in service-learning

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
52. I had an opportunity to participate in a service-learning activity.	London	44/99 (44%)	37/92 (40%)	71/89 (80%)	31/32 (97%)
	Windsor	9/32 (28%)	15/26 (58%)	21/27 (78%)	8/8 (100%)
53. I was encouraged to participate in a service-learning activity.	London	53/99 (54%)	51/92 (55%)	79/88 (90%)	31/32 (97%)
	Windsor	11/32 (34%)	14/25 (56%)	23/27 (85%)	8/8 (100%)

Table 7.2-2 B | Clinical Experiences in Continuity of Care and Preventive, Acute, Chronic, Rehabilitative, and End-of-life Care

*Note: Questions were missing from the original ISA due to an oversight by CACMS, so this table has been removed, as per Andrea Segal at CACMS.

Table 7.4-3 B | Enhancement of Medical Student Skills (Core Appendix)

Survey Question	Campus	Number (%) Final year students
54. The curriculum helped me enhance my skills in clinical reasoning.	London	29/31 (94%)
	Windsor	8/8 (100%)
55. The curriculum helped me enhance my skills in clinical critical thinking.	London	29/31 (94%)
	Windsor	7/8 (88%)
56. The curriculum helped me enhance my skills in critical appraisal of evidence.	London	27/31 (87%)
	Windsor	8/8 (100%)
57. The curriculum helped me enhance my skills in the application of the best available information to the care of patients.	London	31/31 (100%)
	Windsor	8/8 (100%)

Table 7.6-2 E | Preparation in Cultural Competence and Health Care Disparities (Core Appendix)

Survey Question	Campus	Number (%) Final year students
58. The curriculum helped prepare me to recognize that factors such as culture, gender, and belief systems influence patients' perceptions of health and illness.	London	31/31 (100%)
	Windsor	8/8 (100%)
59. The curriculum helped prepare me to recognize and appropriately address my personal biases when caring for patients.	London	28/31 (90%)
	Windsor	8/8 (100%)
60. The curriculum helped me acquire basic skills needed to provide culturally competent health care.	London	28/32 (88%)
	Windsor	8/8 (100%)
61. The curriculum helped prepare me to identify health care disparities.	London	31/31 (100%)
	Windsor	8/8 (100%)
62. The curriculum helped prepare me to participate in the development of solutions to address health care disparities.	London	28/31 (90%)
	Windsor	8/8 (100%)

Table 8.5-1 E | Processes for Medical Student Evaluations of Program Quality

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
63. The medical school provided me with opportunities to evaluate my required learning experiences (e.g., courses, clerkship rotations, longitudinal integrated clerkships).	London	90/99 (91%)	87/92 (95%)	88/89 (99%)	31/31 (100%)
	Windsor	30/32 (94%)	26/26 (100%)	27/27 (100%)	8/8 (100%)
64. The medical school provided me with opportunities to evaluate my teachers.	London	98/99 (99%)	90/91 (99%)	88/89 (99%)	32/32 (100%)
	Windsor	32/32 (100%)	25/26 (96%)	27/27 (100%)	8/8 (100%)

Table 8.8-1 G | Amount of Time Students Spend in Required Activities (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
65. I am informed of the amount of time that the medical education program expects me to spend in required activities.	London	76/99 (77%)	68/92 (74%)	70/88 (80%)	24/30 (80%)
	Windsor	26/32 (81%)	21/26 (81%)	24/27 (89%)	7/8 (88%)
66. I am disappointed by the number of times I was required by a supervisor/teacher to spend more time in required activities than expected by the medical education program.	London	24/99 (24%)	22/92 (24%)	30/89 (34%)	8/29 (28%)
	Windsor	11/32 (34%)	9/25 (36%)	12/27 (44%)	0/8 (0%)

Table 9.3-1 C | Clinical supervision during clinical learning situations (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
67. I consider that I was appropriately supervised at all times in clinical learning situations involving patient care.	London	65/67 (97%)	77/89 (87%)	83/89 (93%)	32/32 (100%)
	Windsor	23/25 (92%)	23/25 (92%)	24/26 (92%)	7/8 (88%)
68. The level of supervision I received in clinical learning situations ensured my safety.	London	67/67 (100%)	81/85 (95%)	87/88 (99%)	32/32 (100%)
	Windsor	25/25 (100%)	23/24 (96%)	26/26 (100%)	8/8 (100%)
69. I consider that the level of supervision I received in clinical learning situations ensured patient safety.	London	67/67 (100%)	79/87 (91%)	83/88 (94%)	32/32 (100%)
	Windsor	25/25 (100%)	24/25 (96%)	25/26 (96%)	7/8 (88%)
70. I consider that the level of responsibility delegated to me in clinical learning situations was appropriate for my level of training.	London	65/68 (96%)	79/86 (92%)	83/88 (94%)	31/32 (97%)
	Windsor	24/25 (96%)	22/26 (85%)	26/26 (100%)	7/8 (88%)
71. I am confident that any concerns I have about my supervision during clinical learning situations can be discussed and addressed by the medical school.	London	56/67 (84%)	69/83 (83%)	64/86 (74%)	25/31 (81%)
	Windsor	22/24 (92%)	21/24 (88%)	24/26 (92%)	7/8 (88%)

