

Independent Student Analysis

1.0 Introduction:

In anticipation of the upcoming LCME/CACMS accreditation site visit in May of 2012, the Student Accreditation Task Force was formed in October of 2010. A leadership group was established to chair the student Task Force, at the request of the University of Toronto Faculty of Medicine Accreditation Task Force. Students from across all four years of the program were involved in all components of the accreditation process, including survey design, survey evaluation, and analysis. The student government, the Medical Society, provided much of the leadership throughout the accreditation process.

The process of accreditation has given medical students at the University of Toronto a unique opportunity to provide feedback on all aspects of their medical education. This report, an attempt at encapsulating that student opinion, covers not only the undergraduate academic program at the University of Toronto, but also the atmosphere and learning environment in which medical students are trained to become physicians.

Students in the undergraduate MD program were asked about their education in the form of both quantitative and qualitative surveys. The findings of these surveys, as presented in this report, celebrate the strengths of the medical program; however, due to the rigorous nature of the accreditation process, more than half of the report critically focuses on areas of improvement and recommendations to ameliorate these areas. This breakdown should not be taken to mean that students find their education to be more bad than good, but rather should be understood in the context of an accreditation process for a medical school program known for its overall excellence.

1.1 Student Accreditation Task Force Membership

Student Accreditation Task Force Chairs:

Thomas McLaughlin – President, Medical Society 2010-2011
Howard Meng – VP Education, Medical Society 2010-2012
Michelle Olah – VP Education, Medical Society 2009-2011
Rami Shoucri – President, Medical Society, 2009-2010
Ken Van Dewark – VP Education, Medical Society, 2008-2010

Class Representatives:

Medicine, class of 2011
Pete Szasz
Nigel Tan
Sarah Troster
Raymond Wong

Medicine, class of 2012

Carl Bradley
Sagar Dugani
Russell Fernandes
Raymond Lawlor
Michael Li
Ana Nikolic

Medicine, class of 2013

Dahlia Balaban
Chris Davis
Michael Kilian
Waed Mallah
Jessica Lynch

Medicine, class of 2014

Jesse Kancir
Anthony La Delfa
Erin Sadler
Miliana Vojvodic

There were many individuals in the Faculty of Medicine and the research community of Toronto who were instrumental in the preparation, administration and interpretation of the student surveys, and in assisting with the preparation of this report:

Petra Breiner, Research Assistant, SickKids Learning Institute

Ryan Brydges, Ph.D., Researcher, Donald R. Wilson Centre for Research in Education

Ayelet Kuper, D.Phil., MD, Researcher, Donald R. Wilson Centre for Research in Education

Alan Pike, Programmer Analyst, Undergraduate Medical Education

Nicole Woods, Ph.D., Researcher, Donald R. Wilson Centre for Research in Education

Accreditation is a unique opportunity to take stock of the strengths and weaknesses of a medical school. However, by virtue of it only occurring once every 7-8 years, it cannot function as the only mechanism for high-level program evaluation. The University of Toronto has taken on a policy of self-directed mini-accreditation at the mid-point between accreditation cycles, and the Student Accreditation Task Force sincerely hopes this policy will continue into the future. The SATF further hopes that high-level program review will become an ongoing and iterative process. Accreditation cycles should be peaks of activity, but not the only time of activity.

1.2 Table of Contents

2.0 Executive Summary5

3.0 Methods7

 3.1 Response Rate8

4.0 Results (including strengths, areas for improvement, and recommendations)9

 4.1 Student-Faculty Relations 10

 4.2 Student Support Services 10

 4.3 Student Health 11

 4.4 Student Life 13

 4.5 Finances..... 13

 4.6 Facilities at the U of T Campus..... 15

 4.7 Student Recruitment, Admissions and Retention..... 17

 4.8 Diversity 17

 4.9 The Academy System..... 19

 4.10 General Preclerkship Organization 21

 4.11 Preclerkship: Curriculum and Teaching Quality 24

 4.12 Preclerkship: Evaluation and Feedback 26

 4.13 Preclerkship: Clinical Experience and Small-group learning 26

 4.14 Preclerkship: Course Organization 27

 4.15 General Clerkship Organization..... 27

 4.16 Preclerkship Preparation for Clerkship 29

 4.17 Clerkship: Curriculum and Teaching Quality 30

 4.18 Clerkship: Evaluation and Feedback 33

 4.19 Clerkship: Electives..... 34

 4.20 Clerkship: Career Preparation 35

5.0 Conclusions and Key Recommendations36

Appendix 1: Medical Student Survey – Years 1 and 2 (Preclerkship)

Appendix 2: Medical Student Survey – Years 3 and 4 (Clerkship)

Appendix 3: Quantitative Data Tables – Years 1 and 2 (Preclerkship)

Appendix 4: Quantitative Data Tables – Years 3 and 4 (Clerkship)

Appendix 5: Histograms of Quantitative Data – Year of Study

Appendix 6: Histograms of Quantitative Data – Academy

Appendix 7: Results From the Canadian Graduate Questionnaire and an Update Survey of Student Opinion

2.0 Executive Summary:

A Medical Student Survey was created in the winter of 2010-2011, with one version containing questions for preclerkship students, and one version with questions for clerkship students. The surveys were disseminated both electronically and on paper to students in the spring of 2011. The response rates by year were as follows:

Year 1:	204 / 250 (82%)
Year 2:	192 / 229 (84%)
Year 3:	193 / 227 (85%)
Year 4:	162 / 224 (73%)

Based on the results of the Medical Student Survey, focus groups consisting of students in the first three years of the program were conducted.

2.1 Key Strengths

Key strengths identified by student respondents:

- A. Most aspects of *the educational program* in both preclerkship and clerkship. By and large, it is felt by students to be well-organized, well-taught, having clear and achievable objectives, and providing adequate preparation for clerkship, residency, and career.
- B. Accessibility and approachability of *teaching faculty and administration*.
- C. The *University of Toronto Campus*, including excellent athletic facilities, academic and library resources, and a safe learning environment.
- D. An *admissions process* that adequately balances academic and non-academic qualities, attracts excellent and qualified candidates, and produces a *diverse student body* with respect to gender, ethnicity, and religion.
- E. The *Credit/No Credit System of Evaluation*.

2.2 Key Areas for Improvement

Key areas for improvement identified by student respondents:

- A. *Personal financial burden:*
 - Unaffordable cost of education (including tuition, books, living expenses, etc.)
 - Cumulative debt leading to personal stress
 - Inadequate funding for students in the form of scholarships and bursaries
 - Inadequate financial counselling
- B. *Limited socio-economic diversity* within the medical student body.
- C. *Lack of time* for non-curricular activities (e.g. research) leading to *student stress*.
- D. *Lack of clarity* in available *channels of communications* regarding issues of discrimination and leaves of absence for academic or non-academic reasons.

- E. *Lack of dedicated study space* for medical students within the Medical Sciences Building.
- F. *The Academy System*, which currently has discrepancies in educational resources available to students, and in travel time and cost
- G. *Clinical evaluations and an MSPR* that are not thought by all clerkship students to be a fair and effective means of describing performance.
- H. *Timeliness of grade reporting*.
- I. *Specific curricular weaknesses*:
 - Preclerkship: The Determinants of Community Health courses (DOCH 1 and DOCH 2), which suffer from poor organization, inappropriate use of lecture time, material that is not appropriate for stage of training, and a lack of usefulness in clerkship.
 - Clerkship: The Surgery rotation, which suffers from poor organization, poor faculty/resident teaching, insufficient involvement in patient care, poorly run lectures and seminars, and a lack of clarity of learning objectives.

2.3 Key Recommendations

- A. That the Faculty of Medicine aggressively fundraise for new scholarships and bursaries, and take any additional measures necessary to reduce the personal financial burden of students.
- B. That the Faculty of Medicine provide mandatory career and financial counselling at least once in each student's four-year period of study, to promote well-being, to alleviate career stress, and to encourage personal behaviours that minimize student financial burden.
- C. That the Faculty of Medicine promote socio-economic diversity in the student body.
- D. That the total number of hours of instruction be formally limited or capped at both the preclerkship and clerkship levels, so that students can focus on learning, and take part in extra-curricular experiences in research, global health or career exploration.
- E. That clinical evaluations be made as objective as possible, and reported in a timely fashion.
- F. That dedicated student study space be made available in the Medical Sciences Building.
- G. That the Faculty provide adequate educational resources to students in all Academies, and ensure equitability of travel time and cost.
- H. That the Faculty promote awareness of and access to all channels of communication for students regarding issues of discrimination, safety, and scheduling in any academic setting.
- I. That the Faculty of Medicine note the curricular concerns highlighted in this report (DOCH and Surgery), and take appropriate measures to strengthen the curriculum in these areas.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **IS-14 and 16; ED-2, 8, 30, 31, 33, 38, and 47; MS-7, 8, 23, 24, 32, 37; and ER-4, 6, and 7.**

3.0 Methods:

In anticipation of the upcoming LCME/CACMS accreditation site visit in May of 2012, the Student Accreditation Task Force (SATF) was formed in October of 2010. A leadership group was established to chair the student Task Force, at the request of the University of Toronto Faculty of Medicine Accreditation Task Force. Students from across all four years of the program were involved in all components of the accreditation process, including survey design, survey evaluation, and analysis.

Between December of 2010 and February of 2011, the SATF developed two survey instruments for the purposes of accreditation. One survey was for students in preclerkship (Years 1 and 2) and one was for clerkship students (Years 3 and 4). These surveys are attached to this report as Appendices 1 and 2, respectively. The content of these surveys was based in part on the accreditation surveys developed by the Student Accreditation Task Force of 2004 (the most recent LCME/CACMS accreditation for U of T), on the student surveys used in the recent LCME/CACMS accreditations of the University of Manitoba and the University of Ottawa, and on the model surveys available from the Canadian Federation of Medical Students. Help in survey design was provided by an independent Researcher from the Wilson Centre. Each survey consisted of two parts. The first part focused mostly on the learning environment and medical student experience, and the same questions were included in both the preclerkship and clerkship surveys. The second part, which focused on the educational program, included questions specific to preclerkship or clerkship students.

The surveys were made into scannable paper versions by the Discovery Commons at U of T. Additionally, an electronic version of each survey was created using the freely available LimeSurvey program. In February and March of 2011, both paper and electronic versions were made available to every student in the program (students in the MD/PhD program were offered the preclerkship survey). Each student was sent a unique electronic “token” via their school email in order to access the electronic version. In order to prevent students from filling out both a paper and an electronic survey, students had their name noted when they handed in a paper survey. Electronic tokens were disabled for students who submitted a paper version. At the end of the survey period, responses were made anonymous, and the list of students having completed the survey was destroyed.

In April 2011, print surveys were scanned by the Discovery Commons, and merged with electronic data to form a Microsoft Excel spreadsheet. The Programmer Analyst of the Discovery Commons also provided data tables (attached as Appendices 3 and 4) that contained descriptive statistics for each question. The data was analyzed by the Student Accreditation Task Force, with the help of a Researcher from the Wilson Centre. Based on the quantitative analysis, it was determined that qualitative analysis in the form of student focus groups would be helpful to better understand the data.

In May and June of 2011, students were invited to participate in one of 5 focus groups. Focus group questions were developed in conjunction with an MD Researcher at the Wilson Centre, and centred on areas of improvement identified from the quantitative data. A pilot focus group was run to ensure that the Research Assistant conducting the focus groups was able to facilitate correctly. In total, 4 focus groups were conducted consisting of preclerkship students, and 1 was conducted consisting of clerkship students. The focus groups were read and coded by two independent readers to create a list of major emergent themes. These themes were discussed with the Research Assistant who conducted the focus groups, and it

was agreed that all major themes had been included. The findings from these focus groups were then incorporated into this report as of August 1st, 2011.

In June and July of 2011, a PhD Researcher at the Wilson Centre used SPSS 18.0 to conduct a statistical analysis of certain questions (determined a priori) in the quantitative data. The first 69 questions were analyzed using student year of study as an independent variable, and questions relating to the Academy system were analyzed using Academy as an independent variable. All comparisons were performed using a chi-squared test. Because of the large number of questions tested, a BonFerroni correction was applied to an initial $\alpha=0.05$.

The report was written by the chairs of the Student Accreditation Task Force, in consultation with the class members of the Task Force. A first draft was made available on June 20th, 2011. A draft that included the focus groups and subanalysis was completed on August 1st, 2011, and was made available for student comment on the website of the Medical Society. Subsequent drafts incorporated student comments before the final draft was prepared in September, 2011. Updated findings were appended in February 2012.

3.1 Response Rate

The majority of preclerkship students who completed the survey (~80%) did so via the scannable paper version. Conversely, the vast majority of clerkship students (~95%) who completed the survey did so via the electronic version. Students were reminded to complete their surveys through repeated classroom announcements, and through emails sent to the student listserv. The response rates by year were as follows:

Year 1:	204 / 250 (82%)
Year 2:	192 / 229 (84%)
Year 3:	193 / 227 (85%)
Year 4:	162 / 224 (73%)

There were an additional 15 preclerkship surveys and 5 clerkship surveys that did not indicate a year of study. Data from these surveys was not used in the analysis.

Incentives were not used to encourage a higher response rate in the quantitative survey. It was felt that this may impact the way students answered questions, and it was further felt that students ought to take ownership over their own education. It was pleasing to see such a high response rate, given that students were not personally benefited by filling out a survey. However, incentives in the form of pre-loaded VISA cards (\$50) were provided to clerkship students who participated in the focus group.

It is important to note that at the time of writing this report, there were no students in the Mississauga Academy of Medicine (which will have opened in advance of the LCME/CACMS site visit). The lag time needed to analyze data and prepare a report meant that it was not possible to include full data from Mississauga students. The external review team is encouraged to interview Mississauga students and utilize other data and surveys as appropriate.

4.0 Results:

The survey questions consisted of Likert-type scale items. Each question took the form of a statement, and students picked an answer from the options “Strongly Disagree”, “Disagree”, “Neutral”, “Agree”, “Strongly Agree”, or “Not Applicable”. The surveys themselves, as well as the quantitative data tables, are presented in the following Appendices:

Appendix 1: Medical Student Survey – Years 1 and 2 (Preclerkship)

Appendix 2: Medical Student Survey – Years 3 and 4 (Clerkship)

Appendix 3: Quantitative data tables – Years 1 and 2 (Preclerkship)

Appendix 4: Quantitative data tables – Years 3 and 4 (Clerkship)

Because the data was ordinal, it was not felt that means and standard deviations would be appropriate measures for analysis (although they are reported in the data tables). Instead, the data was sorted into areas of strength and areas for improvement according to a series of cut-offs. The cut-offs are meant to be as simple as possible, and are as follows:

Area of strength:	>70% of respondents “agree” or “strongly agree”, OR >20% of respondents “strongly agree”
Area for improvement:	<50% of respondents “agree” or “strongly agree”, OR >20% of respondents “strongly disagree”
Borderline area:	50-70% of respondents “agree” OR “strongly agree”
Area of polarization:	>20% of respondents “strongly agree” AND >20% of respondents “strongly disagree”

Areas of strength are always noted in this report under the “Areas of strength” subheading in the appropriate section. Areas for improvement are always noted under the appropriate “Areas for improvement” subheading. Borderline areas may be reported under either subheading, or not highlighted at all. The decision of whether or not to highlight a borderline question as a strength or area for improvement was based on the context of the question within the overall data set, and on qualitative findings. Infrequently, borderline areas are not highlighted in the body of the report, in which case they are considered neither a strength of the program nor an area that needs improving.

In general, the Results section of this report is organized by topic area. Each subsection includes a description of areas of strength, areas for improvement, and recommendations within that subsection. This organization is chosen so as to require less flipping back and forth when considering individual accreditation standards. Subsections that have identified no areas for improvement generally do not have any discussion or recommendations (except where focus groups or sub-analysis suggests a reason for doing so). It is implied for these subsections that the Student Accreditation Task Force believes the Faculty of Medicine should maintain its current course of action.

4.1 Student-Faculty relations

4.1.A Areas of strength

- The ease with which students feel they can access and contact members of the faculty, teaching staff, course directors, and Academy directors, is a strength of the program. Almost 90% of students agreed or strongly agreed with the statement “The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students”, and over 75% said the same for Academy directors. Conversely, fewer than 2% and 5% (respectively) disagreed or strongly disagreed with these statements.

4.1.B Insights from focus groups

Student focus groups identified some areas of confusion surrounding the dissemination of information between faculty and students. Although there is a general sense that decisions are made with good intentions by qualified staff, students are not always aware of the inner workings of curriculum development. Students thought that this is probably a function of the large size of the school.

4.1.C Discussion and Recommendations

Student focus groups identified some student confusion around ongoing curricular developments. In order to ensure that students are always informed of relevant faculty developments, it is recommended:

- That the faculty provide regular updates to students about the work of ongoing faculty committees, such as the Undergraduate Medical Education Curriculum Committee, the Preclerkship Committee, and the Clerkship Committee. This could take the form of regularly (e.g. monthly) emails to the class listservs containing minutes from recent meetings and recently-updated policies, or regularly advertised links to curricular websites (which would themselves contain meeting minutes and any recently-updated policies).

4.2 Student Support Services

4.2.A Areas of strength

- A large majority of students are aware of student support services (>75%), and these services are generally found to be accessible and visible (>70% agreed or strongly agreed).
- A majority of students (64%) found these services to be adequate in meeting their needs.
- A majority of students agreed that personal counselling services were adequate.
- Most importantly, 70% of students were satisfied by the accessibility and services provided by the Office of Student Affairs

4.2.B Areas for improvement

- Relatively few students (17%) explicitly disagreed or strongly disagreed with the statement “There are adequate and accessible career counselling services”. 53% of students agreed or strongly agreed with this statement. In light of the amount of career stress experienced by students in all years (see “Student Health” section 4.3 below), however, this level of agreement is low enough to cause concern.

4.3 Student Health

4.3.A Areas of strength

- Over 90% of students are aware of the health services available on the U of T campus, and over 2/3 agree that health services are adequate in meeting their needs. A majority also agree that the university health insurance coverage is adequate.
- With an overwhelming majority, students feel safe from workplace injuries and physical threats in all academic settings. This includes feeling sufficiently prepared in clinical encounters to protect one’s own health (in terms of infection control, occupational hazards, and personal safety around patients; over 75% agree/strongly agree); feeling safe in hospital, community, and university settings (over 90% agree/strongly agree); and feeling safe on the rest of the University of Toronto campus (over 90% agree/strongly agree).
- A majority of students (71%) agree or strongly agree that the stress of medical school is manageable for them. This might at first seem to imply that the large amounts of stress identified below are not important areas of weakness. However, the Task Force feels that the presence of large amounts of stress in specific areas (career, personal balance) is alarming in its own right. It is hoped that by attacking the root causes of student stress, students will not only manage their stress, but thrive in their learning environment.

4.3.B Areas for improvement

- Less than half of students agree or strongly agree that there is sufficient time for vacation during medical school. In light of the amount of personal stress experienced by students, inadequate relaxation time (ie: vacation time) is a concern.
- An overwhelming majority (> 80%) of students reported feeling stress regarding CaRMS applications and career planning, across all four years of the program.
- An overwhelming majority (> 77%) of students reported feeling stress balancing medical education and personal life, and this persisted across all four years of the program.

4.3.C Insights from focus groups

In focus groups, students discussed what they felt was the cause of their stress. For many preclerkship students, a great deal of stress stems from a lack of insight into the purpose of different aspects of the curriculum. Preclerkship students identified a large amount of uncertainty as to what they needed to be doing to achieve their career aspirations. This lack of certainty leads to a “culture of intensity” in which

students strive for extracurriculars, research, and connections with staff who can write reference letters. This is not helped by multiple, at times contradictory, sources of information regarding residency (e.g. from program directors, from residents, from staff, from career counsellors).

Students who did utilize career and personal counselling services were by and large extremely pleased with these services. However, only a minority of students in focus groups indicated that they had utilized these services.

Another source of stress for students is the number of hours dedicated to curricular activities (lectures, seminars, PBL, assignments, clinic time). Many students in focus groups felt that the relatively heavy workload at U of T prevented them from participating in other activities, or caused them stress. It is worth noting, however, that preclerkship students were generally positive towards the high level of depth of teaching provided in their education.

4.3.D Discussion and Recommendations

Overall, student health services contain both strengths and areas for improvement. Campus health services, as well access to athletics facilities (described in section 4.6) are excellent. However, the amount of stress experienced by medical students is extremely problematic. Focus groups implies that much of this stress stems from anxiety around career and time commitments. In order to promote well-being for medical students, it is recommended:

- That mandatory one-on-one career counselling occur for each student, once during preclerkship and once during clerkship. Such mandatory counselling commonly occurs in other professional faculties (such as Law), and would ensure students are given the information they need in a timely fashion.
- That career counselling be better integrated into the curriculum itself. In preclerkship, most of the career advice comes from career “nights” (currently held in the evenings, outside of class time), which are not accessible to students with family or other commitments. By making these sessions extra-curricular, it is implied that they are informal and not necessary. If they were integrated directly into the class schedule (even if they remained optional), they would likely be better attended, and would not conflict or compete with personal responsibilities or other extracurriculars. Additionally, many of the weeks of first and second year are devoted to a particular specialty. By including a one hour career info session in such themed weeks, career advice would also become more coherent and relevant to the learning experience.
- That a more involved introduction to the curriculum be given at the start of medical school. An “intro to med school”, including what is expected, and the overarching organization of the curriculum, would go a long way to ameliorating student stress. Much of the stress of medical school at the University of Toronto probably stems from a lack of understanding about the purpose of different parts of the curriculum (Anecdotally, very few students are even aware of the idea of the “spiral curriculum” that our faculty delivers). A more involved introduction and explanation would help this.
- That mandatory limits to lecture/school hours be implemented. In preclerkship, this would include limits to lecture hours per week and per day, increased use of self-study time, and also limits to “additional” courses that take place outside of the scheduled curriculum (e.g. the Interprofessional

Education curriculum, the Family Medicine Longitudinal Experience, and the DOCH II research project). In clerkship, such additions include the Portfolio project and the clinical logging system, T-Res. It seems as though many well-intentioned additions have been made in the past several years, but without any coordination or thought to student work-load. Limits to total hours would force a greater coordination between courses, to the benefit of students.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: *MS-19, ED-33, ED-38*.

Successfully implementing these recommendations may prevent the Faculty from being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.4 Student Life

4.4.A Areas of strength

- An overwhelming majority of students (>85%) agree or strongly agree that there are adequate opportunities for extra-curricular involvement, and a similar proportion (>80%) participate in these activities.

4.5 Finances

4.5.A Areas of strength

- Only a small number of students agree or strongly agree that the cost of education has had an impact on their grades (16%) or on their health (23%).

4.5.B Areas of improvement

- Students find finances to be a major weakness of the program at U of T. Fewer than 15% of students agree or strongly agree that the cost of education (tuition, books, living expenses, etc.) is affordable. Over 60% of students disagree or strongly disagree that the cost of education is affordable.
- Only 40% of students agree or strongly agree that the scholarships, bursaries, and enhanced bursaries provided by the faculty are adequate.
- Only 36% of students agree or strongly agree that the medical school has provided adequate financial counselling. 25% of students disagree or strongly disagree that the financial counselling is adequate. Given the negative responses to other questions in this section, such a response is concerning.

4.5.C Insights from focus groups

Students in focus groups uniformly agreed that an overly-large financial burden is placed on students at U of T. There was disagreement over the consequences of student debt. Some students stated that high debt

load may contribute to their residency decisions, but others disagreed with this statement. Similarly, students disagreed over whether student finances were a source of stress that affected their well-being.

Students who had utilized financial counselling were uniformly positive about their experiences. The staff in the financial aid office were described as a valuable source of information and advice. However, only a minority of students in focus groups had utilized these services.

In terms of recommendations, students identified a need for funding to support the programming of the financial aid office. Students also recommended financial information be made more readily available. Suggestions included a calendar of relevant dates (e.g. OSAP deadlines, dates when to expect grant money from the faculty).

4.5.D Discussion and Recommendations

Personal financial burden is a very important issue in the medical student body at U of T. A great deal of the personal stress reported by students in section 4.3 probably stems from financial stress. There are also far-reaching consequences both upstream and downstream from medical school. Upstream, the high price of medical school discourages students – especially those from lower socio-economic groups – from considering applying to medical school. This contributes to decreased student body diversity, a fact highlighted in section 4.8 of this report. Downstream, high debt load is posited to have an effect on the choice of residency and career choice of students. The Medical Student Surveys identified a troubling 33% of students who said that their debt load may influence their choice of residency location or specialty. This trend flies counter to the goal of promoting generalism within the class, as students are drawn into higher paying specialties other than Family Medicine.

It should be noted that the Student Accreditation Task Force does not mean to be critical of the work done by the Financial Aid office in the Faculty of Medicine. The Associate Dean and employees of that office work tirelessly to prevent students from financial catastrophe, and provide excellent financial counselling when it is sought out by students. However, there is only so much the Financial Aid office can do with the budget that it has. The office has been able to prevent students at the high end of personal financial burden from bankruptcy and ruinous debt, but the graduating debt for the average student has remained stable of late (at a level that is obviously problematic, based on the findings in this report). This is a resource issue, as the Financial Aid office has made the difficult choice to prioritize students in the most need. This is not an incorrect choice, but it does clarify that in order to adequately battle personal financial burden for the average student, the Financial Aid office needs a larger budget. Therefore, it is recommended:

- That the faculty make fundraising for bursaries and scholarships a priority. In recent years, the Faculty of Medicine, affiliated research institutions, and individual hospitals have raised tens of millions of dollars for research and infrastructure in other areas. Despite this, no major scholarships or bursaries have been created in the same time period. A fund-raising push designed to create scholarships or bursaries that fully cover the cost of tuition, for as many students as possible, would go a long way towards preventing student debt for those in the greatest need.
- That mandatory one-on-one financial counselling occur for each student, as soon as possible after the beginning of first year. This would force students to evaluate different sources of financial support, and to learn budgeting basics. We believe that the financial counselling currently available is an

underutilized and excellent resource, and we hope that by making it mandatory more students will take advantage of it.

- That the Financial Aid office create and publish a calendar of relevant dates and processes, including how and when to apply to OSAP, and when to expect grant funding from the Faculty.
- That the Faculty work with the University of Toronto to supply affordable housing for medical students that is available year-round.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: *MS-7*, *MS-23*, *MS-24*. Successfully implementing these recommendations may prevent the Faculty from being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.6 Facilities at the UofT Campus

4.6.A Areas of strength

- An overwhelming majority of students (83%) agree or strongly agree that the academic resources (textbooks, online resources, etc.) provided by the Gerstein library are adequate. An especially valuable recent addition is the purchase of subscriptions for “UpToDate” for all medical students.
- The lecture theatres in MSB are generally well-regarded by students, with over 80% agreeing or strongly agreeing that the audio-visual equipment is sufficient for effective teaching sessions.
- A majority of students (75%) agree or strongly agree that the MSB laboratories (anatomy, physiology, etc.) are adequate.
- The athletic facilities on campus, including both the Athletic Centre and Hart House, are an asset of the university. Over 75% of students agree or strongly agree that these facilities are adequate.
- Over 80% of students agree or strongly agree that the U of T Bookstore is adequate (in terms of hours, variety of books, products, etc.).

4.6.B Areas for improvement

- Fewer than 37% of students agreed or strongly agreed that the MSB cafeteria has adequate hours, and fewer than 18% agreed or strongly agreed that the prices in the cafeteria are adequate. The prices are especially concerning for healthy items, like salad, which are especially unaffordable.
- There is inadequate study space for students. Only 21% of students agreed or strongly agreed that there is adequate study space in MSB; over 60% disagreed or strongly disagreed. The Gerstein Science Information Centre is only slightly better, with 55% agreeing/strongly agreeing that study space is adequate. Unlike MSB, however, the Gerstein library is not open to medical students 24 hours a day. Only 55% of students agreed or strongly agreed that the hours of operation of Gerstein’s library are adequate.
- Only a tiny fraction of students (11%) agreed or strongly agreed that there is adequate printing and photocopying in MSB. Over 70% disagreed or strongly disagreed. There is only one publically

available printer/photocopier in the building (in the Discovery Commons), and it has been continuously out-of-service for at least the past two years.

- Fewer than half of students (47%) agreed or strongly agreed that the wireless access in MSB is widely accessible and reliable.

4.6.C Insights from focus groups

Many students in the focus groups reiterated the lack of study space available on the central campus. Students mentioned that the Gerstein library is often full of students from other faculties, making it difficult to find study space. The hours of operation of the library are also not conducive to the rigorous study schedule of medical students. Students repeated a desire for a place to study within the Medical Sciences Building that would be available 24 hours a day, and only open to medical students.

4.6.D Discussion and Recommendations

By and large, the facilities on the U of T Campus are excellent. The notable exceptions to this rule are the cafeteria services in MSB, and (more importantly) student study resources. It is recommended:

- That the faculty procure medical student study space in or near the Medical Sciences Building. Such a space should be accessible 24 hours per day (as MSB is) using a key-card access; should be able to accommodate 50-100 students; and should include individual study carrels as well as group study tables.
- That an interim plan be immediately devised to ameliorate study-space issues (until such time as the permanent solution above is implemented). The interim plan should, at the very least, allow for a space where medical students can study when the Gerstein library is closed, or when it is difficult to find a free space in the Gerstein library.
- That the cafeteria extend its hours (especially during the summer term, when hours are substantially worse despite the presence of medical students and graduate students), and make food prices more reasonable, especially for healthy choices
- That the faculty fix the printer/photocopier in the Discovery commons, or provide access to printing and photocopying to students in some other way.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **ER-4**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.7 Student Recruitment, Admissions and Retention

4.7.A Areas of strength

- An overwhelming majority of students agree or strongly agree that the U of T Admissions Committee places sufficient value on both non-academic and academic excellence when selecting students for the program (>80% agreed/strongly agreed). Similarly, students found that there is adequate information available to applicants describing the U of T program (>85%).
- The University of Toronto was the preferred choice of medical school for over 90% of students, and over 80% agreed or strongly agreed that the program had met their pre-enrolment expectations.

4.8 Diversity

4.8.A Areas of strength

- An overwhelming majority of students are pleased with the ethnic, gender, and religious diversity of the class at U of T. Over 80% of students agreed/strongly agreed that their class is suitably diverse in terms of ethnicity; over 92% agreed/strongly agreed in terms of gender, and over 82% agreed/strongly agreed in terms of religious background.
- Over 70% of students felt that there are sufficient programs and resources at U of T to support and promote diversity.
- Over 75% of students agreed or strongly agreed that the educational materials used in the curriculum are non-stereotypical and appropriate.

4.8.B Areas for improvement

- Only 40% agreed or strongly disagreed that their medical class is suitably diverse in terms of socioeconomic background, while over 1/3 disagreed or strongly disagreed. This is especially troubling considering the positive attitudes towards other areas of diversity (noted above).
- Although the vast majority of students have not witnessed or experienced discrimination (>72% disagreed or strongly disagreed that they had), 17% of students agreed or strongly agreed that they had personally experienced or witnessed discrimination from fellow students. Also, 21% of students stated that they had witnessed faculty or staff contribute to an intolerant or disrespectful learning environment. These proportions increase over the four years, to a peak of 26% (discrimination by students) and 30% (intolerance/disrespect by staff) in year 4. These are very serious issues, and warrant a more stringent threshold than other questions.
- It is deeply troubling that only a slim majority of students (54%) would feel encouraged to report an incident of discrimination if they were to witness one. It is even worse that these numbers decline over the course of each of the four years, to a low of 43% of 4th year students.
- Only 35% of students in all years agreed or strongly agreed that if they were to witness or experience discrimination, they would know to whom/where to report the incident. Considering how important

issues of discrimination and professionalism are to the faculty and student body, and considering the troubling numbers to previous questions in this area, this number is concerningly low.

4.8.C Insights from focus groups

Overall, students were pleased with the diversity of the student body. Some students did raise objections to the low level of socioeconomic diversity in the student body. Also, some students in the first year class raised issues of homophobia. Diversity of sexual orientation was not something explored in the quantitative survey, and the red flag raised from the focus groups warrants further exploration.

4.8.D Discussion and recommendations

In most ways, diversity of the medical student body is a strength of the program at U of T. The one notable exception is socio-economic diversity. Socio-economic diversity is an important benchmark for a faculty, as students from lower income or inner city communities are more likely to practice in those communities. It is worth noting that when the same question was asked of students in the 2004 accreditation survey, over 50% disagreed or strongly disagreed. Thus, there appears to have been a slight improvement over the past several years.

In terms of discrimination, it would be an overly strong conclusion to say that the Faculty of Medicine has an endemic problem with discrimination and professionalism. What can be concluded, though, is that isolated incidents of students or faculty acting inappropriately do occur. When an incident does occur, students do not always feel encouraged to report it, and do not generally know how to report it. This is the most troubling conclusion of this section, as it implies that there may be issues of discrimination or professionalism that go uncorrected. To ameliorate this situation, it is recommended:

- That the faculty make socioeconomic diversity a priority, with interventions at several points in the admissions process, and in student financial aid (the effects of high cost of education on socioeconomic diversity are well-studied in the academic literature; recommendations in this area are described in the “Finance” section). Before admission, pipeline programs such as the Summer Mentorship Program, which target students in underserved demographics, should be expanded and built upon. In terms of admissions, the faculty should consider offsetting the cost of OMSAS fees or admissions interview expenses for low SES applicants.
- That the faculty very clearly delineate, and reiterate at several times and in several modalities (e.g. website, in class announcement, the Portal, course packages) who is responsible for receiving student complaints about discrimination. Every preclerk and clerk should know, in every setting in which they learn (hospital, community, classroom, Academy), who is responsible for helping students who are discriminated against.
- That the faculty discourage peer-to-peer discrimination, and consider it to be a breach of Professionalism

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: *IS-16, MS-8, MS-32*. Successfully

implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.9 The Academy System

**Please note: This section analyzes questions from preclerks and clerks that are not identically worded. Consult Appendix 6 to see a graphical display of preclerkship and clerkship data.*

The Academies are abbreviated as FitzGerald=Fitz, Peters-Boyd=PB, and Wightman-Berris=WB.

4.9.A Areas of strength

- Over 60% of preclerks and over 75% of clerks in every Academy agreed or strongly agreed that their Academy directors are accessible and approachable to students.
- Over 60% of clerks in every Academy agreed or strongly agreed that the Academies provide a valuable social and educational structure; similarly, over 60% of preclerks in the smaller Academies (Fitz and PB) agreed or strongly agreed that the Academies provide a valuable social structure. There was, however, a significantly lower number (approximately 50%) of preclerks in WB who agreed or strongly agreed.
- There were similar (but not particularly strong) levels of agreement amongst preclerks that their Academy provided sufficient opportunity for participation in patient care. This is not a strength in the sense that students are pleased with the amount of opportunities (only around 50% of students agree or strongly agree). It is a strength in the sense that students in different Academies are receiving a roughly equivalent education.

4.9.B Areas for improvement

- There was a significant difference between Academies in terms of whether preclerkship students thought they were provided adequate learning facilities. While almost 80% of Fitz students and almost 90% of WB students agreed or strongly agreed that their Academy learning facilities (e.g. ASCM rooms, PBL rooms) were adequate, fewer than 60% of PB students agreed or strongly agreed.
- Students in all Academies, and at all levels of training, were critical of the access to wireless internet at their Academy sites (50% or fewer students agreeing or strongly agreeing in each Academy).
- There were significant differences between preclerkship students in terms of how much they thought that their Academy provides adequate mentorship opportunities. Over 65% of WB students agreed or strongly agreed, most likely because of the official mentorship program that exists in that Academy. However, only just over 50% of PB students, and under 40% of Fitz students agreed or strongly agreed that they were provided adequate mentorship opportunities.
- One of the most dramatic differences between Academies appears to be transportation time and cost for students. While over 70% of preclerks and 60% of clerks in Fitz and WB agreed or strongly agreed that transportation to their Academy sites is acceptable and fair with respect to time and cost, 80% of PB students in preclerkship and clerkship did not agree or strongly agree. It is a visually massive, and statistically significant difference, when observed in graphical form in Appendix 6.

4.9.C Insights from focus groups

According to focus groups, students in all Academies reported being consistently pleased and impressed with the teachers and staff in their Academies. Students felt that, by and large, they are receiving an equivalent curriculum and education.

That said, students identified some aspects of the Academy system that created serious dissatisfaction. Students in the Peters-Boyd Academy consistently cited higher transportation time and cost than students in the other Academies. Many felt that it would be fair for the Faculty to reimburse at least some portion of travel costs, since discrepancies in cost are entrenched within the Academy system itself.

Also, educational resources are not the same between the Academies. Students in the Wightman-Berris Academy were very pleased with the excellent resources available in the Helliwell Centre and the Cooper Centre, and students in FitzGerald were moderately pleased with the new Li Ka Shing Centre. Students in the Peters-Boyd Academy reported nothing even close to the educational resources available at the other Academies.

4.9.D Discussion and Recommendations

The Academy system was originally created to foster smaller social and educational communities within a relatively large student body. In past accreditation cycles, the Academy system has been highlighted as an unequivocal strength of the program. It does seem from student data that some benefits remain today: the provision of a social and educational community, excellent teaching staff, and passionate Academy directors and staff.

However, since the last accreditation at U of T, student opinion on the Academy system seems to have declined in several key areas (an alternate possibility is that previous accreditation leaders did not ask the same questions, and so these results were simply never known or presented). One major area of weakness is in educational infrastructure. It should be noted that the Academies themselves do not have the budget or administrative capability to build or create educational resources; that is left to the core hospitals associated with each Academy. The University Health Network and Mount Sinai Hospital (associated with WB), as well as St. Michael's Hospital (associated with FitzGerald), have in recent years made undergraduate education a priority, and have built and staffed the Helliwell Centre (WB), Cooper Centre (WB), and Li Ka Shing Centre (Fitz). The major hospitals associated with the Peters-Boyd Academy, Sunnybrook Health Sciences Centre and Women's College Hospital, have not made a similar investment in education.

The relatively poor educational resources of the PB Academy are unfortunately paired with a teaching location that is furthest from the St. George campus (near to which most students live). In addition to Sunnybrook and Women's College, most other teaching sites associated with PB are also located well to the north of downtown. Although the shuttle that runs between Women's College Hospital and Sunnybrook partially mitigates travel costs, it does not run early enough for a clerk who lives downtown to make it to Sunnybrook for early-morning surgery rounds, late enough to return from any late shift, or on the weekends. It also does nothing to mitigate the time required for travel.

Therefore, although there are some positive attributes to the Academy system, in its current form it is not equitable to students, especially those in Peters-Boyd. In order to fix the problems of the Academy system, it is recommended:

- That a major investment in educational resources, on par with the student centres at the other Academies, be made in the Peters-Boyd Academy.
- That an increased number and bandwidth of wireless access points be installed at all teaching sites, and that wireless internet be accessible to students at all teaching sites.
- That the Faculty of Medicine, Academies, or University of Toronto subsidize part of the cost of transportation for students in the Peters-Boyd Academy, in order to make travel costs more equitable between students.
- That preclerkship mentorship programs be strengthened in the Academies, especially FitzGerald. Some sort of incentive may be needed for staff to participate, and could take the form of a financial bonus, or formal recognition of taking on students when faculty promotions are considered.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: *ED-8, MS-37, ER-4, ER-6, ER-7*. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.10 General Preclerkship Organization

4.10.A Areas of strength

- Over 70% of students agreed or strongly agreed that FMLE succeeded in its stated objective of enhancing understanding of family medicine.

4.10.B Areas for improvement

- Students in preclerkship found that there is a lack of time and opportunities to pursue broadening experiences outside of the curriculum. Only 22% agreed/strongly agreed that there is sufficient time available to pursue clinical, research, or global health experiences, while over half (56%) disagreed/strongly disagreed.
- Despite similar issues being raised in the last accreditation cycle, students again found the opportunities and support for research to be lacking. 38% agreed/strongly agreed that opportunities are sufficient within the curriculum, while a slim majority (56%) agreed/strongly agreed that opportunities are sufficient outside the curriculum.
- Students generally found that there is a lack of opportunity and support for clinical experience in preclerkship. 35% of students agreed/strongly agreed that opportunities and support are sufficient

within the curriculum, while 40% agreed/strongly agreed that opportunities outside the curriculum (e.g. shadowing) are sufficient.

- Only 23% of students agreed or strongly agreed that sufficient opportunities and support for global health study and experience exist within the curriculum. 47% agreed or strongly agreed that sufficient opportunities exist outside of the curriculum.
- Over 50% disagreed or strongly disagreed that the Interprofessional Education curriculum enhances their understanding of interprofessionalism.
- Unfortunately, FMLE appears to decrease students' interest in family medicine. The number who agreed or strongly agreed that they were considering a career in family medicine before starting FMLE was 41%. The number who stated they were considering a career in family medicine after completing FMLE was only 37%. Although the decline is negligible, it does seem that FMLE is not successful in increasing interest in family medicine.
- Fewer than 24% of students in preclerkship agreed or strongly agreed that the amount of time they spend in clinical placements is satisfactory.

4.10.C Insights from focus groups

Time/Balance of Curriculum

In the focus group sessions, preclerkship students agreed that the U of T curriculum contains a great deal of depth of material. This was identified as both a strength – students appreciated being given comprehensive information – and a weakness, in that it leaves little time for activities other than studying. Students did feel that the curriculum has some redundancy, in terms of lectures that are overly detailed. Students expressed a desire for lectures that are more clinically relevant.

Students in both years of preclerkship repeatedly stated a desire for periods in the schedule set aside for shadowing and other activities. Although the occasional afternoon is free in the current schedule, there are never full days off, or mornings off (which are better than afternoons for shadowing).

Interprofessional Education

According to focus groups, students agreed on the importance of learning to work with other professions. However, students in preclerkship were very critical of the new mandatory IPE curriculum. Students felt that some sessions were excellent, but most were superficial and lacking in meaning. Students consistently suggested that IPE be better integrated into the broader curriculum itself. For example, during lectures on strokes, interprofessional sessions on stroke rehab might be appropriate. Many students thought that a larger integration of interprofessional PBL would be valuable. Finally, the possibility of interprofessional shadowing was suggested multiple times.

4.10.D Discussion and Recommendations

Most individual courses in preclerkship are rated highly by students (see section 4.11). However, the organization of preclerkship as a whole seems to leave students little time or opportunity for broadening activities in clinical, research or global health areas. Students are also relatively ambivalent about the new IPE and FMLE courses. These courses were created with excellent intentions, but students view them largely as another task that eats away at time. Their creation does not seem to have been accompanied by

the removal of hours elsewhere in the curriculum. This exemplifies that there is a need for a greater cohesiveness of the preclerkship program, that takes into account student desires for career exploration, research experiences, and global health study. It is recommended:

- That the faculty mandate a cap on formal learning hours in the preclerkship curriculum, as outlined in the recommendations of the “Student Health” section (4.3). Not only would this lead to a decrease in student stress, it would also allow more time to be spent in broadening experiences in clinical medicine, research, and global health.
- That the faculty strive to include several free full days in each term of the preclerkship curriculum. Full days, unlike half-days, allow a student to shadow a physician for an extended period of time, or pursue other experiences that require a more lengthy time-commitment.
- That the faculty focus on the creation and retention of research funding for preclerkship students during their summer months. Since the last accreditation cycle, the faculty has made great strides in the development of the CREMS program and MD/PhD programs. For students enrolled in these programs, research opportunities abound. However, for the majority of students the desired time-frame for research is during a 3-month summer period. Funding support for these terms is not as easily found through the faculty, and should become a priority. The faculty could also do more to help students find other, existing research opportunities. A catalogue of summer research awards and grants that are available through departments, hospitals, provincial organizations and national organizations would encourage students to apply for more than just CREMS summer funding. Finally, cataloguing and enlisting researchers with their own funding (e.g. CIHR), who are willing to take on medical student researchers, would further reduce the demand for CREMS summer funding.
- That the faculty focus the preclerkship curriculum more closely on clinical experiences and clinically-relevant content. This can be partly accomplished with the recommendations above, which ask for fewer lecture hours, and thus free time for clinical pursuits on a student’s own time. Another important opportunity is for the development of a robust preclerkship electives database. A database containing the contact information of physicians in a variety of specialties and sites would help students in developing mentoring relationships and in pursuing clinical experiences.
- That the faculty, in coordination with the VP Global Health of the Medical Society, work to create a centralized Global Health Office for students. This office would organize predeparture training for students, coordinate the Global Health Elective, and catalogue the many opportunities for global health study and experience available to U of T students.
- That the faculty strengthen the wireless connection in MSB and other teaching facilities.
- That the faculty re-evaluate the purpose and implementation of the IPE curriculum. It is not clear if the objective is to gain knowledge about other professions, to gain skills working with other professions, or simply to network with other professional students. Regardless of the objectives, sessions that involve true collaborative learning (“when two or more professions learn with, from and about each other to

improve collaboration and the quality of care¹) often have limited capacity, leaving students to fulfill their requirements through large didactic sessions. Large didactic sessions could more correctly be classified as multiprofessional learning, in which professions learn beside each other. Little is accomplished in the way of developing collaborative techniques. The faculty should put an increased focus on integrating IPE into the broader curriculum. If standalone IPE sessions are to be included, they should not consist of multiprofessional didactic lessons. An excellent student-focused expansion of the issues of IPE at U of T can be found in a University of Toronto Medical Journal article written by the two Vice Presidents IPE of the Medical Society².

