



2019-20

Transformation in Tumultuous Times

Dear colleagues,

One of the MD Program's seven [education goals](#) is to prepare graduates who are reflective and able to act in the face of novelty, ambiguity and complexity. This past year has put that aspirational goal to the test, and not just for our medical students. As we have all experienced in relation to COVID-19, being able to recognize and respond to complexity, uncertainty and ambiguity is a competency that is integral both for the practice of medicine and the delivery of medical education, if not for life in general.

One major accomplishment from the 2019-20 academic year are the rapid adaptations made to the MD Program curriculum and extra-curricular services to ensure that our students had the best possible learning experience. As work continues on those adaptations for the 2020-21 academic year, it is important to also reflect on other accomplishments and plans for the future.

My future plans include the challenges and opportunities that come with taking on a new role as Vice Dean, Medical Education, in addition to retaining responsibility for the MD Program. In this new role, I will focus on how we can effectively align the MD and Post MD medical education portfolios to better support our learners across the education continuum.

This past fall, which now seems like a lifetime ago, our focus was on MD Program [accreditation](#). Even at the best of times, accreditation can be experienced as a complex, uncertain and ambiguous process. To support that process, our medical students engaged in and led an [Independent Student Analysis](#) (ISA), which aligns with another one of the MD Program's education goals – that our graduates be capable of and committed to evidence informed practices and scholarship, and a culture of continuous performance improvement. Over 90% of medical students participated in a survey that

formed the basis of the [ISA Report](#), which was notable both for the amount of work involved and the quality of analysis, including the identification of programmatic strengths, key areas of improvement, and critical recommendations.

We truly hope that MD Program leadership has matched our students' commitment to continuous improvement. Although the accreditation site visit scheduled to take place in May 2020 was postponed due to COVID-19, we have been in consultations with the Committee on Accreditation of Canadian Medical Schools (CACMS) about the possibility of a 'virtual site visit' in the late summer or early fall. Thanks to the efforts of the education leaders, faculty, students and staff who participated in the [Medical School Self-study](#) over the Fall 2019 and Winter 2020, we are well positioned for our accreditation site visit, regardless of the medium in which it takes place. As summarized in the [Program's response to the ISA Report](#), we have accomplished much over the of the past year to address key areas for improvement identified by our medical students, with particular attention paid to recommendations explicitly linked to learning environment/student mistreatment and career advising systems and programs.

In the spring 2020, 97% of our medical students matched to a Canadian residency position after the first Canadian Resident Matching Service (CaRMS) iteration, with a match rate of 98% after the second iteration. Factoring in students who matched to an American residency position, the overall match rate for U of T medical students was 98.5%. Under the leadership of the Office of Health Professions Student Affairs, we will continue to build upon the collaborative efforts of MD Program faculty, students and staff, along with our Postgraduate Medical Education colleagues, to enhance our career advising supports and ensure that our students are well prepared and positioned for residency. Future plans include the establishment of Academy-based career advising/CaRMS prep positions, staffed by clinical faculty members, as well as the development of a longitudinal career advising and preparation course. Also underway is an analysis of elective selection workflow practices, with the ultimate goal being more effective support for students throughout the electives application process.

This past March, the MD Program Curriculum Committee approved changes to its student mistreatment protocol. Those changes were informed by ISA recommendations as well as recommendations from the Faculty of Medicine [Optimizing our Learning Environments \(OLE\) Working Group](#), which was formed to address one of the initial priorities for action identified in the Faculty of Medicine [Academic Strategic Plan 2018-2023](#). Both of those groups took into account survey data, which shows that a significant number (~60%) of medical students have experienced mistreatment during their time in the MD Program.

Equally, if not more, concerning are the low reporting rates among those students who experienced or witnessed mistreatment.

As noted in a [message from Dean Young](#), there are various reasons why students may not speak up. The changes to the MD Program's student mistreatment protocol are intended to help mitigate those barriers by making the disclosure and reporting process more student-centric and responsive. This is grounded in an approach that enables students to have confidential and safe discussions with trusted advisors about behaviour perceived or suspected as being mistreatment so they can make informed and supported decisions about next steps. Along the same lines, the MD Program student mistreatment webpage and online disclosure form are being redesigned to provide a portal that is easier to navigate, with an anticipated launch date of August 2020.

The mistreatment survey data shows that learners have serious concerns about the learning environment both across the medical education continuum and across all teaching sites and clinical departments. This is, in other words, not an isolated problem, but a systemic issue that needs to be addressed in order to provide an optimal learner experience and learning environment. Addressing such a systemic issue requires a dedicated, collaborative and integrated approach. Dr. Reena Pattani was appointed as the inaugural Director, Learner Experience, starting May 1, 2020. In this new role, Dr. Pattani will work collaboratively with other education leaders, faculty, learners and staff to champion the development, implementation, and evaluation of approaches to address learner mistreatment and to enhance our understanding of how to reinforce positive norms in our working and learning environments across the continuum of medical education.

The MD Program aims to graduate students who are adaptive in response to the needs of patients and communities from diverse and varied populations. The most recent examples of systemic anti-Black racism are yet another reminder that equity, diversity and inclusion are not only education goals, but societal principles and expectations. The Faculty of Medicine and MD Program are [committed to addressing systemic racism](#), including the chronic underrepresentation of Black physicians in our healthcare system. The 2019-20 entering MD Program class included 14 students admitted through the inaugural offering of the Black Students Application Program (BSAP). This increased to 24 students for the 2020-21 entering class. Work is underway to ensure that the provision of a culturally safe pathway does not begin and end at the point of admission, but rather extends throughout all four years of medical school and the continuum of medical education.

Creating a diverse and inclusive learning environment also includes making changes to our education leadership recruitment practices. Starting with recruitment for the Director, Learner Experience position, the MD Program

updated its practices to include unconscious/implicit bias education for all search committee members, explicitly highlighting the importance of equity, diversity and inclusion (EDI) at search committee meetings, as well as the use of a standard EDI question in the interview process. All of these efforts are part of the creation and resourcing of a comprehensive EDI plan for the Faculty of Medicine, which is another initial priority for action identified in the Faculty's [Academic Strategic Plan 2018-2023](#).

This past year ended with the [graduation of the 2T0 class](#), who helped launch our Foundations curriculum, which is one of the most significant changes we have made to the way we deliver medical education. The principles and goals that informed the development of the Foundations curriculum were instrumental in the re-articulation of the MD Program's [education goals](#), including the aspiration to prepare graduates who are engaged in integrated, team-based care in which patient needs are addressed in an equitable, individualized and holistic manner. Yet again, it is clear that this goal not only applies to our students, but also reflects the collaborative, team-based approach required for the delivery of medical education.

With the above in mind, I would like to close by expressing my gratitude to the faculty members who stepped down from the following leadership roles over this past year. It is because of our committed faculty, staff and learners that we continue to do what can't be done.

- Lori Albert, Course Director, Curriculum, Concepts, Patients and Communities-1
- Anthony (Tony) D'Urzo, Associate Component Director, Health Science Research
- Pamela Mosher, Clerkship Lead, Medical Psychiatry Alliance
- Ahtsham Niazi, Course Director, Anesthesia
- Sian Patterson, Faculty Lead, Biochemistry
- Richard Pittini, Director, Program Evaluation
- Martin Schreiber, Faculty Advisor, Curriculum Map
- Sanjeev Sockalingam, Director, MP Curriculum Renewal
- Brian Wong, Faculty Lead, Quality and Patient Safety
- Thiru Yogaparan, Faculty Lead, Care of the Elderly/Geriatrics

Sincerely,



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