Table 9.7-1 C | Timely Formative Feedback (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
72. The formative feedback that I received so far this academic year was given in time for me to measure my progress in learning.	London	77/98 (79%)	70/92 (76%)	71/89 (80%)	26/32 (81%)
	Windsor	20/32 (63%)	23/26 (88%)	25/27 (93%)	8/8 (100%)

Table 9.7-3 B | Formal Formative Feedback at Midpoint of the Required Learning Experience (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
73. The formative feedback that I received so far this academic year was given by the midpoint of each required learning experience of four weeks or longer duration or approximately every six weeks in the case of longer educational experiences such as longitudinal integrated clerkships.	London	78/98 (80%)	77/92 (84%)	76/89 (85%)	26/32 (81%)
	Windsor	21/32 (66%)	23/26 (88%)	25/27 (93%)	7/8 (88%)

Table 9.9-2 B | Fair and Formal Student Advancement and Appeal Process

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
74. I know that I have the opportunity to appeal any adverse decision related to my advancement, graduation or dismissal.	London	73/97 (75%)	79/92 (86%)	73/88 (83%)	27/32 (84%)
	Windsor	26/32 (81%)	19/26 (73%)	26/27 (96%)	8/8 (100%)

Table 9.10-1 B | Student Health and Patient Safety (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
75. I know that I have an obligation to report to an appropriate authority, situations in which my personal health poses a risk of harm to patients.	London	88/97 (91%)	89/92 (97%)	85/88 (97%)	32/32 (100%)
	Windsor	30/32 (94%)	25/26 (96%)	27/27 (100%)	8/8 (100%)

Table 11.1-1 C | Academic Advising by Curriculum Year (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
76. I am aware that I can obtain academic advising through the medical school.	London	91/98 (93%)	81/92 (88%)	85/89 (96%)	28/32 (88%)
	Windsor	30/32 (94%)	24/26 (92%)	25/27 (93%)	8/8 (100%)

Table 11.2-1 D | Awareness of Confidential Career Advising (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
77. I am aware that confidential career advising opportunities are available to me.	London	82/98 (84%)	72/92 (78%)	78/89 (88%)	31/32 (97%)
	Windsor	26/32 (81%)	23/26 (88%)	22/27 (81%)	8/8 (100%)

Table 11.2-2 D | Career Advising: Choosing Electives, Evaluating Career Options and Applying to Residency Programs (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
78. I am aware that I can obtain assistance in choosing elective courses.	London	78/98 (80%)	61/92 (66%)	76/88 (86%)	29/32 (91%)
	Windsor	22/32 (69%)	21/26 (81%)	23/27 (85%)	8/8 (100%)
79. I am aware that I can obtain assistance in evaluating career options.	London	82/98 (84%)	69/92 (75%)	81/88 (92%)	30/32 (94%)
	Windsor	26/32 (81%)	23/26 (88%)	23/27 (85%)	8/8 (100%)
80. I am aware that I can obtain assistance in applying to residency programs.	London	82/98 (84%)	71/92 (77%)	84/88 (95%)	31/32 (97%)
	Windsor	28/32 (88%)	22/26 (85%)	23/27 (85%)	8/8 (100%)

Table 11.6-1 C | Student Awareness to Review and Challenge Educational Records (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
81. I am aware that I am permitted to review my educational records.	London	68/98 (69%)	66/92 (72%)	70/88 (80%)	29/32 (91%)
	Windsor	23/32 (72%)	21/26 (81%)	24/27 (89%)	7/8 (88%)
82. I am aware that I am permitted to challenge my educational records if I consider the information to be inaccurate, misleading, or inappropriate.	London	69/98 (70%)	57/92 (62%)	61/88 (69%)	26/32 (81%)
	Windsor	23/32 (72%)	22/26 (85%)	24/27 (89%)	7/8 (88%)
83. I am aware that I am permitted to review my medical student performance record (MSPR).	London	64/98 (65%)	50/92 (54%)	72/88 (82%)	31/32 (97%)
	Windsor	21/32 (66%)	19/26 (73%)	24/27 (89%)	8/8 (100%)
84. I am aware that I am permitted to challenge my medical student performance record (MSPR) if I consider the information to be inaccurate, misleading, or inappropriate.	London	59/98 (60%)	50/92 (54%)	59/88 (67%)	28/32 (88%)
	Windsor	20/32 (63%)	19/26 (73%)	21/27 (78%)	7/8 (88%)

Table 12.8-2 B | Student Knowledge of Post-Exposure Treatment (Core Appendix)

Survey Question	Campus	Number (%)			
		Year 1	Year 2	Year 3	Year 4
85. I received instruction on steps to take following exposure to infectious or environmental hazards before undertaking any educational activities that would place me at risk.	London	83/98 (85%)	79/92 (86%)	85/88 (97%)	31/32 (97%)
	Windsor	28/32 (88%)	24/26 (92%)	25/27 (93%)	7/8 (88%)