- That the faculty re-examine the structure and purpose of FMLE. It is clearly successful in increasing students' knowledge of family medicine, but its value in terms of promoting the career of family medicine, and as a venue for developing teaching skills, is more suspect.
- That the faculty work to include more clinical placements in the curriculum. It is also probably helpful to this end to reinforce to students the relevance of material they learn in lectures and other sessions.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **IS-14, ED-33, ED-38, MS-37, ER-4, ER-6, ER-7**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.11 Preclerkship: Curriculum and Teaching Quality

4.11.A Areas of strength

- Many components of the “Structure and Function” course were praised by U of T students. Generally, an overwhelming majority of students (>70%) agreed or strongly agreed that its components (e.g. anatomy, embryology, histology, and physiology) contained content that was appropriate and useful. The anatomy component is particularly worth noting, with an astounding 94% of students agreeing/strongly agreeing, and 58% strongly agreeing.
- Most other (non-STF) components of the preclerkship curriculum were also thought by students to have appropriate and useful content. 92% of students agreed or strongly agreed that content was appropriate and useful in “Metabolism and Nutrition”; 84% of students agreed or strongly agreed for “Brain and Behaviour”; 74% agreed or strongly agreed for the Ethics theme; and 92% of students agreed or strongly agreed for “Mechanisms, Manifestations and Management of Disease”.
- In addition to finding lecture material to be appropriate and useful, students also found teaching quality to be excellent in many preclerkship courses. A strong majority of students agreed or strongly agreed

¹ <http://www.caipe.org.uk/about-us/defining-ipe/>

² Alexander, L., & Fischer, N. (2011). Interprofessional Education in Undergraduate Medical Education at the University of Toronto: A Student Perspective on Successes and Future Opportunities. University Of Toronto Medical Journal, 88(3).

that teaching in lectures was excellent in STF (>70% for each component), in MNU (83%), in BRB (81%), and in MMMD (77%).

- Students felt that the amount of time spent in lecture was appropriate, especially in the MNU course (85% agreeing/strongly agreeing), BRB course (76% agreeing/strongly agreeing), and MMMD course (72% agreeing/strongly agreeing).

4.11.B Areas for improvement

- Preclerkship students identified many issues with The “Determinants of Community Health” courses DOCH 1 and DOCH 2. Year 1 and 2 students found that the time spent in lecture for DOCH 1 was not appropriate (51% disagreed/strongly disagreed that it was, while only 29% agreed/strongly agreed). Meanwhile, Year 2 students did not find that the lecture content of DOCH 2 was appropriate for their level of training (50% disagreed/strongly disagreed, only 27% agreed/strongly agreed), the amount of time spent in lecture was appropriate (62% disagreed/strongly disagreed), the amount of time spent in small group learning was appropriate (51% disagreed/strongly disagreed), or that the DOCH 2 course was well organized (69% disagreed/strongly disagreed, only 16% agreed/strongly agreed).

4.11.C Insights from focus groups

The DOCH 1 and DOCH 2 courses were a topic that students looked forward to discussing in the focus groups. Students identified a great deal of frustration and anger with the two courses. They felt that years of student evaluations and feedback have been wilfully ignored, and that no changes have been made for the past several years.

Specifically for the DOCH 1 course, students largely felt that the lecture time is spent on peripheral topics and does not always relate to clinical practice. Students expressed an understanding that the Determinants of Health are an important part of any physician’s practice, but they did not feel that DOCH 1 prepared them well for practice. The objectives for lectures were not felt to be clear, and the examination format (MCQ) did not lend itself well to such complex material. Some field visits (especially the CCAC visits) were thought to be very valuable, but some were not. Students recommended integrating the DOCH curriculum better into the core material; for example, discussing the relationship of the Determinants of Health to diabetes during the diabetes week of MNU. Students also reiterated many times that by focussing on the practical, clinically-relevant components of DOCH 1, many lecture hours could probably be eliminated.

For the DOCH 2 course, the key criticism surrounds the number of assignments required as checkpoints in the required research project. The completion of a library assignment, ILP, ILP progress report, and a written and oral presentation, was thought to take away from the actual research project. Students identified such assignments as “busy work” and “make-work projects”, and were highly skeptical of the value of these assignments. For students with advanced degrees, the research project was also felt to be redundant.

4.11.D Discussion and Recommendations

Overall, the courses that compose the preclerkship educational program were praised by students. The major notable exceptions were the DOCH 1 and DOCH 2 courses. Students were obviously displeased with these courses, and they were negatively rated in most areas. With so many negative ratings, it is not immediately clear what specific aspects of the courses are problematic. The topic of community and public health is an important one, and the material needs to be taught in some form. Also, the research project in DOCH 2 can be a beneficial experience for students if implemented correctly. It is important that the specific problematic aspects of the DOCH courses be elucidated, and thus it is recommended:

- That the faculty re-evaluate the objectives and implementation of the DOCH 1 and DOCH 2 courses. Further in-depth evaluation of the course is needed to ensure that students gain an appropriate understanding of community and public health with an appropriate amount of time spent in lecture and small group learning. Key areas of focus include:
 - Reduction in lecture hours in the DOCH 1 course
 - Reduction in assignments in the DOCH 2 course
 - Increased clinical relevancy in both DOCH 1 and DOCH 2.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **ED-33**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.12 Preclerkship: Evaluation and Feedback

4.12.A Areas of strength

- In each Year 1 course, 70% or more of students surveyed agreed or strongly agreed that the examination questions were fair and reflected course content/theme for all courses. Similarly, Year 2 students did not identify a course that had examination questions that were unfair or did not reflect on course content/theme.

4.13 Preclerkship: Clinical Experience and Small-group learning

4.13.A Areas of strength

- 92% of students in Year 1 and Year 2 agreed or strongly agreed that the quality of teaching by their tutors in ASCM 1 was excellent, and 80% of Year 2 students agreed or strongly agreed that their ASCM 2 tutor was excellent. Group size in ASCM 1 and 2 was considered appropriate by over 95% of students.
- Small-group tutoring (anatomy groups, PBL, seminars) was considered excellent by more than 70% of students for all courses (STF, MNU, BRB, MMMD, ethics) except for DOCH. Group size was considered to be appropriate for these small-group sessions by over 75% of students for each course.

- Students agreed or strongly agreed that an appropriate time was spent in STF anatomy (86%), BRB Anatomy (89%), MNU PBL (80%), MNU Seminars (75%), MMMD PBL (78%), MMMD Seminars (69%), and Ethics seminars (71%).

4.14 Preclerkship: Course Organization

4.14.A Areas of strength

- For all non-DOCH preclerkship courses, 80% or more of students agreed or strongly agreed that course faculty members were open and receptive to student feedback.
- Many courses were noted for being well-organized overall: STF (>70% agreed/strongly agreed for each component), MNU (82%), Pharmacology (72%), BRB (85%), and ASCM 1 (92%).

4.14.B Areas for improvement

- The DOCH 2 course was noted as having course faculty members who were not open and receptive to students' feedback (only 46% of students agreed/strongly agreed).

4.14.C Insights from focus groups

For both the DOCH 1 and DOCH 2 courses, students were highly critical of the course directors' use of student feedback. Students felt that year after year, essentially the same specific, constructive feedback is given to the course directors (ie: lack of relevancy, problems with exam format, too many assignments). Students felt that this feedback was falling on deaf ears, despite raising the same objections to DOCH 1 and DOCH 2 for so many years.

4.14.D Discussion and Recommendations

As noted in section 4.10, students are highly critical of the DOCH 2 course. The finding in section 4.13 supports the troubling conclusion that needed changes to the DOCH curriculum are not being taken up by the course directors. This finding strengthens the recommendation in 4.10.C, that a whole-sale re-evaluation of the DOCH curriculum take place. Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: *ED-47*. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.15 General Clerkship Organization

4.15.A Areas of strength

- 80% of clerkship students agreed or strongly agreed that their medical education gives them an understanding of evidence-based medicine.

4.15.B Areas for improvement

- The “Portfolio” course was rolled out for new clerks in the autumn of 2010 and therefore only third year students were included in the student self study. The feedback in regards to this course is strongly polarized. 47% students disagree or strongly disagree that this course is achieving its objective of furthering skills of self reflection and professionalism. However, it is important to note that a sizeable minority of students (32%) agree or strongly agree with this statement.
- It appears that students in third year are significantly less aware of opportunities for research during clerkship compared to their fourth year colleagues. This is based on the finding that 25% of 3rd year students disagreed or strongly disagreed with the statement that “an interested student can easily find opportunities and training in research in clerkship” compared to just 11% of fourth year students disagreeing.
- A significant number of clerkship students do not believe that there is flexibility to rearrange schedules as needed for personal reasons or academic conferences, with 37% of both 3rd and 4th year students disagreeing or strongly disagreeing with that statement. Only 33% of third year students and 44% of fourth year students agreed or strongly agreed that there was flexibility in schedules. This is consistent with our overall finding that students are concerned about the overall balance between curricular obligations and non-curricular obligations and interests.

4.15.C Discussion and Recommendations

Much like preclerks, students in clerkship struggle with balancing curricular obligations and interests in other areas (academic, research, or personal). There is also a similar trend towards the creation of new requirements (T-Res, Portfolio) without thought for overall workload. In order to ensure clerks are adequately able to learn the curriculum and also pursue other interests, it is recommended:

- That more longitudinal data be collected from clerks in regards to the Portfolio course in order to effectively evaluate its benefit to the curriculum.
- That the faculty continue to promote and advertise research opportunities to students in clerkship, and also to develop research opportunities tailored to the busy schedule of a clerkship student.
- That the faculty develop clear guidelines for how and when students can rearrange their clerkship schedule for academic or personal reasons. Currently, it is not clear to students which course and faculty members are needed to approve a change: their direct staff supervisors, the course directors, Academy directors, the clerkship director, or one of the many Deans? A clearly articulated policy on schedule rearrangement would be helpful and beneficial to students.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **IS-16, ED-2, ED-8, ED-38**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.16 Preclerkship Preparation for Clerkship

4.16.A Areas of strength

- Many courses which are part of the core curriculum of Years 1 and 2 were regarded by clerks to be useful preparation for clerkship. A strong majority (>70%) of senior students agreed or strongly agreed that the courses of Brain and Behaviour, Pathobiology of Disease, Foundations of Medical Practice, ASCM1 and ASCM2 were useful in preparing them for clerkship. ASCM1 and ASCM2 were deemed by the largest majority (95%) to be useful preparation.

4.16.B Areas for improvement

- Students felt that the pharmacology and microbiology portions of the curriculum which are integrated throughout multiple courses were regarded as less beneficial in preparation for clerkship (41% of students agreed/strongly agreed that pharmacology was useful, 37% agreed/strongly agreed that microbiology was useful).
- The DOCH 1 and DOCH 2 courses, as well as the Transition to Clerkship (TTC) and DOCH 3 courses, were also regarded as less beneficial in preparation for the next level of one's medical education. For the three DOCH courses, more students disagreed or strongly disagreed (>30%) than agreed or strongly agreed (<30%) that they were useful. TTC was viewed slightly better – 40% agreed or strongly agreed that it was useful compared to 24% who disagreed/strongly disagreed.
- The "manager theme" was not generally considered to be useful preparation for clerkship. About one third (33%) of students agreed or strongly agreed that it was useful preparation, while 28% disagreed or strongly disagreed.

4.16.C Discussion and Recommendations

The purpose of preclerkship is ultimately to prepare a student for clerkship, residency and career. There are substantial time constraints on preclerks (as highlighted in earlier sections) that lead to stress. For these reasons, material should not be included in the preclerkship curriculum if it does not inform clinical practice in some way. In order to promote a preclerkship curriculum that prepares students for clerkship, it is recommended:

- That the courses which were regarded as less beneficial in preparation for clerkship be evaluated for opportunities for further integration into the larger curriculum, with an emphasis on preparation for clinical work.
- That further evaluation of the DOCH courses, "manager theme" and TTC be carried out in order to better understand student views regarding strengths and weaknesses of these aspects of the curriculum. Students at U of T routinely perform above national averages in the community health components of the MCCQE examinations, which suggests that these courses impart valuable knowledge. Nevertheless, they are routinely criticized by students at all levels of the program, indicating that there are also some unnecessary components to these courses.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **ED-33**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.17 Clerkship: Curriculum and Teaching Quality

4.17.A Areas of strength

Objectives:

- For most rotations, a large majority of students reported satisfaction with the learning objectives. Students agreed or strongly agreed that learning objectives were clearly specified and attainable in the following numbers:
 - General Internal Medicine (80%)
 - General Surgery (59%)
 - Obstetrics/Gynecology (75%)
 - Psychiatry (77%)
 - Family Medicine (72%)
 - Paediatrics (80%)
 - Internal Medicine specialties (72%)
 - Surgery specialties (64%)
 - Emergency/Anesthesia (81%)

Although the numbers for general and specialty surgery are not above the threshold for “strength” (>70%), they are neither considered to be an area for improvement.

Curricular Content:

- Students reported almost universally positive experiences during their Internal Medicine rotations, reporting very high rates (85-100%) of satisfaction with, among other criteria, the organization of the rotation, their ability to meaningfully participate in patient care, the quality of the teaching (both clinical and didactic) and the supervision by both staff and residents.
- A strong majority of students (70-75%) agreed or strongly agreed that the Obstetrics and Gynecology rotation was well organized and had adequate faculty and resident teaching (both clinical and didactic). Along the same lines a majority of students felt that the quality of lectures and seminars was adequate (80%).
- Students reported almost universally positive experiences during their Paediatrics rotations, reporting very high rates (85-100%) of satisfaction with, among other criteria, the organization of the rotation, their ability to meaningfully participate in patient care, the distribution of time to clinical tasks and study time, the quality of the teaching (both clinical and didactic) and the supervision by both staff and residents.
- Students reported almost universally positive experiences during their Psychiatry rotations, reporting high rates (70-85%) of satisfaction with, among other criteria, the organization of the rotation, their

ability to meaningfully participate in patient care, the distribution of time to clinical tasks and study time, the quality of the teaching (both clinical and didactic) and the supervision by both staff and residents.

- Students reported almost universally positive experiences during their Family Medicine Rotations, reporting high rates (70-90%) of satisfaction with, among other criteria, the organization of the rotation, their ability to meaningfully participate in patient care, the distribution of time to clinical tasks and study time, the quality of the teaching (both clinical and didactic) and the supervision by both staff and residents.
- Students reported almost universally positive experiences during their Emergency/Anesthesia (plus Ophthalmology/ENT for 3rd years) rotation, reporting high rates (70-90%) of satisfaction with, among other criteria, the organization of the rotation, their ability to meaningfully participate in patient care, the distribution of time to clinical tasks and study time, the quality of the teaching (both clinical and didactic) and the supervision by both staff and residents.

Call Requirements and Workload:

- Clerkship students were very satisfied with the call requirements and faculty/resident support during all rotations. Over 80% of students in each rotation agreed or strongly agreed that the call requirements were reasonable, and over 80% agreed or strongly agreed that they felt adequately supported.
- Students in most rotations reported spending an average of 8 or fewer hours per day in hospital. At the clerkship stage, the focus should be on learning rather than service, and these numbers are in line with an appropriate breakdown of learning hours.

4.17.B Areas for improvement

Curricular Content:

- The Surgery rotation was regarded as poorly organized by a larger number of students than any other rotation (only 57% agreed or strongly agreed that it was well organized). For surgical subspecialties, only 61% agreed or strongly agreed that the rotation was well-organized. These numbers are not in and of themselves particularly weak, but in the context of the other rotations, they are clearly the weakest.
- Although a strong majority of students (72%) felt that they were sufficiently supervised on the surgery rotation, senior students reported significantly less meaningful involvement in patient care (48%). Nevertheless, a strong majority of students were pleased with the variety of diseases and cases experienced (65%).
- A troubling number of students reported that faculty and resident teaching on the Surgery rotation was inadequate – only 51% agreed that the quantity and quality of faculty teaching was adequate, while 69% agreed or strongly for residents. These concerns are further mirrored in the student responses regarding quality of seminars and lectures. Only a minority (48%) of students agreed that the quality of lectures and seminars was adequate. Additionally, a significant minority of approximately 25% of students reported that clinical skills and ethics teaching along with feedback was lacking on this rotation.

Call Requirement and Workload:

- Student views were polarized regarding whether sufficient opportunities to study versus clinical exposure were offered on the Surgery rotation. 30% of students reported spending between 9-12 hours in the hospital per day, and only 40% of students agreed or strongly agreed that time was distributed appropriately between academic teaching, clinical duties, and self-study time (33% disagreed or strongly disagreed). A majority of students reported that call expectations were reasonable and adequately supervised.
- 67% of students agreed or strongly agreed that the Obstetrics/Gynecology rotation had an appropriate amount of time for self-study, academic teaching, and clinical duties. Although this number is not in and of itself indicative of a weakness, it (along with the surgical rotations) is significantly lower than the other rotations. Moreover, a substantial portion (15%) of students reported spending more than 9 hours in the hospital per day. A majority of students reported that call expectations were reasonable and adequately supervised.

4.17.C Discussion and Recommendations

While students are pleased overall with the curriculum for non-surgical specialties, surgical rotations (including General Surgery, specialty Surgery, and Obstetrics/Gynaecology) are not rated as highly. The focus of these rotations, as for any clerkship rotation, should be student learning. The focus should never be on service or attendance. In order to ensure this goal, it is recommended:

- That the Surgery rotation be reevaluated in regards to its overall organization, student involvement in patient care, faculty and resident teaching, lectures and seminars, clinical feedback opportunities and clarity and sufficiency of learning objectives. Some of the strongest criticisms of the course centred around the surgical skills week. This week should be retooled to ensure that lecturers are always present and students' time is maximized. In terms of clinical experiences, it should be a priority to ensure that students in surgical rotations are actively learning, either through active participation in clinical duties, or in other settings. It should be noted that concerns with surgery were most strongly reflected by the third year cohort, which may indicate that the change to the new curriculum is playing a part. Longitudinal evaluation of the new curriculum is important to determine this.
- That the Obstetrics and Gynecology evaluate ways to maximize student learning without requiring the commitment of too many hours of hospital service.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **ED-33, ED-38**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.18 Clerkship: Evaluation and Feedback

4.18.A Areas of strength

- An overwhelming majority of both third and fourth year students are in favour of the grade transcription reforms of 2009. 85% of third year clerks and 86% of fourth year clerks agreed that the current credit/no credit system of evaluation in clerkship is an effective means of transcription. This is a significant improvement since the last accreditation, when only 40% of students were in favour of the Honours/Pass/Fail system of grade transcription.
- In each of the non-surgical specialties (ie: not Surgery and Obstetrics/Gynecology), over 75% of students agreed or strongly agreed that the feedback they received from faculty and residents was valuable.
- An overwhelming majority of clerkship students (70-93%) in each rotation agreed or strongly agreed that the clinical evaluations they received were an accurate reflection of performance.

4.18.B Areas for improvement

- Although the Credit/No Credit system is popular, it should be noted that other systems of clinical evaluation were not as widely supported by the senior student body. Fewer than half (44%) of students agreed or strongly agreed that the current process of MedSIS clinical evaluation reports were an effective means of providing feedback, while 31% disagreed or strongly disagreed.
- Similar concerns were reported in regards to the clinical evaluation reports included in the Medical Student Performance Record (MSPR, or “Dean’s Letter”). Fewer than half (46%) of students agreed or strongly agreed that the MSPR is a fair and effective method of communicating clinical performance, while 25% disagreed or strongly disagreed.
- It is concerning to note that the “T-Res” system of logging clinical encounters was disfavoured by a majority of clerks. Only 30% of students agreed or strongly agreed that T-Res is an effective way to record and monitor clinical encounters, while almost half (47%) disagreed or strongly disagreed.
- Students reported that in many rotations, grades were not reported in a timely fashion. In only one rotation (Psychiatry) did >70% of students agree/strongly agree that grades were reported in a timely fashion. In every other rotation, a substantial portion of students (35-45%) did not agree that grades were reported in a timely fashion. This problem appears to be worse for third year students than fourth year students. For example, over 70% of fourth year students in paediatrics agreed or strongly agreed that their grades were reported in a timely fashion, compared to only 42% of third year students. Given this data, the issue may be related to the new curriculum.

4.18.C Discussion and recommendations

Overall, the student self study reveals that the current system of grade transcription is regarded as an effective means of reporting clerkship performance; however, the systems in place for providing clinical feedback should be regarded as an area where further improvement would be welcomed. It is recommended:

- That the faculty work towards developing a clearer, more objective means of clinical evaluation. There is a great deal of subjectivity in the current ward evaluations, and although it is probably impossible to eliminate subjectivity completely, it should be minimized as much as possible.

- That the T-Res logging system be re-evaluated and re-worked as necessary. It is currently being inconsistently used by students. This is due in part to the large variation in detail required for different rotations, and in part due to the lack of clarity in some of the T-Res objectives themselves (e.g. if a T-Res entry simply lists the name of a procedure, does it mean the student is required to perform the procedure? Is it sufficient to view the procedure? Must the procedure be mastered?). A simplified version that clearly captures relatively few core competencies for each rotation would be easier to use and more likely to succeed.
- That it be mandated that grades be reported within a certain time after each rotation or examination. A period of 4-6 weeks is ample time to fully grade all students for a given course. Much like how students can be cited for a professionalism violation for failing to complete an assignment on time, staff who do not complete ward evaluations on time should similarly be noted formally with a lapse in professionalism.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **ED-26, ED-27, ED-30, ED-31**. Successfully implementing these recommendations may prevent being found in non-compliance when the official LCME/CACMCS accreditation occurs in the spring of 2012.

4.19 Clerkship: Electives

4.19.A Areas of strength

- No concerns were identified in the student self study. In regards to fourth year students 90% were pleased with the catalogue of electives offered and 77% of students were accepted to their preferred elective choices.

4.19.C Discussion and Recommendations

It should be noted that the number of weeks of total elective time along with the time when electives are done was fundamentally altered in 2010 during the clerkship curriculum reform. This has affected the third year class only. Despite strong positive reviews from Year 4 students, the data from the third year class is inconclusive regarding the diversity of electives offered (61% favourable) and whether students are receiving opportunities to experience their preferred elective choices (58% favourable). It is strongly recommended:

- that the effect of the curriculum reform on elective opportunities continue to be monitored as student satisfaction has dropped sharply since the reforms were implemented (noted in numbers from the Self-Study, as well as anecdotally from 3rd year students).

The data in this section indicates that the school is currently in full compliance with the standard **ED-18**. However, the Student Accreditation Task Force is concerned that with the curricular change, student

opinion may decline further in the future. The Task Force hopes that with successful monitoring and intervention as needed, this standard will be maintained in its compliance.

4.20 Clerkship: Career Preparation

4.20.A Areas of strength

- A strong majority of University of Toronto students are satisfied with their preparation for the next stage of their careers. 73% of responding fourth year students agreed or strongly agreed that clerkship was preparing them for their residency program, while only 4% of students disagreed or strongly disagreed with the statement. Similarly, 70% of third year students agreed/strongly agreed while only 7% of students disagreed/strongly disagreed with the statement, suggesting that students progressively gain confidence in the quality of their education. Of the fourth year students, 88% reported being matched with their preferred residency specialty through CaRMS and 81% reported being match with their preferred residency location.
- These subjective impressions are confirmed by the data for published by CaRMS. For example, for the class of 2011, 67% of University of Toronto graduates matched to their first choice (compared to national average of 63%), while 87% matched to one of their top 3 choices (compared to 84% national average). 5% of graduating students were unmatched in the first iteration (compared to national average of 5.5%).³
- An overwhelming majority of students in clerkship feel that their rotations will be helpful in preparing for MCCQE examinations. At least 65% of students in each rotation agreed or strongly agreed with this statement, with a high of 97% of students in General Internal Medicine agreeing or strongly agreeing.

³http://www.carms.ca/pdfs/2011R1_MatchResults/9_Match%20Results%20by%20First%20and%20Lower%20Ranked%20Program%20Choices_en.pdf

5.0 Conclusions and Key Recommendations


This report takes stock of all aspects of undergraduate medical education at the University of Toronto. It is the finding of the Student Accreditation Task Force that the program is, on the whole, excellent. U of T graduates fantastic physicians, who are equipped to tackle any medical specialty, and who can contribute to the greater public good through research, clinical work, administration, or global health endeavours. Nevertheless, there are key areas of improvement that blemish an otherwise outstanding program. Great schools become that way by refusing to be complacent. In order for the Faculty of Medicine at U of T to continue improving, it is recommended:

- A. That the Faculty of Medicine aggressively fundraise for new scholarships and bursaries, and take any additional measures necessary to reduce the personal financial burden of students.
- B. That the Faculty of Medicine provide mandatory career and financial counselling at least once in each student's four-year period of study, to promote well-being, to alleviate career stress, and to encourage personal behaviours that minimize student financial burden.
- C. That the Faculty of Medicine promote socio-economic diversity in the student body.
- D. That the total number of hours of instruction be formally limited or capped at both the preclerkship and clerkship levels, so that students can focus on learning, and take part in extra-curricular experiences in research, global health or career exploration.
- E. That clinical evaluations be made as objective as possible, and reported in a timely fashion.
- F. That dedicated student study space be made available in the Medical Sciences Building.
- G. That the Faculty provide adequate educational resources to students in all Academies, and ensure equitability of travel time and cost.
- H. That the Faculty promote awareness of and access to all channels of communication for students regarding issues of discrimination, safety, and scheduling in any academic setting.
- I. That the Faculty of Medicine note the curricular concerns highlighted in this report (DOCH and Surgery), and take appropriate measures to strengthen the curriculum in these areas.

Due to the findings in this section, the Student Accreditation Task Force finds that the Faculty of Medicine may not be fully compliant with the following accreditation standards: **IS-14 and 16, ED-2, 8, 30, 31, 33, 38, and 47, MS-7, 8, 23, 24, 32, 37, ER-4, 6, and 7**. Because accreditation provides such an excellent impetus for program growth and development, a very conservative threshold was used in compiling this list – ie: many of these standards are probably being substantially or almost-completely satisfied. It will be left to the discretion of the external review team to determine which standards remain in partial or substantial non-compliance at the time of the official site visit. It is the sincere hope of the Task Force that this report will lead to positive changes and a superior educational program at the University of Toronto Faculty of Medicine.

Medical Student Survey (Years 1 and 2)

Prepared by the Student Accreditation Task Force for input to the Liaison Committee on Medical Education (LCME) 2011-2012 Survey of University of Toronto Faculty of Medicine

mark the square with **dark ink** 

1 Year of Study : 1 2 3 4 Gender : Female Male Academy : Fitz P-B W-B

4 The highest level of education: No degree Bachelor Master Doctorate

5 Age at entrance to medical school: < 21 21-25 26-30 31-35 35 +

Please answer the following questions using the scale below:

strongly disagree A Disagree B Neutral C agree D strongly agree E not applicable/not experienced F

General / Student Life

Student-faculty relations:

6 I have a good understanding of the channels of communication that are used to voice student concerns to the administration. A B C D E F

7 The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students. A B C D E F

8 The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students. A B C D E F

9 The academy directors are accessible and approachable to students. A B C D E F

10 There is open and effective communication between faculty and students. A B C D E F

11 The faculty effectively keeps students informed about relevant decisions. A B C D E F

Student Support Services:

12 I am aware of the student support services offered by the medical school (e.g. Program for The Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]). A B C D E F

13 Student support services are easily accessible and visible to students. A B C D E F

14 These support services have been adequate in meeting my needs. A B C D E F

15 There are adequate and accessible career counselling services. A B C D E F

16 There are adequate and accessible personal counselling services. A B C D E F

17 I am satisfied by the accessibility and services provided by the Office of Student Affairs. A B C D E F

Student Health:

18 I am aware that there are student health services on the University of Toronto campus. A B C D E F

19 The student health services have been adequate in meeting my needs. A B C D E F

20 The university health insurance coverage is adequate to meet my needs. A B C D E F

21 I have been sufficiently prepared to protect my own health in clinical encounters (e.g. infection control, occupational hazards, personal safety around patients). A B C D E F

22 I feel safe in the different academic settings I attend for my medical education (e.g. hospitals, MSB, community health placement). A B C D E F

23 I feel safe while on the University of Toronto campus. A B C D E F

24 There is sufficient time for vacation during medical school A B C D E F

25 I experience stress regarding CaRMS applications and career planning A B C D E F

26 I experience stress regarding balancing my medical education and my personal life A B C D E F

27 The stress of medical school is manageable for me A B C D E F

Student Life:

28 Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees). A B C D E F

29 I have felt encouraged by faculty to participate in extra-curricular activities. A B C D E F

30 I participate in extra-curricular activities. A B C D E F

Strongly disagree	Disagree	Neutral	agree	strongly agree	not applicable/not experienced					
A	B	C	D	E	F					
Finances:										
31	Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	The medical school has provided adequate counselling to help me manage my medical school costs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	My projected debt due to medical school may influence my choice of medical specialty or residency location.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities at the University of Toronto campus:										
37	The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	The Gerstein Science Information Centre has adequate hours of operation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, group study rooms).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	The Discovery Commons computer lab has an adequate number and quality of computers.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	The MSB cafeteria hours of service are adequate.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	The MSB cafeteria food prices are reasonable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	There is adequate study space in MSB.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	There is adequate access to printing and photocopying at MSB.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	The lecture rooms at MSB are adequate in terms of size, seating, and lighting.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Student housing on campus is adequate (availability, cost, quality).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	The athletic facilities at Hart House and the Athletic Centre are adequate.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	The UofT bookstore is adequate (hours, variety of books, products, etc.).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Wireless internet at MSB (in lecture rooms, common spaces, laboratories, etc.) is widely accessible and reliable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	There is adequate space on campus to observe religious or spiritual practices.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	There are sufficient facilities on campus and in clinical placements to safely store personal items.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Recruitment, Admissions and Retention										
55	The criteria that the UofT Admissions Committee uses places sufficient value on both non-academic and academic excellence to select suitable students for the program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	For the medical school applicant, there is adequate information available describing the UofT program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	UofT was my preferred choice of medical school.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	The UofT medical school program has met my pre-enrolment expectations.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

strongly disagree	Disagree	Neutral	agree	strongly agree	not applicable/not experienced					
A	B	C	D	E	F					
Diversity										
59	In my opinion, my medical class is suitably diverse in terms of ethnicity.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	In my opinion, my medical class is suitably diverse in terms of gender.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	In my opinion, my medical class is suitably diverse in terms of religious backgrounds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	In my opinion, my medical class is suitably diverse in terms of socioeconomic backgrounds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	There are sufficient programs and resources in my medical school to support and promote diversity (ethnicity, gender, religion, socioeconomic status, sexual orientation) in my class.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	I have personally witnessed or experienced discrimination of some kind from fellow students.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	I have witnessed faculty or staff contribute to an intolerant or disrespectful learning environment.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	If I were to witness or experience discrimination of some kind in my educational environment, I would be encouraged to report the incident.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	If I were to witness or experience discrimination of some kind in my educational environment I would know to whom / where to report the incident.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
68	I feel comfortable approaching faculty and staff about receiving accommodation for religious, spiritual or other diversity needs.				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Educational materials (e.g. PBL cases) offer an appropriate and non-stereotypical representation of patient diversity.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preclerkship (Year 1 and 2) Students										
70	There is sufficient <i>time</i> available to pursue clinical, research, or global health experiences.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	There are sufficient opportunities and support for research activities <i>within</i> the curriculum.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	There are sufficient opportunities and support for research activities <i>outside</i> of the curriculum.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	There are sufficient opportunities and support for clinical experience <i>within</i> the curriculum.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	There are sufficient opportunities and support for clinical experience <i>outside</i> of the curriculum (e.g. shadowing).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	There are sufficient opportunities and support for global health study and experience <i>within</i> the curriculum.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	There are sufficient opportunities and support for global health study and experience <i>outside</i> of the curriculum.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	My academy provides adequate learning facilities (e.g. ASCM rooms, PBL rooms).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Wireless internet at my academy sites is widely accessible and reliable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	My academy provides sufficient opportunity for participation in patient care.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	My academy provides adequate mentorship opportunities.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Transportation to my academy sites is acceptable and fair with respect to time and cost.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	The academies provide a valuable social structure.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	The IPE curriculum enhanced my understanding of interprofessionalism				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	FMLE enhanced my understanding of family medicine.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	FMLE was valuable for refining my clinical skills				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	Before FMLE, I was considering a career as a family physician				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	After FMLE, I am considering a career as a family physician				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	The amount of time I spend in clinical placements is satisfactory.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

strongly disagree	Disagree	Neutral	Agree	strongly agree	not applicable/not experienced
A	B	C	D	E	F
89 The lecture content was appropriate and useful for my stage of training.					
STF Anatomy A B C D E F	STF Histology A B C D E F	STF Embryo A B C D E F	STF Physiology A B C D E F	STF Biochemistry A B C D E F	
MNU A B C D E F	BRB A B C D E F	Pharmacology A B C D E F	DOCH 1 A B C D E F	DOCH 2 A B C D E F	
MMMD A B C D E F	Ethics Theme A B C D E F	Manager Theme A B C D E F			
90 The quality of teaching in lectures was excellent.					
STF Anatomy A B C D E F	STF Histology A B C D E F	STF Embryo A B C D E F	STF Physiology A B C D E F	STF Biochemistry A B C D E F	
MNU A B C D E F	BRB A B C D E F	Pharmacology A B C D E F	DOCH 1 A B C D E F	DOCH 2 A B C D E F	
MMMD A B C D E F	Ethics Theme A B C D E F	Manager Theme A B C D E F			
91 The amount of time spent in lecture was appropriate.					
STF Anatomy A B C D E F	STF Histology A B C D E F	STF Embryo A B C D E F	STF Physiology A B C D E F	STF Biochemistry A B C D E F	
MNU A B C D E F	BRB A B C D E F	Pharmacology A B C D E F	DOCH 1 A B C D E F	DOCH 2 A B C D E F	
MMMD A B C D E F	Ethics Theme A B C D E F	Manager Theme A B C D E F			
92 Laboratory exercises were appropriate and useful for my stage of training.					
STF Anatomy A B C D E F	BRB Anatomy A B C D E F				
93 Skills taught were appropriate and useful for my stage of training.					
ASCM 1 A B C D E F	ASCM 2 A B C D E F				
94 Case/seminar content was appropriate and useful for my stage of training.					
MNU PBL A B C D E F	MNU Seminars A B C D E F	DOCH 1 Seminars A B C D E F	MMMD PBL A B C D E F	MMMD Seminars A B C D E F	
Ethics Seminars A B C D E F	Ethics Theme A B C D E F	Manager Theme A B C D E F			
95 The quality of teaching/assistance/group facilitation by my tutor(s) was excellent.					
STF Anatomy A B C D E F	BRB Anatomy A B C D E F	MNU PBL A B C D E F	MNU Seminars A B C D E F	DOCH 1 Seminars A B C D E F	
MMMD PBL A B C D E F	MMMD Seminars A B C D E F	Ethics Seminars A B C D E F	ASCM 1 A B C D E F	ASCM 2 A B C D E F	
96 Group size was appropriate for high quality learning.					
STF Anatomy A B C D E F	BRB Anatomy A B C D E F	MNU PBL A B C D E F	MNU Seminars A B C D E F	DOCH 1 Seminars A B C D E F	
DOCH 2 team based learning A B C D E F	MMMD PBL A B C D E F	MMMD Seminars A B C D E F	Ethics A B C D E F	ASCM 1 A B C D E F	
ASCM 2 A B C D E F					
97 The amount of time spent in small group learning was appropriate.					
STF Anatomy A B C D E F	BRB Anatomy A B C D E F	MNU PBL A B C D E F	MNU Seminars A B C D E F	DOCH 1 Seminars A B C D E F	
DOCH 2 team based learning A B C D E F	MMMD PBL A B C D E F	MMMD Seminars A B C D E F	Ethics A B C D E F	ASCM 1 A B C D E F	
ASCM 2 A B C D E F					

strongly disagree	Disagree	Neutral	agree	strongly agree	not applicable/not experienced
A	B	C	D	E	F
98 Examination questions were fair and reflected course/theme content.					
STF Anatomy	STF Histology	STF Embryo	STF Physiology	STF Biochemistry	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
MNU	BRB	Pharmacology	DOCH 1	DOCH 2	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
MMMD	Ethics Theme	Manager Theme	ASCM 1	ASCM 2	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
99 Overall, the course was well organized.					
STF Anatomy	STF Histology	STF Embryo	STF Physiology	STF Biochemistry	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
MNU	BRB	Pharmacology	DOCH 1	DOCH 2	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
MMMD	ASCM 1	ASCM 2			
A B C D E F	A B C D E F	A B C D E F			
100 Course faculty members were open and receptive to student feedback.					
STF Anatomy	STF Histology	STF Embryo	STF Physiology	STF Biochemistry	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
MNU	BRB	Pharmacology	DOCH 1	DOCH 2	
A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F	A B C D E F
MMMD	ASCM 1	ASCM 2			
A B C D E F	A B C D E F	A B C D E F			

Please make comments on any of the questions in the space below (use back of sheet if necessary)

SAMPLE

Medical Student Survey (Years 3 and 4)

Prepared by the Student Accreditation Task Force for input to the Liaison Committee on Medical Education (LCME) 2011-2012 Survey of University of Toronto Faculty of Medicine

mark the square with **dark ink**



1 Year of Study : 1 2 3 4 Gender : Female Male Academy : Fitz P-B W-B

4 The highest level of education: No degree Bachelor Master Doctorate

5 Age at entrance to medical school: < 21 21-25 26-30 31-35 35 +

Please answer the following questions using the scale below:

strongly disagree Disagree Neutral agree strongly agree not applicable/not experienced
 A B C D E F

General / Student Life

Student-faculty relations:

6 I have a good understanding of the channels of communication that are used to voice student concerns to the administration.

7 The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students.

8 The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students.

9 The academy directors are accessible and approachable to students.

10 There is open and effective communication between faculty and students.

11 The faculty effectively keeps students informed about relevant decisions.

Student Support Services:

12 I am aware of the student support services offered by the medical school (e.g. Program for The Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]).

13 Student support services are easily accessible and visible to students.

14 These support services have been adequate in meeting my needs.

15 There are adequate and accessible career counselling services.

16 There are adequate and accessible personal counselling services.

17 I am satisfied by the accessibility and services provided by the Office of Student Affairs.

Student Health:

18 I am aware that there are student health services on the University of Toronto campus.

19 The student health services have been adequate in meeting my needs.

20 The university health insurance coverage is adequate to meet my needs.

21 I have been sufficiently prepared to protect my own health in clinical encounters (e.g. infection control, occupational hazards, personal safety around patients).

22 I feel safe in the different academic settings I attend for my medical education (e.g. hospitals, MSB, community health placement).

23 I feel safe while on the University of Toronto campus.

24 There is sufficient time for vacation during medical school

25 I experience stress regarding CaRMS applications and career planning

26 I experience stress regarding balancing my medical education and my personal life

27 The stress of medical school is manageable for me

Student Life:

28 Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees).

