

Standards for ensuring the comparability of students' educational experiences across sites

Approved by: Undergraduate Medical Education Curriculum Committee

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The UME program embraces a variety of learning environments across a large number of clinical sites. These include individual doctor's offices, community hospitals, academic health science centres, and specialized care institutions. At the same time, UME recognizes its responsibility to ensure the comparability of the sites with respect to their ability to deliver the undergraduate curriculum and provide a positive environment for medical students. Comparable sites are not necessarily identical, but they must:

- afford students the same core mix and essential quantity of clinical experiences¹,
- enable students to achieve and demonstrate the same level of performance,
- adhere to the same set of expectations and standards with regard to curriculum, teachers, and facilities, and
- attain the same degree of student satisfaction.

To this end, all curriculum leaders² must routinely and rigorously review all available outcome data by site (not solely by Academy) to identify both concerning discrepancies and models of best practice. In particular, curricular leads are responsible for actively monitoring each of the following types of data, with regard to teaching site:

- Evaluations of student performance and professionalism (completed by teachers), taking into account both:
 - the students' performance itself, and
 - the completion rate and timeliness of the evaluations
- Evaluations completed by students regarding:
 - the quality of individual learning activities,
 - the quality of the course as a whole, and
 - the effectiveness of each of their teachers
- Course and component grades
 - In the Clerkship: Student completion of the required encounters and procedures specified for each course
 - In the Clerkship: Student workload, including but not limited to students' call schedule, shift length, patient load, and balance of didactic teaching sessions and clinical training

(Other outcome measures that may become available to curricular leads from time to time include student-initiated survey or focus group data, postgraduate match results, Canadian Graduation Questionnaire results, etc.)

¹ The requirement for comparability with regard to clinical experiences can be achieved through clustering of sites. For example, one student may gain exposure to all required experiences by rotating through three sites while another student may have all the experiences at a single institution. Crucially, this difference must be planned, rather than left to chance; that is, curriculum leaders must be aware of the individual strengths of each placement and combine complementary sites as necessary.

² Curriculum leaders are defined as those individuals who have primary responsibility for organizing major elements of the program. They include all course and unit directors, all thematic and competency faculty leads, and any other individuals in similar roles.

If a significant difference in outcomes between sites (or types of sites) is noted, the curricular lead is expected to investigate the cause of the difference and enact changes to address it. To accomplish this goal, curricular leads are encouraged to consult with the Preclerkship or Clerkship Director (as appropriate), the Director of UME Evaluations, the Vice Dean, MD Program, students, and/or teaching faculty at the site(s) in question.

The comparability of sites and any measures taken against discrepancies should be documented annually on the course report and in relevant reports to the UME Curriculum Evaluation Committee.