29 I have felt encouraged by faculty to participate in extra-curricular activities.

30 I participate in extra-curricular activities.

Strongly disagree	Disagree	Neutral	agree	strongly agree	not applicable/not experienced					
A	B	C	D	E	F					
Finances:										
31	Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	The medical school has provided adequate counselling to help me manage my medical school costs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	My projected debt due to medical school may influence my choice of medical specialty or residency location.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities at the University of Toronto campus:										
37	The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	The Gerstein Science Information Centre has adequate hours of operation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, group study rooms).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	The Discovery Commons computer lab has an adequate number and quality of computers.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	The MSB cafeteria hours of service are adequate.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	The MSB cafeteria food prices are reasonable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	There is adequate study space in MSB.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	There is adequate access to printing and photocopying at MSB.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	The lecture rooms at MSB are adequate in terms of size, seating, and lighting.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Student housing on campus is adequate (availability, cost, quality).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	The athletic facilities at Hart House and the Athletic Centre are adequate.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	The UofT bookstore is adequate (hours, variety of books, products, etc.).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Wireless internet at MSB (in lecture rooms, common spaces, laboratories, etc.) is widely accessible and reliable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	There is adequate space on campus to observe religious or spiritual practices.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	There are sufficient facilities on campus and in clinical placements to safely store personal items.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Recruitment, Admissions and Retention										
55	The criteria that the UofT Admissions Committee uses places sufficient value on both non-academic and academic excellence to select suitable students for the program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	For the medical school applicant, there is adequate information available describing the UofT program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	UofT was my preferred choice of medical school.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	The UofT medical school program has met my pre-enrolment expectations.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

strongly disagree	Disagree	Neutral	agree	strongly agree	not applicable/not experienced					
A	B	C	D	E	F					
Diversity										
59	In my opinion, my medical class is suitably diverse in terms of ethnicity.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	In my opinion, my medical class is suitably diverse in terms of gender.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	In my opinion, my medical class is suitably diverse in terms of religious backgrounds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	In my opinion, my medical class is suitably diverse in terms of socioeconomic backgrounds.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	There are sufficient programs and resources in my medical school to support and promote diversity (ethnicity, gender, religion, socioeconomic status, sexual orientation) in my class.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	I have personally witnessed or experienced discrimination of some kind from fellow students.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	I have witnessed faculty or staff contribute to an intolerant or disrespectful learning environment.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	If I were to witness or experience discrimination of some kind in my educational environment, I would be encouraged to report the incident.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	If I were to witness or experience discrimination of some kind in my educational environment I would know to whom / where to report the incident.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	I feel comfortable approaching faculty and staff about receiving accommodation for religious, spiritual or other diversity needs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Educational materials (e.g. PBL cases) offer an appropriate and non-stereotypical representation of patient diversity.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerkship										
70	Wireless internet at my academy sites is widely accessible and reliable.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Transportation to my academy sites is acceptable and fair with respect to time and cost.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	The academies provide a valuable social and educational structure.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	I am provided sufficient opportunity to provide meaningful input on course/clerkship quality				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Clerkship clinical evaluation sheets are an effective method of evaluating clinical performance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	The Credit/No Credit system is a fair and effective method of transcribing clerkship performance.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	The Medical Student Performance Record (MSRP) is a fair and effective method of communicating my performance as a clinical clerk to residency programs.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	"T-Res" is an effective way to record and monitor clinical encounters (3 rd years only).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	An interested student can easily find opportunities and training in research in clerkship.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	My medical education has given me an adequate understanding of evidence-based medicine.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	There is flexibility to rearrange my schedule in clerkship as needed for personal reasons, academic conferences, etc.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	There is sufficient exposure to medical specialties during clerkship.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	The Portfolio course is effective in furthering one's skills of self-reflection and professionalism				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	The range of possible electives to choose from for third and/or fourth year was sufficient.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	I was accepted for my preferred elective choices.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	I was accepted for my preferred residency specialty.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	I was accepted for my preferred residency location.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	I feel that clerkship is preparing me well for my residency program.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	The following course was useful in preparing me for clerkship:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Structure & Function	Metabolism & Nutrition	Brain & Behaviour	Pathobiology of Disease	Found. Med. Practice					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
	ASCM 1 & ASCM 2	DOCH 1 & DOCH 2	Pharmacology	Transition to Clerkship	DOCH 3					
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
	Manager Theme	Preclerkship pharmacology	Preclerkship microbiology							
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							

89	Where was your primary location for the following rotations? Chose <u>one</u> location.					
	1	Medicine(General)	2	Surgery(General)	3	Obstetrics/Gynaecology
1	<input type="checkbox"/>	Not applicable/Not known/Rotation not completed.	<input type="checkbox"/>	Not applicable/Not known/Rotation not completed.	<input type="checkbox"/>	Not applicable/Not known/Rotation not completed.
2	<input type="checkbox"/>	Baycrest	<input type="checkbox"/>	Baycrest	<input type="checkbox"/>	Baycrest
3	<input type="checkbox"/>	Bridgepoint	<input type="checkbox"/>	Bridgepoint	<input type="checkbox"/>	Bridgepoint
4	<input type="checkbox"/>	CAMH - College St.	<input type="checkbox"/>	CAMH - College St.	<input type="checkbox"/>	CAMH - College St.
5	<input type="checkbox"/>	CAMH - Queen St.	<input type="checkbox"/>	CAMH - Queen St.	<input type="checkbox"/>	CAMH - Queen St.
6	<input type="checkbox"/>	Comm'y Placement - Family Med	<input type="checkbox"/>	Comm'y Placement - Family Med	<input type="checkbox"/>	Comm'y Placement - Family Med
7	<input type="checkbox"/>	Comm'y Placement - Paeds	<input type="checkbox"/>	Comm'y Placement - Paeds	<input type="checkbox"/>	Comm'y Placement - Paeds
8	<input type="checkbox"/>	Credit Valley	<input type="checkbox"/>	Credit Valley	<input type="checkbox"/>	Credit Valley
9	<input type="checkbox"/>	George Hull	<input type="checkbox"/>	George Hull	<input type="checkbox"/>	George Hull
10	<input type="checkbox"/>	Hincks - Dellcrest	<input type="checkbox"/>	Hincks - Dellcrest	<input type="checkbox"/>	Hincks - Dellcrest
11	<input type="checkbox"/>	Holland Bloorview	<input type="checkbox"/>	Holland Bloorview	<input type="checkbox"/>	Holland Bloorview
12	<input type="checkbox"/>	HSC	<input type="checkbox"/>	HSC	<input type="checkbox"/>	HSC
13	<input type="checkbox"/>	HSC - Adol Med	<input type="checkbox"/>	HSC - Adol Med	<input type="checkbox"/>	HSC - Adol Med
14	<input type="checkbox"/>	Humber River Regional	<input type="checkbox"/>	Humber River Regional	<input type="checkbox"/>	Humber River Regional
15	<input type="checkbox"/>	Lakeridge - Bowmanville	<input type="checkbox"/>	Lakeridge - Bowmanville	<input type="checkbox"/>	Lakeridge - Bowmanville
16	<input type="checkbox"/>	Lakeridge - Oshawa	<input type="checkbox"/>	Lakeridge - Oshawa	<input type="checkbox"/>	Lakeridge - Oshawa
17	<input type="checkbox"/>	Lakeridge - Port Perry	<input type="checkbox"/>	Lakeridge - Port Perry	<input type="checkbox"/>	Lakeridge - Port Perry
18	<input type="checkbox"/>	Lakeridge - Whitby	<input type="checkbox"/>	Lakeridge - Whitby	<input type="checkbox"/>	Lakeridge - Whitby
19	<input type="checkbox"/>	Markham - Stouffville	<input type="checkbox"/>	Markham - Stouffville	<input type="checkbox"/>	Markham - Stouffville
20	<input type="checkbox"/>	Mental Health Penetanguishene	<input type="checkbox"/>	Mental Health Penetanguishene	<input type="checkbox"/>	Mental Health Penetanguishene
21	<input type="checkbox"/>	MSH	<input type="checkbox"/>	MSH	<input type="checkbox"/>	MSH
22	<input type="checkbox"/>	NYGH	<input type="checkbox"/>	NYGH	<input type="checkbox"/>	NYGH
23	<input type="checkbox"/>	Ontario Shores	<input type="checkbox"/>	Ontario Shores	<input type="checkbox"/>	Ontario Shores
24	<input type="checkbox"/>	Providence	<input type="checkbox"/>	Providence	<input type="checkbox"/>	Providence
25	<input type="checkbox"/>	ROMP	<input type="checkbox"/>	ROMP	<input type="checkbox"/>	ROMP
26	<input type="checkbox"/>	Rouge Valley - Ajax/Pickering	<input type="checkbox"/>	Rouge Valley - Ajax/Pickering	<input type="checkbox"/>	Rouge Valley - Ajax/Pickering
27	<input type="checkbox"/>	Rouge Valley - Centenary	<input type="checkbox"/>	Rouge Valley - Centenary	<input type="checkbox"/>	Rouge Valley - Centenary
28	<input type="checkbox"/>	Royal Victoria	<input type="checkbox"/>	Royal Victoria	<input type="checkbox"/>	Royal Victoria
29	<input type="checkbox"/>	SBK	<input type="checkbox"/>	SBK	<input type="checkbox"/>	SBK
30	<input type="checkbox"/>	Scarborough General	<input type="checkbox"/>	Scarborough General	<input type="checkbox"/>	Scarborough General
31	<input type="checkbox"/>	Scarborough Grace	<input type="checkbox"/>	Scarborough Grace	<input type="checkbox"/>	Scarborough Grace
32	<input type="checkbox"/>	SMH	<input type="checkbox"/>	SMH	<input type="checkbox"/>	SMH
33	<input type="checkbox"/>	Southlake	<input type="checkbox"/>	Southlake	<input type="checkbox"/>	Southlake
34	<input type="checkbox"/>	St. John's Rehab	<input type="checkbox"/>	St. John's Rehab	<input type="checkbox"/>	St. John's Rehab
35	<input type="checkbox"/>	St. Joseph's	<input type="checkbox"/>	St. Joseph's	<input type="checkbox"/>	St. Joseph's
36	<input type="checkbox"/>	Surrey Place	<input type="checkbox"/>	Surrey Place	<input type="checkbox"/>	Surrey Place
37	<input type="checkbox"/>	TEGH	<input type="checkbox"/>	TEGH	<input type="checkbox"/>	TEGH
38	<input type="checkbox"/>	Toronto Rehab - University Ave	<input type="checkbox"/>	Toronto Rehab - University Ave	<input type="checkbox"/>	Toronto Rehab - University Ave
39	<input type="checkbox"/>	Toronto Rehab - Lyndehurst	<input type="checkbox"/>	Toronto Rehab - Lyndehurst	<input type="checkbox"/>	Toronto Rehab - Lyndehurst
40	<input type="checkbox"/>	Trillium - Mississauga	<input type="checkbox"/>	Trillium - Mississauga	<input type="checkbox"/>	Trillium - Mississauga
41	<input type="checkbox"/>	Trillium - West Toronto	<input type="checkbox"/>	Trillium - West Toronto	<input type="checkbox"/>	Trillium - West Toronto
42	<input type="checkbox"/>	UHN - PMH	<input type="checkbox"/>	UHN - PMH	<input type="checkbox"/>	UHN - PMH
43	<input type="checkbox"/>	UHN - TGH	<input type="checkbox"/>	UHN - TGH	<input type="checkbox"/>	UHN - TGH
44	<input type="checkbox"/>	UHN - TWH	<input type="checkbox"/>	UHN - TWH	<input type="checkbox"/>	UHN - TWH
45	<input type="checkbox"/>	WCH	<input type="checkbox"/>	WCH	<input type="checkbox"/>	WCH
46	<input type="checkbox"/>	West Park	<input type="checkbox"/>	West Park	<input type="checkbox"/>	West Park
47	<input type="checkbox"/>	William Osler - Brampton	<input type="checkbox"/>	William Osler - Brampton	<input type="checkbox"/>	William Osler - Brampton
48	<input type="checkbox"/>	William Osler - Etobicoke	<input type="checkbox"/>	William Osler - Etobicoke	<input type="checkbox"/>	William Osler - Etobicoke
49	<input type="checkbox"/>	York Central Youthdale Treatment Centre	<input type="checkbox"/>	York Central Youthdale Treatment Centre	<input type="checkbox"/>	York Central Youthdale Treatment Centre
50	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

89	Where was your primary location for the following rotations? (Cont'd) Chose one location.		
	4 Psychiatry	5 Family & Community	6 Paediatrics
1	<input type="checkbox"/> Not applicable/Not known/Rotation not completed	<input type="checkbox"/> Not applicable/Not known/Rotation not completed	<input type="checkbox"/> Not applicable/Not known/Rotation not completed
2	<input type="checkbox"/> Baycrest	<input type="checkbox"/> Baycrest	<input type="checkbox"/> Baycrest
3	<input type="checkbox"/> Bridgepoint	<input type="checkbox"/> Bridgepoint	<input type="checkbox"/> Bridgepoint
4	<input type="checkbox"/> CAMH - College St.	<input type="checkbox"/> CAMH - College St.	<input type="checkbox"/> CAMH - College St.
5	<input type="checkbox"/> CAMH - Queen St.	<input type="checkbox"/> CAMH - Queen St.	<input type="checkbox"/> CAMH - Queen St.
6	<input type="checkbox"/> Comm'y Placement - Family Med	<input type="checkbox"/> Comm'y Placement - Family Med	<input type="checkbox"/> Comm'y Placement - Family Med
7	<input type="checkbox"/> Comm'y Placement - Paeds	<input type="checkbox"/> Comm'y Placement - Paeds	<input type="checkbox"/> Comm'y Placement - Paeds
8	<input type="checkbox"/> Credit Valley	<input type="checkbox"/> Credit Valley	<input type="checkbox"/> Credit Valley
9	<input type="checkbox"/> George Hull	<input type="checkbox"/> George Hull	<input type="checkbox"/> George Hull
10	<input type="checkbox"/> Hincks - Dellcrest	<input type="checkbox"/> Hincks - Dellcrest	<input type="checkbox"/> Hincks - Dellcrest
11	<input type="checkbox"/> Holland Bloorview	<input type="checkbox"/> Holland Bloorview	<input type="checkbox"/> Holland Bloorview
12	<input type="checkbox"/> HSC	<input type="checkbox"/> HSC	<input type="checkbox"/> HSC
13	<input type="checkbox"/> HSC - Adol Med	<input type="checkbox"/> HSC - Adol Med	<input type="checkbox"/> HSC - Adol Med
14	<input type="checkbox"/> Humber River Regional	<input type="checkbox"/> Humber River Regional	<input type="checkbox"/> Humber River Regional
15	<input type="checkbox"/> Lakeridge - Bowmanville	<input type="checkbox"/> Lakeridge - Bowmanville	<input type="checkbox"/> Lakeridge - Bowmanville
16	<input type="checkbox"/> Lakeridge - Oshawa	<input type="checkbox"/> Lakeridge - Oshawa	<input type="checkbox"/> Lakeridge - Oshawa
17	<input type="checkbox"/> Lakeridge - Port Perry	<input type="checkbox"/> Lakeridge - Port Perry	<input type="checkbox"/> Lakeridge - Port Perry
18	<input type="checkbox"/> Lakeridge - Whitby	<input type="checkbox"/> Lakeridge - Whitby	<input type="checkbox"/> Lakeridge - Whitby
19	<input type="checkbox"/> Markham - Stouffville	<input type="checkbox"/> Markham - Stouffville	<input type="checkbox"/> Markham - Stouffville
20	<input type="checkbox"/> Mental Health Penetanguishene	<input type="checkbox"/> Mental Health Penetanguishene	<input type="checkbox"/> Mental Health Penetanguishene
21	<input type="checkbox"/> MSH	<input type="checkbox"/> MSH	<input type="checkbox"/> MSH
22	<input type="checkbox"/> NYGH	<input type="checkbox"/> NYGH	<input type="checkbox"/> NYGH
23	<input type="checkbox"/> Ontario Shores	<input type="checkbox"/> Ontario Shores	<input type="checkbox"/> Ontario Shores
24	<input type="checkbox"/> Providence	<input type="checkbox"/> Providence	<input type="checkbox"/> Providence
25	<input type="checkbox"/> ROMP	<input type="checkbox"/> ROMP	<input type="checkbox"/> ROMP
26	<input type="checkbox"/> Rouge Valley - Ajax/Pickering	<input type="checkbox"/> Rouge Valley - Ajax/Pickering	<input type="checkbox"/> Rouge Valley - Ajax/Pickering
27	<input type="checkbox"/> Rouge Valley - Centenary	<input type="checkbox"/> Rouge Valley - Centenary	<input type="checkbox"/> Rouge Valley - Centenary
28	<input type="checkbox"/> Royal Victoria	<input type="checkbox"/> Royal Victoria	<input type="checkbox"/> Royal Victoria
29	<input type="checkbox"/> SBK	<input type="checkbox"/> SBK	<input type="checkbox"/> SBK
30	<input type="checkbox"/> Scarborough General	<input type="checkbox"/> Scarborough General	<input type="checkbox"/> Scarborough General
31	<input type="checkbox"/> Scarborough Grace	<input type="checkbox"/> Scarborough Grace	<input type="checkbox"/> Scarborough Grace
32	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH
33	<input type="checkbox"/> Southlake	<input type="checkbox"/> Southlake	<input type="checkbox"/> Southlake
34	<input type="checkbox"/> St. John's Rehab	<input type="checkbox"/> St. John's Rehab	<input type="checkbox"/> St. John's Rehab
35	<input type="checkbox"/> St. Joseph's	<input type="checkbox"/> St. Joseph's	<input type="checkbox"/> St. Joseph's
36	<input type="checkbox"/> Surrey Place	<input type="checkbox"/> Surrey Place	<input type="checkbox"/> Surrey Place
37	<input type="checkbox"/> TEGH	<input type="checkbox"/> TEGH	<input type="checkbox"/> TEGH
38	<input type="checkbox"/> Toronto Rehab - University Ave	<input type="checkbox"/> Toronto Rehab - University Ave	<input type="checkbox"/> Toronto Rehab - University Ave
39	<input type="checkbox"/> Toronto Rehab - Lyndehurst	<input type="checkbox"/> Toronto Rehab - Lyndehurst	<input type="checkbox"/> Toronto Rehab - Lyndehurst
40	<input type="checkbox"/> Trillium - Mississauga	<input type="checkbox"/> Trillium - Mississauga	<input type="checkbox"/> Trillium - Mississauga
41	<input type="checkbox"/> Trillium - West Toronto	<input type="checkbox"/> Trillium - West Toronto	<input type="checkbox"/> Trillium - West Toronto
42	<input type="checkbox"/> UHN - PMH	<input type="checkbox"/> UHN - PMH	<input type="checkbox"/> UHN - PMH
43	<input type="checkbox"/> UHN - TGH	<input type="checkbox"/> UHN - TGH	<input type="checkbox"/> UHN - TGH
44	<input type="checkbox"/> UHN - TWH	<input type="checkbox"/> UHN - TWH	<input type="checkbox"/> UHN - TWH
45	<input type="checkbox"/> WCH	<input type="checkbox"/> WCH	<input type="checkbox"/> WCH
46	<input type="checkbox"/> West Park	<input type="checkbox"/> West Park	<input type="checkbox"/> West Park
47	<input type="checkbox"/> William Osler - Brampton	<input type="checkbox"/> William Osler - Brampton	<input type="checkbox"/> William Osler - Brampton
48	<input type="checkbox"/> William Osler - Etobicoke	<input type="checkbox"/> William Osler - Etobicoke	<input type="checkbox"/> William Osler - Etobicoke
49	<input type="checkbox"/> York Central Youthdale Treatment Centre	<input type="checkbox"/> York Central Youthdale Treatment Centre	<input type="checkbox"/> York Central Youthdale Treatment Centre
50	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

89	Where was your primary location for the following rotations? (Cont'd) Chose one location.		
	7 Medicine (Specialty)	8 Surgery (Specialty)	9 Emergency/Anesthesia
1	<input type="checkbox"/> Not applicable/Not known/Rotation not completed	<input type="checkbox"/> Not applicable/Not known/Rotation not completed	<input type="checkbox"/> Not applicable/Not known/Rotation not completed
2	<input type="checkbox"/> Baycrest	<input type="checkbox"/> Baycrest	<input type="checkbox"/> Baycrest
3	<input type="checkbox"/> Bridgepoint	<input type="checkbox"/> Bridgepoint	<input type="checkbox"/> Bridgepoint
4	<input type="checkbox"/> CAMH - College St.	<input type="checkbox"/> CAMH - College St.	<input type="checkbox"/> CAMH - College St.
5	<input type="checkbox"/> CAMH - Queen St.	<input type="checkbox"/> CAMH - Queen St.	<input type="checkbox"/> CAMH - Queen St.
6	<input type="checkbox"/> Comm'y Placement - Family Med	<input type="checkbox"/> Comm'y Placement - Family Med	<input type="checkbox"/> Comm'y Placement - Family Med
7	<input type="checkbox"/> Comm'y Placement - Paeds	<input type="checkbox"/> Comm'y Placement - Paeds	<input type="checkbox"/> Comm'y Placement - Paeds
8	<input type="checkbox"/> Credit Valley	<input type="checkbox"/> Credit Valley	<input type="checkbox"/> Credit Valley
9	<input type="checkbox"/> George Hull	<input type="checkbox"/> George Hull	<input type="checkbox"/> George Hull
10	<input type="checkbox"/> Hincks - Dellcrest	<input type="checkbox"/> Hincks - Dellcrest	<input type="checkbox"/> Hincks - Dellcrest
11	<input type="checkbox"/> Holland Bloorview	<input type="checkbox"/> Holland Bloorview	<input type="checkbox"/> Holland Bloorview
12	<input type="checkbox"/> HSC	<input type="checkbox"/> HSC	<input type="checkbox"/> HSC
13	<input type="checkbox"/> HSC - Adol Med	<input type="checkbox"/> HSC - Adol Med	<input type="checkbox"/> HSC - Adol Med
14	<input type="checkbox"/> Humber River Regional	<input type="checkbox"/> Humber River Regional	<input type="checkbox"/> Humber River Regional
15	<input type="checkbox"/> Lakeridge - Bowmanville	<input type="checkbox"/> Lakeridge - Bowmanville	<input type="checkbox"/> Lakeridge - Bowmanville
16	<input type="checkbox"/> Lakeridge - Oshawa	<input type="checkbox"/> Lakeridge - Oshawa	<input type="checkbox"/> Lakeridge - Oshawa
17	<input type="checkbox"/> Lakeridge - Port Perry	<input type="checkbox"/> Lakeridge - Port Perry	<input type="checkbox"/> Lakeridge - Port Perry
18	<input type="checkbox"/> Lakeridge - Whitby	<input type="checkbox"/> Lakeridge - Whitby	<input type="checkbox"/> Lakeridge - Whitby
19	<input type="checkbox"/> Markham - Stouffville	<input type="checkbox"/> Markham - Stouffville	<input type="checkbox"/> Markham - Stouffville
20	<input type="checkbox"/> Mental Health Penetanguishene	<input type="checkbox"/> Mental Health Penetanguishene	<input type="checkbox"/> Mental Health Penetanguishene
21	<input type="checkbox"/> MSH	<input type="checkbox"/> MSH	<input type="checkbox"/> MSH
22	<input type="checkbox"/> NYGH	<input type="checkbox"/> NYGH	<input type="checkbox"/> NYGH
23	<input type="checkbox"/> Ontario Shores	<input type="checkbox"/> Ontario Shores	<input type="checkbox"/> Ontario Shores
24	<input type="checkbox"/> Providence	<input type="checkbox"/> Providence	<input type="checkbox"/> Providence
25	<input type="checkbox"/> ROMP	<input type="checkbox"/> ROMP	<input type="checkbox"/> ROMP
26	<input type="checkbox"/> Rouge Valley - Ajax/Pickering	<input type="checkbox"/> Rouge Valley - Ajax/Pickering	<input type="checkbox"/> Rouge Valley - Ajax/Pickering
27	<input type="checkbox"/> Rouge Valley - Centenary	<input type="checkbox"/> Rouge Valley - Centenary	<input type="checkbox"/> Rouge Valley - Centenary
28	<input type="checkbox"/> Royal Victoria	<input type="checkbox"/> Royal Victoria	<input type="checkbox"/> Royal Victoria
29	<input type="checkbox"/> SBK	<input type="checkbox"/> SBK	<input type="checkbox"/> SBK
30	<input type="checkbox"/> Scarborough General	<input type="checkbox"/> Scarborough General	<input type="checkbox"/> Scarborough General
31	<input type="checkbox"/> Scarborough Grace	<input type="checkbox"/> Scarborough Grace	<input type="checkbox"/> Scarborough Grace
32	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH
33	<input type="checkbox"/> Southlake	<input type="checkbox"/> Southlake	<input type="checkbox"/> Southlake
34	<input type="checkbox"/> St. John's Rehab	<input type="checkbox"/> St. John's Rehab	<input type="checkbox"/> St. John's Rehab
35	<input type="checkbox"/> St. Joseph's	<input type="checkbox"/> St. Joseph's	<input type="checkbox"/> St. Joseph's
36	<input type="checkbox"/> Surrey Place	<input type="checkbox"/> Surrey Place	<input type="checkbox"/> Surrey Place
37	<input type="checkbox"/> TEGH	<input type="checkbox"/> TEGH	<input type="checkbox"/> TEGH
38	<input type="checkbox"/> Toronto Rehab - University Ave	<input type="checkbox"/> Toronto Rehab - University Ave	<input type="checkbox"/> Toronto Rehab - University Ave
39	<input type="checkbox"/> Toronto Rehab - Lyndehurst	<input type="checkbox"/> Toronto Rehab - Lyndehurst	<input type="checkbox"/> Toronto Rehab - Lyndehurst
40	<input type="checkbox"/> Trillium - Mississauga	<input type="checkbox"/> Trillium - Mississauga	<input type="checkbox"/> Trillium - Mississauga
41	<input type="checkbox"/> Trillium - West Toronto	<input type="checkbox"/> Trillium - West Toronto	<input type="checkbox"/> Trillium - West Toronto
42	<input type="checkbox"/> UHN - PMH	<input type="checkbox"/> UHN - PMH	<input type="checkbox"/> UHN - PMH
43	<input type="checkbox"/> UHN - TGH	<input type="checkbox"/> UHN - TGH	<input type="checkbox"/> UHN - TGH
44	<input type="checkbox"/> UHN - TWH	<input type="checkbox"/> UHN - TWH	<input type="checkbox"/> UHN - TWH
45	<input type="checkbox"/> WCH	<input type="checkbox"/> WCH	<input type="checkbox"/> WCH
46	<input type="checkbox"/> West Park	<input type="checkbox"/> West Park	<input type="checkbox"/> West Park
47	<input type="checkbox"/> William Osler - Brampton	<input type="checkbox"/> William Osler - Brampton	<input type="checkbox"/> William Osler - Brampton
48	<input type="checkbox"/> William Osler - Etobicoke	<input type="checkbox"/> William Osler - Etobicoke	<input type="checkbox"/> William Osler - Etobicoke
49	<input type="checkbox"/> York Central Youthdale Treatment Centre	<input type="checkbox"/> York Central Youthdale Treatment Centre	<input type="checkbox"/> York Central Youthdale Treatment Centre
50	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

89		Where was your primary location for the following rotations? (Cont'd) Chose one location.	
10		Ambulatory/Community	
1	<input type="checkbox"/>	Not applicable/Not known/Rotation not completed	
2	<input type="checkbox"/>	Baycrest	
3	<input type="checkbox"/>	Bridgepoint	
4	<input type="checkbox"/>	CAMH - College St.	
5	<input type="checkbox"/>	CAMH - Queen St.	
6	<input type="checkbox"/>	Comm'y Placement - Family Med	
7	<input type="checkbox"/>	Comm'y Placement - Paeds	
8	<input type="checkbox"/>	Credit Valley	
9	<input type="checkbox"/>	George Hull	
10	<input type="checkbox"/>	Hincks - Dellcrest	
11	<input type="checkbox"/>	Holland Bloorview	
12	<input type="checkbox"/>	HSC	
13	<input type="checkbox"/>	HSC - Adol Med	
14	<input type="checkbox"/>	Humber River Regional	
15	<input type="checkbox"/>	Lakeridge - Bowmanville	
16	<input type="checkbox"/>	Lakeridge - Oshawa	
17	<input type="checkbox"/>	Lakeridge - Port Perry	
18	<input type="checkbox"/>	Lakeridge - Whitby	
19	<input type="checkbox"/>	Markham - Stouffville	
20	<input type="checkbox"/>	Mental Health Penetanguishene	
21	<input type="checkbox"/>	MSH	
22	<input type="checkbox"/>	NYGH	
23	<input type="checkbox"/>	Ontario Shores	
24	<input type="checkbox"/>	Providence	
25	<input type="checkbox"/>	ROMP	
26	<input type="checkbox"/>	Rouge Valley - Ajax/Pickering	
27	<input type="checkbox"/>	Rouge Valley - Centenary	
28	<input type="checkbox"/>	Royal Victoria	
29	<input type="checkbox"/>	SBK	
30	<input type="checkbox"/>	Scarborough General	
31	<input type="checkbox"/>	Scarborough Grace	
32	<input type="checkbox"/>	SMH	
33	<input type="checkbox"/>	Southlake	
34	<input type="checkbox"/>	St. John's Rehab	
35	<input type="checkbox"/>	St. Joseph's	
36	<input type="checkbox"/>	Surrey Place	
37	<input type="checkbox"/>	TEGH	
38	<input type="checkbox"/>	Toronto Rehab - University Ave	
39	<input type="checkbox"/>	Toronto Rehab - Lyndehurst	
40	<input type="checkbox"/>	Trillium - Mississauga	
41	<input type="checkbox"/>	Trillium - West Toronto	
42	<input type="checkbox"/>	UHN - PMH	
43	<input type="checkbox"/>	UHN - TGH	
44	<input type="checkbox"/>	UHN - TWH	
45	<input type="checkbox"/>	WCH	
46	<input type="checkbox"/>	West Park	
47	<input type="checkbox"/>	William Osler - Brampton	
48	<input type="checkbox"/>	William Osler - Etobicoke	
49	<input type="checkbox"/>	York Central Youthdale Treatment Centre	
50	<input type="checkbox"/>	Other	

	strongly disagree A	Disagree B	Neutral C	agree D	strongly agree E	not applicable/not experienced F
90	This rotation was well organized.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
91	This rotation was of high quality.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
92	Faculty/resident supervision of patient care activities was appropriate.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
93	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
94	The experience in this rotation will be helpful in preparing for MCCQE exams					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
95	There was meaningful involvement in patient care.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
96	An adequate variety of patients and illnesses was experienced					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
97	The quantity and quality of faculty teaching was adequate					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
98	Faculty/Resident feedback I received was valuable					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	strongly disagree A	Disagree B	Neutral C	agree D	strongly agree E	not applicable/not experienced F
99	The quantity and quality of resident teaching was adequate					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
100	The quality of lectures/conferences/seminars was adequate					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
101	The quality of clinical skills teaching and feedback was adequate					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
102	There was adequate discussion of ethics in teaching/clinical situations					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
103	Learning objectives were clearly specified and attainable.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
104	My grades in this rotation were reported in a timely fashion					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
105	The clinical evaluations I received in this rotation reflected my perception of my performance.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
106	The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation).					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
107	While on call during this rotation, I felt adequately supported.					
	Medicine (General)	Surgery (General)	Obstetrics/Gynaecology	Psychiatry	Family & Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Paediatrics	Medicine (Specialty)	Surgery (Specialty)	Emergency/Anesthesia	Ambulatory/Community	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

108 Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a)

Medicine (General)

A B C D E

Surgery (General)

A B C D E

Obstetrics/Gynaecology

A B C D E

Psychiatry

A B C D E

Family & Community

A B C D E

Paediatrics

A B C D E

Medicine (Specialty)

A B C D E

Surgery (Specialty)

A B C D E

Emergency/Anesthesia

A B C D E

Ambulatory/Community

A B C D E

Please make comments on any of the questions in the space below (use back of sheet if necessary)

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N
	Female	Male						
2 gender	58.3	41.7	0	0	0	1.42	0.49	187
	F-G	P-B	W-B	CV/T				
3 academy	31.9	24.3	43.8	0	0	2.12	0.86	185
	None	Bachelor	Master	Doctorate				
4 The highest level of education:	1.0	60.8	30.7	7.5	0	2.45	0.65	199
	<21	21-25	26-30	31-35	35+			
5 Age at entrance to medical school:	1.0	78.8	19.2	0.5	0.5	2.21	0.48	198
	S Disagree				S Agree			
6 I have a good understanding of the channels of communication that are used to voice student concerns to the administration.	1.5	9.7	21.9	52.0	14.8	3.69	0.89	196
7 The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students.	0.5	3.7	21.3	56.9	17.6	3.87	0.76	188
8 The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students.	0.5	0.5	4.5	45.5	49.0	4.42	0.65	202
9 The academy directors are accessible and approachable to students.	0.6	4.0	26.4	40.8	28.2	3.92	0.87	174
10 There is open and effective communication between faculty and students.	0	2.0	21.4	52.2	24.4	3.99	0.73	201
11 The faculty effectively keeps students informed about relevant decisions.	0.5	5.6	23.4	49.2	21.3	3.85	0.84	197
12 I am aware of the student support services offered by the medical school (e.g. Program for The Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]).	0	5.6	12.6	49.0	32.8	4.09	0.82	198
13 Student support services are easily accessible and visible to students.	0.5	7.3	16.1	55.4	20.7	3.89	0.83	193
14 These support services have been adequate in meeting my needs.	1.4	6.3	24.5	49.7	18.2	3.77	0.87	143

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
15	1.3	3.9	27.7	43.9	23.2	3.84	0.87	155	
16	0	3.7	21.5	47.4	27.4	3.99	0.80	135	
17	0	6.5	20.0	51.2	22.4	3.89	0.82	170	
18	1.0	3.5	7.0	35.3	53.2	4.36	0.84	201	
19	2.2	9.0	14.9	32.8	41.0	4.01	1.06	134	
20	2.7	10.7	23.3	36.0	27.3	3.75	1.06	150	
21	1.0	6.1	19.7	49.5	23.7	3.89	0.87	198	
22	0	1.0	4.0	42.3	52.7	4.47	0.62	201	
23	0.5	0	2.0	37.3	60.2	4.57	0.59	201	
24	14.7	18.3	23.9	33.0	10.2	3.06	1.23	197	
25	1.2	6.7	17.1	41.5	33.5	3.99	0.94	164	
26	0	6.4	16.3	46.3	31.0	4.02	0.86	203	
27	2.5	10.0	18.4	53.7	15.4	3.70	0.93	201	

Medical Student Survey for Accreditation - Preclerkship

Year 1	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
28	1.0	4.5	5.5	35.8	53.2	4.36	0.86	201	
Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees).									
29	2.0	12.1	26.8	34.3	24.7	3.68	1.04	198	
I have felt encouraged by faculty to participate in extra-curricular activities.									
30	1.0	3.5	7.5	45.2	42.7	4.25	0.82	199	
I participate in extra-curricular activities.									
31	26.7	38.1	22.3	10.9	2.0	2.23	1.03	202	
Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.									
32	17.6	45.2	21.1	11.6	4.5	2.40	1.05	199	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.									
33	15.0	39.5	26.5	12.0	7.0	2.57	1.10	200	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.									
34	6.0	27.3	25.7	32.8	8.2	3.10	1.08	183	
In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).									
35	4.2	15.5	34.5	36.3	9.5	3.32	0.99	168	
The medical school has provided adequate counselling to help me manage my medical school costs.									
36	16.8	26.9	16.2	24.9	15.2	2.95	1.34	197	
My projected debt due to medical school may influence my choice of medical specialty or residency location.									
37	1.0	6.2	11.3	53.3	28.2	4.02	0.86	195	
The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).									
38	12.7	24.9	16.4	33.9	12.2	3.08	1.26	189	
The Gerstein Science Information Centre has adequate hours of operation.									

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
39	The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, group study rooms).	5.2	24.9	16.1	37.8	16.1	3.35	1.17	193
40	The Discovery Commons computer lab has an adequate number and quality of computers.	8.1	19.7	19.2	39.9	13.1	3.30	1.17	198
41	The MSB cafeteria hours of service are adequate.	14.3	28.6	22.2	28.6	6.3	2.84	1.17	189
42	The MSB cafeteria food prices are reasonable.	49.2	32.1	10.4	5.7	2.6	1.80	1.01	193
43	The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.	7.5	10.9	17.9	46.3	17.4	3.55	1.13	201
44	There is adequate study space in MSB.	24.2	40.9	14.6	16.7	3.5	2.34	1.12	198
45	There is adequate access to printing and photocopying at MSB.	42.9	36.2	10.2	8.5	2.3	1.91	1.04	177
46	The lecture rooms at MSB are adequate in terms of size, seating, and lighting.	5.0	6.0	19.0	52.0	18.0	3.72	0.99	200
47	The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.	7.5	10.0	20.5	44.0	18.0	3.55	1.12	200
48	The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).	2.0	11.9	10.4	55.9	19.8	3.80	0.96	202
49	Student housing on campus is adequate (availability, cost, quality).	15.3	20.3	32.2	22.0	10.2	2.92	1.21	59
50	The athletic facilities at Hart House and the Athletic Centre are adequate.	3.4	7.3	13.0	48.6	27.7	3.90	1.00	177
51	The UofT bookstore is adequate (hours, variety of books, products, etc.).	0.5	4.1	14.0	63.7	17.6	3.94	0.73	193

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
52	Wireless internet at MSB (in lecture rooms, common spaces, laboratories, etc.) is widely accessible and reliable.	24.3	36.5	16.4	18.0	4.8	2.42	1.18	189
53	There is adequate space on campus to observe religious or spiritual practices.	4.3	15.2	45.7	28.3	6.5	3.17	0.93	46
54	There are sufficient facilities on campus and in clinical placements to safely store personal items.	1.5	5.6	11.7	54.8	26.4	3.99	0.86	197
55	The criteria that the UofT Admissions Committee uses places sufficient value on both non-academic and academic excellence to select suitable students for the program.	0.5	2.0	9.1	40.9	47.5	4.33	0.77	198
56	For the medical school applicant, there is adequate information available describing the UofT program.	0	4.5	7.0	53.0	35.5	4.20	0.75	200
57	UofT was my preferred choice of medical school.	0.5	2.0	3.5	24.3	69.8	4.61	0.70	202
58	The UofT medical school program has met my pre-enrolment expectations.	1.0	2.5	7.9	43.1	45.5	4.30	0.80	202
59	In my opinion, my medical class is suitably diverse in terms of ethnicity.	1.5	5.0	5.9	46.5	41.1	4.21	0.87	202
60	In my opinion, my medical class is suitably diverse in terms of gender.	0	2.0	6.4	43.3	48.3	4.38	0.70	203
61	In my opinion, my medical class is suitably diverse in terms of religious backgrounds.	1.2	2.4	9.4	42.9	44.1	4.26	0.82	170
62	In my opinion, my medical class is suitably diverse in terms of socioeconomic backgrounds.	7.5	22.5	22.5	26.6	20.8	3.31	1.24	173
63	There are sufficient programs and resources in my medical school to support and promote diversity (ethnicity, gender, religion, socioeconomic status, sexual orientation) in my class.	3.2	5.9	17.2	49.5	24.2	3.85	0.96	186

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
64	47.1	29.4	10.2	8.6	4.8	1.95	1.16	187	
65	58.9	28.4	4.2	5.8	2.6	1.65	0.99	190	
66	0.5	9.5	19.1	47.2	23.6	3.84	0.91	199	
67	8.4	28.7	17.8	34.2	10.9	3.10	1.18	202	
68	5.3	12.1	24.2	41.7	16.7	3.52	1.07	132	
69	1.0	5.0	12.4	55.9	25.7	4.00	0.82	202	
70	16.3	38.1	22.3	18.8	4.5	2.57	1.11	202	
71	6.7	31.3	24.1	32.3	5.6	2.99	1.06	195	
72	3.5	16.7	18.7	46.0	15.2	3.53	1.05	198	
73	5.0	28.6	26.6	29.6	10.1	3.11	1.09	199	
74	6.5	20.4	23.9	38.3	10.9	3.27	1.10	201	

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
75	11.8	31.2	32.3	20.4	4.3	2.74	1.05	186	
76	7.1	15.8	26.1	38.6	12.5	3.34	1.10	184	
77	3.5	6.0	7.5	47.3	35.8	4.06	0.99	201	
78	24.0	26.3	12.0	24.0	13.7	2.77	1.40	175	
79	3.5	14.1	21.7	43.9	16.7	3.56	1.04	198	
80	6.6	13.7	15.2	42.6	21.8	3.59	1.16	197	
81	11.2	13.2	12.2	36.5	26.9	3.55	1.31	197	
82	1.5	7.7	22.4	44.4	24.0	3.82	0.94	196	
83	22.2	27.3	20.7	25.3	4.5	2.63	1.21	198	
84	4.5	4.5	40.9	40.9	9.1	3.45	0.91	22	
85	5.3	10.5	47.4	21.1	15.8	3.32	1.06	19	
86	2.9	17.1	31.4	31.4	17.1	3.43	1.07	35	
87	0	11.1	44.4	27.8	16.7	3.50	0.92	18	

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
88	8.5	40.0	22.4	23.6	5.5	2.78	1.07	165	
88	The amount of time I spend in clinical placements is satisfactory.								
89	0	4.0	2.0	36.2	57.8	4.48	0.73	199	
89	The lecture content was appropriate and useful for my stage of training. - STF Anatomy								
90	2.5	9.0	18.5	38.5	31.5	3.88	1.04	200	
90	The lecture content was appropriate and useful for my stage of training. - STF Histology								
91	2.0	6.6	12.2	45.9	33.2	4.02	0.95	196	
91	The lecture content was appropriate and useful for my stage of training. - STF Embryo								
92	1.0	3.5	9.0	48.8	37.8	4.19	0.81	201	
92	The lecture content was appropriate and useful for my stage of training. - STF Physiology								
93	1.5	7.0	21.9	46.8	22.9	3.83	0.91	201	
93	The lecture content was appropriate and useful for my stage of training. - STF Biochem.								
94	0	1.5	5.0	41.0	52.5	4.45	0.66	200	
94	The lecture content was appropriate and useful for my stage of training. - MNU								
95	0	0	16.7	66.7	16.7	4.00	0.63	6	
95	The lecture content was appropriate and useful for my stage of training. - BRB								
96	0.6	10.2	15.7	57.2	16.3	3.78	0.86	166	
96	The lecture content was appropriate and useful for my stage of training. - Pharmacology								
97	5.9	19.3	22.3	34.7	17.8	3.39	1.16	202	
97	The lecture content was appropriate and useful for my stage of training. - DOCH 1								
98	12.1	21.2	21.2	33.3	12.1	3.12	1.24	33	
98	The lecture content was appropriate and useful for my stage of training. - OCH 2								
99	0	0	33.3	33.3	33.3	4.00	0.87	9	
99	The lecture content was appropriate and useful for my stage of training. - MMMD								
100	2.1	4.7	20.4	48.2	24.6	3.88	0.90	191	
100	The lecture content was appropriate and useful for my stage of training. - Ethics Theme								

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
101	7.1	7.1	21.8	46.7	17.3	3.60	1.08	197
	The lecture content was appropriate and useful for my stage of training. - Manager Theme							
102	0	2.0	2.5	19.8	75.7	4.69	0.62	202
	The quality of teaching in lectures was excellent. - STF Anatomy							
103	0	1.5	2.0	32.5	64.0	4.59	0.61	200
	The quality of teaching in lectures was excellent. - STF Histology							
104	0	2.6	2.6	30.8	64.1	4.56	0.67	195
	The quality of teaching in lectures was excellent. - STF Embryo							
105	2.0	9.6	13.2	47.2	27.9	3.89	0.99	197
	The quality of teaching in lectures was excellent. - STF Physiology							
106	0.5	3.0	13.2	55.3	27.9	4.07	0.76	197
	The quality of teaching in lectures was excellent. - STF Biochem.							
107	0.5	1.5	10.5	54.0	33.5	4.19	0.72	200
	The quality of teaching in lectures was excellent. - MNU							
108	0	0	25.0	50.0	25.0	4.00	0.76	8
	The quality of teaching in lectures was excellent. - BRB							
109	3.0	14.5	27.1	41.6	13.9	3.49	1.00	166
	The quality of teaching in lectures was excellent. - Pharmacology							
110	4.1	18.9	27.6	37.8	11.7	3.34	1.04	196
	The quality of teaching in lectures was excellent. - DOCH 1							
111	7.4	7.4	40.7	29.6	14.8	3.37	1.08	27
	The quality of teaching in lectures was excellent. - DOCH 2							
112	0	0	42.9	28.6	28.6	3.86	0.90	7
	The quality of teaching in lectures was excellent. - MMMD							
113	2.1	5.2	25.1	48.2	19.4	3.77	0.89	191
	The quality of teaching in lectures was excellent. - Ethics Theme							
114	6.3	7.3	21.9	41.7	22.9	3.68	1.10	192
	The quality of teaching in lectures was excellent. - Manager Theme							

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
115	7.5	19.5	11.0	34.0	28.0	3.56	1.29	200	
115	The amount of time spent in lecture was appropriate. - STF Anatomy								
116	5.1	9.6	17.3	44.7	23.4	3.72	1.08	197	
116	The amount of time spent in lecture was appropriate. - STF Histology								
117	4.1	11.3	19.1	38.7	26.8	3.73	1.10	194	
117	The amount of time spent in lecture was appropriate. - STF Embryo								
118	2.6	12.2	13.8	45.9	25.5	3.80	1.04	196	
118	The amount of time spent in lecture was appropriate. - STF Physiology								
119	4.1	14.2	17.3	48.2	16.2	3.58	1.05	197	
119	The amount of time spent in lecture was appropriate. - STF Biochem.								
120	1.5	3.6	7.2	44.6	43.1	4.24	0.85	195	
120	The amount of time spent in lecture was appropriate. - MNU								
121	0	10.0	10.0	50.0	30.0	4.00	0.94	10	
121	The amount of time spent in lecture was appropriate. - BRB								
122	1.3	11.5	26.8	45.9	14.6	3.61	0.92	157	
122	The amount of time spent in lecture was appropriate. - Pharmacology								
123	20.1	29.9	17.5	22.7	9.8	2.72	1.29	194	
123	The amount of time spent in lecture was appropriate. - DOCH 1								
124	8.0	20.0	24.0	36.0	12.0	3.24	1.16	25	
124	The amount of time spent in lecture was appropriate. - OCH 2								
125	0	0	28.6	57.1	14.3	3.86	0.69	7	
125	The amount of time spent in lecture was appropriate. - MMD								
126	3.1	10.4	25.5	46.9	14.1	3.58	0.96	192	
126	The amount of time spent in lecture was appropriate. - Ethics Theme								
127	5.6	9.7	20.0	48.2	16.4	3.60	1.05	195	
127	The amount of time spent in lecture was appropriate. - Manager Theme								
128	1.5	3.0	4.5	29.0	62.0	4.47	0.84	200	
128	Laboratory exercises were appropriate and useful for my stage of training. - STF Anatomy								

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
129	0	0	11.1	55.6	33.3	4.22	0.67	9	
	Laboratory exercises were appropriate and useful for my stage of training. - BRB Anatomy								
130	0.5	0.5	3.0	36.0	60.0	4.55	0.63	200	
	Skills taught were appropriate and useful for my stage of training. - ASCM 1								
131	0	0	5.6	55.6	38.9	4.33	0.59	18	
	Skills taught were appropriate and useful for my stage of training. - ASCM 2								
132	4.0	5.0	11.4	45.3	34.3	4.01	1.01	201	
	Case/seminar content was appropriate and useful for my stage of training. - MNU PBL								
133	2.0	4.0	12.4	52.2	29.4	4.03	0.87	201	
	Case/seminar content was appropriate and useful for my stage of training. - MNU Seminars								
134	8.5	18.1	28.2	32.4	12.8	3.23	1.15	188	
	Case/seminar content was appropriate and useful for my stage of training. - DOCH 1 Seminars								
135	0	0	16.7	50.0	33.3	4.17	0.75	6	
	Case/seminar content was appropriate and useful for my stage of training. - MMMD PBL								
136	0	0	16.7	50.0	33.3	4.17	0.75	6	
	Case/seminar content was appropriate and useful for my stage of training. - MMMD Seminars								
137	4.0	5.5	15.0	44.0	31.5	3.94	1.02	200	
	Case/seminar content was appropriate and useful for my stage of training. - Ethics Seminars								
138	2.6	5.1	24.1	42.6	25.6	3.84	0.95	195	
	Case/seminar content was appropriate and useful for my stage of training. - Ethics Theme								
139	4.6	10.7	24.9	42.1	17.8	3.58	1.04	197	
	Case/seminar content was appropriate and useful for my stage of training. - Manager Theme								
140	1.0	1.0	4.5	28.4	65.2	4.56	0.72	201	
	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - STF Anatomy								

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
141	0	0	0	57.1	42.9	4.43	0.53	7
141	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - BRB Anatomy							
142	0.5	2.5	7.5	40.0	49.5	4.36	0.77	200
142	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MNU PBL							
143	0	4.0	17.6	50.3	28.1	4.03	0.79	199
143	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MNU Seminars							
144	5.6	11.7	20.9	37.8	24.0	3.63	1.14	196
144	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - DOCH 1 Seminars							
145	0	0	16.7	33.3	50.0	4.33	0.82	6
145	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MMMD PBL							
146	0	0	40.0	40.0	20.0	3.80	0.84	5
146	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MMMD Seminars							
147	2.0	4.0	16.2	50.5	27.3	3.97	0.88	198
147	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - Ethics Seminars							
148	0.5	1.0	5.0	35.8	57.7	4.49	0.69	201
148	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - ASCM 1							
149	0	0	7.7	46.2	46.2	4.38	0.65	13
149	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - ASCM 2							
150	1.5	4.0	6.0	35.2	53.3	4.35	0.88	199
150	Group size was appropriate for high quality learning. - STF Anatomy							
151	0	14.3	0	71.4	14.3	3.86	0.90	7
151	Group size was appropriate for high quality learning. - BRB Anatomy							
152	0.5	2.5	7.0	40.8	49.3	4.36	0.76	201
152	Group size was appropriate for high quality learning. - MNU PBL							

Medical Student Survey for Accreditation - Preclerkship

Year 1	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
153	0.5	11.9	11.9	45.8	29.9	3.93	0.97	201	
154	1.5	1.5	6.1	46.9	43.9	4.30	0.78	196	
155	5.6	5.6	5.6	44.4	38.9	4.06	1.11	18	
156	0	16.7	0	33.3	50.0	4.17	1.17	6	
157	0	0	0	62.5	37.5	4.38	0.52	8	
158	2.5	10.5	13.0	42.0	32.0	3.91	1.04	200	
159	0	2.5	1.0	32.7	63.9	4.58	0.64	202	
160	0	0	16.7	25.0	58.3	4.42	0.79	12	
161	3.0	8.0	7.5	31.7	49.7	4.17	1.07	199	
162	0	0	0	60.0	40.0	4.40	0.55	5	
163	1.0	5.1	9.6	44.7	39.6	4.17	0.87	197	
164	0	8.6	10.6	50.5	30.3	4.03	0.87	198	
165	7.6	20.8	18.3	33.0	20.3	3.38	1.23	197	
166	13.3	6.7	0	40.0	40.0	3.87	1.41	15	

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
167	0	0	0	50.0	50.0	4.50	0.71	2
168	0	0	25.0	50.0	25.0	4.00	0.82	4
169	4.1	6.7	18.0	45.9	25.3	3.81	1.02	194
170	0	6.1	5.1	40.4	48.5	4.31	0.83	198
171	0	8.3	8.3	33.3	50.0	4.25	0.97	12
172	2.0	7.0	11.6	38.2	41.2	4.10	0.99	199
173	0	2.5	9.6	44.9	42.9	4.28	0.74	198
174	0.5	4.2	10.9	43.2	41.1	4.20	0.83	192
175	1.0	10.2	12.7	49.7	26.4	3.90	0.94	197
176	0.5	5.6	15.7	56.3	21.8	3.93	0.80	197
177	0.5	5.6	11.7	52.0	30.1	4.06	0.83	196
178	0	0	50.0	25.0	25.0	3.75	0.96	4
179	3.7	6.1	15.3	55.2	19.6	3.81	0.95	163

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
180	4.6	9.2	17.9	46.7	21.5	3.71	1.05	195
180	Examination questions were fair and reflected course/theme content. - DOCH 1							
181	22.2	0	22.2	55.6	0	3.11	1.27	9
181	Examination questions were fair and reflected course/theme content. - DOCH 2							
182	0	0	0	66.7	33.3	4.33	0.58	3
182	Examination questions were fair and reflected course/theme content. - MMD							
183	2.6	5.8	12.0	53.9	25.7	3.94	0.92	191
183	Examination questions were fair and reflected course/theme content. - Ethics Theme							
184	6.2	6.2	23.7	42.8	21.1	3.66	1.07	194
184	Examination questions were fair and reflected course/theme content. - Manager Theme							
185	0	0	3.3	53.3	43.4	4.40	0.55	182
185	Examination questions were fair and reflected course/theme content. - ASCM 1							
186	0	0	33.3	44.4	22.2	3.89	0.78	9
186	Examination questions were fair and reflected course/theme content. - ASCM 2							
187	0.5	1.5	6.1	36.4	55.6	4.45	0.72	198
187	Overall, the course was well organized. - STF Anatomy							
188	0	1.0	6.1	44.4	48.5	4.40	0.65	196
188	Overall, the course was well organized. - STF Histology							
189	0	1.6	6.7	41.5	50.3	4.40	0.69	193
189	Overall, the course was well organized. - STF Embryo							
190	2.5	11.6	9.6	48.0	28.3	3.88	1.03	198
190	Overall, the course was well organized. - STF Physiology							
191	1.0	7.5	14.6	51.3	25.6	3.93	0.89	199
191	Overall, the course was well organized. - STF Biochem.							
192	1.0	5.6	6.1	39.3	48.0	4.28	0.89	196
192	Overall, the course was well organized. - MNU							
193	0	0	25.0	50.0	25.0	4.00	0.82	4
193	Overall, the course was well organized. - BRB							

Medical Student Survey for Accreditation - Preclerkship

Year 1	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
194 Overall, the course was well organized. - Pharmacology	1.9	14.0	20.4	45.9	17.8	3.64	0.99	157
195 Overall, the course was well organized. - DOCH 1	12.2	18.4	21.4	37.2	10.7	3.16	1.21	196
196 Overall, the course was well organized. - DOCH 2	14.3	0	21.4	42.9	21.4	3.57	1.28	14
197 Overall, the course was well organized. - MMD	0	0	0	50.0	50.0	4.50	0.71	2
198 Overall, the course was well organized. - ASCM 1	0	4.1	6.7	43.1	46.2	4.31	0.77	195
199 Overall, the course was well organized. - ASCM 2	0	0	20.0	60.0	20.0	4.00	0.67	10
200 Course faculty members were open and receptive to student feedback. - STF Anatomy	0	0	4.8	29.0	66.1	4.61	0.58	186
201 Course faculty members were open and receptive to student feedback. - STF Histology	0	0	5.0	34.3	60.8	4.56	0.59	181
202 Course faculty members were open and receptive to student feedback. - STF Embryo	0.6	0.6	4.6	36.6	57.7	4.50	0.67	175
203 Course faculty members were open and receptive to student feedback. - STF Physiology	0	2.8	11.4	47.7	38.1	4.21	0.75	176
204 Course faculty members were open and receptive to student feedback. - STF Biochem.	0	1.7	8.4	47.8	42.1	4.30	0.70	178
205 Course faculty members were open and receptive to student feedback. - MNU	0	2.8	2.3	39.5	55.4	4.47	0.68	177
206 Course faculty members were open and receptive to student feedback. - BRB	0	0	20.0	40.0	40.0	4.20	0.84	5

Medical Student Survey for Accreditation - Preclerkship

Year 1

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
207	0	5.0	15.8	51.8	27.3	4.01	0.80	139	
208	2.3	2.8	15.8	41.8	37.3	4.09	0.92	177	
209	7.7	7.7	23.1	30.8	30.8	3.69	1.25	13	
210	0	0	0	0	100.0	5.00	0.00	2	
211	0	2.3	9.1	32.4	56.3	4.43	0.75	176	
212	0	0	8.3	50.0	41.7	4.33	0.65	12	

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N
	Female	Male						
2 gender	55.1	44.9	0	0	0	1.45	0.50	178
	F-G	P-B	W-B	CV/T				
3 academy	27.8	26.1	46.1	0	0	2.18	0.84	180
	None	Bachelor	Master	Doctorate				
4 The highest level of education:	2.2	60.5	29.2	8.1	0	2.43	0.67	185
	<21	21-25	26-30	31-35	35+			
5 Age at entrance to medical school:	3.3	77.7	16.3	2.7	0	2.18	0.52	184
	S Disagree				S Agree			
6 I have a good understanding of the channels of communication that are used to voice student concerns to the administration.	2.2	14.5	38.7	34.4	10.2	3.36	0.93	186
7 The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students.	2.8	7.8	29.6	45.3	14.5	3.61	0.93	179
8 The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students.	0	1.1	11.3	60.2	27.4	4.14	0.64	186
9 The academy directors are accessible and approachable to students.	0.6	4.5	17.6	49.4	27.8	3.99	0.83	176
10 There is open and effective communication between faculty and students.	0.5	10.3	29.2	47.0	13.0	3.62	0.86	185
11 The faculty effectively keeps students informed about relevant decisions.	3.8	9.1	30.1	45.2	11.8	3.52	0.95	186
12 I am aware of the student support services offered by the medical school (e.g. Program for The Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]).	0.5	6.5	14.6	56.2	22.2	3.93	0.82	185
13 Student support services are easily accessible and visible to students.	1.7	5.6	24.7	52.8	15.2	3.74	0.84	178
14 These support services have been adequate in meeting my needs.	1.5	11.4	34.1	40.9	12.1	3.51	0.90	132

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
15	5.1	17.6	38.2	31.6	7.4	3.18	0.98	136	
16	1.5	8.9	31.1	42.2	16.3	3.63	0.91	135	
17	0.6	6.9	28.8	50.0	13.8	3.69	0.82	160	
18	0	3.3	4.4	50.3	42.1	4.31	0.71	183	
19	2.2	8.7	19.6	39.9	29.7	3.86	1.01	138	
20	3.5	20.3	23.8	34.3	18.2	3.43	1.11	143	
21	0	9.2	14.7	54.9	21.2	3.88	0.85	184	
22	0	1.1	9.2	51.9	37.8	4.26	0.67	185	
23	0	0	3.8	46.5	49.7	4.46	0.57	185	
24	9.2	24.5	23.9	32.1	10.3	3.10	1.16	184	
25	1.8	4.7	9.9	43.9	39.8	4.15	0.91	171	
26	0.5	9.7	11.9	43.8	34.1	4.01	0.95	185	
27	0	8.1	26.5	50.8	14.6	3.72	0.81	185	

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
28	0.5	5.4	9.7	42.7	41.6	4.19	0.86	185	
Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees).									
29	3.3	20.1	30.4	34.2	12.0	3.32	1.03	184	
I have felt encouraged by faculty to participate in extra-curricular activities.									
30	1.1	3.8	8.6	49.7	36.8	4.17	0.82	185	
I participate in extra-curricular activities.									
31	27.3	40.4	18.6	12.6	1.1	2.20	1.01	183	
Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.									
32	18.6	44.8	19.7	12.6	4.4	2.39	1.06	183	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.									
33	15.3	39.3	20.2	20.2	4.9	2.60	1.12	183	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.									
34	8.2	26.5	30.0	30.6	4.7	2.97	1.05	170	
In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).									
35	4.6	26.3	41.4	25.7	2.0	2.94	0.89	152	
The medical school has provided adequate counselling to help me manage my medical school costs.									
36	21.2	34.6	11.7	22.9	9.5	2.65	1.30	179	
My projected debt due to medical school may influence my choice of medical specialty or residency location.									
37	2.3	3.4	13.6	59.7	21.0	3.94	0.83	176	
The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).									
38	9.6	22.8	17.4	41.3	9.0	3.17	1.17	167	
The Gerstein Science Information Centre has adequate hours of operation.									

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
39	7.0	25.1	24.0	37.4	6.4	3.11	1.08	171	
	The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, group study rooms).								
40	2.8	19.0	15.6	53.6	8.9	3.47	0.99	179	
	The Discovery Commons computer lab has an adequate number and quality of computers.								
41	13.9	29.5	23.7	30.6	2.3	2.78	1.10	173	
	The MSB cafeteria hours of service are adequate.								
42	36.4	37.6	15.6	9.8	0.6	2.01	0.99	173	
	The MSB cafeteria food prices are reasonable.								
43	9.0	18.6	18.6	40.7	13.0	3.30	1.18	177	
	The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.								
44	33.1	37.1	13.5	14.6	1.7	2.15	1.09	178	
	There is adequate study space in MSB.								
45	50.9	28.7	12.9	7.0	0.6	1.78	0.96	171	
	There is adequate access to printing and photocopying at MSB.								
46	2.7	19.5	17.3	49.7	10.8	3.46	1.01	185	
	The lecture rooms at MSB are adequate in terms of size, seating, and lighting.								
47	1.1	2.7	9.8	62.8	23.5	4.05	0.74	183	
	The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.								
48	2.7	10.4	18.0	56.3	12.6	3.66	0.92	183	
	The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).								
49	15.0	18.3	38.3	23.3	5.0	2.85	1.10	60	
	Student housing on campus is adequate (availability, cost, quality).								
50	1.2	7.9	13.9	59.4	17.6	3.84	0.85	165	
	The athletic facilities at Hart House and the Athletic Centre are adequate.								
51	0.6	2.4	18.8	61.8	16.5	3.91	0.70	170	
	The UofT bookstore is adequate (hours, variety of books, products, etc.).								

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
52	23.0	27.5	15.2	27.5	6.7	2.67	1.28	178	
Wireless internet at MSB (in lecture rooms, common spaces, laboratories, etc.) is widely accessible and reliable.									
53	3.3	14.8	39.3	36.1	6.6	3.28	0.92	61	
There is adequate space on campus to observe religious or spiritual practices.									
54	10.9	24.0	23.5	31.7	9.8	3.05	1.18	183	
There are sufficient facilities on campus and in clinical placements to safely store personal items.									
55	2.3	9.1	9.1	50.9	28.6	3.94	0.98	175	
The criteria that the UofT Admissions Committee uses places sufficient value on both non-academic and academic excellence to select suitable students for the program.									
56	0.5	2.7	10.4	62.6	23.6	4.06	0.71	182	
For the medical school applicant, there is adequate information available describing the UofT program.									
57	1.1	1.6	6.5	30.4	60.3	4.47	0.78	184	
UofT was my preferred choice of medical school.									
58	2.2	8.6	13.5	48.6	27.0	3.90	0.97	185	
The UofT medical school program has met my pre-enrolment expectations.									
59	5.5	6.6	11.5	49.2	27.3	3.86	1.06	183	
In my opinion, my medical class is suitably diverse in terms of ethnicity.									
60	0.5	1.6	5.5	58.8	33.5	4.23	0.67	182	
In my opinion, my medical class is suitably diverse in terms of gender.									
61	1.8	3.7	15.3	54.0	25.2	3.97	0.85	163	
In my opinion, my medical class is suitably diverse in terms of religious backgrounds.									
62	12.2	16.7	29.5	34.0	7.7	3.08	1.14	156	
In my opinion, my medical class is suitably diverse in terms of socioeconomic backgrounds.									
63	1.2	9.5	18.5	50.6	20.2	3.79	0.91	168	
There are sufficient programs and resources in my medical school to support and promote diversity (ethnicity, gender, religion, socioeconomic status, sexual orientation) in my class.									

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
64	I have personally witnessed or experienced discrimination of some kind from fellow students.	42.8	35.8	9.2	9.8	2.3	1.93	1.06	173
65	I have witnessed faculty or staff contribute to an intolerant or disrespectful learning environment.	33.1	27.4	13.7	21.7	4.0	2.36	1.26	175
66	If I were to witness or experience discrimination of some kind in my educational environment, I would be encouraged to report the incident.	4.5	17.4	26.4	40.4	11.2	3.37	1.04	178
67	If I were to witness or experience discrimination of some kind in my educational environment I would know to whom / where to report the incident.	12.0	40.8	22.3	20.1	4.9	2.65	1.08	184
68	I feel comfortable approaching faculty and staff about receiving accommodation for religious, spiritual or other diversity needs.	6.0	22.4	23.3	37.9	10.3	3.24	1.10	116
69	Educational materials (e.g. PBL cases) offer an appropriate and non-stereotypical representation of patient diversity.	2.7	7.1	18.5	53.8	17.9	3.77	0.92	184
70	There is sufficient time available to pursue clinical, research, or global health experiences.	22.7	36.2	19.5	18.9	2.7	2.43	1.12	185
71	There are sufficient opportunities and support for research activities within the curriculum.	12.6	24.2	24.2	35.2	3.8	2.93	1.12	182
72	There are sufficient opportunities and support for research activities outside of the curriculum.	8.8	20.4	21.0	43.1	6.6	3.18	1.11	181
73	There are sufficient opportunities and support for clinical experience within the curriculum.	14.8	33.9	20.2	29.0	2.2	2.70	1.11	183
74	There are sufficient opportunities and support for clinical experience outside of the curriculum (e.g. shadowing).	19.8	33.5	16.5	27.5	2.7	2.60	1.17	182

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
75	15.5	35.4	26.1	21.1	1.9	2.58	1.05	161	
76	10.1	19.0	28.5	36.7	5.7	3.09	1.09	158	
77	4.3	10.8	13.5	48.6	22.7	3.75	1.06	185	
78	29.1	25.1	19.6	19.0	7.3	2.50	1.29	179	
79	3.9	19.9	28.2	38.1	9.9	3.30	1.02	181	
80	5.4	25.4	23.2	37.8	8.1	3.18	1.07	185	
81	12.6	15.9	11.5	41.8	18.1	3.37	1.30	182	
82	6.0	10.4	21.3	43.7	18.6	3.58	1.09	183	
83	27.8	25.6	18.3	25.6	2.8	2.50	1.22	180	
84	10.9	8.2	10.3	46.2	24.5	3.65	1.24	184	
85	16.8	19.0	9.8	37.5	16.8	3.18	1.37	184	
86	18.0	24.0	16.9	31.1	9.8	2.91	1.29	183	
87	21.1	20.6	20.6	26.1	11.7	2.87	1.33	180	

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
88	19.6	38.6	23.9	15.2	2.7	2.43	1.05	184	
88	The amount of time I spend in clinical placements is satisfactory.								
89	0.6	3.4	3.4	34.8	57.9	4.46	0.77	178	
89	The lecture content was appropriate and useful for my stage of training. - STF Anatomy								
90	1.7	11.7	15.6	46.4	24.6	3.80	0.99	179	
90	The lecture content was appropriate and useful for my stage of training. - STF Histology								
91	3.9	15.7	27.5	34.8	18.0	3.47	1.08	178	
91	The lecture content was appropriate and useful for my stage of training. - STF Embryo								
92	0.6	1.1	6.1	53.1	39.1	4.29	0.68	179	
92	The lecture content was appropriate and useful for my stage of training. - STF Physiology								
93	10.5	14.4	23.8	35.9	15.5	3.31	1.20	181	
93	The lecture content was appropriate and useful for my stage of training. - STF Biochem.								
94	0.6	0.6	6.7	47.5	44.7	4.35	0.68	179	
94	The lecture content was appropriate and useful for my stage of training. - MNU								
95	2.2	1.1	12.8	47.5	36.3	4.15	0.85	179	
95	The lecture content was appropriate and useful for my stage of training. - BRB								
96	0.6	6.7	14.5	55.3	22.9	3.93	0.83	179	
96	The lecture content was appropriate and useful for my stage of training. - Pharmacology								
97	15.4	23.6	21.4	29.7	9.9	2.95	1.25	182	
97	The lecture content was appropriate and useful for my stage of training. - DOCH 1								
98	26.5	23.2	23.8	19.3	7.2	2.57	1.27	181	
98	The lecture content was appropriate and useful for my stage of training. - OCH 2								
99	0.5	0.5	7.1	46.7	45.1	4.35	0.69	182	
99	The lecture content was appropriate and useful for my stage of training. - MMMD								
100	3.3	5.5	16.9	50.3	24.0	3.86	0.95	183	
100	The lecture content was appropriate and useful for my stage of training. - Ethics Theme								

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
101	13.2	18.7	25.3	28.6	14.3	3.12	1.25	182
	The lecture content was appropriate and useful for my stage of training. - Manager Theme							
102	0.6	1.1	5.0	22.1	71.3	4.62	0.68	181
	The quality of teaching in lectures was excellent. - STF Anatomy							
103	0.6	0.6	8.3	33.3	57.2	4.46	0.72	180
	The quality of teaching in lectures was excellent. - STF Histology							
104	0.6	5.6	8.5	39.0	46.3	4.25	0.88	177
	The quality of teaching in lectures was excellent. - STF Embryo							
105	0.6	3.9	13.4	50.3	31.8	4.09	0.81	179
	The quality of teaching in lectures was excellent. - STF Physiology							
106	5.1	9.6	25.4	45.2	14.7	3.55	1.02	177
	The quality of teaching in lectures was excellent. - STF Biochem.							
107	1.1	3.4	16.3	54.5	24.7	3.98	0.81	178
	The quality of teaching in lectures was excellent. - MNU							
108	1.7	2.2	15.1	42.5	38.5	4.14	0.87	179
	The quality of teaching in lectures was excellent. - BRB							
109	1.7	2.2	18.9	57.8	19.4	3.91	0.79	180
	The quality of teaching in lectures was excellent. - Pharmacology							
110	12.2	24.9	33.1	23.8	6.1	2.87	1.10	181
	The quality of teaching in lectures was excellent. - DOCH 1							
111	23.5	31.8	26.3	14.0	4.5	2.44	1.13	179
	The quality of teaching in lectures was excellent. - DOCH 2							
112	1.7	4.0	16.4	58.2	19.8	3.90	0.82	177
	The quality of teaching in lectures was excellent. - MMMD							
113	2.8	6.8	27.7	47.5	15.3	3.66	0.92	177
	The quality of teaching in lectures was excellent. - Ethics Theme							
114	11.9	10.7	26.0	37.9	13.6	3.31	1.19	177
	The quality of teaching in lectures was excellent. - Manager Theme							

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
115 The amount of time spent in lecture was appropriate. - STF Anatomy	2.2	12.7	12.7	44.2	28.2	3.83	1.05	181
116 The amount of time spent in lecture was appropriate. - STF Histology	1.7	9.9	19.9	50.8	17.7	3.73	0.92	181
117 The amount of time spent in lecture was appropriate. - STF Embryo	2.2	15.1	23.5	44.7	14.5	3.54	0.99	179
118 The amount of time spent in lecture was appropriate. - STF Physiology	0.6	10.6	19.4	51.7	17.8	3.76	0.89	180
119 The amount of time spent in lecture was appropriate. - STF Biochem.	7.2	16.0	22.7	40.3	13.8	3.38	1.13	181
120 The amount of time spent in lecture was appropriate. - MNU	1.7	5.0	12.2	57.5	23.8	3.97	0.84	181
121 The amount of time spent in lecture was appropriate. - BRB	1.1	7.7	15.5	54.7	21.0	3.87	0.87	181
122 The amount of time spent in lecture was appropriate. - Pharmacology	2.8	11.7	18.9	51.7	15.0	3.64	0.97	180
123 The amount of time spent in lecture was appropriate. - DOCH 1	24.3	27.6	23.2	19.9	5.0	2.54	1.20	181
124 The amount of time spent in lecture was appropriate. - OCH 2	32.8	28.9	16.1	17.8	4.4	2.32	1.23	180
125 The amount of time spent in lecture was appropriate. - MMD	2.2	10.0	15.0	51.1	21.7	3.80	0.97	180
126 The amount of time spent in lecture was appropriate. - Ethics Theme	2.2	11.7	19.6	51.4	15.1	3.65	0.95	179
127 The amount of time spent in lecture was appropriate. - Manager Theme	14.8	27.3	15.3	29.5	13.1	2.99	1.30	176
128 Laboratory exercises were appropriate and useful for my stage of training. - STF Anatomy	0.6	1.1	2.8	33.9	61.7	4.55	0.66	180

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
129	1.1	2.8	7.2	32.8	56.1	4.40	0.83	180	
	Laboratory exercises were appropriate and useful for my stage of training. - BRB Anatomy								
130	0	0	2.2	38.1	59.7	4.57	0.54	181	
	Skills taught were appropriate and useful for my stage of training. - ASCM 1								
131	0.5	5.5	15.3	41.5	37.2	4.09	0.89	183	
	Skills taught were appropriate and useful for my stage of training. - ASCM 2								
132	2.2	8.4	20.7	48.0	20.7	3.77	0.95	179	
	Case/seminar content was appropriate and useful for my stage of training. - MNU PBL								
133	1.1	7.7	24.9	49.7	16.6	3.73	0.87	181	
	Case/seminar content was appropriate and useful for my stage of training. - MNU Seminars								
134	18.6	26.6	26.6	22.0	6.2	2.71	1.18	177	
	Case/seminar content was appropriate and useful for my stage of training. - DOCH 1 Seminars								
135	3.3	9.9	12.7	47.5	26.5	3.84	1.03	181	
	Case/seminar content was appropriate and useful for my stage of training. - MMMD PBL								
136	3.8	8.2	20.9	48.9	18.1	3.69	0.99	182	
	Case/seminar content was appropriate and useful for my stage of training. - MMMD Seminars								
137	3.9	9.4	18.2	47.5	21.0	3.72	1.02	181	
	Case/seminar content was appropriate and useful for my stage of training. - Ethics Seminars								
138	4.4	11.0	20.6	51.5	12.5	3.57	0.99	136	
	Case/seminar content was appropriate and useful for my stage of training. - Ethics Theme								
139	17.4	15.9	29.5	29.5	7.6	2.94	1.21	132	
	Case/seminar content was appropriate and useful for my stage of training. - Manager Theme								
140	2.8	5.0	8.4	32.4	51.4	4.25	1.00	179	
	The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - STF Anatomy								

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
141	1.1	3.4	10.7	43.3	41.6	4.21	0.85	178
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - BRB Anatomy								
142	1.7	4.0	19.8	52.0	22.6	3.90	0.85	177
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MNU PBL								
143	1.7	3.4	28.6	50.3	16.0	3.75	0.83	175
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MNU Seminars								
144	9.7	18.3	23.4	34.9	13.7	3.25	1.19	175
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - DOCH 1 Seminars								
145	2.2	3.9	12.4	54.5	27.0	4.00	0.87	178
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MMMD PBL								
146	1.7	3.4	20.3	55.9	18.6	3.86	0.81	177
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - MMMD Seminars								
147	2.8	5.6	24.2	48.9	18.5	3.75	0.92	178
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - Ethics Seminars								
148	1.1	0	7.8	40.8	50.3	4.39	0.73	179
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - ASCM 1								
149	0.6	0.6	18.2	51.9	28.7	4.08	0.73	181
The quality of teaching/assistance/group facilitation by my tutor(s) was excellent. - ASCM 2								
150	0.6	2.2	10.5	43.1	43.6	4.27	0.78	181
Group size was appropriate for high quality learning. - STF Anatomy								
151	0.6	2.2	9.4	48.1	39.8	4.24	0.76	181
Group size was appropriate for high quality learning. - BRB Anatomy								
152	1.1	1.1	8.3	53.9	35.6	4.22	0.73	180
Group size was appropriate for high quality learning. - MNU PBL								

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
153	2.2	5.0	17.1	47.5	28.2	3.94	0.92	181	
154	4.0	2.8	18.8	47.7	26.7	3.90	0.96	176	
155	13.0	11.3	20.3	35.0	20.3	3.38	1.29	177	
156	1.1	0.6	7.8	50.0	40.6	4.28	0.73	180	
157	1.7	5.0	12.2	50.8	30.4	4.03	0.88	181	
158	1.1	4.4	15.4	48.9	30.2	4.03	0.86	182	
159	0.6	0.6	3.3	39.8	55.8	4.50	0.65	181	
160	0.6	0	3.5	39.2	56.7	4.51	0.63	171	
161	1.1	2.8	6.1	49.7	40.3	4.25	0.78	181	
162	1.1	2.8	7.2	53.0	35.9	4.20	0.78	181	
163	3.9	4.4	16.6	54.1	21.0	3.84	0.94	181	
164	1.7	7.7	20.4	50.8	19.3	3.78	0.90	181	
165	16.7	18.9	19.4	32.2	12.8	3.06	1.30	180	
166	30.9	20.4	15.5	23.2	9.9	2.61	1.39	181	

Medical Student Survey for Accreditation - Preclerkship

Year 2

		A	B	C	D	E	Mean	StDev	Valid N
		S Disagree			S Agree				
167	The amount of time spent in small group learning was appropriate. - MMMD PBL	6.0	4.4	11.5	54.4	23.6	3.85	1.03	182
168	The amount of time spent in small group learning was appropriate. - MMMD Seminars	2.8	8.3	20.4	49.7	18.8	3.73	0.95	181
169	The amount of time spent in small group learning was appropriate. - Ethics	2.2	8.3	18.8	54.1	16.6	3.75	0.91	181
170	The amount of time spent in small group learning was appropriate. - ASCM 1	1.7	5.5	10.5	45.3	37.0	4.10	0.92	181
171	The amount of time spent in small group learning was appropriate. - ASCM 2	2.2	8.9	10.0	42.8	36.1	4.02	1.01	180
172	Examination questions were fair and reflected course/theme content. - STF Anatomy	1.7	1.1	6.1	49.7	41.3	4.28	0.77	179
173	Examination questions were fair and reflected course/theme content. - STF Histology	1.7	1.1	7.3	47.5	42.5	4.28	0.79	179
174	Examination questions were fair and reflected course/theme content. - STF Embryo	6.3	21.7	20.0	34.9	17.1	3.35	1.18	175
175	Examination questions were fair and reflected course/theme content. - STF Physiology	0.6	1.1	12.6	56.9	28.7	4.12	0.71	174
176	Examination questions were fair and reflected course/theme content. - STF Biochem.	5.6	9.6	26.0	42.9	15.8	3.54	1.05	177
177	Examination questions were fair and reflected course/theme content. - MNU	2.8	2.2	13.5	53.9	27.5	4.01	0.87	178
178	Examination questions were fair and reflected course/theme content. - BRB	2.8	19.0	19.6	43.0	15.6	3.50	1.06	179
179	Examination questions were fair and reflected course/theme content. - Pharmacology	0.6	1.1	7.3	60.9	30.2	4.19	0.66	179

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
180	6.7	11.7	22.2	47.8	11.7	3.46	1.06	180
180	Examination questions were fair and reflected course/theme content. - DOCH 1							
181	5.6	15.3	24.9	41.2	13.0	3.41	1.07	177
181	Examination questions were fair and reflected course/theme content. - DOCH 2							
182	1.7	6.6	21.5	55.2	14.9	3.75	0.85	181
182	Examination questions were fair and reflected course/theme content. - MMD							
183	1.1	3.3	15.6	60.0	20.0	3.94	0.77	180
183	Examination questions were fair and reflected course/theme content. - Ethics Theme							
184	3.9	4.5	15.7	53.9	21.9	3.85	0.95	178
184	Examination questions were fair and reflected course/theme content. - Manager Theme							
185	0	0	5.5	53.8	40.7	4.35	0.58	182
185	Examination questions were fair and reflected course/theme content. - ASCM 1							
186	0	0.6	8.0	53.4	38.0	4.29	0.64	163
186	Examination questions were fair and reflected course/theme content. - ASCM 2							
187	0.5	1.1	5.5	36.3	56.6	4.47	0.70	182
187	Overall, the course was well organized. - STF Anatomy							
188	1.1	1.1	8.2	44.5	45.1	4.31	0.76	182
188	Overall, the course was well organized. - STF Histology							
189	1.7	5.0	10.1	46.4	36.9	4.12	0.90	179
189	Overall, the course was well organized. - STF Embryo							
190	1.1	2.8	12.4	53.7	29.9	4.08	0.80	177
190	Overall, the course was well organized. - STF Physiology							
191	1.7	9.6	20.2	50.0	18.5	3.74	0.93	178
191	Overall, the course was well organized. - STF Biochem.							
192	1.6	5.5	16.5	50.5	25.8	3.93	0.89	182
192	Overall, the course was well organized. - MNU							
193	0.6	4.4	9.4	47.5	38.1	4.18	0.82	181
193	Overall, the course was well organized. - BRB							

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
194	1.1	5.0	15.0	51.7	27.2	3.99	0.85	180	
195	18.8	23.2	27.6	24.3	6.1	2.76	1.19	181	
196	38.5	30.2	14.8	13.2	3.3	2.13	1.16	182	
197	3.3	14.2	23.5	38.3	20.8	3.59	1.07	183	
198	0.6	0.6	3.3	48.1	47.5	4.41	0.64	181	
199	3.3	13.8	19.9	40.9	22.1	3.65	1.07	181	
200	0.6	0.6	5.5	44.5	48.8	4.40	0.68	164	
201	0.6	0.6	8.7	42.2	47.8	4.36	0.72	161	
202	0.6	2.5	10.6	43.8	42.5	4.25	0.79	160	
203	1.2	1.9	14.3	49.1	33.5	4.12	0.81	161	
204	2.5	5.6	19.9	43.5	28.6	3.90	0.96	161	
205	1.3	0.6	12.6	56.0	29.6	4.12	0.74	159	
206	1.2	2.4	11.6	48.8	36.0	4.16	0.81	164	

Medical Student Survey for Accreditation - Preclerkship

Year 2

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
207	0.6	1.2	10.5	53.1	34.6	4.20	0.72	162
208	10.9	12.1	22.4	41.2	13.3	3.34	1.18	165
209	13.3	18.1	22.3	31.3	15.1	3.17	1.27	166
210	1.2	1.2	12.0	50.6	34.9	4.17	0.78	166
211	0.6	0.6	13.5	51.5	33.7	4.17	0.73	163
212	1.3	2.6	16.7	46.8	32.7	4.07	0.84	156

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N
	Female	Male						
2 gender	53.4	46.6	0	0	0	1.47	0.50	193
	F-G	P-B	W-B	CV/T				
3 academy	23.8	25.9	50.3	0	0	2.26	0.82	193
	None	Bachelor	Master	Doctorate				
4 The highest level of education:	2.1	74.1	20.7	3.1	0	2.25	0.54	193
	<21	21-25	26-30	31-35	35+			
5 Age at entrance to medical school:	0	83.3	14.5	1.6	0.5	2.19	0.47	186
	S Disagree				S Agree			
6 I have a good understanding of the channels of communication that are used to voice student concerns to the administration.	1.7	9.2	32.4	46.8	9.8	3.54	0.86	173
7 The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students.	0.6	9.5	31.0	44.6	14.3	3.63	0.87	168
8 The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students.	0.6	1.2	13.4	57.0	27.9	4.10	0.71	172
9 The academy directors are accessible and approachable to students.	0	2.3	17.5	49.7	30.4	4.08	0.75	171
10 There is open and effective communication between faculty and students.	0	7.6	29.7	51.7	11.0	3.66	0.77	172
11 The faculty effectively keeps students informed about relevant decisions.	0.6	12.3	24.6	49.7	12.9	3.62	0.88	171
12 I am aware of the student support services offered by the medical school (e.g. Program for The Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]).	1.2	4.7	19.2	52.9	22.1	3.90	0.84	172
13 Student support services are easily accessible and visible to students.	0.6	8.3	18.9	55.0	17.2	3.80	0.84	169
14 These support services have been adequate in meeting my needs.	1.4	4.3	27.1	50.7	16.4	3.76	0.83	140

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
15	2.1	17.9	32.4	37.2	10.3	3.36	0.96	145	
16	1.4	9.2	31.2	42.6	15.6	3.62	0.91	141	
17	1.3	5.0	27.7	45.9	20.1	3.79	0.87	159	
18	0.6	4.8	8.3	45.8	40.5	4.21	0.83	168	
19	3.6	8.0	22.5	46.4	19.6	3.70	0.99	138	
20	2.9	10.7	31.4	40.0	15.0	3.54	0.97	140	
21	0.6	3.0	13.8	62.3	20.4	3.99	0.72	167	
22	0.6	1.8	5.4	53.6	38.7	4.28	0.70	168	
23	0.6	0.6	3.0	48.8	47.0	4.41	0.64	168	
24	10.7	20.8	22.0	36.3	10.1	3.14	1.18	168	
25	0.6	1.9	9.0	40.6	47.7	4.33	0.77	155	
26	0	7.2	12.0	47.6	33.1	4.07	0.86	166	
27	1.8	6.5	19.6	59.5	12.5	3.74	0.83	168	

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
28	2.4	4.2	13.7	50.0	29.8	4.01	0.91	168	
Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees).									
29	3.0	11.4	38.6	29.5	17.5	3.47	1.01	166	
I have felt encouraged by faculty to participate in extra-curricular activities.									
30	1.2	7.7	18.5	47.0	25.6	3.88	0.92	168	
I participate in extra-curricular activities.									
31	15.5	44.6	26.2	12.5	1.2	2.39	0.94	168	
Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.									
32	16.2	41.9	23.4	15.0	3.6	2.48	1.05	167	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.									
33	13.2	39.5	22.8	16.8	7.8	2.66	1.14	167	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.									
34	3.6	20.0	37.6	35.8	3.0	3.15	0.90	165	
In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).									
35	6.4	17.9	39.7	32.7	3.2	3.08	0.94	156	
The medical school has provided adequate counselling to help me manage my medical school costs.									
36	15.7	29.5	18.7	28.9	7.2	2.83	1.22	166	
My projected debt due to medical school may influence my choice of medical specialty or residency location.									
37	0.6	2.5	13.0	61.7	22.2	4.02	0.71	162	
The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).									
38	7.0	12.0	19.6	51.3	10.1	3.46	1.06	158	
The Gerstein Science Information Centre has adequate hours of operation.									

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
39	4.4	10.1	22.2	53.2	10.1	3.54	0.96	158	
The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, group study rooms).									
40	2.5	8.6	16.0	61.1	11.7	3.71	0.88	162	
The Discovery Commons computer lab has an adequate number and quality of computers.									
41	5.8	26.5	30.3	32.3	5.2	3.05	1.02	155	
The MSB cafeteria hours of service are adequate.									
42	18.5	36.9	18.5	23.6	2.5	2.55	1.12	157	
The MSB cafeteria food prices are reasonable.									
43	2.5	5.5	21.5	57.1	13.5	3.74	0.85	163	
The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.									
44	12.8	43.9	17.7	23.8	1.8	2.58	1.04	164	
There is adequate study space in MSB.									
45	24.4	36.3	21.9	16.3	1.3	2.34	1.06	160	
There is adequate access to printing and photocopying at MSB.									
46	6.7	21.2	15.8	49.1	7.3	3.29	1.09	165	
The lecture rooms at MSB are adequate in terms of size, seating, and lighting.									
47	1.8	1.8	12.1	69.1	15.2	3.94	0.71	165	
The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.									
48	4.3	3.7	11.7	65.6	14.7	3.83	0.88	163	
The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).									
49	7.9	18.4	36.8	30.3	6.6	3.09	1.04	76	
Student housing on campus is adequate (availability, cost, quality).									
50	2.1	6.3	14.7	60.8	16.1	3.83	0.85	143	
The athletic facilities at Hart House and the Athletic Centre are adequate.									
51	1.3	0	17.5	63.1	18.1	3.97	0.69	160	
The UofT bookstore is adequate (hours, variety of books, products, etc.).									

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
52	3.9	9.7	20.6	47.7	18.1	3.66	1.01	155	
Wireless internet at MSB (in lecture rooms, common spaces, laboratories, etc.) is widely accessible and reliable.									
53	2.8	6.9	44.4	37.5	8.3	3.42	0.85	72	
There is adequate space on campus to observe religious or spiritual practices.									
54	3.1	12.5	26.9	47.5	10.0	3.49	0.94	160	
There are sufficient facilities on campus and in clinical placements to safely store personal items.									
55	1.3	8.8	15.0	56.9	18.1	3.82	0.88	160	
The criteria that the UofT Admissions Committee uses places sufficient value on both non-academic and academic excellence to select suitable students for the program.									
56	0	2.5	14.2	63.0	20.4	4.01	0.67	162	
For the medical school applicant, there is adequate information available describing the UofT program.									
57	1.9	3.7	4.3	34.0	56.2	4.39	0.88	162	
UofT was my preferred choice of medical school.									
58	4.3	3.1	13.0	44.7	34.8	4.02	1.00	161	
The UofT medical school program has met my pre-enrolment expectations.									
59	3.1	10.6	9.9	46.0	30.4	3.90	1.05	161	
In my opinion, my medical class is suitably diverse in terms of ethnicity.									
60	1.2	0	1.9	51.6	45.3	4.40	0.65	161	
In my opinion, my medical class is suitably diverse in terms of gender.									
61	1.3	6.4	11.5	51.9	28.8	4.01	0.88	156	
In my opinion, my medical class is suitably diverse in terms of religious backgrounds.									
62	12.6	27.7	22.6	24.5	12.6	2.97	1.24	159	
In my opinion, my medical class is suitably diverse in terms of socioeconomic backgrounds.									
63	1.3	5.0	22.0	52.8	18.9	3.83	0.84	159	
There are sufficient programs and resources in my medical school to support and promote diversity (ethnicity, gender, religion, socioeconomic status, sexual orientation) in my class.									

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
64	28.3	39.6	10.7	15.7	5.7	2.31	1.20	159	
65	22.5	41.3	11.3	17.5	7.5	2.46	1.23	160	
66	4.4	17.5	32.5	35.6	10.0	3.29	1.01	160	
67	4.3	32.1	28.4	30.2	4.9	2.99	1.00	162	
68	4.6	18.3	28.2	39.7	9.2	3.31	1.02	131	
69	1.9	6.8	17.4	53.4	20.5	3.84	0.89	161	
70	16.4	33.6	16.4	28.3	5.3	2.72	1.19	152	
71	16.7	11.7	21.6	38.3	11.7	3.17	1.27	162	
72	1.9	8.6	24.1	49.4	16.0	3.69	0.91	162	
73	3.7	6.2	24.7	53.7	11.7	3.64	0.90	162	
74	11.1	18.5	28.4	37.7	4.3	3.06	1.09	162	
75	3.7	3.7	7.4	43.2	42.0	4.16	0.98	162	

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
76	8.3	15.9	35.9	32.4	7.6	3.15	1.05	145	
The Medical Student Performance Record (MSRP) is a fair and effective method of communicating my performance as a clinical clerk to residency programs.									
77	24.8	24.8	19.9	24.8	5.6	2.61	1.26	161	
"T-Res" is an effective way to record and monitor clinical encounters (3rd years only).									
78	9.1	15.6	26.0	36.4	13.0	3.29	1.15	154	
An interested student can easily find opportunities and training in research in clerkship.									
79	1.9	4.3	12.4	64.6	16.8	3.90	0.79	161	
My medical education has given me an adequate understanding of evidence-based medicine.									
80	16.4	20.8	29.6	30.2	3.1	2.83	1.13	159	
There is flexibility to rearrange my schedule in clerkship as needed for personal reasons, academic conferences, etc.									
81	5.6	19.8	17.9	51.2	5.6	3.31	1.03	162	
There is sufficient exposure to medical specialties during clerkship.									
82	23.5	24.1	20.4	25.3	6.8	2.68	1.27	162	
The Portfolio course is effective in furthering one's skills of self-reflection and professionalism									
83	5.4	10.7	22.8	49.0	12.1	3.52	1.02	149	
The range of possible electives to choose from for third and/or fourth year was sufficient.									
84	3.8	14.1	24.4	44.9	12.8	3.49	1.02	78	
I was accepted for my preferred elective choices.									
85	0	18.2	27.3	36.4	18.2	3.55	1.04	11	
I was accepted for my preferred residency specialty.									
86	0	16.7	25.0	41.7	16.7	3.58	1.00	12	
I was accepted for my preferred residency location.									
87	1.7	5.0	23.5	64.7	5.0	3.66	0.73	119	
I feel that clerkship is preparing me well for my residency program.									

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
88	2.0	10.1	19.6	50.0	18.2	3.72	0.95	148	
88	The following course was useful in preparing me for clerkship: - Structure & Function								
89	4.1	8.8	30.4	48.6	8.1	3.48	0.91	148	
89	The following course was useful in preparing me for clerkship: - Metabolism & Nutrition								
90	0.7	4.1	18.9	61.5	14.9	3.86	0.74	148	
90	The following course was useful in preparing me for clerkship: - Brain & Behaviour								
91	5.4	10.8	24.3	50.0	9.5	3.47	0.99	148	
91	The following course was useful in preparing me for clerkship: - Pathobiology of Disease								
92	0.7	0	2.7	23.0	73.6	4.69	0.59	148	
92	The following course was useful in preparing me for clerkship: - Found. Med. Practice								
93	0.7	0.7	2.0	37.4	59.2	4.54	0.64	147	
93	The following course was useful in preparing me for clerkship: - ASCM 1 & ASCM 2								
94	14.9	25.7	37.2	19.6	2.7	2.70	1.03	148	
94	The following course was useful in preparing me for clerkship: - DOCH 1 & DOCH 2								
95	5.9	5.9	58.8	23.5	5.9	3.18	0.88	17	
95	The following course was useful in preparing me for clerkship: - Pharmacology								
96	7.5	20.4	36.7	28.6	6.8	3.07	1.03	147	
96	The following course was useful in preparing me for clerkship: - Transition to Clerkship								
97	9.1	28.0	37.1	21.7	4.2	2.84	1.00	143	
97	The following course was useful in preparing me for clerkship: - DOCH 3								
98	10.8	22.3	35.8	23.0	8.1	2.95	1.10	148	
98	The following course was useful in preparing me for clerkship: - Manager Theme								
99	8.8	20.4	32.0	32.0	6.8	3.07	1.07	147	
99	The following course was useful in preparing me for clerkship: - preclerkship pharmacology								
100	7.5	19.2	34.9	31.5	6.8	3.11	1.04	146	
100	The following course was useful in preparing me for clerkship: - preclerkship microbiology								
111	0	6.0	2.4	28.9	62.7	4.48	0.82	83	
111	This rotation was well organized. - Medicine (General)								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
112	11.1	22.2	16.0	43.2	7.4	3.14	1.18	81	
113	13.4	25.4	20.9	23.9	16.4	3.04	1.31	67	
114	1.3	9.2	13.2	52.6	23.7	3.88	0.92	76	
115	3.0	7.5	14.9	46.3	28.4	3.90	1.00	67	
116	0	5.4	6.8	44.6	43.2	4.26	0.81	74	
117	13.0	8.7	17.4	43.5	17.4	3.43	1.27	23	
118	5.7	17.1	28.6	38.6	10.0	3.30	1.05	70	
119	1.2	4.9	13.6	50.6	29.6	4.02	0.87	81	
120	0	0	20.0	60.0	20.0	4.00	0.71	5	
121	0	0	1.2	31.7	67.1	4.66	0.50	82	
122	3.8	11.4	22.8	46.8	15.2	3.58	1.01	79	
123	6.3	7.9	23.8	39.7	22.2	3.63	1.11	63	
124	1.4	4.3	20.3	43.5	30.4	3.97	0.91	69	
125	3.1	7.7	9.2	41.5	38.5	4.05	1.04	65	

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree			S Agree					
126	This rotation was of high quality. - Paediatrics	1.4	4.3	4.3	44.9	44.9	4.28	0.86	69
127	This rotation was of high quality. - Medicine (Specialty)	13.0	8.7	13.0	43.5	21.7	3.52	1.31	23
128	This rotation was of high quality. - Surgery (Specialty)	4.4	7.4	23.5	44.1	20.6	3.69	1.03	68
129	This rotation was of high quality. - Emergency/Anesthesia	1.3	2.5	16.3	51.3	28.8	4.04	0.82	80
130	This rotation was of high quality. - Ambulatory/Community	0	0	25.0	25.0	50.0	4.25	0.96	4
131	Faculty/resident supervision of patient care activities was appropriate. - Medicine (General)	0	0	1.2	39.8	59.0	4.58	0.52	83
132	Faculty/resident supervision of patient care activities was appropriate. - Surgery (General)	2.5	8.8	13.8	45.0	30.0	3.91	1.01	80
133	Faculty/resident supervision of patient care activities was appropriate. - Obstetrics/Gynaecology	3.1	12.5	9.4	54.7	20.3	3.77	1.02	64
134	Faculty/resident supervision of patient care activities was appropriate. - Psychiatry	2.9	2.9	13.2	47.1	33.8	4.06	0.93	68
135	Faculty/resident supervision of patient care activities was appropriate. - Family & Community	1.5	4.6	3.1	44.6	46.2	4.29	0.86	65
136	Faculty/resident supervision of patient care activities was appropriate. - Paediatrics	1.4	2.9	4.3	48.6	42.9	4.29	0.80	70
137	Faculty/resident supervision of patient care activities was appropriate. - Medicine (Specialty)	4.3	4.3	17.4	39.1	34.8	3.96	1.07	23
138	Faculty/resident supervision of patient care activities was appropriate. - Surgery (Specialty)	0	7.5	13.4	50.7	28.4	4.00	0.85	67

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
139	1.3	0	6.3	53.8	38.8	4.29	0.70	80
	Faculty/resident supervision of patient care activities was appropriate. - Emergency/Anesthesia							
140	0	0	25.0	25.0	50.0	4.25	0.96	4
	Faculty/resident supervision of patient care activities was appropriate. - Ambulatory/Community							
141	2.5	7.5	11.3	51.3	27.5	3.94	0.96	80
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Medicine (General)							
142	6.5	28.6	22.1	35.1	7.8	3.09	1.10	77
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Surgery (General)							
143	9.2	16.9	15.4	33.8	24.6	3.48	1.29	65
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Obstetrics/Gynaecology							
144	2.9	7.4	17.6	47.1	25.0	3.84	0.99	68
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Psychiatry							
145	1.5	3.0	15.2	51.5	28.8	4.03	0.84	66
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Family & Community							
146	2.9	0	7.2	59.4	30.4	4.14	0.79	69
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Paediatrics							
147	4.8	9.5	19.0	47.6	19.0	3.67	1.06	21
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Medicine (Specialty)							
148	0	18.2	25.8	40.9	15.2	3.53	0.96	66
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Surgery (Specialty)							

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
149	0	5.3	6.6	55.3	32.9	4.16	0.77	76	
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Emergency/Anesthesia								
150	0	0	60.0	20.0	20.0	3.60	0.89	5	
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Ambulatory/Community								
151	0	0	4.7	32.8	62.5	4.58	0.59	64	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Medicine (General)								
152	1.6	9.8	23.0	45.9	19.7	3.72	0.95	61	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Surgery (General)								
153	1.9	1.9	14.8	51.9	29.6	4.06	0.83	54	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Obstetrics/Gynaecology								
154	1.8	1.8	10.5	57.9	28.1	4.09	0.79	57	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Psychiatry								
155	1.8	5.4	19.6	48.2	25.0	3.89	0.91	56	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Family & Community								
156	1.8	1.8	10.5	54.4	31.6	4.12	0.80	57	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Paediatrics								
157	4.3	8.7	26.1	34.8	26.1	3.70	1.11	23	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Medicine (Specialty)								
158	1.9	7.5	26.4	49.1	15.1	3.68	0.89	53	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Surgery (Specialty)								
159	0	3.3	11.5	39.3	45.9	4.28	0.80	61	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Emergency/Anesthesia								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
160	0	0	66.7	0	33.3	3.67	1.15	3
	The experience in this rotation will be helpful in preparing for MCCQE exams - Ambulatory/Community							
161	0	0	0	16.3	83.8	4.84	0.37	80
	There was meaningful involvement in patient care. - Medicine (General)							
162	7.8	18.2	32.5	28.6	13.0	3.21	1.13	77
	There was meaningful involvement in patient care. - Surgery (General)							
163	4.7	10.9	20.3	37.5	26.6	3.70	1.12	64
	There was meaningful involvement in patient care. - Obstetrics/Gynaecology							
164	4.4	4.4	10.3	44.1	36.8	4.04	1.03	68
	There was meaningful involvement in patient care. - Psychiatry							
165	1.5	4.6	6.2	43.1	44.6	4.25	0.88	65
	There was meaningful involvement in patient care. - Family & Community							
166	1.4	0	5.7	41.4	51.4	4.41	0.73	70
	There was meaningful involvement in patient care. - Paediatrics							
167	12.0	12.0	8.0	28.0	40.0	3.72	1.43	25
	There was meaningful involvement in patient care. - Medicine (Specialty)							
168	6.2	12.3	36.9	33.8	10.8	3.31	1.03	65
	There was meaningful involvement in patient care. - Surgery (Specialty)							
169	0	5.2	10.4	48.1	36.4	4.16	0.81	77
	There was meaningful involvement in patient care. - Emergency/Anesthesia							
170	0	0	0	50.0	50.0	4.50	0.71	2
	There was meaningful involvement in patient care. - Ambulatory/Community							
171	0	1.3	5.0	42.5	51.3	4.44	0.65	80
	An adequate variety of patients and illnesses was experienced - Medicine (General)							
172	1.3	15.6	18.2	45.5	19.5	3.66	1.01	77
	An adequate variety of patients and illnesses was experienced - Surgery (General)							
173	3.1	7.8	9.4	51.6	28.1	3.94	0.99	64
	An adequate variety of patients and illnesses was experienced - Obstetrics/Gynaecology							

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
174	An adequate variety of patients and illnesses was experienced - Psychiatry	2.9	10.3	10.3	52.9	23.5	3.84	1.00	68
175	An adequate variety of patients and illnesses was experienced - Family & Community	4.6	4.6	9.2	35.4	46.2	4.14	1.07	65
176	An adequate variety of patients and illnesses was experienced - Paediatrics	2.9	0	2.9	47.1	47.1	4.36	0.80	70
177	An adequate variety of patients and illnesses was experienced - Medicine (Specialty)	8.7	4.3	13.0	47.8	26.1	3.78	1.17	23
178	An adequate variety of patients and illnesses was experienced - Surgery (Specialty)	3.1	1.6	15.6	62.5	17.2	3.89	0.82	64
179	An adequate variety of patients and illnesses was experienced - Emergency/Anesthesia	1.3	2.7	5.3	49.3	41.3	4.27	0.79	75
180	An adequate variety of patients and illnesses was experienced - Ambulatory/Community	0	0	0	50.0	50.0	4.50	0.71	2
181	The quantity and quality of faculty teaching was adequate - Medicine (General)	0	1.3	1.3	36.3	61.3	4.58	0.59	80
182	The quantity and quality of faculty teaching was adequate - Surgery (General)	6.6	28.9	13.2	39.5	11.8	3.21	1.18	76
183	The quantity and quality of faculty teaching was adequate - Obstetrics/Gynaecology	7.8	6.3	10.9	50.0	25.0	3.78	1.13	64
184	The quantity and quality of faculty teaching was adequate - Psychiatry	0	3.0	13.4	52.2	31.3	4.12	0.75	67
185	The quantity and quality of faculty teaching was adequate - Family & Community	1.6	7.8	18.8	35.9	35.9	3.97	1.01	64
186	The quantity and quality of faculty teaching was adequate - Paediatrics	1.4	2.9	8.7	49.3	37.7	4.19	0.83	69
187	The quantity and quality of faculty teaching was adequate - Medicine (Specialty)	4.2	16.7	8.3	41.7	29.2	3.75	1.19	24

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
188	3.1	16.9	20.0	49.2	10.8	3.48	1.00	65	
188	The quantity and quality of faculty teaching was adequate - Surgery (Specialty)								
189	0	0	9.2	64.5	26.3	4.17	0.57	76	
189	The quantity and quality of faculty teaching was adequate - Emergency/Anesthesia								
190	0	0	0	66.7	33.3	4.33	0.58	3	
190	The quantity and quality of faculty teaching was adequate - Ambulatory/Community								
191	0	1.3	3.8	43.8	51.3	4.45	0.63	80	
191	Faculty/Resident feedback I received was valuable - Medicine (General)								
192	5.3	5.3	21.1	44.7	23.7	3.76	1.04	76	
192	Faculty/Resident feedback I received was valuable - Surgery (General)								
193	7.9	17.5	27.0	34.9	12.7	3.27	1.14	63	
193	Faculty/Resident feedback I received was valuable - Obstetrics/Gynaecology								
194	1.5	9.1	9.1	45.5	34.8	4.03	0.98	66	
194	Faculty/Resident feedback I received was valuable - Psychiatry								
195	3.1	7.8	10.9	45.3	32.8	3.97	1.02	64	
195	Faculty/Resident feedback I received was valuable - Family & Community								
196	1.5	4.5	13.6	42.4	37.9	4.11	0.91	66	
196	Faculty/Resident feedback I received was valuable - Paediatrics								
197	12.0	0	16.0	48.0	24.0	3.72	1.21	25	
197	Faculty/Resident feedback I received was valuable - Medicine (Specialty)								
198	1.5	6.1	24.2	48.5	19.7	3.79	0.89	66	
198	Faculty/Resident feedback I received was valuable - Surgery (Specialty)								
199	2.6	6.5	10.4	51.9	28.6	3.97	0.95	77	
199	Faculty/Resident feedback I received was valuable - Emergency/Anesthesia								
200	0	0	0	50.0	50.0	4.50	0.71	2	
200	Faculty/Resident feedback I received was valuable - Ambulatory/Community								
201	0	5.0	6.3	33.8	55.0	4.39	0.82	80	
201	The quantity and quality of resident teaching was adequate - Medicine (General)								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
202	The quantity and quality of resident teaching was adequate - Surgery (General)	4.0	21.3	10.7	38.7	25.3	3.60	1.20	75
203	The quantity and quality of resident teaching was adequate - Obstetrics/Gynaecology	7.9	3.2	12.7	42.9	33.3	3.90	1.15	63
204	The quantity and quality of resident teaching was adequate - Psychiatry	3.0	0	18.2	51.5	27.3	4.00	0.86	66
205	The quantity and quality of resident teaching was adequate - Family & Community	4.0	10.0	16.0	46.0	24.0	3.76	1.06	50
206	The quantity and quality of resident teaching was adequate - Paediatrics	3.2	6.5	9.7	48.4	32.3	4.00	0.99	62
207	The quantity and quality of resident teaching was adequate - Medicine (Specialty)	10.5	0	10.5	42.1	36.8	3.95	1.22	19
208	The quantity and quality of resident teaching was adequate - Surgery (Specialty)	1.5	20.0	20.0	41.5	16.9	3.52	1.05	65
209	The quantity and quality of resident teaching was adequate - Emergency/Anesthesia	0	12.1	25.8	40.9	21.2	3.71	0.94	66
210	The quantity and quality of resident teaching was adequate - Ambulatory/Community	0	0	0	33.3	66.7	4.67	0.58	3
211	The quality of lectures/conferences/seminars was adequate - Medicine (General)	0	1.3	11.5	43.6	43.6	4.29	0.72	78
212	The quality of lectures/conferences/seminars was adequate - Surgery (General)	21.1	22.4	21.1	28.9	6.6	2.78	1.26	76
213	The quality of lectures/conferences/seminars was adequate - Obstetrics/Gynaecology	4.6	4.6	12.3	46.2	32.3	3.97	1.03	65
214	The quality of lectures/conferences/seminars was adequate - Psychiatry	2.8	4.2	26.4	52.8	13.9	3.71	0.86	72
215	The quality of lectures/conferences/seminars was adequate - Family & Community	4.5	15.2	21.2	47.0	12.1	3.47	1.04	66

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
216	The quality of lectures/conferences/seminars was adequate - Paediatrics	2.8	1.4	12.5	58.3	25.0	4.01	0.83	72
217	The quality of lectures/conferences/seminars was adequate - Medicine (Specialty)	12.5	6.3	25.0	31.3	25.0	3.50	1.32	16
218	The quality of lectures/conferences/seminars was adequate - Surgery (Specialty)	12.5	23.2	23.2	28.6	12.5	3.05	1.24	56
219	The quality of lectures/conferences/seminars was adequate - Emergency/Anesthesia	0	1.4	14.9	56.8	27.0	4.09	0.69	74
220	The quality of lectures/conferences/seminars was adequate - Ambulatory/Community	0	0	50.0	25.0	25.0	3.75	0.96	4
221	The quality of clinical skills teaching and feedback was adequate - Medicine (General)	1.3	6.3	6.3	45.0	41.3	4.19	0.90	80
222	The quality of clinical skills teaching and feedback was adequate - Surgery (General)	9.0	16.7	25.6	38.5	10.3	3.24	1.13	78
223	The quality of clinical skills teaching and feedback was adequate - Obstetrics/Gynaecology	4.7	12.5	25.0	42.2	15.6	3.52	1.05	64
224	The quality of clinical skills teaching and feedback was adequate - Psychiatry	0	6.1	21.2	54.5	18.2	3.85	0.79	66
225	The quality of clinical skills teaching and feedback was adequate - Family & Community	1.6	9.4	14.1	46.9	28.1	3.91	0.97	64
226	The quality of clinical skills teaching and feedback was adequate - Paediatrics	3.0	3.0	10.4	58.2	25.4	4.00	0.87	67
227	The quality of clinical skills teaching and feedback was adequate - Medicine (Specialty)	4.3	8.7	17.4	47.8	21.7	3.74	1.05	23
228	The quality of clinical skills teaching and feedback was adequate - Surgery (Specialty)	4.8	17.5	22.2	46.0	9.5	3.38	1.04	63

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
229	1.3	2.6	11.7	55.8	28.6	4.08	0.79	77	
	The quality of clinical skills teaching and feedback was adequate - Emergency/Anesthesia								
230	0	0	0	33.3	66.7	4.67	0.58	3	
	The quality of clinical skills teaching and feedback was adequate - Ambulatory/Community								
231	2.6	7.7	21.8	38.5	29.5	3.85	1.02	78	
	There was adequate discussion of ethics in teaching/clinical situations - Medicine (General)								
232	9.9	21.1	28.2	29.6	11.3	3.11	1.17	71	
	There was adequate discussion of ethics in teaching/clinical situations - Surgery (General)								
233	7.8	10.9	32.8	40.6	7.8	3.30	1.03	64	
	There was adequate discussion of ethics in teaching/clinical situations - Obstetrics/Gynaecology								
234	1.5	3.0	15.2	48.5	31.8	4.06	0.86	66	
	There was adequate discussion of ethics in teaching/clinical situations - Psychiatry								
235	3.1	7.7	24.6	44.6	20.0	3.71	0.98	65	
	There was adequate discussion of ethics in teaching/clinical situations - Family & Community								
236	1.5	5.9	19.1	50.0	23.5	3.88	0.89	68	
	There was adequate discussion of ethics in teaching/clinical situations - Paediatrics								
237	8.7	13.0	39.1	26.1	13.0	3.22	1.13	23	
	There was adequate discussion of ethics in teaching/clinical situations - Medicine (Specialty)								
238	11.9	20.3	40.7	22.0	5.1	2.88	1.05	59	
	There was adequate discussion of ethics in teaching/clinical situations - Surgery (Specialty)								
239	1.4	15.3	30.6	43.1	9.7	3.44	0.92	72	
	There was adequate discussion of ethics in teaching/clinical situations - Emergency/Anesthesia								
240	0	0	50.0	25.0	25.0	3.75	0.96	4	
	There was adequate discussion of ethics in teaching/clinical situations - Ambulatory/Community								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
241	0	8.9	11.4	38.0	41.8	4.13	0.94	79	
241	Learning objectives were clearly specified and attainable. - Medicine (General)								
242	8.0	18.7	14.7	44.0	14.7	3.39	1.18	75	
242	Learning objectives were clearly specified and attainable. - Surgery (General)								
243	4.7	9.4	17.2	53.1	15.6	3.66	1.01	64	
243	Learning objectives were clearly specified and attainable. - Obstetrics/Gynaecology								
244	2.9	7.4	14.7	54.4	20.6	3.82	0.95	68	
244	Learning objectives were clearly specified and attainable. - Psychiatry								
245	0	10.9	28.1	42.2	18.8	3.69	0.91	64	
245	Learning objectives were clearly specified and attainable. - Family & Community								
246	1.4	1.4	18.6	51.4	27.1	4.01	0.81	70	
246	Learning objectives were clearly specified and attainable. - Paediatrics								
247	4.2	25.0	8.3	33.3	29.2	3.58	1.28	24	
247	Learning objectives were clearly specified and attainable. - Medicine (Specialty)								
248	6.3	14.1	17.2	46.9	15.6	3.52	1.11	64	
248	Learning objectives were clearly specified and attainable. - Surgery (Specialty)								
249	0	3.9	9.2	46.1	40.8	4.24	0.78	76	
249	Learning objectives were clearly specified and attainable. - Emergency/Anesthesia								
250	0	0	50.0	0	50.0	4.00	1.41	2	
250	Learning objectives were clearly specified and attainable. - Ambulatory/Community								
251	19.1	14.7	17.6	27.9	20.6	3.16	1.42	68	
251	My grades in this rotation were reported in a timely fashion - Medicine (General)								
252	6.7	5.0	28.3	45.0	15.0	3.57	1.03	60	
252	My grades in this rotation were reported in a timely fashion - Surgery (General)								
253	7.5	24.5	20.8	30.2	17.0	3.25	1.22	53	
253	My grades in this rotation were reported in a timely fashion - Obstetrics/Gynaecology								
254	1.8	1.8	16.1	32.1	48.2	4.23	0.91	56	
254	My grades in this rotation were reported in a timely fashion - Psychiatry								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
255	17.3	21.2	25.0	19.2	17.3	2.98	1.35	52	
	My grades in this rotation were reported in a timely fashion - Family & Community								
256	6.3	25.0	26.6	26.6	15.6	3.20	1.17	64	
	My grades in this rotation were reported in a timely fashion - Paediatrics								
257	15.8	5.3	26.3	31.6	21.1	3.37	1.34	19	
	My grades in this rotation were reported in a timely fashion - Medicine (Specialty)								
258	0	10.4	27.1	45.8	16.7	3.69	0.88	48	
	My grades in this rotation were reported in a timely fashion - Surgery (Specialty)								
259	18.1	13.9	20.8	33.3	13.9	3.11	1.33	72	
	My grades in this rotation were reported in a timely fashion - Emergency/Anesthesia								
260	0	0	0	0	100.0	5.00		1	
	My grades in this rotation were reported in a timely fashion - Ambulatory/Community								
261	0	2.7	0	54.8	42.5	4.37	0.63	73	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Medicine (General)								
262	3.0	6.0	10.4	52.2	28.4	3.97	0.95	67	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Surgery (General)								
263	1.7	15.5	25.9	41.4	15.5	3.53	0.99	58	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Obstetrics/Gynaecology								
264	1.7	6.8	10.2	52.5	28.8	4.00	0.91	59	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Psychiatry								
265	7.3	9.1	14.5	49.1	20.0	3.65	1.13	55	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Family & Community								
266	4.7	0	6.3	60.9	28.1	4.08	0.88	64	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Paediatrics								
267	10.5	0	10.5	52.6	26.3	3.84	1.17	19	
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Medicine (Specialty)								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
268	0	10.3	22.4	41.4	25.9	3.83	0.94	58
The clinical evaluations I received in this rotation reflected my perception of my performance. - Surgery (Specialty)								
269	5.5	15.1	17.8	43.8	17.8	3.53	1.12	73
The clinical evaluations I received in this rotation reflected my perception of my performance. - Emergency/Anesthesia								
270	0	0	50.0	0	50.0	4.00	1.41	2
The clinical evaluations I received in this rotation reflected my perception of my performance. - Ambulatory/Community								
271	2.6	7.7	14.1	46.2	29.5	3.92	0.99	78
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Medicine (General)								
272	1.3	5.3	13.3	57.3	22.7	3.95	0.84	75
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Surgery (General)								
273	9.1	9.1	9.1	48.5	24.2	3.70	1.20	66
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Obstetrics/Gynaecology								
274	1.4	1.4	7.0	49.3	40.8	4.27	0.77	71
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Psychiatry								
275	0	11.1	5.6	44.4	38.9	4.11	0.96	18
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Family & Community								
276	1.7	6.8	6.8	37.3	47.5	4.22	0.97	59
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Paediatrics								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
277	0	0	0	70.0	30.0	4.30	0.48	10
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Medicine (Specialty)								
278	0	4.8	9.7	56.5	29.0	4.10	0.76	62
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Surgery (Specialty)								
279	0	0	3.6	46.4	50.0	4.46	0.58	28
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Emergency/Anesthesia								
280	0	0	0	0	100.0	5.00		1
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Ambulatory/Community								
281	1.3	1.3	1.3	29.1	67.1	4.59	0.71	79
While on call during this rotation, I felt adequately supported. - Medicine (General)								
282	2.7	5.4	5.4	41.9	44.6	4.20	0.96	74
While on call during this rotation, I felt adequately supported. - Surgery (General)								
283	6.1	9.1	12.1	33.3	39.4	3.91	1.20	66
While on call during this rotation, I felt adequately supported. - Obstetrics/Gynaecology								
284	1.5	0	2.9	39.7	55.9	4.49	0.70	68
While on call during this rotation, I felt adequately supported. - Psychiatry								
285	0	0	11.1	55.6	33.3	4.22	0.65	18
While on call during this rotation, I felt adequately supported. - Family & Community								
286	1.7	5.1	8.5	37.3	47.5	4.24	0.93	59
While on call during this rotation, I felt adequately supported. - Paediatrics								
287	0	0	0	70.0	30.0	4.30	0.48	10
While on call during this rotation, I felt adequately supported. - Medicine (Specialty)								

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
288	0	7.1	12.5	37.5	42.9	4.16	0.91	56	
While on call during this rotation, I felt adequately supported. - Surgery (Specialty)									
289	0	4.5	0	45.5	50.0	4.41	0.73	22	
While on call during this rotation, I felt adequately supported. - Emergency/Anesthesia									
290	0	0	0	0	100.0	5.00		1	
While on call during this rotation, I felt adequately supported. - Ambulatory/Community									
	<4	4-8	9-12	12+					
291	0	7.1	72.6	15.5	4.8	3.18	0.62	84	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Medicine (General)									
292	0	1.3	61.3	32.5	5.0	3.41	0.61	80	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Surgery (General)									
293	0	3.8	63.8	13.8	18.8	3.48	0.84	80	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Obstetrics/Gynaecology									
294	0	45.7	32.1	6.2	16.0	2.93	1.08	81	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Psychiatry									
295	0	43.4	32.9	2.6	21.1	3.01	1.15	76	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Family & Community									
296	0	16.3	61.6	4.7	17.4	3.23	0.93	86	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Paediatrics									
297	0	17.1	31.4	8.6	42.9	3.77	1.19	35	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Medicine (Specialty)									
298	0	11.4	60.0	20.0	8.6	3.26	0.77	70	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Surgery (Specialty)									
299	0	58.0	35.8	1.2	4.9	2.53	0.76	81	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Emergency/Anesthesia									

Medical Student Survey for Accreditation - Clerkship

Year 3

	A	B	C	D	E	Mean	StDev	Valid N
	<4	4-8	9-12	12+				
300	0	9.1	4.5	4.5	81.8	4.59	0.96	22

Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Ambulatory/Community

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	Female	Male						
2 gender	61.1	38.9	0	0	0	1.39	0.49	162
	F-G	P-B	W-B	CV/T				
3 academy	21.0	28.4	50.6	0	0	2.30	0.80	162
	None	Bachelor	Master	Doctorate				
4 The highest level of education:	1.2	78.4	15.4	4.9	0	2.24	0.56	162
	<21	21-25	26-30	31-35	35+			
5 Age at entrance to medical school:	0	86.0	12.7	1.3	0	2.15	0.39	157
	S Disagree				S Agree			
6 I have a good understanding of the channels of communication that are used to voice student concerns to the administration.	0	9.5	33.8	48.0	8.8	3.56	0.78	148
7 The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students.	1.4	4.1	21.1	61.9	11.6	3.78	0.75	147
8 The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students.	0	2.7	6.7	63.1	27.5	4.15	0.65	149
9 The academy directors are accessible and approachable to students.	0.7	2.7	15.0	49.0	32.7	4.10	0.80	147
10 There is open and effective communication between faculty and students.	0	8.1	25.0	56.1	10.8	3.70	0.77	148
11 The faculty effectively keeps students informed about relevant decisions.	0	12.2	23.6	45.9	18.2	3.70	0.91	148
12 I am aware of the student support services offered by the medical school (e.g. Program for The Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]).	0.7	7.5	15.0	51.7	25.2	3.93	0.87	147
13 Student support services are easily accessible and visible to students.	1.4	6.8	21.1	45.6	25.2	3.86	0.92	147
14 These support services have been adequate in meeting my needs.	1.7	5.8	25.8	39.2	27.5	3.85	0.95	120

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
15	3.6	18.1	21.0	43.5	13.8	3.46	1.05	138	
16	0.8	7.2	20.8	43.2	28.0	3.90	0.92	125	
17	0.7	7.8	17.7	50.4	23.4	3.88	0.88	141	
18	0	1.4	3.4	48.3	46.9	4.41	0.63	147	
19	1.7	5.1	11.9	47.5	33.9	4.07	0.90	118	
20	4.5	15.8	15.8	46.6	17.3	3.56	1.09	133	
21	0.7	4.1	14.3	55.8	25.2	4.01	0.79	147	
22	0	2.0	4.1	53.7	40.1	4.32	0.65	147	
23	0	0	2.0	51.4	46.6	4.45	0.54	148	
24	6.8	14.9	16.2	45.9	16.2	3.50	1.13	148	
25	0	5.4	12.2	46.6	35.8	4.13	0.83	148	
26	0.7	7.4	17.6	51.4	23.0	3.89	0.87	148	
27	0	4.1	14.9	62.2	18.9	3.96	0.71	148	

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
28	0	4.1	8.8	43.5	43.5	4.27	0.79	147	
Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees).									
29	4.1	11.7	26.2	40.7	17.2	3.55	1.04	145	
I have felt encouraged by faculty to participate in extra-curricular activities.									
30	1.4	3.4	12.2	45.9	37.2	4.14	0.86	148	
I participate in extra-curricular activities.									
31	25.0	35.1	25.7	12.2	2.0	2.31	1.04	148	
Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.									
32	16.3	48.3	23.1	8.8	3.4	2.35	0.97	147	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.									
33	15.1	39.7	19.2	22.6	3.4	2.60	1.10	146	
Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.									
34	4.1	16.6	30.3	40.7	8.3	3.32	0.99	145	
In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).									
35	3.0	21.5	37.8	30.4	7.4	3.18	0.95	135	
The medical school has provided adequate counselling to help me manage my medical school costs.									
36	20.8	36.8	17.4	19.4	5.6	2.52	1.18	144	
My projected debt due to medical school may influence my choice of medical specialty or residency location.									
37	0.7	0.7	10.6	53.5	34.5	4.20	0.71	142	
The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).									
38	3.0	12.0	18.8	51.9	14.3	3.62	0.97	133	
The Gerstein Science Information Centre has adequate hours of operation.									

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
39	3.7	18.7	12.7	45.5	19.4	3.58	1.11	134	
The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, group study rooms).									
40	0.7	13.6	17.1	50.7	17.9	3.71	0.94	140	
The Discovery Commons computer lab has an adequate number and quality of computers.									
41	5.7	22.0	27.7	37.6	7.1	3.18	1.04	141	
The MSB cafeteria hours of service are adequate.									
42	14.8	26.1	31.0	23.2	4.9	2.77	1.11	142	
The MSB cafeteria food prices are reasonable.									
43	2.1	6.4	9.9	58.2	23.4	3.94	0.88	141	
The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.									
44	14.9	41.1	19.9	19.1	5.0	2.58	1.11	141	
There is adequate study space in MSB.									
45	23.2	47.2	19.0	9.9	0.7	2.18	0.92	142	
There is adequate access to printing and photocopying at MSB.									
46	2.1	11.7	14.5	49.0	22.8	3.79	0.99	145	
The lecture rooms at MSB are adequate in terms of size, seating, and lighting.									
47	0	0	7.6	56.6	35.9	4.28	0.60	145	
The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.									
48	0	3.4	16.6	58.6	21.4	3.98	0.72	145	
The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).									
49	15.8	15.8	38.6	24.6	5.3	2.88	1.12	57	
Student housing on campus is adequate (availability, cost, quality).									
50	0	4.5	14.3	52.6	28.6	4.05	0.78	133	
The athletic facilities at Hart House and the Athletic Centre are adequate.									
51	0	1.4	11.0	60.7	26.9	4.13	0.65	145	
The UofT bookstore is adequate (hours, variety of books, products, etc.).									

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
52	0.7	8.0	16.1	52.6	22.6	3.88	0.88	137	
53	0	10.2	35.6	40.7	13.6	3.58	0.86	59	
54	9.2	22.7	20.6	38.3	9.2	3.16	1.15	141	
55	2.1	5.6	15.5	56.3	20.4	3.87	0.87	142	
56	0	2.1	15.5	58.5	23.9	4.04	0.69	142	
57	1.4	4.2	7.0	35.0	52.4	4.33	0.89	143	
58	2.1	9.0	12.4	46.9	29.7	3.93	0.98	145	
59	2.1	8.4	9.1	41.3	39.2	4.07	1.00	143	
60	0.7	2.8	6.3	46.5	43.8	4.30	0.77	144	
61	1.4	5.7	11.3	46.8	34.8	4.08	0.90	141	
62	19.7	24.6	21.1	21.1	13.4	2.84	1.33	142	
63	0.7	6.3	16.9	45.8	30.3	3.99	0.89	142	

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
64	I have personally witnessed or experienced discrimination of some kind from fellow students.	39.3	27.1	7.9	22.1	3.6	2.24	1.28	140
65	I have witnessed faculty or staff contribute to an intolerant or disrespectful learning environment.	28.4	27.0	14.9	26.2	3.5	2.50	1.25	141
66	If I were to witness or experience discrimination of some kind in my educational environment, I would be encouraged to report the incident.	7.7	21.1	26.8	33.8	10.6	3.18	1.12	142
67	If I were to witness or experience discrimination of some kind in my educational environment I would know to whom / where to report the incident.	8.3	30.6	27.1	29.2	4.9	2.92	1.06	144
68	I feel comfortable approaching faculty and staff about receiving accommodation for religious, spiritual or other diversity needs.	3.8	16.2	29.5	33.3	17.1	3.44	1.07	105
69	Educational materials (e.g. PBL cases) offer an appropriate and non-stereotypical representation of patient diversity.	0.7	4.3	17.7	53.9	23.4	3.95	0.80	141
70	Wireless internet at my academy sites is widely accessible and reliable.	14.6	32.1	21.9	24.1	7.3	2.77	1.18	137
71	Transportation to my academy sites is acceptable and fair with respect to time and cost.	9.2	19.7	14.8	40.8	15.5	3.34	1.22	142
72	The academies provide a valuable social and educational structure.	1.4	6.4	21.3	53.2	17.7	3.79	0.86	141
73	I am provided sufficient opportunity to provide meaningful input on course/clerkship quality	1.4	5.8	24.5	52.5	15.8	3.76	0.84	139
74	Clerkship clinical evaluation sheets are an effective method of evaluating clinical performance.	7.0	25.4	21.8	39.4	6.3	3.13	1.08	142
75	The Credit/No Credit system is a fair and effective method of transcribing clerkship performance.	1.4	3.5	9.2	42.3	43.7	4.23	0.86	142

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
76	7.1	17.9	22.1	40.0	12.9	3.34	1.13	140	
The Medical Student Performance Record (MSRP) is a fair and effective method of communicating my performance as a clinical clerk to residency programs.									
77	0	20.0	60.0	13.3	6.7	3.07	0.80	15	
"T-Res" is an effective way to record and monitor clinical encounters (3rd years only).									
78	0.8	9.8	15.2	41.7	32.6	3.95	0.97	132	
An interested student can easily find opportunities and training in research in clerkship.									
79	2.1	5.6	14.1	57.0	21.1	3.89	0.87	142	
My medical education has given me an adequate understanding of evidence-based medicine.									
80	12.8	24.1	19.5	30.8	12.8	3.07	1.26	133	
There is flexibility to rearrange my schedule in clerkship as needed for personal reasons, academic conferences, etc.									
81	2.1	12.0	14.8	56.3	14.8	3.70	0.94	142	
There is sufficient exposure to medical specialties during clerkship.									
82	18.5	14.8	31.5	24.1	11.1	2.94	1.27	54	
The Portfolio course is effective in furthering one's skills of self-reflection and professionalism									
83	2.1	2.8	4.9	52.8	37.3	4.20	0.83	142	
The range of possible electives to choose from for third and/or fourth year was sufficient.									
84	0	12.0	10.6	44.4	33.1	3.99	0.96	142	
I was accepted for my preferred elective choices.									
85	4.1	2.7	5.4	17.6	70.3	4.47	1.01	74	
I was accepted for my preferred residency specialty.									
86	8.2	4.1	6.8	19.2	61.6	4.22	1.25	73	
I was accepted for my preferred residency location.									
87	0.7	3.6	21.4	52.9	21.4	3.91	0.79	140	
I feel that clerkship is preparing me well for my residency program.									

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
88	3.0	9.7	19.4	50.7	17.2	3.69	0.97	134	
88	The following course was useful in preparing me for clerkship: - Structure & Function								
89	6.7	19.4	27.6	36.6	9.7	3.23	1.08	134	
89	The following course was useful in preparing me for clerkship: - Metabolism & Nutrition								
90	1.5	8.2	20.1	52.2	17.9	3.77	0.89	134	
90	The following course was useful in preparing me for clerkship: - Brain & Behaviour								
91	0.7	3.0	21.6	53.0	21.6	3.92	0.79	134	
91	The following course was useful in preparing me for clerkship: - Pathobiology of Disease								
92	0	0	0.7	21.6	77.6	4.77	0.44	134	
92	The following course was useful in preparing me for clerkship: - Found. Med. Practice								
93	0	0	7.5	33.6	59.0	4.51	0.63	134	
93	The following course was useful in preparing me for clerkship: - ASCM 1 & ASCM 2								
94	7.5	23.1	38.8	25.4	5.2	2.98	1.00	134	
94	The following course was useful in preparing me for clerkship: - DOCH 1 & DOCH 2								
95	0	0	0	100.0	0	4.00		1	
95	The following course was useful in preparing me for clerkship: - Pharmacology								
96	4.7	14.7	34.9	29.5	16.3	3.38	1.07	129	
96	The following course was useful in preparing me for clerkship: - Transition to Clerkship								
97	7.7	16.9	40.0	26.9	8.5	3.12	1.04	130	
97	The following course was useful in preparing me for clerkship: - DOCH 3								
98	5.9	16.1	41.5	28.0	8.5	3.17	1.00	118	
98	The following course was useful in preparing me for clerkship: - Manager Theme								
99	7.0	29.5	20.9	37.2	5.4	3.05	1.08	129	
99	The following course was useful in preparing me for clerkship: - preclerkship pharmacology								
100	3.2	29.4	28.6	34.1	4.8	3.08	0.98	126	
100	The following course was useful in preparing me for clerkship: - preclerkship microbiology								
111	0	2.3	4.5	42.9	50.4	4.41	0.69	133	
111	This rotation was well organized. - Medicine (General)								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
112	7.5	16.5	15.0	53.4	7.5	3.37	1.08	133	
113	0.8	4.5	9.0	47.4	38.3	4.18	0.83	133	
114	0.8	9.8	12.8	46.6	30.1	3.95	0.94	133	
115	2.2	4.5	12.7	44.0	36.6	4.08	0.93	134	
116	0.8	1.5	5.3	61.7	30.8	4.20	0.67	133	
117	0.9	2.6	14.7	50.9	31.0	4.09	0.80	116	
118	6.3	14.3	11.1	54.0	14.3	3.56	1.10	126	
119	2.3	6.8	15.0	48.1	27.8	3.92	0.95	133	
120	1.7	8.7	9.6	55.7	24.3	3.92	0.92	115	
121	0.8	0.8	3.8	39.4	55.3	4.48	0.68	132	
122	7.6	12.9	17.4	40.9	21.2	3.55	1.18	132	
123	3.0	8.3	11.4	43.9	33.3	3.96	1.03	132	
124	3.8	7.6	14.4	47.0	27.3	3.86	1.02	132	
125	3.0	7.5	14.3	38.3	36.8	3.98	1.04	133	

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
126	This rotation was of high quality. - Paediatrics	1.5	2.3	12.1	47.0	37.1	4.16	0.84	132
127	This rotation was of high quality. - Medicine (Specialty)	0	7.9	14.9	43.9	33.3	4.03	0.90	114
128	This rotation was of high quality. - Surgery (Specialty)	5.6	7.2	17.6	46.4	23.2	3.74	1.07	125
129	This rotation was of high quality. - Emergency/Anesthesia	2.3	6.1	14.4	42.4	34.8	4.02	0.97	132
130	This rotation was of high quality. - Ambulatory/Community	0.9	6.0	14.7	44.8	33.6	4.04	0.90	116
131	Faculty/resident supervision of patient care activities was appropriate. - Medicine (General)	0	0.8	3.8	40.8	54.6	4.49	0.61	130
132	Faculty/resident supervision of patient care activities was appropriate. - Surgery (General)	1.6	9.3	17.8	45.0	26.4	3.85	0.97	129
133	Faculty/resident supervision of patient care activities was appropriate. - Obstetrics/Gynaecology	1.5	6.9	13.1	43.8	34.6	4.03	0.95	130
134	Faculty/resident supervision of patient care activities was appropriate. - Psychiatry	1.5	0.8	14.6	46.9	36.2	4.15	0.81	130
135	Faculty/resident supervision of patient care activities was appropriate. - Family & Community	1.5	2.3	6.9	47.7	41.5	4.25	0.81	130
136	Faculty/resident supervision of patient care activities was appropriate. - Paediatrics	0.8	0.8	8.5	45.7	44.2	4.32	0.73	129
137	Faculty/resident supervision of patient care activities was appropriate. - Medicine (Specialty)	0	0	8.0	49.6	42.5	4.35	0.62	113
138	Faculty/resident supervision of patient care activities was appropriate. - Surgery (Specialty)	2.4	3.3	15.4	47.2	31.7	4.02	0.91	123

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
139	0	3.1	6.2	47.3	43.4	4.31	0.73	129
	Faculty/resident supervision of patient care activities was appropriate. - Emergency/Anesthesia							
140	0.9	0.9	7.0	46.1	45.2	4.34	0.72	115
	Faculty/resident supervision of patient care activities was appropriate. - Ambulatory/Community							
141	1.6	16.3	23.3	37.2	21.7	3.61	1.05	129
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Medicine (General)							
142	7.8	24.0	30.2	29.5	8.5	3.07	1.09	129
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Surgery (General)							
143	1.6	5.4	21.7	45.7	25.6	3.88	0.91	129
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Obstetrics/Gynaecology							
144	0	1.6	10.1	54.3	34.1	4.21	0.68	129
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Psychiatry							
145	0.8	5.4	16.2	46.9	30.8	4.02	0.87	130
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Family & Community							
146	0.8	0.8	17.8	53.5	27.1	4.05	0.74	129
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Paediatrics							
147	0	6.1	19.3	46.5	28.1	3.96	0.85	114
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Medicine (Specialty)							
148	6.5	13.0	24.4	41.5	14.6	3.45	1.10	123
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Surgery (Specialty)							

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
149	0.8	6.2	20.2	46.5	26.4	3.91	0.88	129
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Emergency/Anesthesia							
150	0	3.5	15.9	44.2	36.3	4.13	0.81	113
	There was an appropriate distribution of time allocated for academic teaching, clinical workload, and time to study - Ambulatory/Community							
151	0.8	0	1.6	40.3	57.3	4.53	0.62	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Medicine (General)							
152	5.6	7.3	13.7	43.5	29.8	3.85	1.10	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Surgery (General)							
153	0	2.4	8.1	41.9	47.6	4.35	0.73	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Obstetrics/Gynaecology							
154	1.6	1.6	8.9	46.0	41.9	4.25	0.81	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Psychiatry							
155	1.6	4.0	8.9	43.5	41.9	4.20	0.88	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Family & Community							
156	0	0.8	8.9	45.2	45.2	4.35	0.68	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Paediatrics							
157	0	3.6	13.5	46.8	36.0	4.15	0.79	111
	The experience in this rotation will be helpful in preparing for MCCQE exams - Medicine (Specialty)							
158	5.9	5.9	21.8	42.0	24.4	3.73	1.08	119
	The experience in this rotation will be helpful in preparing for MCCQE exams - Surgery (Specialty)							
159	0	4.0	10.5	42.7	42.7	4.24	0.80	124
	The experience in this rotation will be helpful in preparing for MCCQE exams - Emergency/Anesthesia							

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
160	3.7	4.6	25.7	48.6	17.4	3.72	0.93	109	
	The experience in this rotation will be helpful in preparing for MCCQE exams - Ambulatory/Community								
161	0	0.8	3.1	30.0	66.2	4.62	0.59	130	
	There was meaningful involvement in patient care. - Medicine (General)								
162	10.0	16.9	20.8	35.4	16.9	3.32	1.23	130	
	There was meaningful involvement in patient care. - Surgery (General)								
163	4.6	7.7	13.1	40.8	33.8	3.92	1.09	130	
	There was meaningful involvement in patient care. - Obstetrics/Gynaecology								
164	3.8	4.6	11.5	40.8	39.2	4.07	1.02	130	
	There was meaningful involvement in patient care. - Psychiatry								
165	1.5	0.8	11.5	37.7	48.5	4.31	0.82	130	
	There was meaningful involvement in patient care. - Family & Community								
166	0	1.5	13.1	45.4	40.0	4.24	0.73	130	
	There was meaningful involvement in patient care. - Paediatrics								
167	1.8	4.4	15.0	41.6	37.2	4.08	0.93	113	
	There was meaningful involvement in patient care. - Medicine (Specialty)								
168	8.9	11.3	22.6	37.9	19.4	3.48	1.19	124	
	There was meaningful involvement in patient care. - Surgery (Specialty)								
169	1.5	6.9	8.5	40.8	42.3	4.15	0.95	130	
	There was meaningful involvement in patient care. - Emergency/Anesthesia								
170	1.7	2.6	9.6	50.4	35.7	4.16	0.83	115	
	There was meaningful involvement in patient care. - Ambulatory/Community								
171	0	3.9	7.0	42.6	46.5	4.32	0.77	129	
	An adequate variety of patients and illnesses was experienced - Medicine (General)								
172	5.4	10.9	20.2	39.5	24.0	3.66	1.12	129	
	An adequate variety of patients and illnesses was experienced - Surgery (General)								
173	0.8	5.4	17.8	47.3	28.7	3.98	0.87	129	
	An adequate variety of patients and illnesses was experienced - Obstetrics/Gynaecology								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
174	An adequate variety of patients and illnesses was experienced - Psychiatry	3.1	3.9	15.5	46.5	31.0	3.98	0.95	129
175	An adequate variety of patients and illnesses was experienced - Family & Community	1.6	4.7	10.9	40.3	42.6	4.18	0.91	129
176	An adequate variety of patients and illnesses was experienced - Paediatrics	0	3.9	13.2	45.0	38.0	4.17	0.80	129
177	An adequate variety of patients and illnesses was experienced - Medicine (Specialty)	0	3.5	15.0	44.2	37.2	4.15	0.80	113
178	An adequate variety of patients and illnesses was experienced - Surgery (Specialty)	3.3	9.0	17.2	46.7	23.8	3.79	1.01	122
179	An adequate variety of patients and illnesses was experienced - Emergency/Anesthesia	0	3.1	8.7	42.5	45.7	4.31	0.76	127
180	An adequate variety of patients and illnesses was experienced - Ambulatory/Community	2.6	4.4	11.4	47.4	34.2	4.06	0.93	114
181	The quantity and quality of faculty teaching was adequate - Medicine (General)	0.8	0	2.3	39.5	57.4	4.53	0.63	129
182	The quantity and quality of faculty teaching was adequate - Surgery (General)	10.9	13.2	25.6	35.7	14.7	3.30	1.20	129
183	The quantity and quality of faculty teaching was adequate - Obstetrics/Gynaecology	1.6	3.9	9.3	51.2	34.1	4.12	0.85	129
184	The quantity and quality of faculty teaching was adequate - Psychiatry	0.8	3.1	10.9	51.9	33.3	4.14	0.79	129
185	The quantity and quality of faculty teaching was adequate - Family & Community	1.6	7.0	12.4	51.2	27.9	3.97	0.91	129
186	The quantity and quality of faculty teaching was adequate - Paediatrics	0.8	0.8	11.6	58.9	27.9	4.12	0.70	129
187	The quantity and quality of faculty teaching was adequate - Medicine (Specialty)	0.9	0.9	9.8	53.6	34.8	4.21	0.72	112

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
188	7.3	12.2	16.3	50.4	13.8	3.51	1.10	123	
	The quantity and quality of faculty teaching was adequate - Surgery (Specialty)								
189	1.6	3.1	11.7	54.7	28.9	4.06	0.82	128	
	The quantity and quality of faculty teaching was adequate - Emergency/Anesthesia								
190	0	1.9	17.1	47.6	33.3	4.12	0.76	105	
	The quantity and quality of faculty teaching was adequate - Ambulatory/Community								
191	1.6	0.8	3.9	47.2	46.5	4.36	0.74	127	
	Faculty/Resident feedback I received was valuable - Medicine (General)								
192	7.1	11.1	24.6	35.7	21.4	3.53	1.16	126	
	Faculty/Resident feedback I received was valuable - Surgery (General)								
193	3.1	8.7	17.3	42.5	28.3	3.84	1.03	127	
	Faculty/Resident feedback I received was valuable - Obstetrics/Gynaecology								
194	0.8	2.4	9.6	56.0	31.2	4.14	0.75	125	
	Faculty/Resident feedback I received was valuable - Psychiatry								
195	1.6	4.0	13.5	48.4	32.5	4.06	0.87	126	
	Faculty/Resident feedback I received was valuable - Family & Community								
196	1.6	4.7	14.2	46.5	33.1	4.05	0.90	127	
	Faculty/Resident feedback I received was valuable - Paediatrics								
197	0.9	2.7	15.5	55.5	25.5	4.02	0.78	110	
	Faculty/Resident feedback I received was valuable - Medicine (Specialty)								
198	5.0	10.1	23.5	39.5	21.8	3.63	1.09	119	
	Faculty/Resident feedback I received was valuable - Surgery (Specialty)								
199	0.8	7.4	18.9	42.6	30.3	3.94	0.93	122	
	Faculty/Resident feedback I received was valuable - Emergency/Anesthesia								
200	0.9	3.8	17.9	43.4	34.0	4.06	0.87	106	
	Faculty/Resident feedback I received was valuable - Ambulatory/Community								
201	0.8	1.6	5.6	45.2	46.8	4.36	0.73	126	
	The quantity and quality of resident teaching was adequate - Medicine (General)								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
202	5.6	7.9	14.3	46.0	26.2	3.79	1.09	126	
	The quantity and quality of resident teaching was adequate - Surgery (General)								
203	2.4	8.0	12.0	48.0	29.6	3.94	0.98	125	
	The quantity and quality of resident teaching was adequate - Obstetrics/Gynaecology								
204	2.5	4.1	19.8	46.3	27.3	3.92	0.93	121	
	The quantity and quality of resident teaching was adequate - Psychiatry								
205	2.1	6.4	17.0	52.1	22.3	3.86	0.91	94	
	The quantity and quality of resident teaching was adequate - Family & Community								
206	0	6.3	19.8	47.7	26.1	3.94	0.85	111	
	The quantity and quality of resident teaching was adequate - Paediatrics								
207	0	2.2	10.1	59.6	28.1	4.13	0.68	89	
	The quantity and quality of resident teaching was adequate - Medicine (Specialty)								
208	3.3	10.8	11.7	49.2	25.0	3.82	1.04	120	
	The quantity and quality of resident teaching was adequate - Surgery (Specialty)								
209	1.1	5.3	17.0	55.3	21.3	3.90	0.83	94	
	The quantity and quality of resident teaching was adequate - Emergency/Anesthesia								
210	0	1.4	18.1	56.9	23.6	4.03	0.69	72	
	The quantity and quality of resident teaching was adequate - Ambulatory/Community								
211	0	0.8	7.1	43.3	48.8	4.40	0.66	127	
	The quality of lectures/conferences/seminars was adequate - Medicine (General)								
212	6.3	11.8	26.0	37.0	18.9	3.50	1.12	127	
	The quality of lectures/conferences/seminars was adequate - Surgery (General)								
213	0	3.9	7.9	46.5	41.7	4.26	0.77	127	
	The quality of lectures/conferences/seminars was adequate - Obstetrics/Gynaecology								
214	0	3.1	18.1	53.5	25.2	4.01	0.75	127	
	The quality of lectures/conferences/seminars was adequate - Psychiatry								
215	1.6	5.6	23.0	50.8	19.0	3.80	0.87	126	
	The quality of lectures/conferences/seminars was adequate - Family & Community								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
216	0.8	1.6	18.3	56.3	23.0	3.99	0.74	126	
	The quality of lectures/conferences/seminars was adequate - Paediatrics								
217	0	2.0	13.1	56.6	28.3	4.11	0.70	99	
	The quality of lectures/conferences/seminars was adequate - Medicine (Specialty)								
218	3.5	9.6	16.5	48.7	21.7	3.76	1.01	115	
	The quality of lectures/conferences/seminars was adequate - Surgery (Specialty)								
219	0	2.4	13.5	61.1	23.0	4.05	0.68	126	
	The quality of lectures/conferences/seminars was adequate - Emergency/Anesthesia								
220	1.4	1.4	27.5	47.8	21.7	3.87	0.82	69	
	The quality of lectures/conferences/seminars was adequate - Ambulatory/Community								
221	0	5.6	10.3	43.7	40.5	4.19	0.84	126	
	The quality of clinical skills teaching and feedback was adequate - Medicine (General)								
222	9.6	8.8	25.6	40.0	16.0	3.44	1.15	125	
	The quality of clinical skills teaching and feedback was adequate - Surgery (General)								
223	3.1	13.4	9.4	50.4	23.6	3.78	1.05	127	
	The quality of clinical skills teaching and feedback was adequate - Obstetrics/Gynaecology								
224	2.6	1.7	22.2	47.0	26.5	3.93	0.89	117	
	The quality of clinical skills teaching and feedback was adequate - Psychiatry								
225	1.6	4.0	17.6	55.2	21.6	3.91	0.83	125	
	The quality of clinical skills teaching and feedback was adequate - Family & Community								
226	0	6.6	16.5	54.5	22.3	3.93	0.81	121	
	The quality of clinical skills teaching and feedback was adequate - Paediatrics								
227	0	4.7	21.5	53.3	20.6	3.90	0.78	107	
	The quality of clinical skills teaching and feedback was adequate - Medicine (Specialty)								
228	6.7	7.6	18.5	49.6	17.6	3.64	1.07	119	
	The quality of clinical skills teaching and feedback was adequate - Surgery (Specialty)								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
229	0	7.1	13.5	56.3	23.0	3.95	0.81	126	
	The quality of clinical skills teaching and feedback was adequate - Emergency/Anesthesia								
230	1.0	2.0	18.6	54.9	23.5	3.98	0.77	102	
	The quality of clinical skills teaching and feedback was adequate - Ambulatory/Community								
231	2.4	0.8	20.3	52.8	23.6	3.94	0.83	123	
	There was adequate discussion of ethics in teaching/clinical situations - Medicine (General)								
232	6.6	7.4	36.4	39.7	9.9	3.39	0.99	121	
	There was adequate discussion of ethics in teaching/clinical situations - Surgery (General)								
233	3.3	5.7	23.8	54.9	12.3	3.67	0.89	122	
	There was adequate discussion of ethics in teaching/clinical situations - Obstetrics/Gynaecology								
234	3.3	0.8	16.4	54.1	25.4	3.98	0.87	122	
	There was adequate discussion of ethics in teaching/clinical situations - Psychiatry								
235	3.3	7.4	26.2	47.5	15.6	3.65	0.94	122	
	There was adequate discussion of ethics in teaching/clinical situations - Family & Community								
236	3.3	3.3	23.0	53.3	17.2	3.78	0.89	122	
	There was adequate discussion of ethics in teaching/clinical situations - Paediatrics								
237	3.7	3.7	31.2	46.8	14.7	3.65	0.91	109	
	There was adequate discussion of ethics in teaching/clinical situations - Medicine (Specialty)								
238	7.8	2.6	36.5	40.0	13.0	3.48	1.02	115	
	There was adequate discussion of ethics in teaching/clinical situations - Surgery (Specialty)								
239	3.4	5.0	37.0	42.0	12.6	3.55	0.90	119	
	There was adequate discussion of ethics in teaching/clinical situations - Emergency/Anesthesia								
240	3.8	3.8	28.6	46.7	17.1	3.70	0.93	105	
	There was adequate discussion of ethics in teaching/clinical situations - Ambulatory/Community								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
241	0.8	4.0	15.1	50.0	30.2	4.05	0.83	126	
242	4.8	11.9	23.8	38.9	20.6	3.59	1.09	126	
243	0.8	5.6	15.9	50.0	27.8	3.98	0.86	126	
244	0.8	3.2	17.5	54.8	23.8	3.98	0.78	126	
245	0.8	4.0	17.5	52.4	25.4	3.98	0.81	126	
246	1.6	4.8	13.5	54.8	25.4	3.98	0.85	126	
247	1.9	6.5	17.6	47.2	26.9	3.91	0.93	108	
248	4.2	8.3	23.3	45.0	19.2	3.67	1.02	120	
249	0.8	6.5	16.1	50.8	25.8	3.94	0.87	124	
250	1.8	7.3	13.8	53.2	23.9	3.90	0.91	109	
251	5.6	8.0	27.2	40.8	18.4	3.58	1.06	125	
252	10.4	11.2	28.0	36.0	14.4	3.33	1.17	125	
253	4.0	7.2	20.0	48.0	20.8	3.74	1.00	125	
254	4.8	6.4	18.4	45.6	24.8	3.79	1.04	125	

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
255	3.2	4.8	20.0	50.4	21.6	3.82	0.93	125
	My grades in this rotation were reported in a timely fashion - Family & Community							
256	4.0	7.2	18.4	52.8	17.6	3.73	0.97	125
	My grades in this rotation were reported in a timely fashion - Paediatrics							
257	5.1	7.1	26.3	47.5	14.1	3.59	0.99	99
	My grades in this rotation were reported in a timely fashion - Medicine (Specialty)							
258	9.6	9.6	24.3	43.5	13.0	3.41	1.13	115
	My grades in this rotation were reported in a timely fashion - Surgery (Specialty)							
259	5.2	12.2	20.9	43.5	18.3	3.57	1.08	115
	My grades in this rotation were reported in a timely fashion - Emergency/Anesthesia							
260	6.0	11.0	22.0	42.0	19.0	3.57	1.10	100
	My grades in this rotation were reported in a timely fashion - Ambulatory/Community							
261	0	0.8	8.7	51.6	38.9	4.29	0.66	126
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Medicine (General)							
262	2.4	3.2	15.1	50.0	29.4	4.01	0.89	126
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Surgery (General)							
263	1.6	12.7	9.5	50.0	26.2	3.87	1.00	126
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Obstetrics/Gynaecology							
264	1.6	4.0	8.7	55.6	30.2	4.09	0.83	126
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Psychiatry							
265	2.4	5.6	12.7	55.6	23.8	3.93	0.90	126
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Family & Community							
266	1.6	2.4	11.1	54.0	31.0	4.10	0.81	126
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Paediatrics							
267	0	2.0	13.7	56.9	27.5	4.10	0.70	102
	The clinical evaluations I received in this rotation reflected my perception of my performance. - Medicine (Specialty)							

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
268	1.7	3.4	15.4	51.3	28.2	4.01	0.86	117
The clinical evaluations I received in this rotation reflected my perception of my performance. - Surgery (Specialty)								
269	3.4	6.8	15.4	50.4	23.9	3.85	0.98	117
The clinical evaluations I received in this rotation reflected my perception of my performance. - Emergency/Anesthesia								
270	1.0	1.0	13.3	61.0	23.8	4.06	0.70	105
The clinical evaluations I received in this rotation reflected my perception of my performance. - Ambulatory/Community								
271	0	4.8	9.5	54.8	31.0	4.12	0.77	126
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Medicine (General)								
272	1.6	4.0	13.6	52.8	28.0	4.02	0.85	125
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Surgery (General)								
273	0.8	2.4	12.0	57.6	27.2	4.08	0.75	125
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Obstetrics/Gynaecology								
274	0	0	5.0	63.6	31.4	4.26	0.54	121
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Psychiatry								
275	0	0	18.8	59.4	21.9	4.03	0.65	32
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Family & Community								
276	3.9	5.8	6.8	51.5	32.0	4.02	0.99	103
The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Paediatrics								

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	S Disagree			S Agree				
277	0	0	11.9	59.3	28.8	4.17	0.62	59
	The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Medicine (Specialty)							
278	1.8	1.8	9.2	55.0	32.1	4.14	0.80	109
	The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Surgery (Specialty)							
279	0	0	8.9	55.6	35.6	4.27	0.62	45
	The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Emergency/Anesthesia							
280	0	0	15.4	53.8	30.8	4.15	0.67	26
	The expectations for call during this rotation were reasonable (please select "not applicable" only if you were not expected to take call during this rotation). - Ambulatory/Community							
281	0	0	6.3	40.9	52.8	4.46	0.61	127
	While on call during this rotation, I felt adequately supported. - Medicine (General)							
282	0	3.1	10.2	48.0	38.6	4.22	0.76	127
	While on call during this rotation, I felt adequately supported. - Surgery (General)							
283	2.4	1.6	8.7	46.0	41.3	4.22	0.86	126
	While on call during this rotation, I felt adequately supported. - Obstetrics/Gynaecology							
284	0	0	5.7	47.5	46.7	4.41	0.60	122
	While on call during this rotation, I felt adequately supported. - Psychiatry							
285	0	2.4	16.7	45.2	35.7	4.14	0.78	42
	While on call during this rotation, I felt adequately supported. - Family & Community							
286	0.9	1.9	7.4	45.4	44.4	4.31	0.77	108
	While on call during this rotation, I felt adequately supported. - Paediatrics							
287	0	0	12.1	47.0	40.9	4.29	0.67	66
	While on call during this rotation, I felt adequately supported. - Medicine (Specialty)							

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N	
	S Disagree				S Agree				
288	1.8	2.7	11.6	40.2	43.8	4.21	0.88	112	
While on call during this rotation, I felt adequately supported. - Surgery (Specialty)									
289	0	0	10.7	50.0	39.3	4.29	0.65	56	
While on call during this rotation, I felt adequately supported. - Emergency/Anesthesia									
290	0	0	15.8	50.0	34.2	4.18	0.69	38	
While on call during this rotation, I felt adequately supported. - Ambulatory/Community									
	<4	4-8	9-12	12+					
291	0	4.7	88.2	7.1	0	3.02	0.34	127	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Medicine (General)									
292	0	3.1	66.9	29.9	0	3.27	0.51	127	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Surgery (General)									
293	0	17.3	77.2	5.5	0	2.88	0.46	127	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Obstetrics/Gynaecology									
294	0	70.1	29.1	0.8	0	2.31	0.48	127	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Psychiatry									
295	0	72.8	26.4	0.8	0	2.28	0.47	125	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Family & Community									
296	0	46.5	50.4	3.1	0	2.57	0.56	127	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Paediatrics									
297	0	48.6	50.5	0.9	0	2.52	0.52	111	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Medicine (Specialty)									
298	0	16.3	68.3	15.4	0	2.99	0.57	123	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Surgery (Specialty)									
299	0	59.1	40.2	0.8	0	2.42	0.51	127	
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Emergency/Anesthesia									

Medical Student Survey for Accreditation - Clerkship

Year 4

	A	B	C	D	E	Mean	StDev	Valid N
	<4	4-8	9-12	12+				
300	0	70.9	28.2	0.9	0	2.30	0.48	110

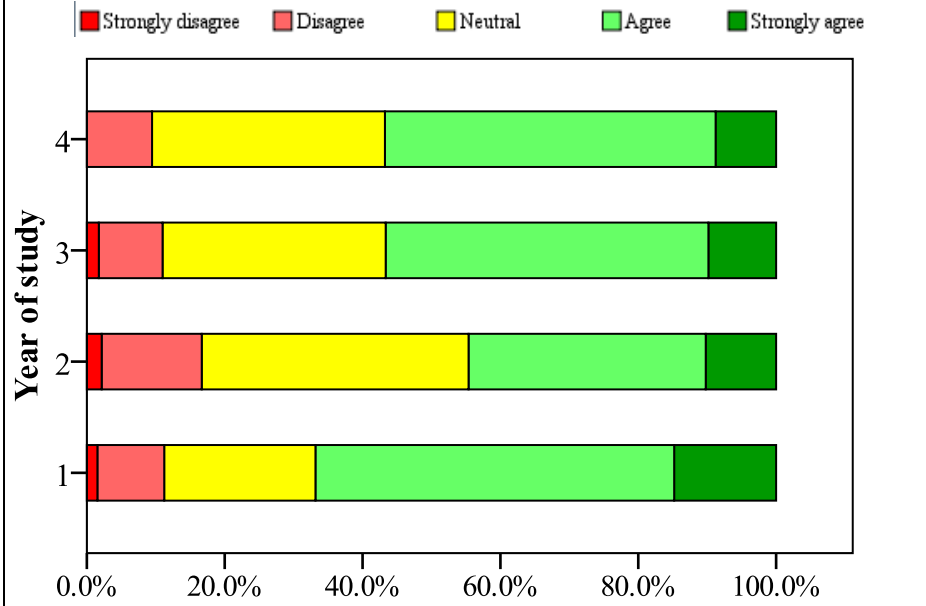
Approximate number of hours spent in hospital per day was (A=<4, B=4-8, C=9-12, D=12+, E=n/a) - Ambulatory/Community

Appendix 5: Histograms of Quantitative Data - Year

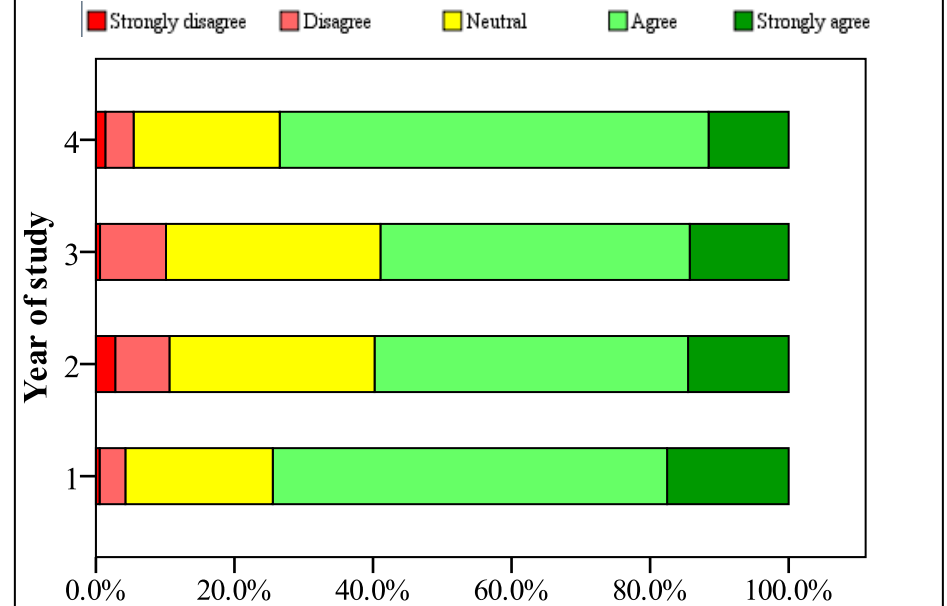
In this section, data is broken down by student year of study and displayed in histograms for questions 6-69 (these are the questions answered by students in all years). “Good” responses are displayed in shades of green, “Bad” responses are displayed in shades of red, and Neutral responses are displayed in yellow. For most questions, “Good” responses correspond to the answers “Agree” and “Strongly agree”; however, for questions that have an inverted phrasing (e.g. ‘I have personally witnessed discrimination’), the colour scheme is also inverted.

These histograms were prepared using the program SPSS 17.0.

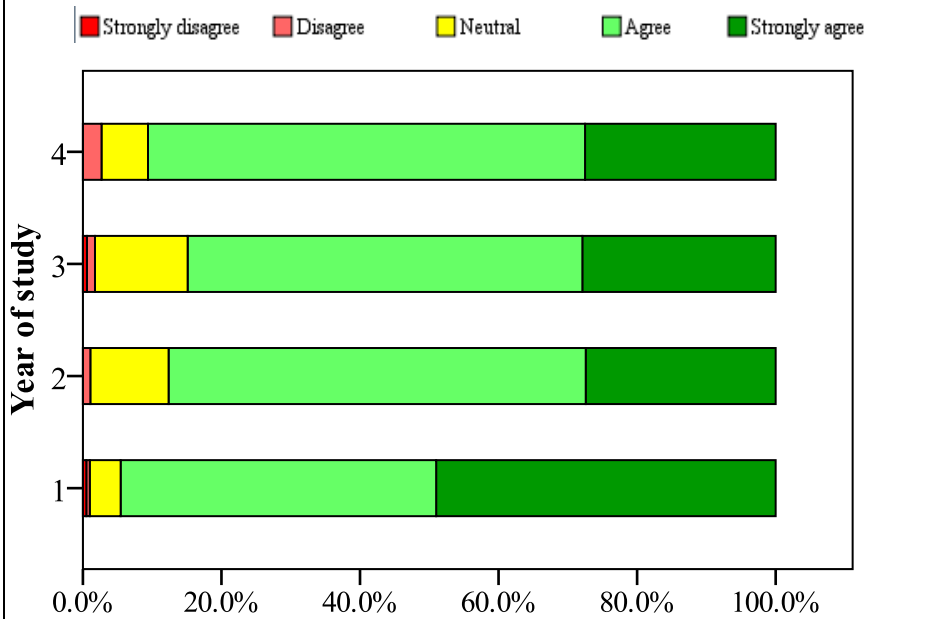
Q6: I have a good understanding of the channels of communication that are used to voice student concerns to the administration.



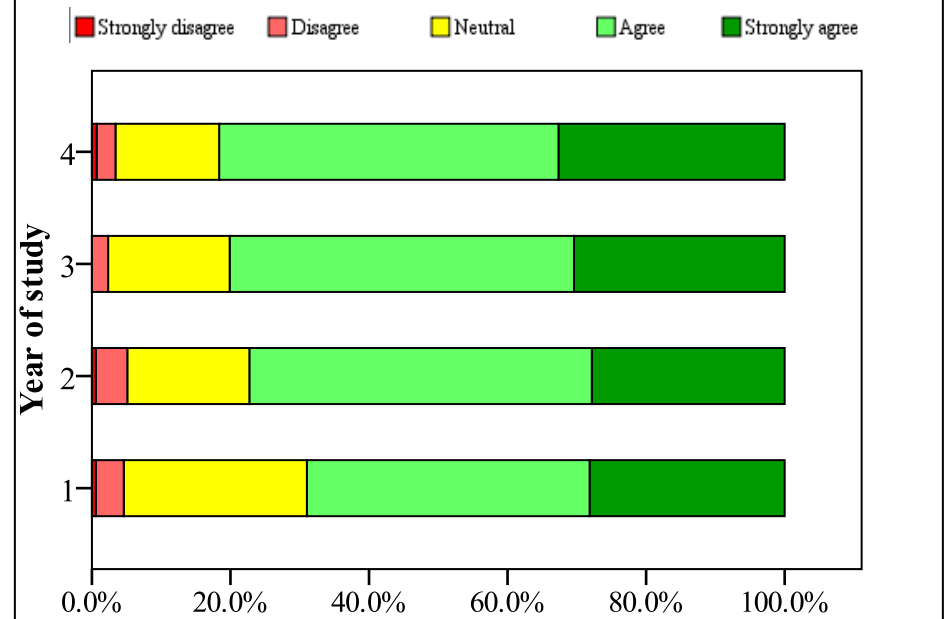
Q7: The Undergraduate Medical Education Deans and Course Directors are accessible and approachable to students.



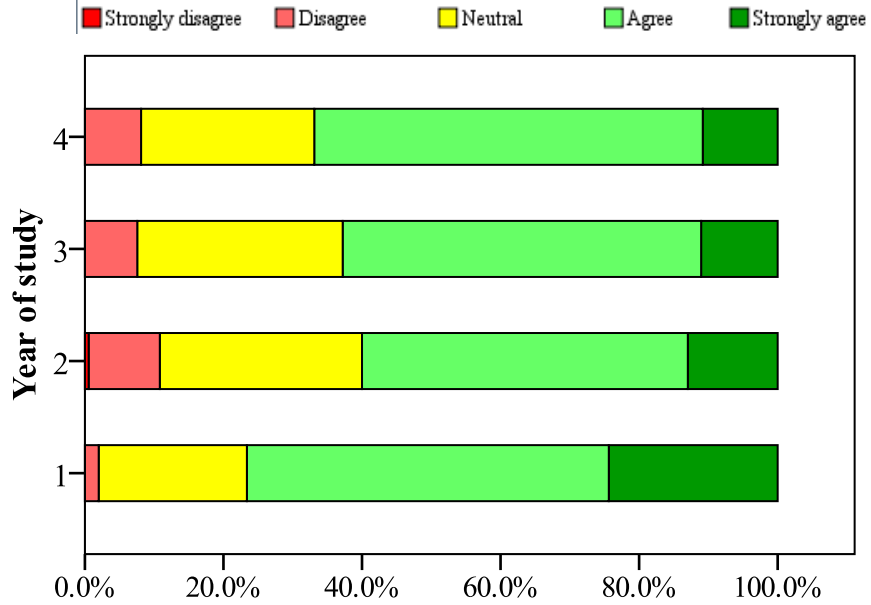
Q8: The teaching faculty (preclerkship, clerkship, tutors, etc.) are accessible and approachable to students.



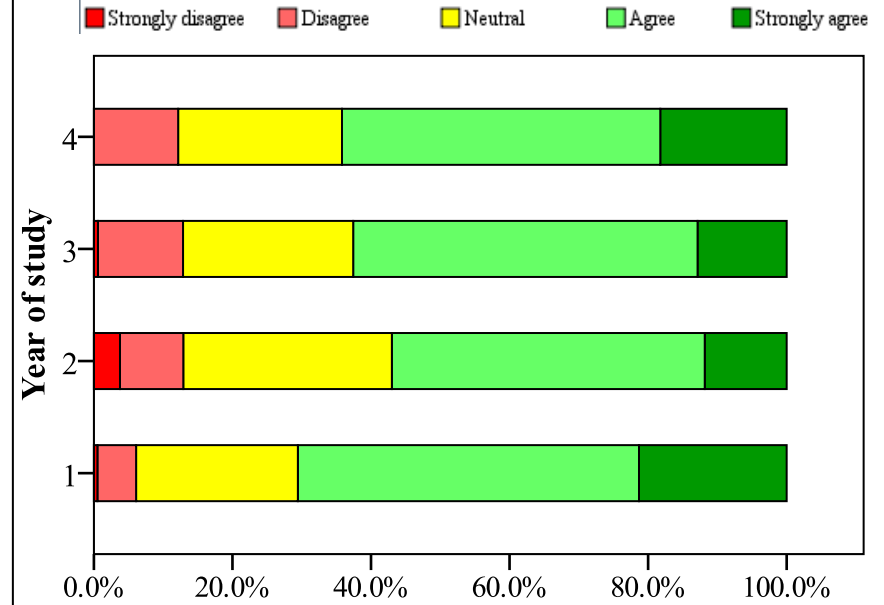
Q9: The Academy directors are accessible and approachable to students.



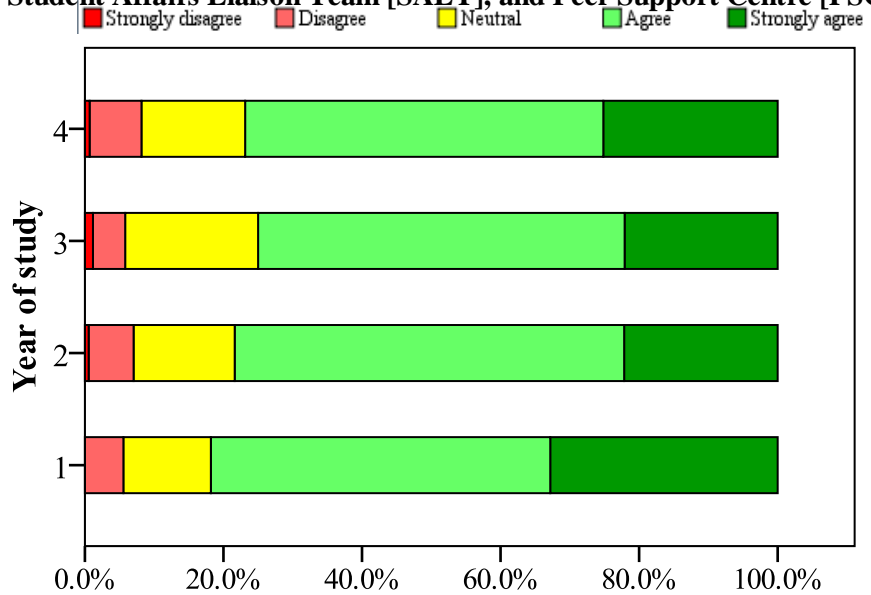
Q10: There is open and effective communication between faculty and students.



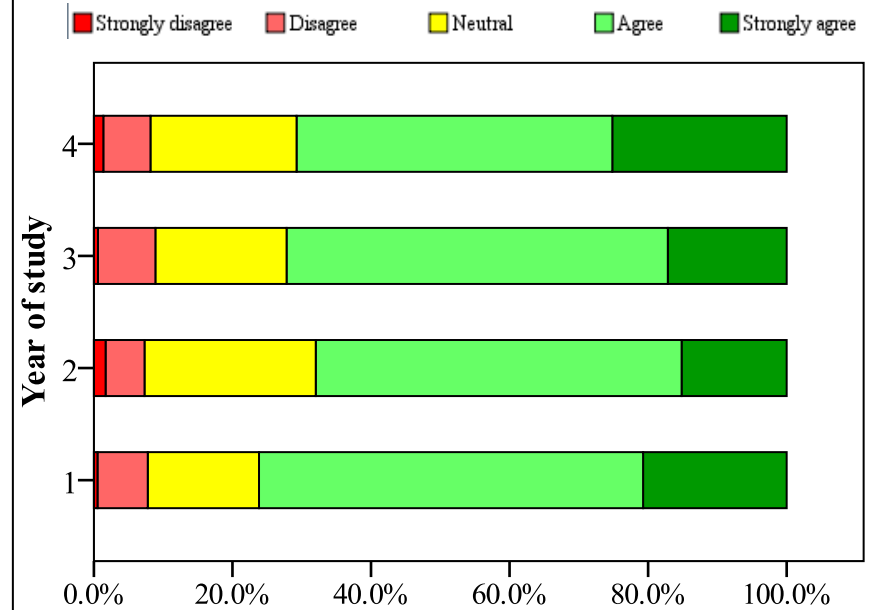
Q11: The faculty effectively keeps students informed about relevant decisions.



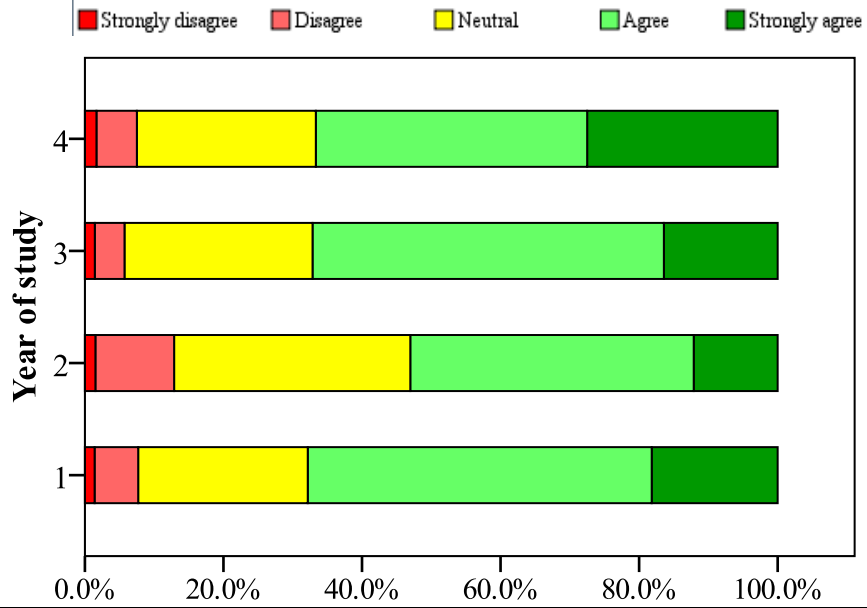
Q12: I am aware of the student support services offered by the medical school (e.g. Program for the Assistance and Support of Students [PASS], Student Affairs Liaison Team [SALT], and Peer Support Centre [PSC]).



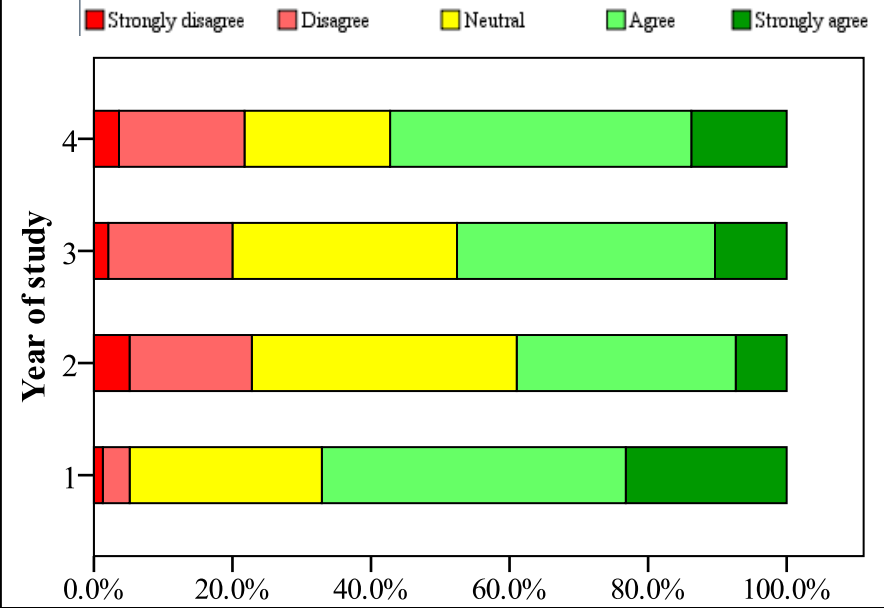
Q13: Student support services have been adequate in meeting my needs.



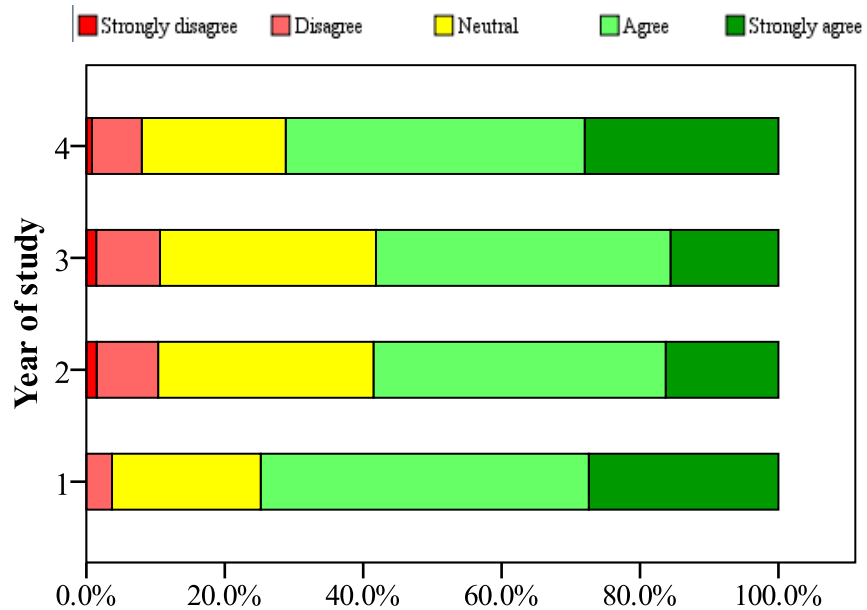
Q14: Student support services are easily accessible and visible to students.



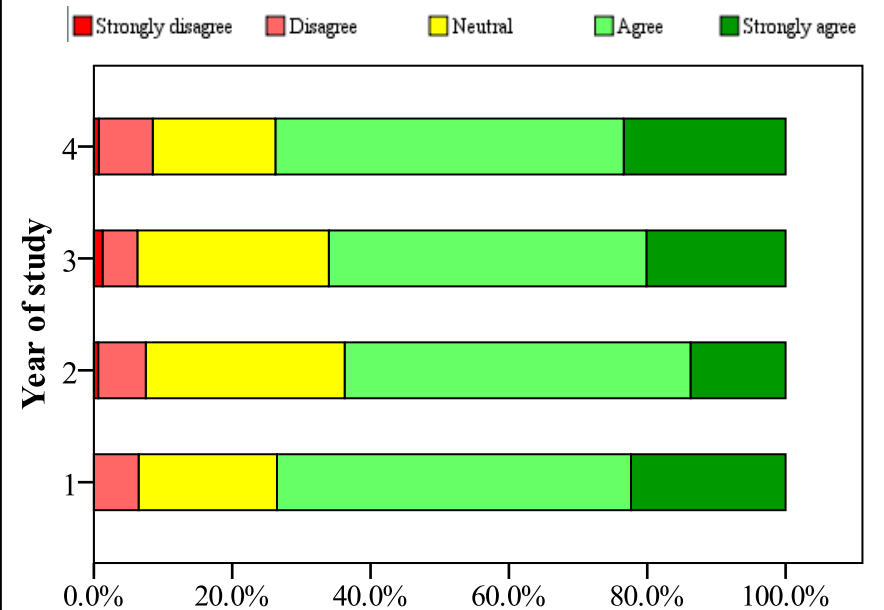
Q15: There are adequate and accessible career counselling services.



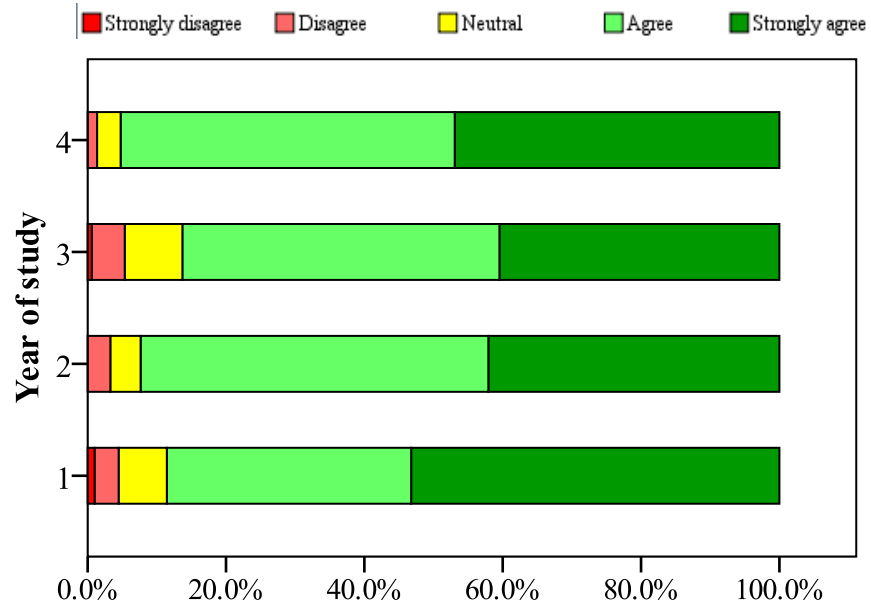
Q16: There are adequate and accessible personal counselling services.



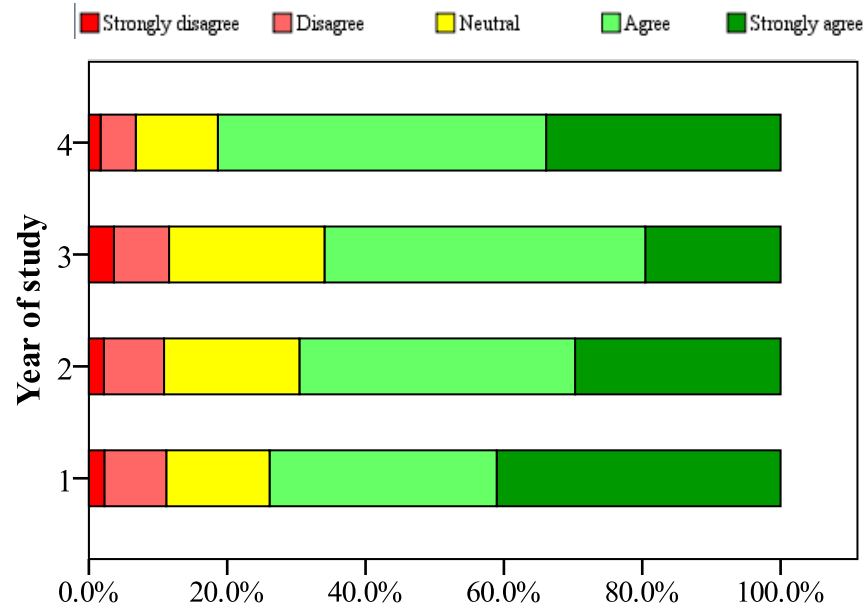
Q17: I am satisfied by the accessibility and services provided by the Office of Student Affairs.



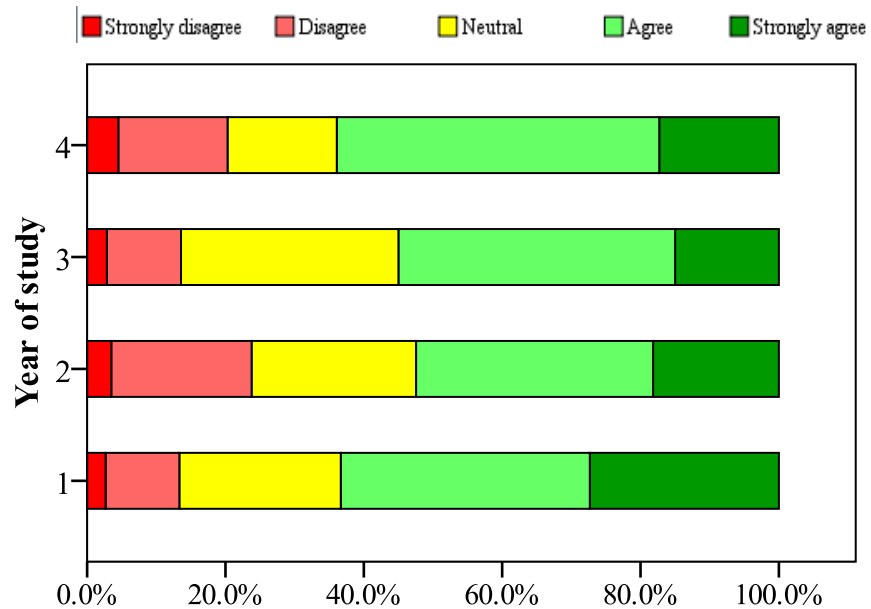
Q18: I am aware that there are student health services on the University of Toronto Campus.



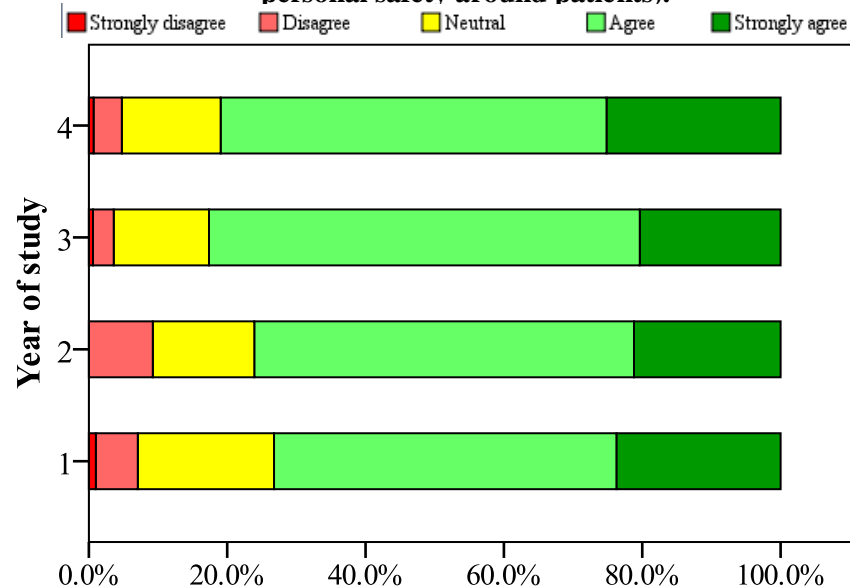
Q19: The student health services have been adequate in meeting my needs.



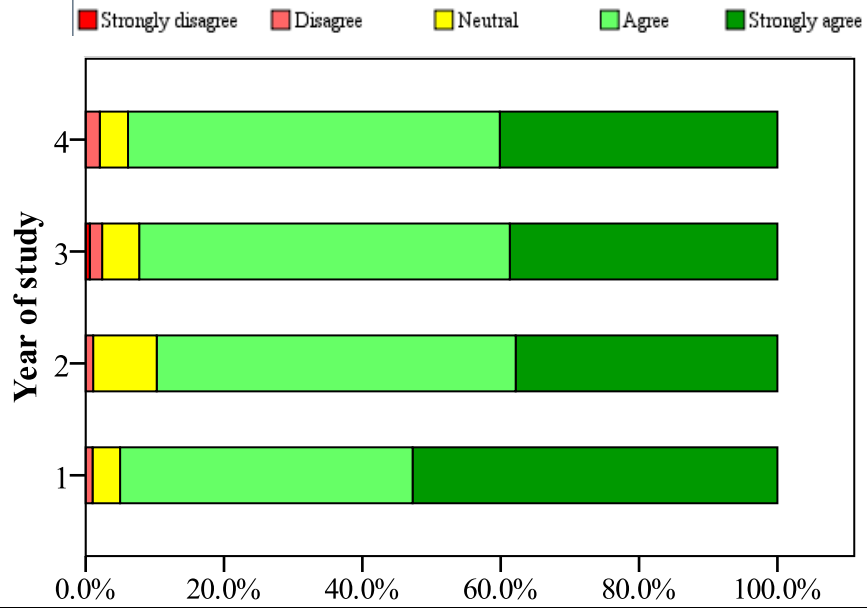
Q20: The university health insurance coverage is adequate to meet my needs.



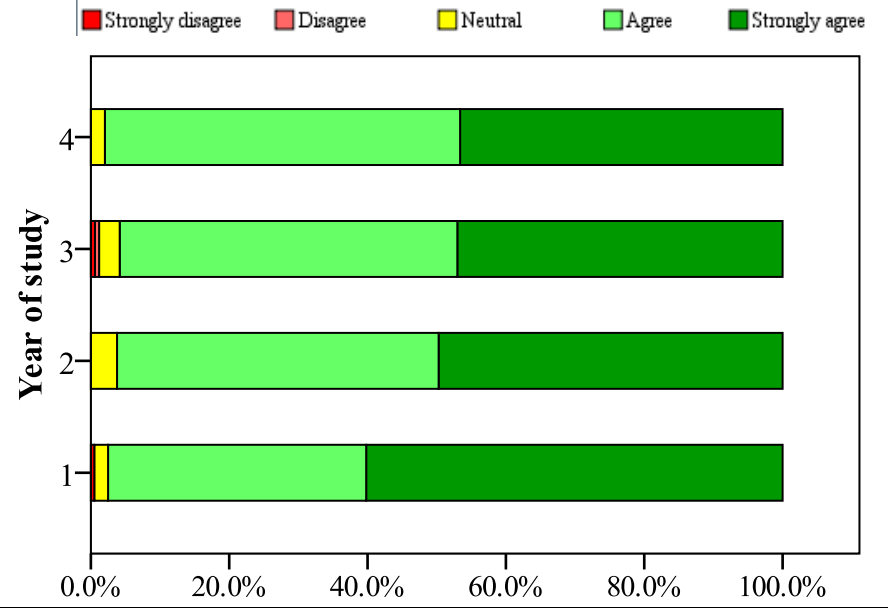
Q21: I have been sufficiently prepared to protect my own health in clinical encounters (e.g. infection control, occupational hazards, personal safety around patients).



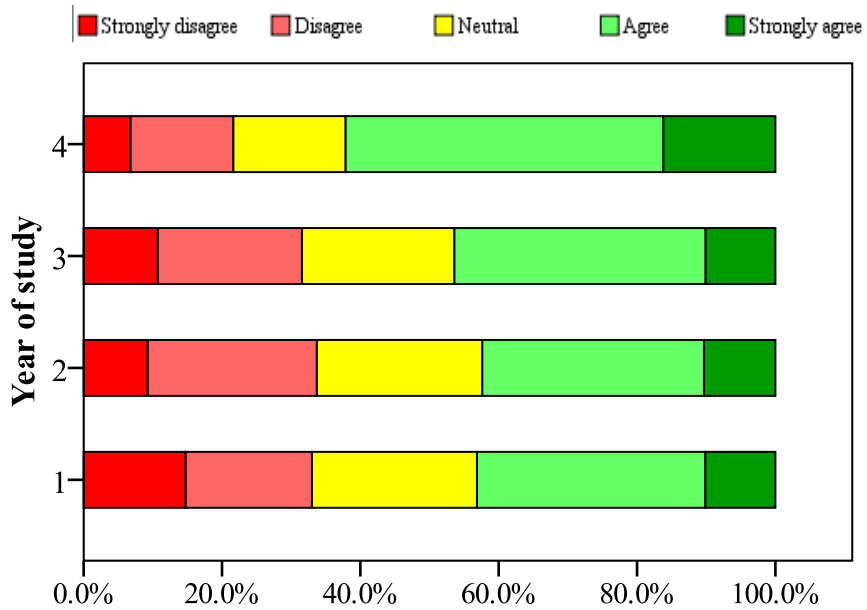
Q22: I feel safe in the different academic settings I attend for my medical education (e.g. hospitals, MSB, community health placements).



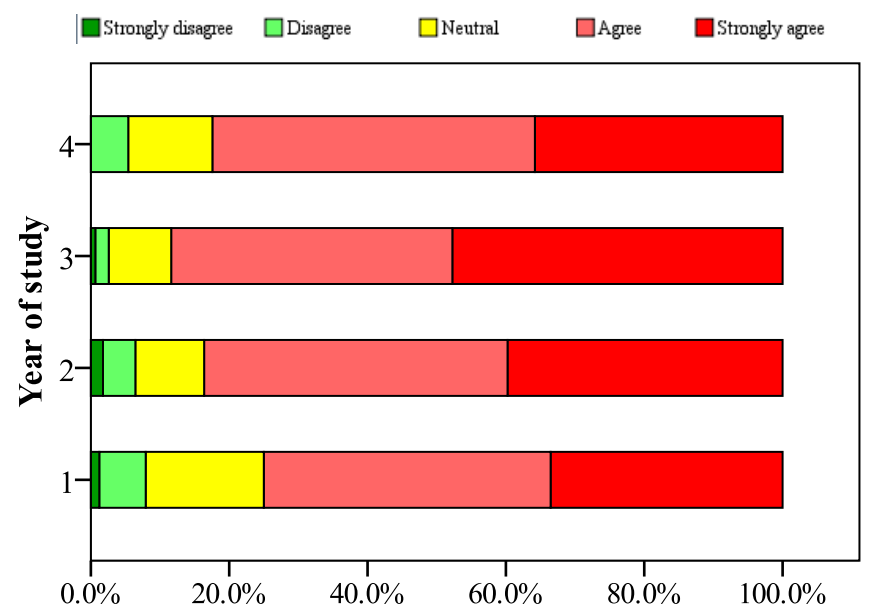
Q23: I feel safe while on the University of Toronto campus.



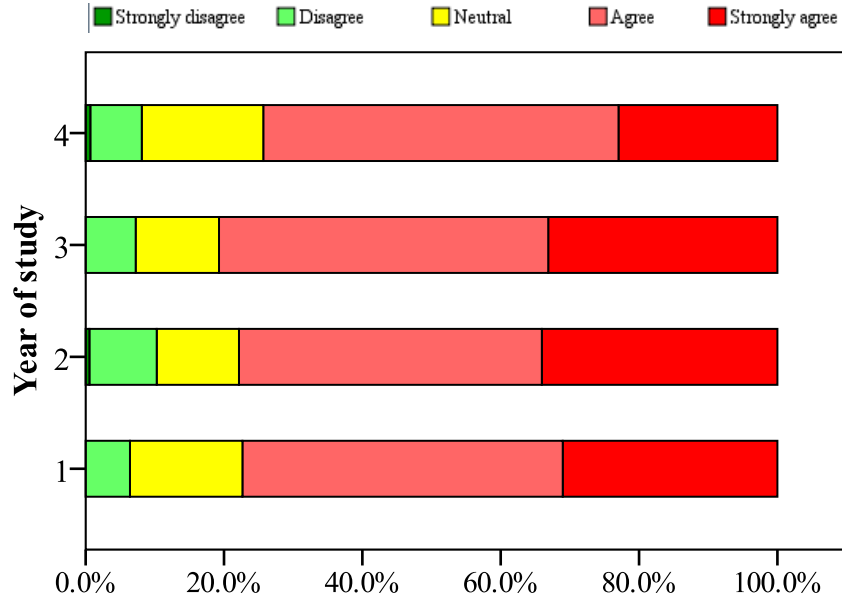
Q24: There is sufficient time for vacation during medical school.



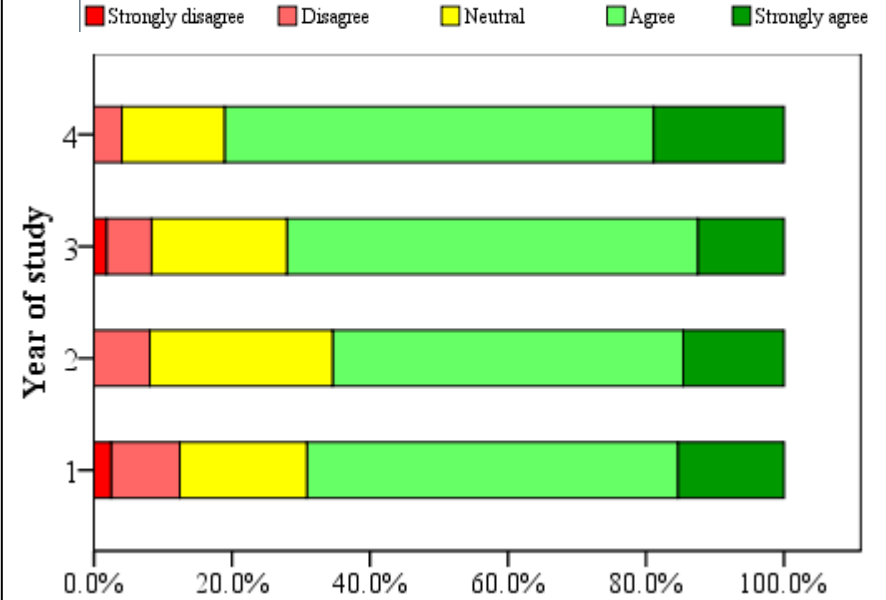
Q25: I experience stress regarding CaRMS applications and career planning.



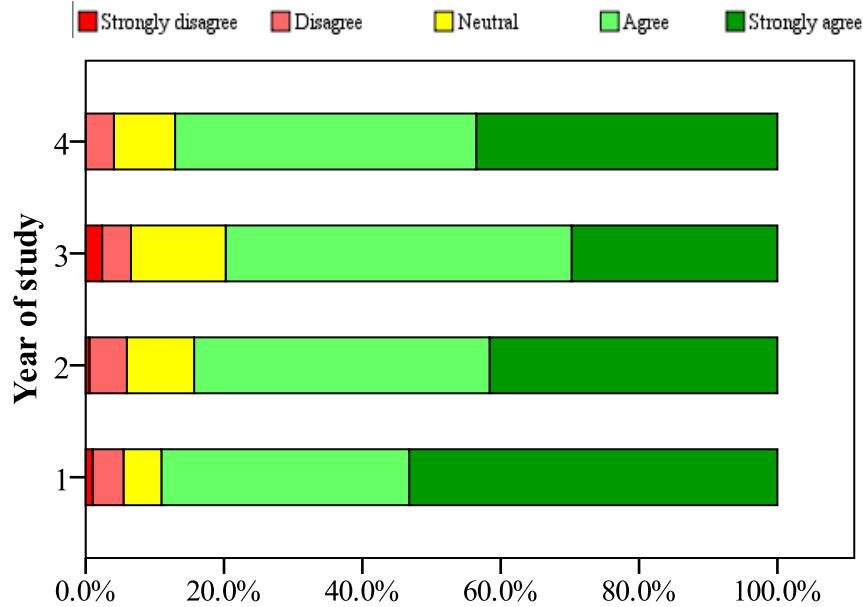
Q26: I experience stress regarding balancing my medical education and my personal life.



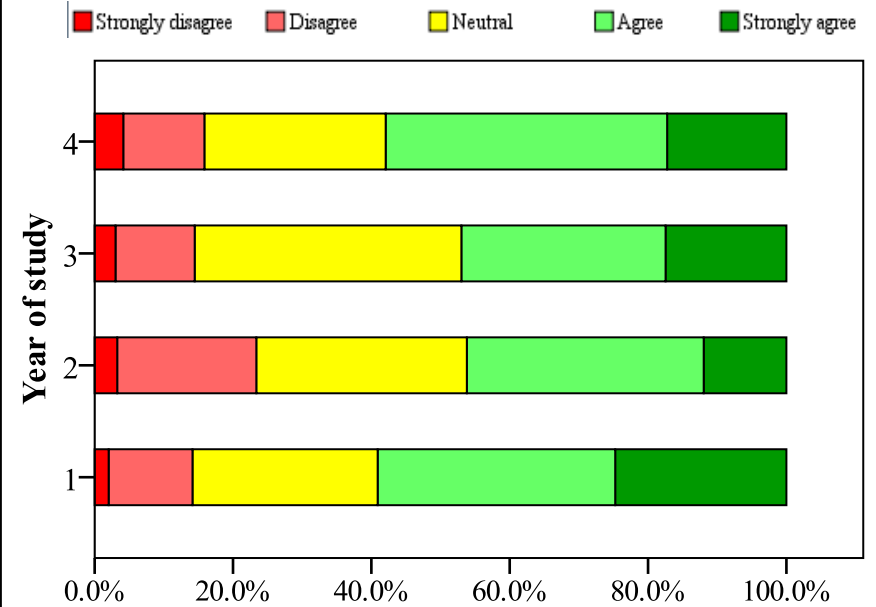
Q27: The stress of medical school is manageable for me.



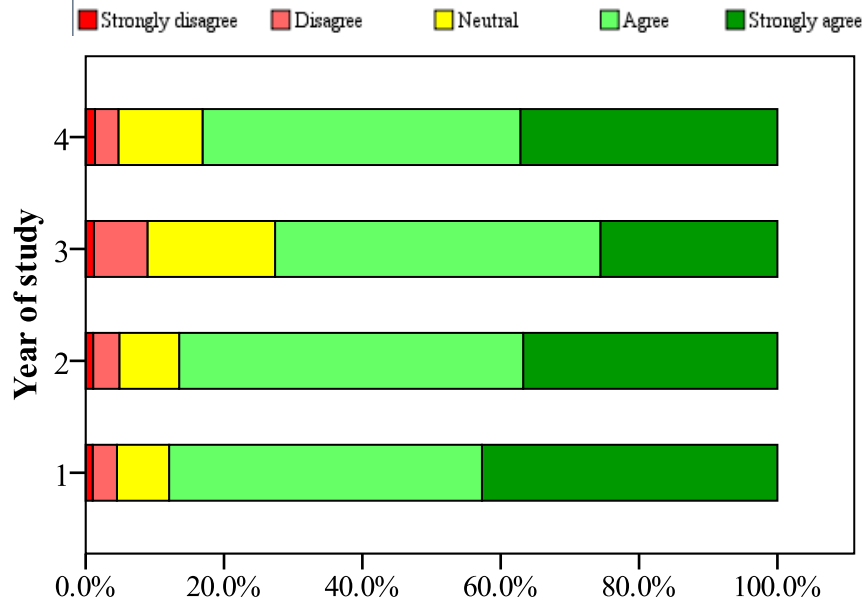
Q28: Adequate opportunities exist for participation in extra-curricular activities (e.g. social, athletic, community, student committees).



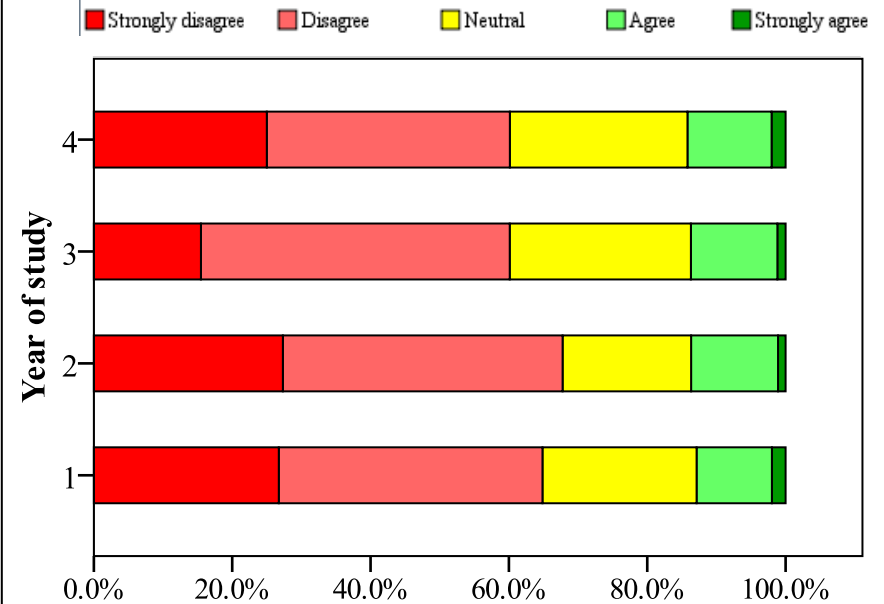
Q29: I have felt encouraged by faculty to participate in extra-curricular activities.



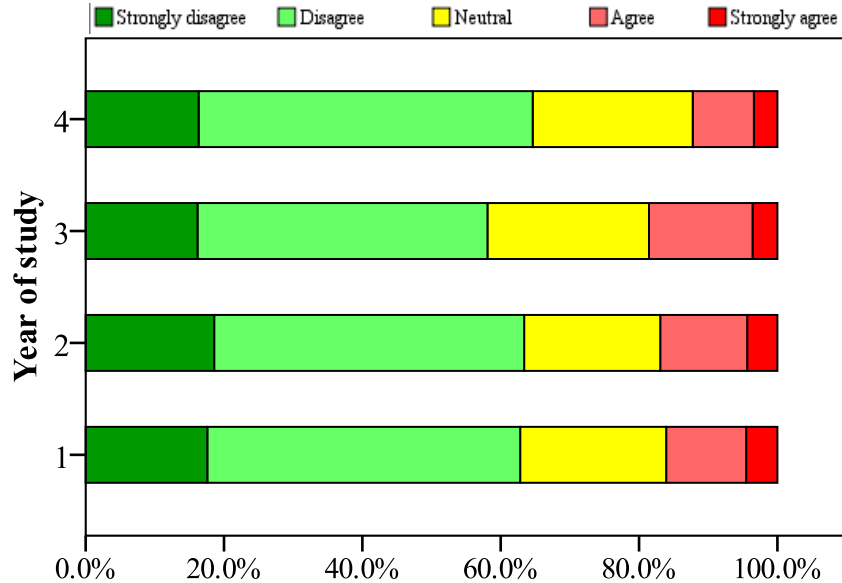
Q30: I participate in extra-curricular activities.



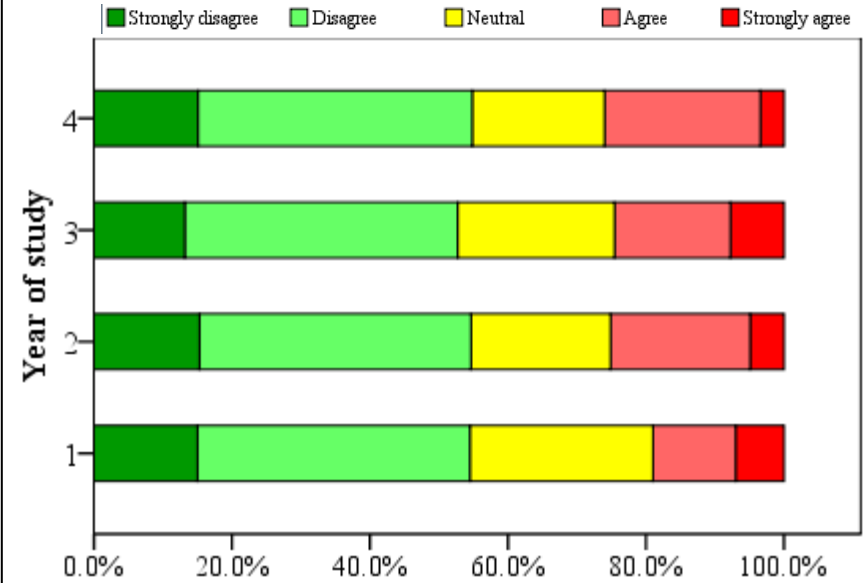
Q31: Overall, I find the cost of my education (tuition, books, living expenses, etc.) to be affordable.



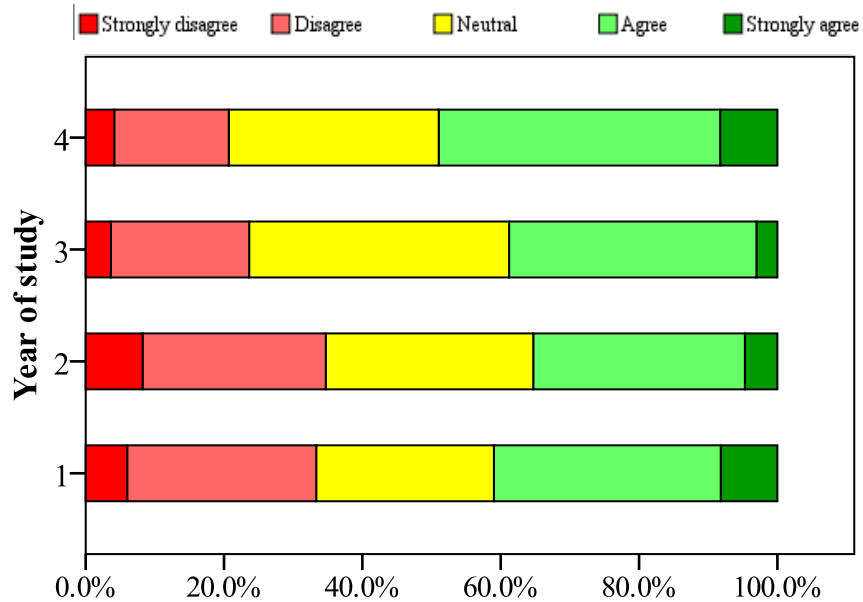
Q32: Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my grades and ability to participate in medical school activities.



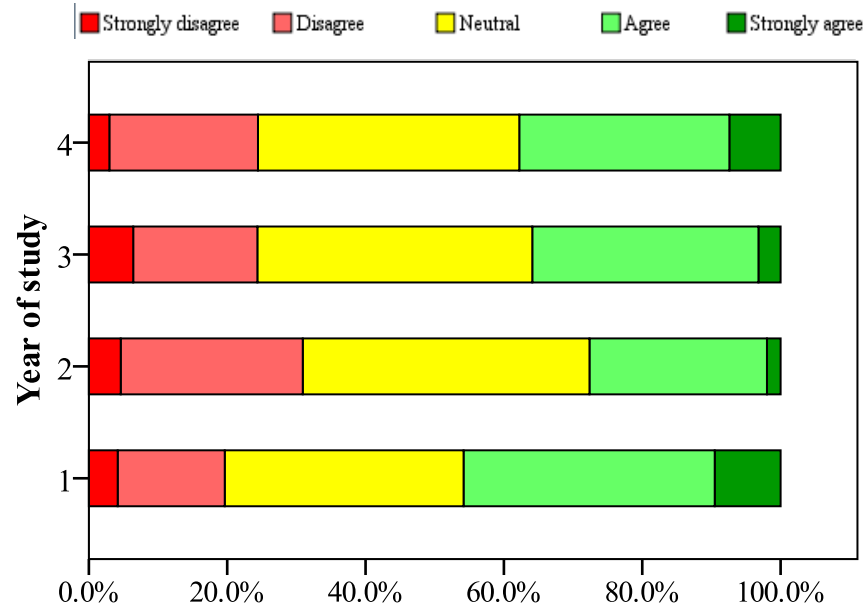
Q33: Concerns about covering the costs of my education (tuition, books, living expenses, etc.) have had a negative impact on my health and well-being during my medical school education.



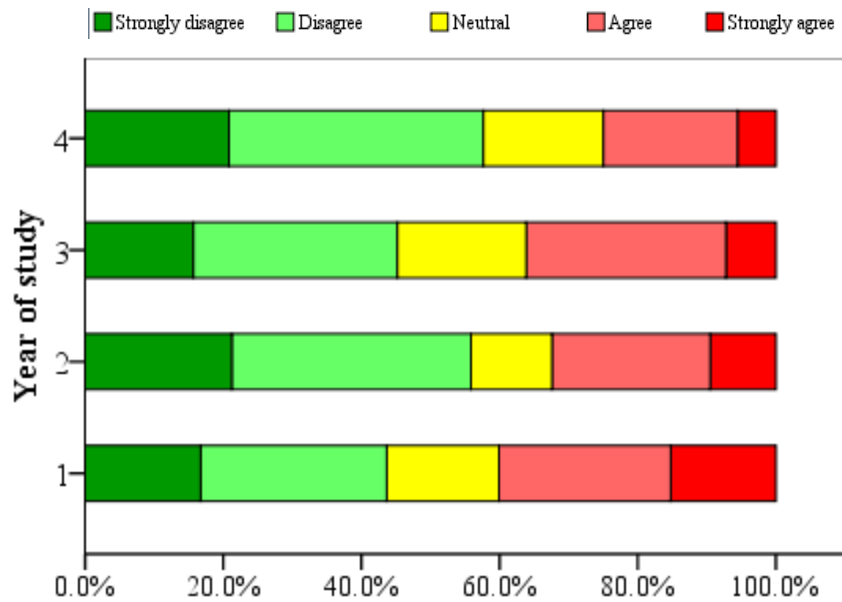
Q34: In addition to government aid (e.g. OSAP), there are adequate financial resources for students through the faculty (e.g. scholarships, bursaries, enhanced bursaries).



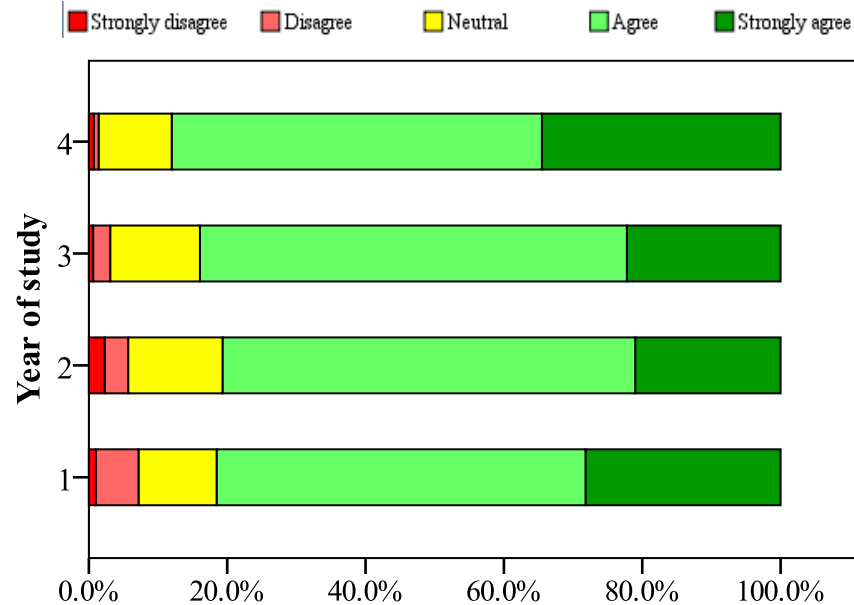
Q35: The medical school has provided adequate counselling to help me manage my medical school costs.



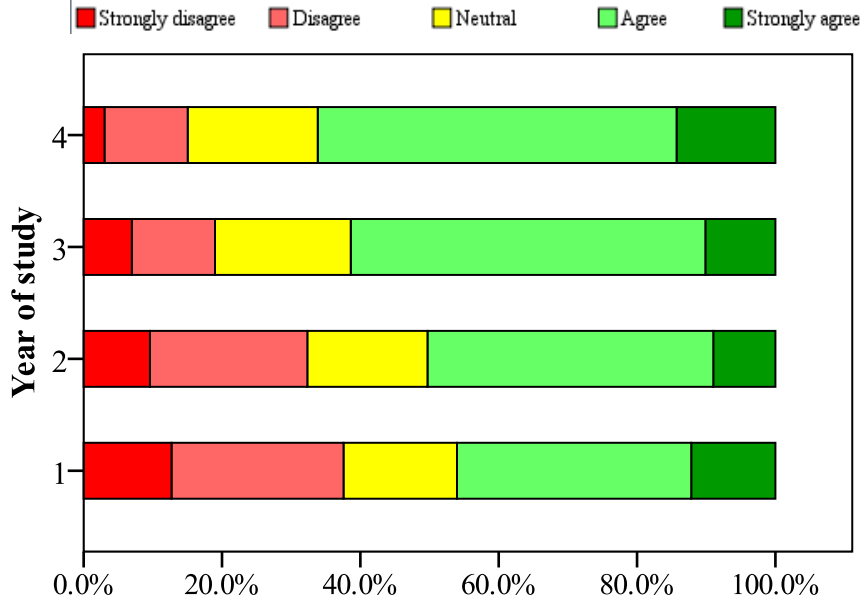
Q36: My projected debt due to medical school may influence my choice of medical specialty or residency location.



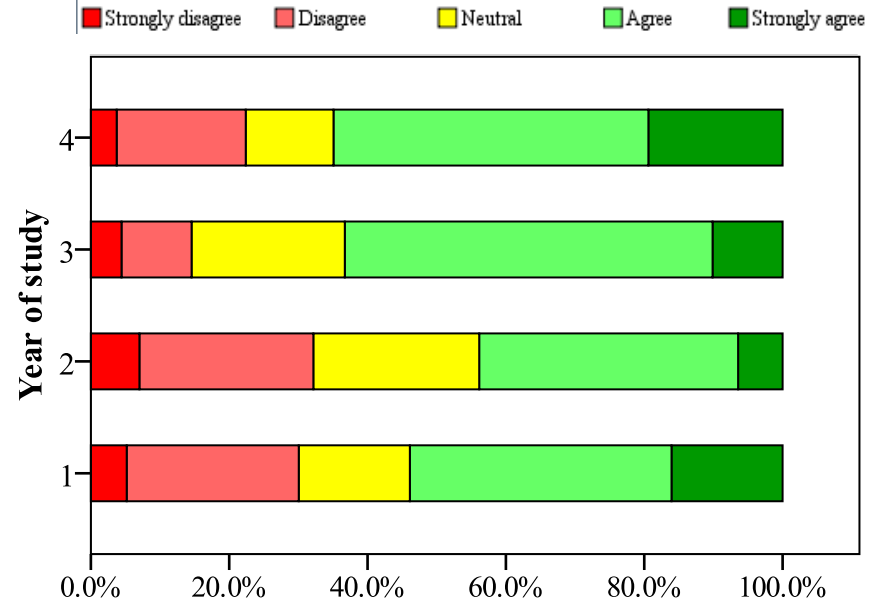
Q37: The Gerstein Science Information Centre is adequate for my academic needs (e.g. textbooks, online resources, etc.).



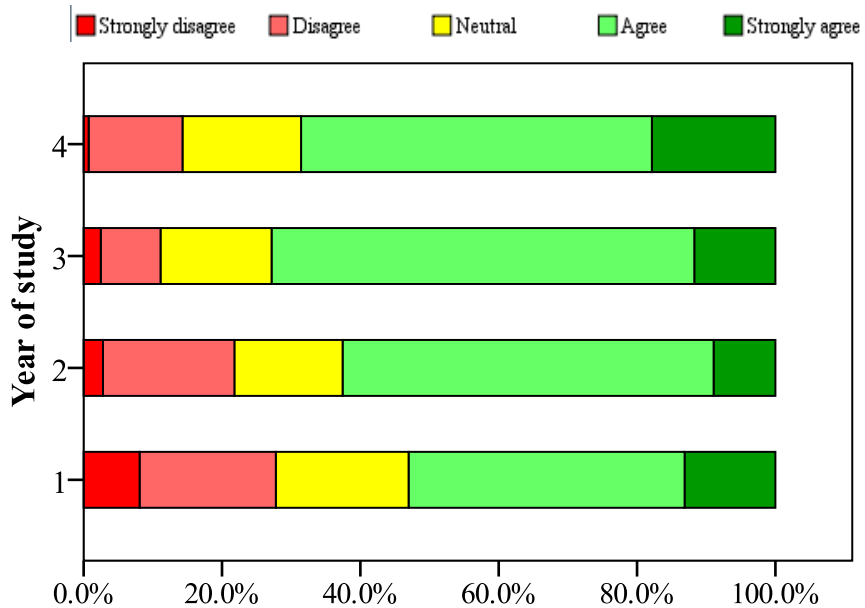
Q38: The Gerstein Science Information Centre has adequate hours of operation.



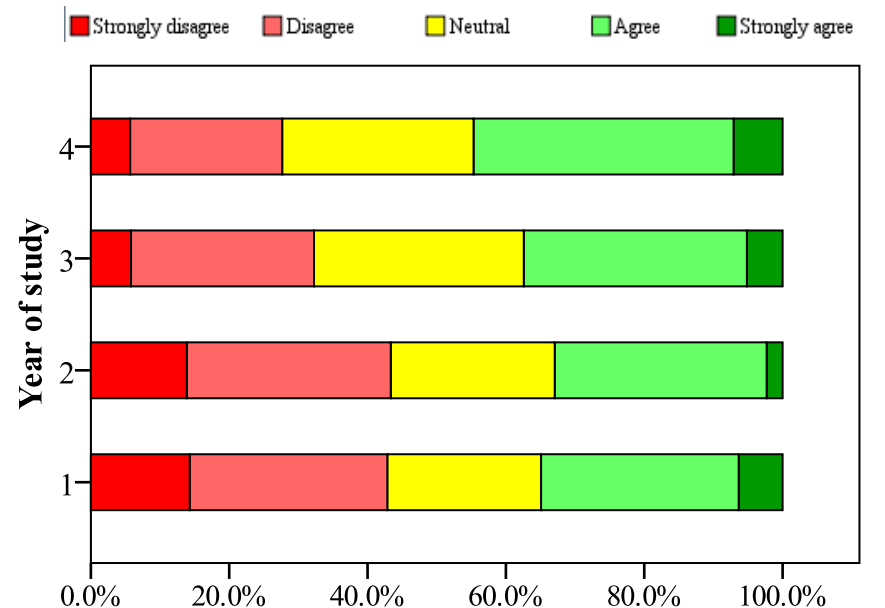
Q39: The Gerstein Science Information Centre has adequate study space (e.g. study carrels, tables, groups study rooms).



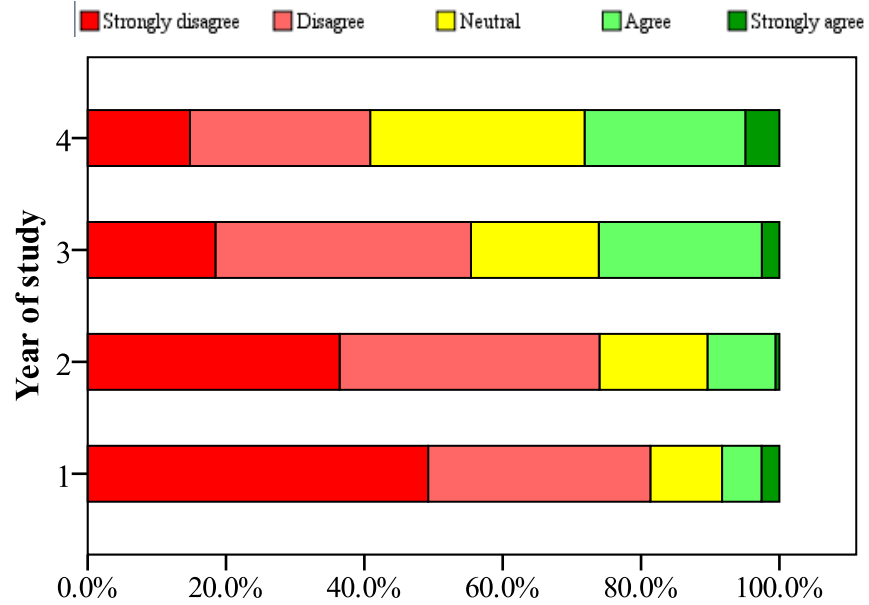
Q40: The Discovery Commons computer lab has an adequate number and quality of computers.



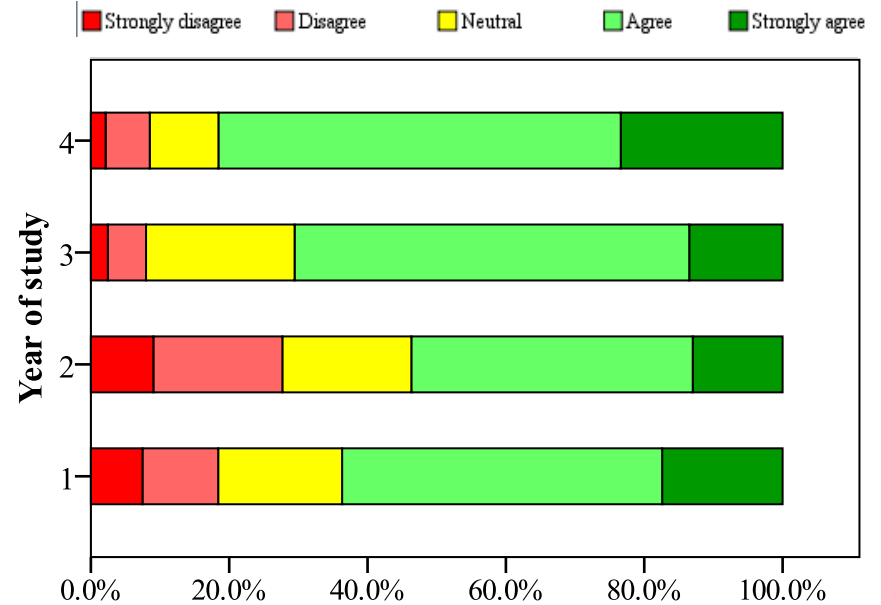
Q41: The MSB cafeteria hours of service are adequate.



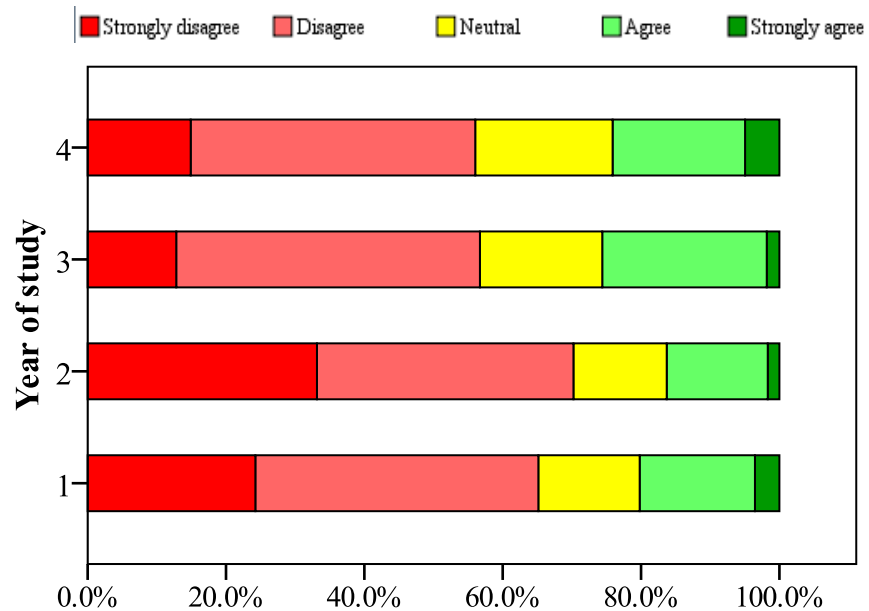
Q42: The MSB cafeteria food prices are reasonable.



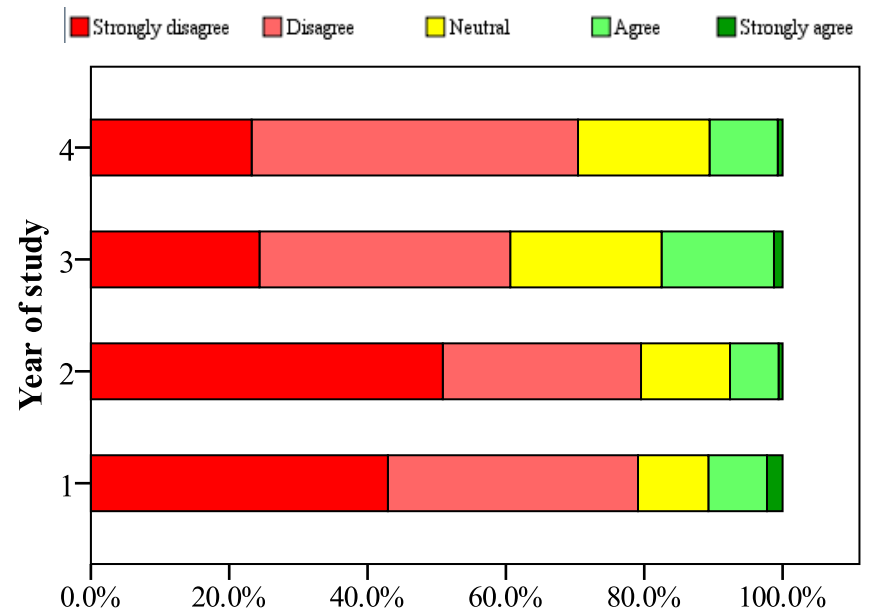
Q43: The Medical Alumni Association Lounge is an adequate place for students to relax and congregate.



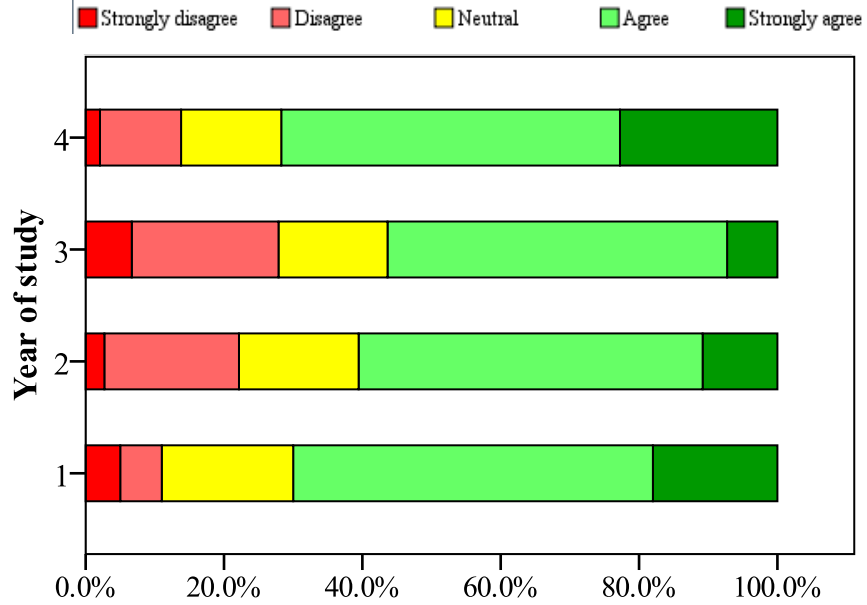
Q44: There is adequate study space in MSB.



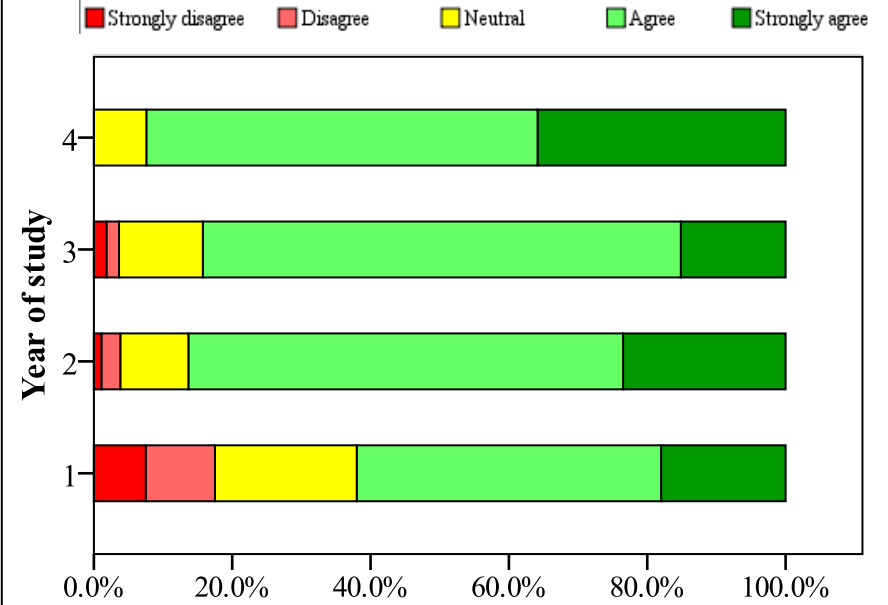
Q45: There is adequate access to printing and photocopying at MSB.



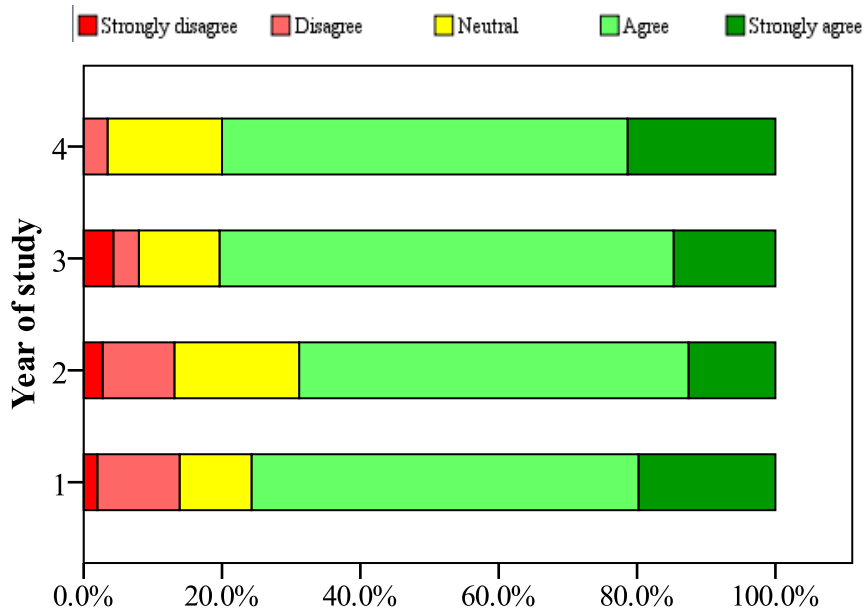
Q46: The lecture rooms at MSB are adequate in terms of size, seating, and lighting.



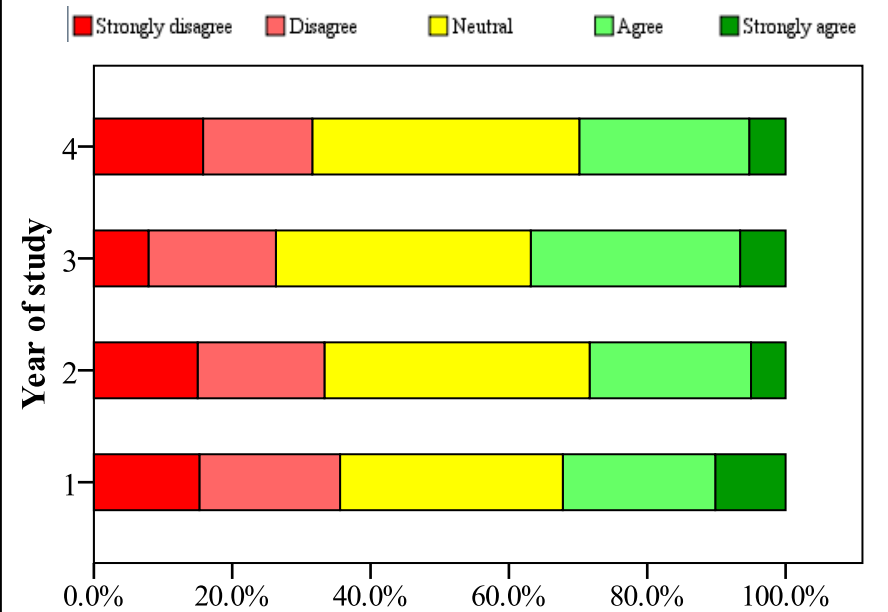
Q47: The lecture rooms at MSB have sufficient audio-visual equipment to conduct effective teaching sessions.



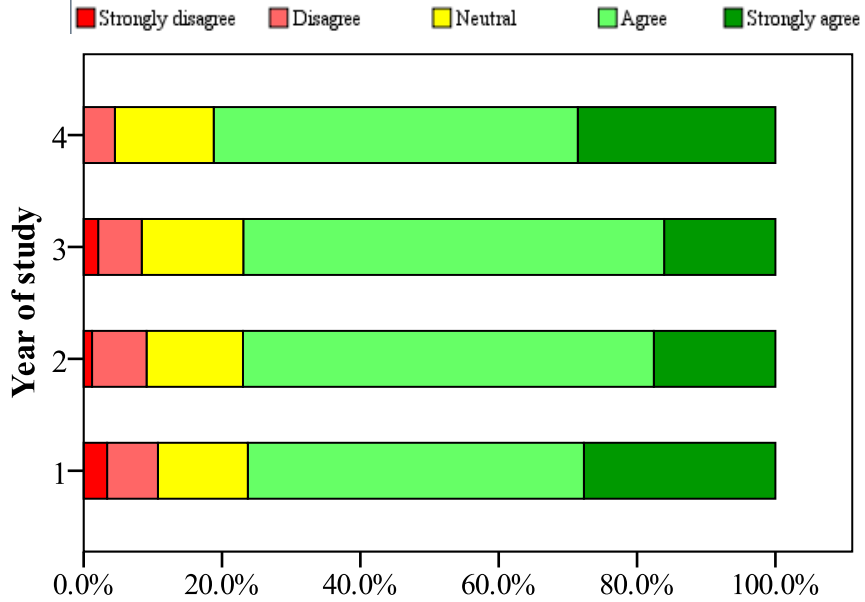
Q48: The laboratories (anatomy, physiology, etc.) in MSB are adequate (size, seating, lighting, equipment).



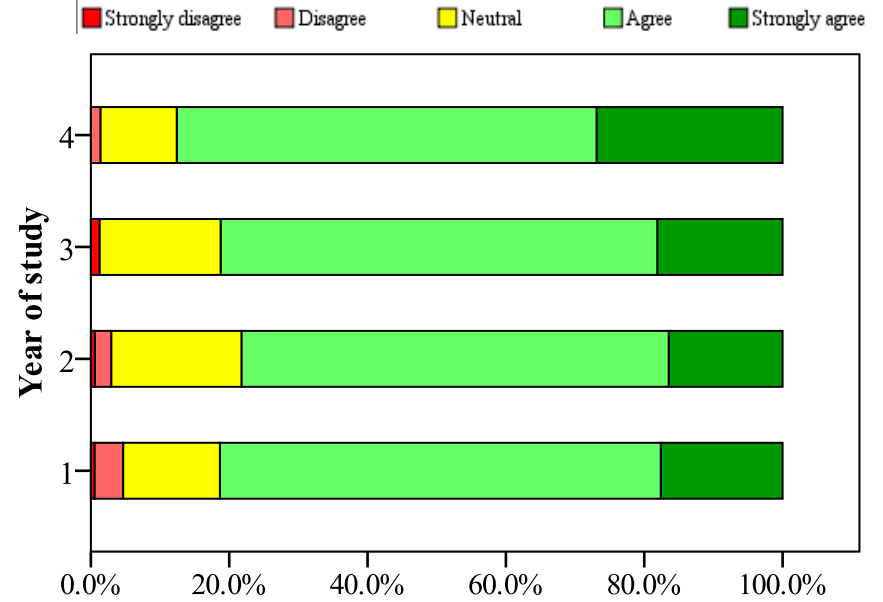
Q49: Student housing on campus is adequate (availability, cost, quality).



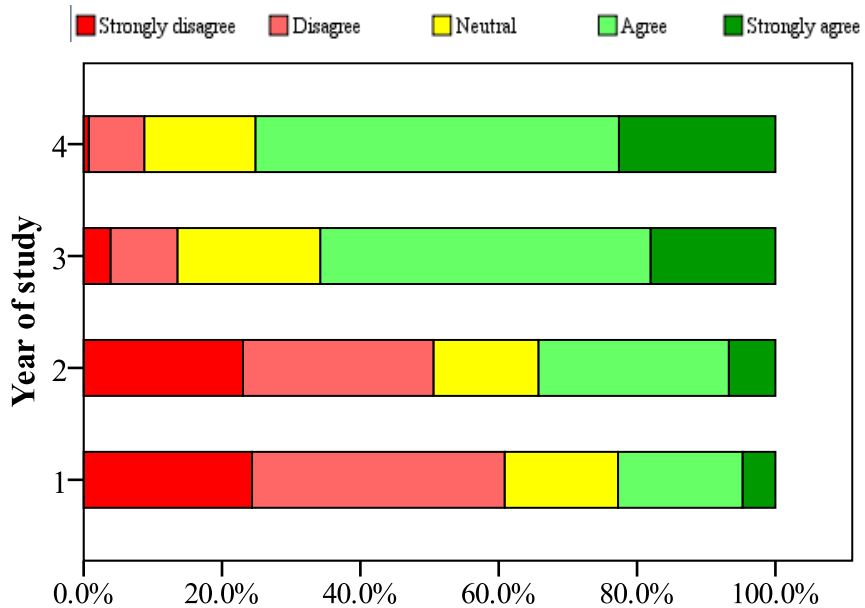
Q50: The athletic facilities at Hart House and the Athletic Centre are adequate.



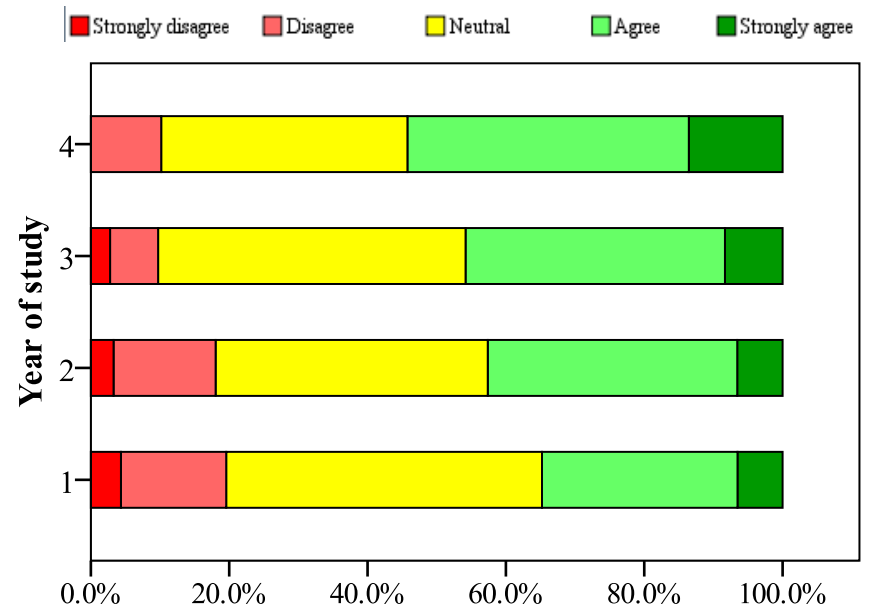
Q51: The UofT bookstore is adequate (hours, variety of books, products, etc.).



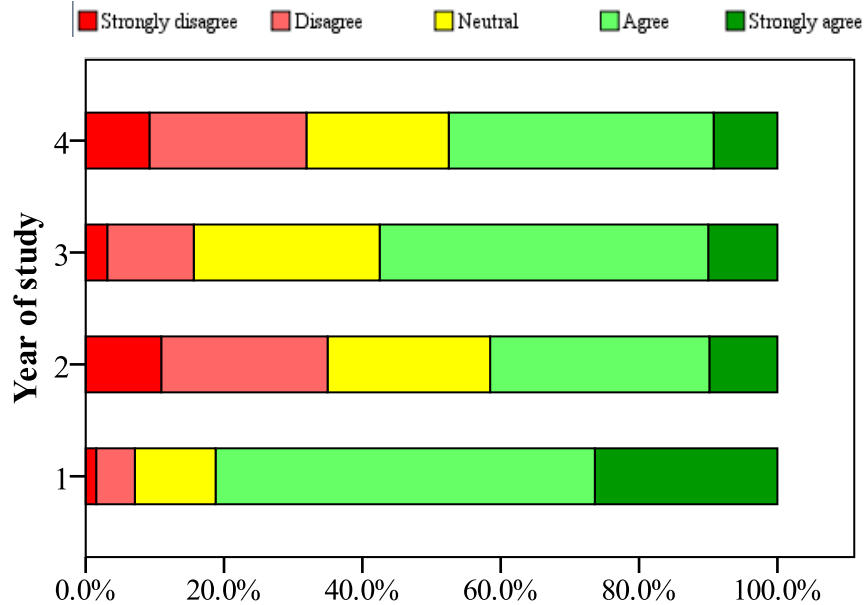
Q52: Wireless internet at MSB (in lecture rooms, common spaces, laboratories, etc.) is widely accessible and reliable.



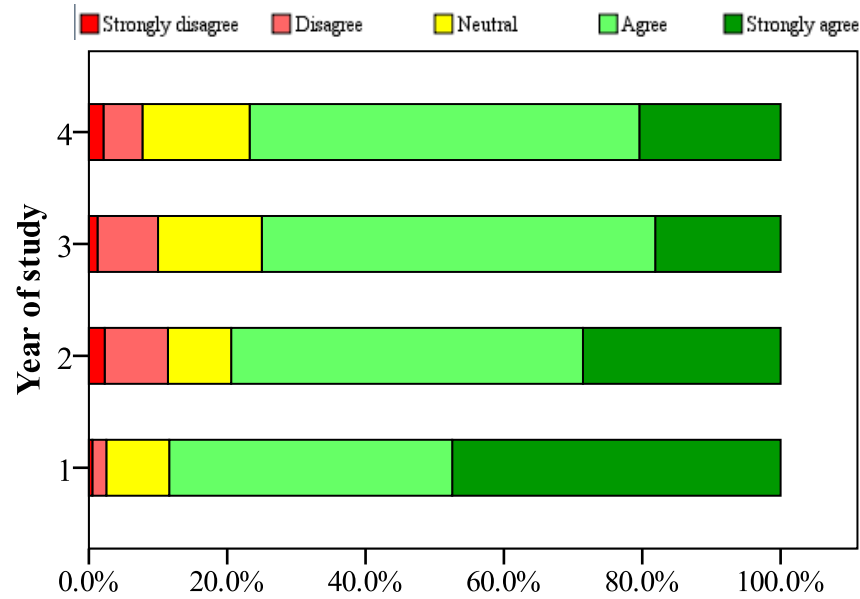
Q53: There is adequate space on campus to observe religious or spiritual practices.



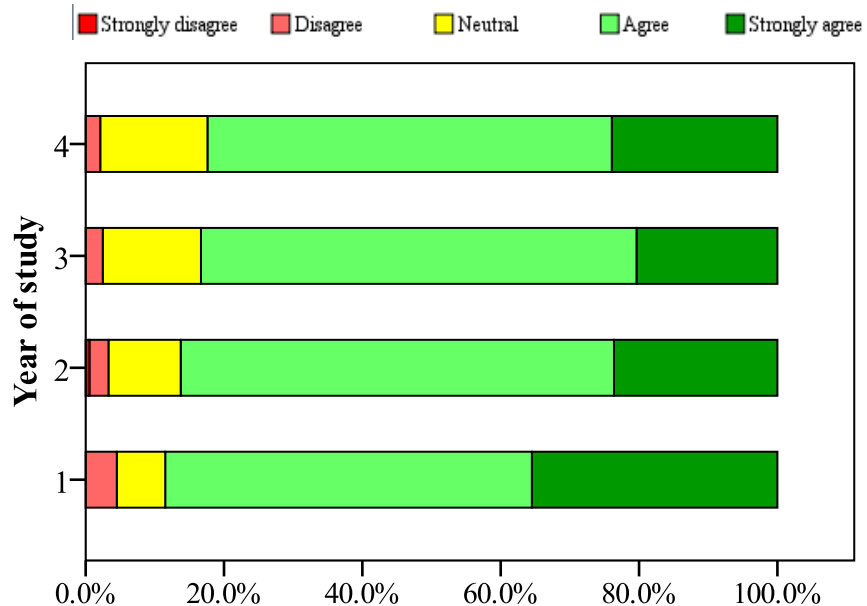
Q54: There are sufficient facilities on campus and in clinical placements to safely store personal items.



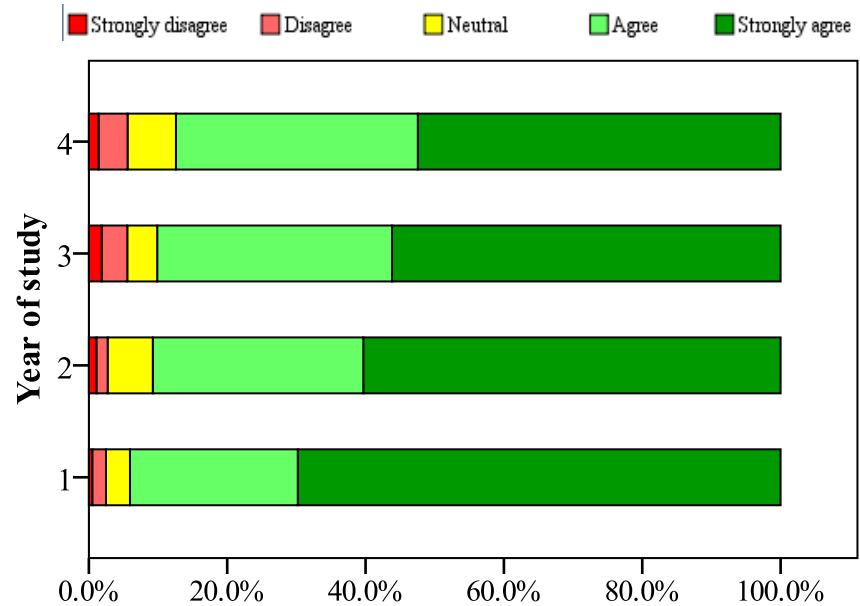
Q55: The criteria that the UofT Admissions Committee uses places sufficient value on both non-academic and academic excellence to select suitable students for the program.



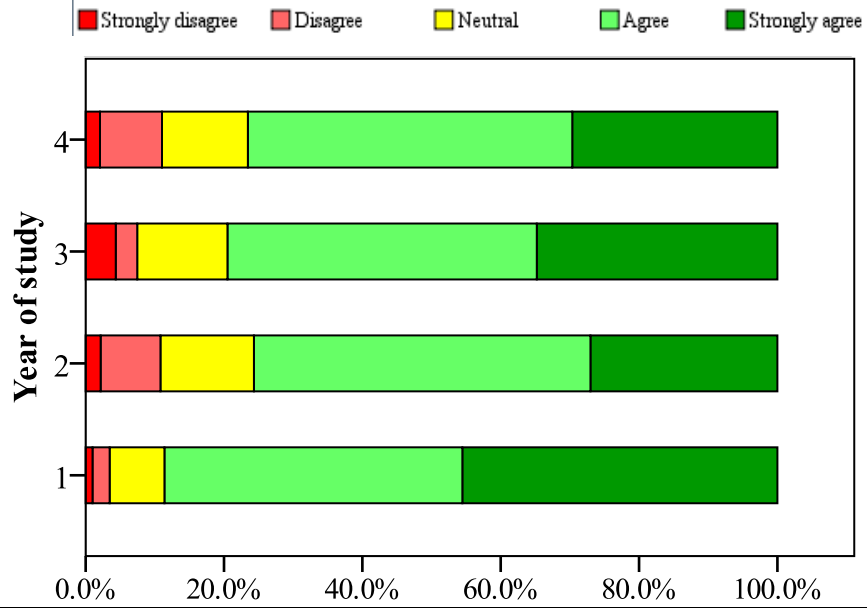
Q56: For the medical school applicant, there is adequate information available describing the UofT program.



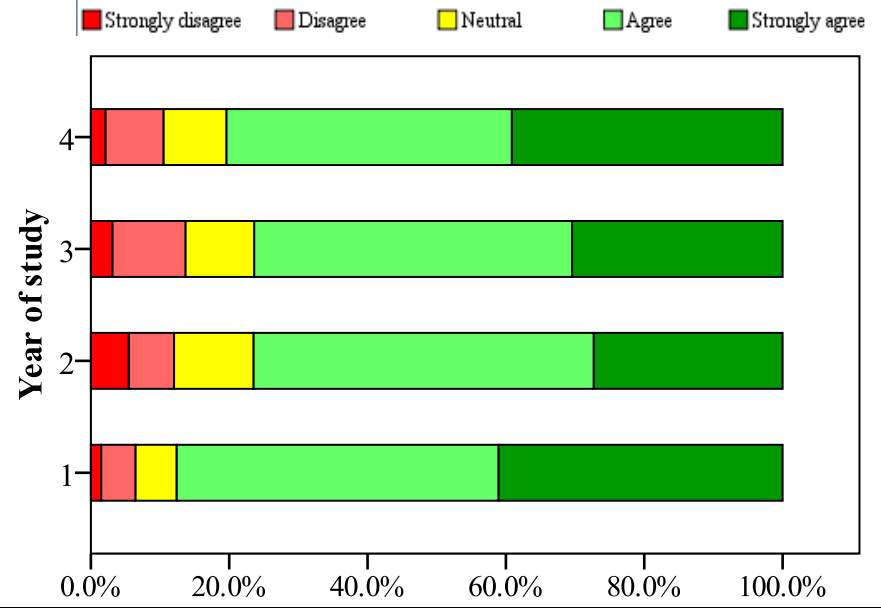
Q57: UofT was my preferred choice of medical school.



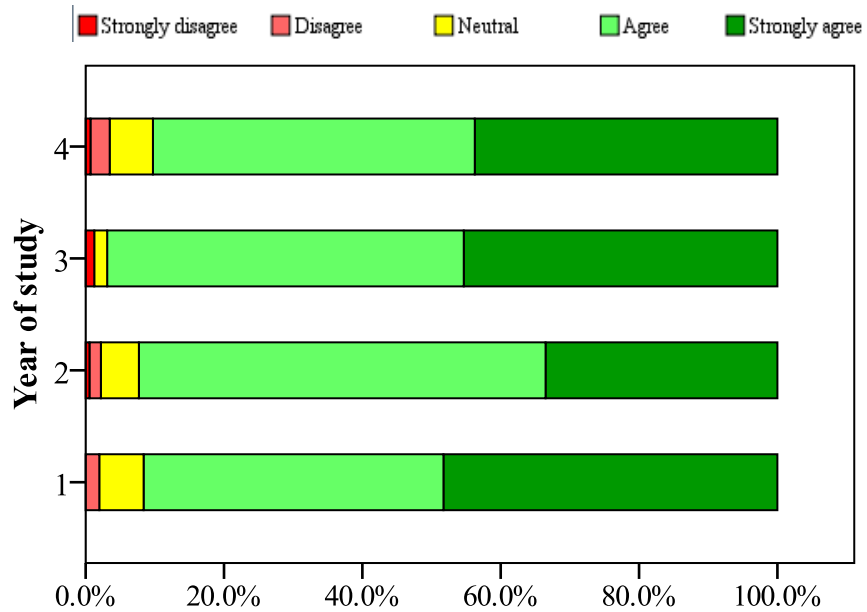
Q58: The UofT medical school program has met my pre-enrolment expectations.



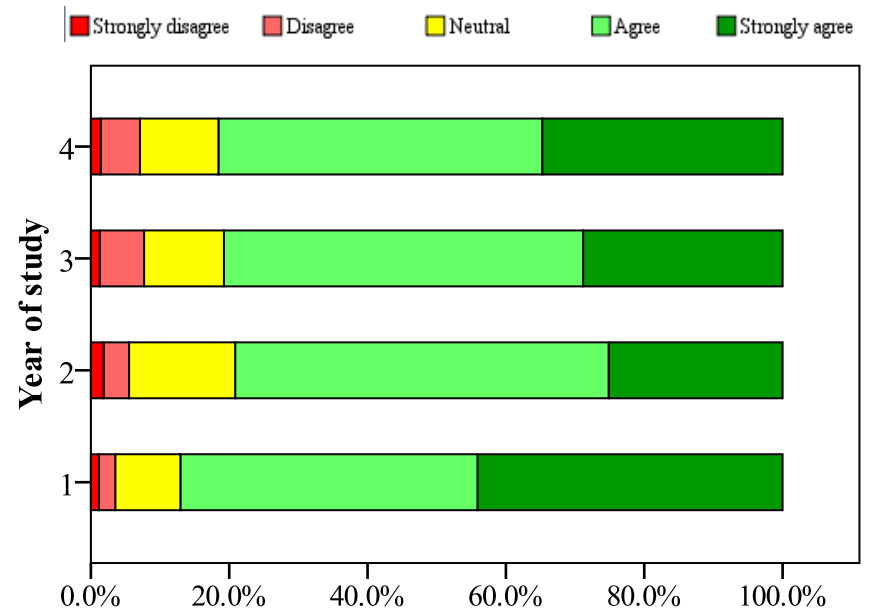
Q59: In my opinion, my medical class is suitably diverse in terms of ethnicity.



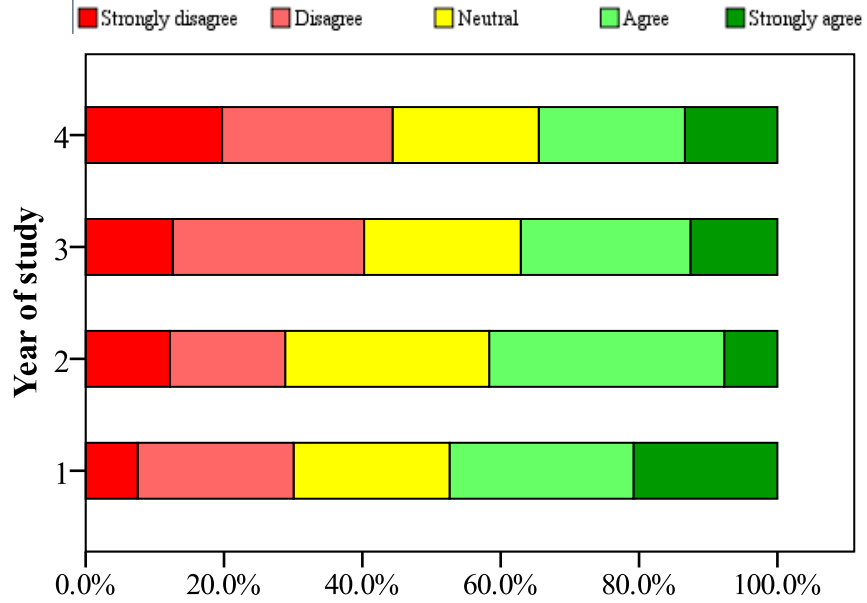
Q60: In my opinion, my medical class is suitably diverse in terms of gender.



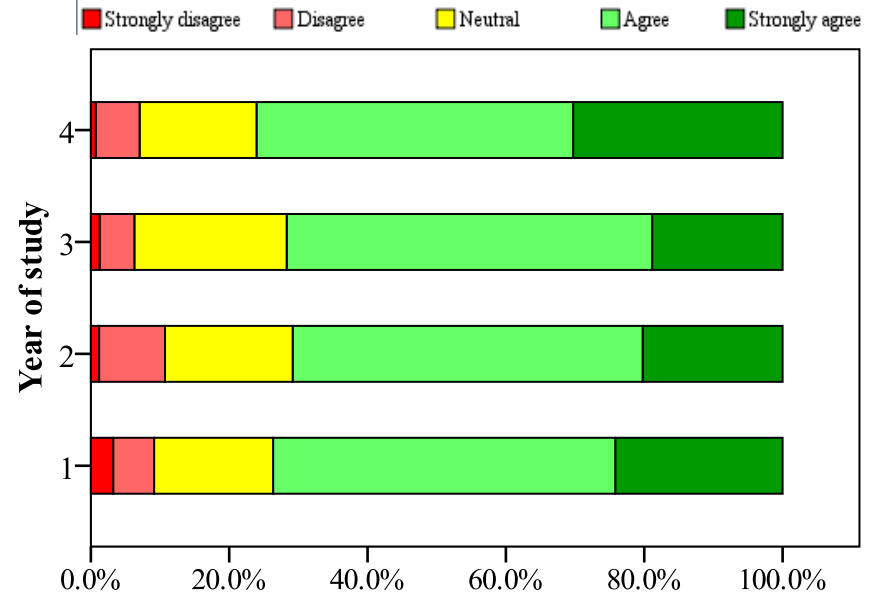
Q61: In my opinion, my medical class is suitably diverse in terms of religious backgrounds.



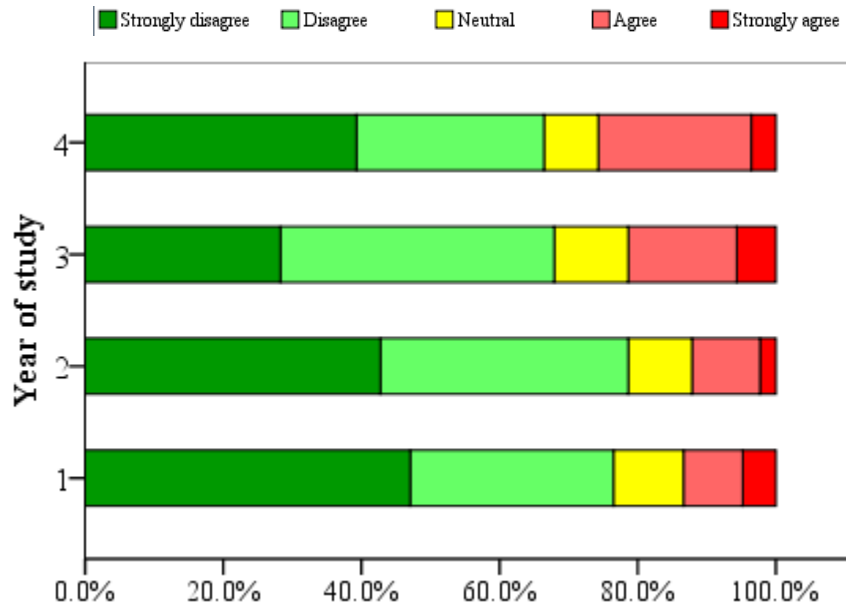
Q62: In my opinion, my medical class is suitably diverse in terms of socioeconomic backgrounds.



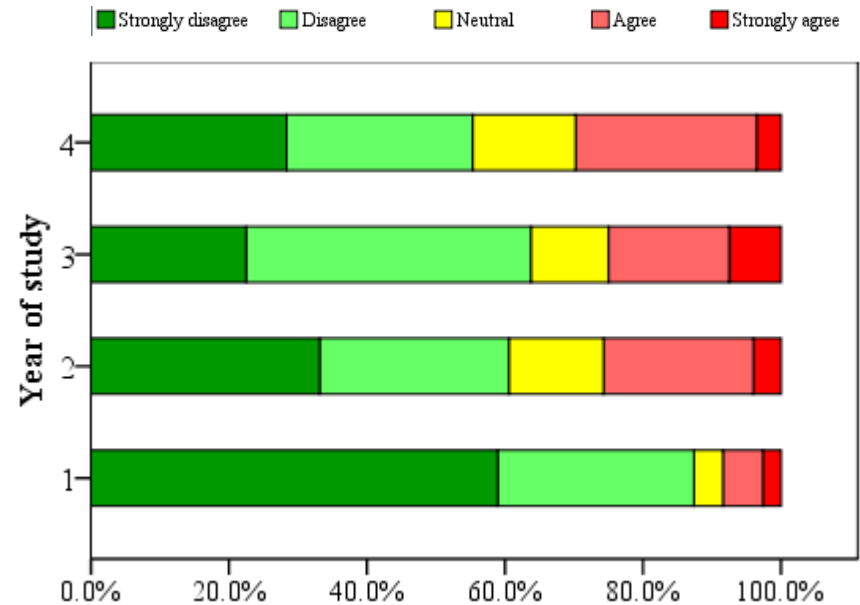
Q63: There are sufficient programs and resources in my medical school to support and promote diversity (ethnicity, gender, religion, socioeconomic status, sexual orientation) in my class.



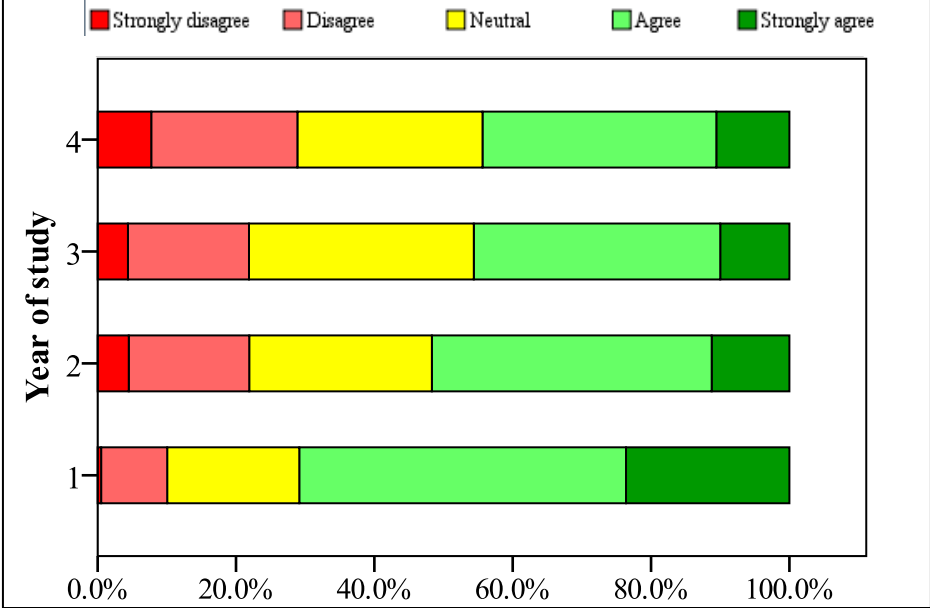
Q64: I have personally witnessed or experienced discrimination of some kind from fellow students.



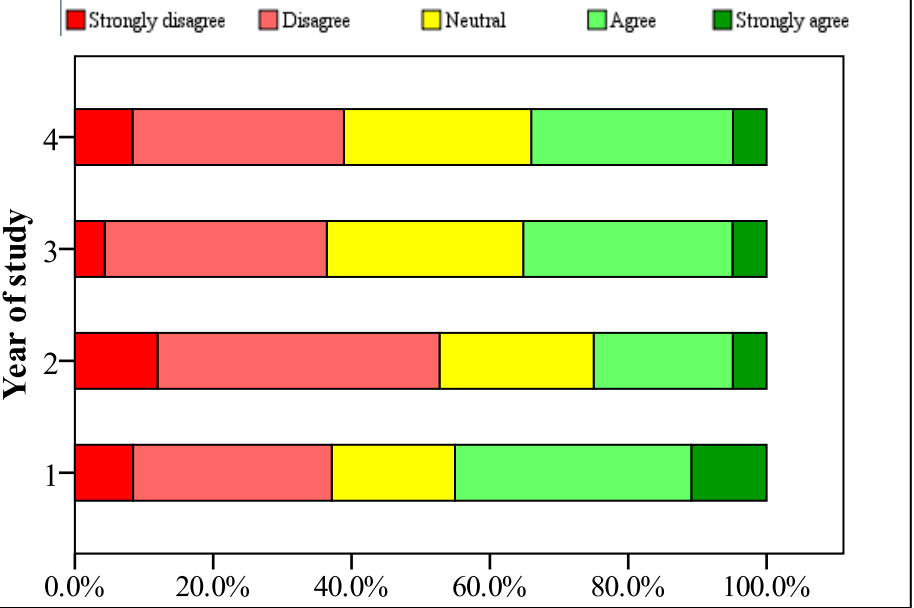
Q65: I have witnessed faculty or staff contribute to an intolerant or disrespectful learning environment.



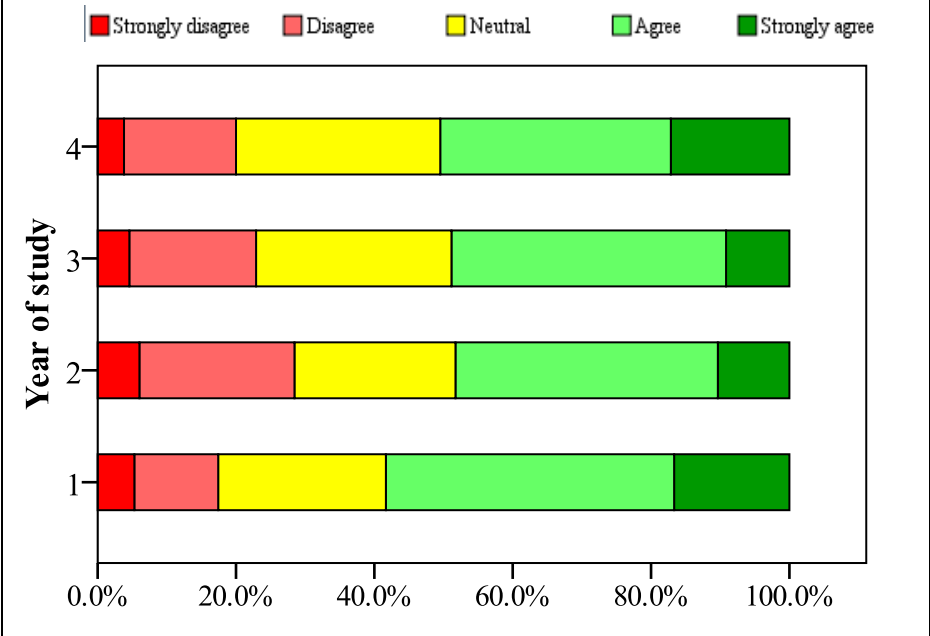
Q66: If I were to witness or experience discrimination of some kind in my educational environment, I would be encouraged to report the incident.



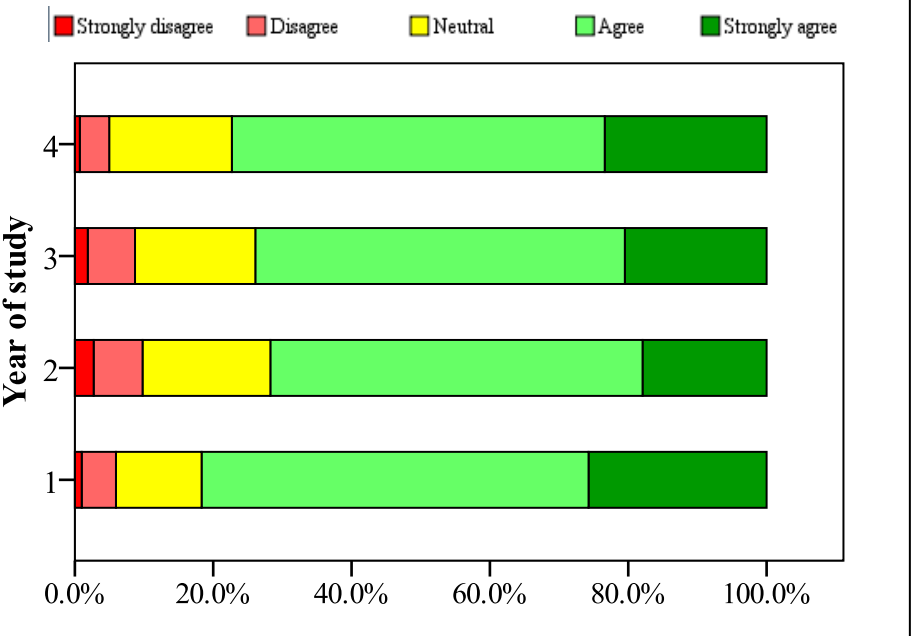
Q67: If I were to witness or experience discrimination of some kind in my educational environment I would know to whom/where to report the incident.



Q68: I feel comfortable approaching faculty and staff about receiving accommodation for religious, spiritual or other diversity needs.



Q69: Educational materials (e.g. PBL cases) offer an appropriate and non-stereotypical representation of patient diversity.



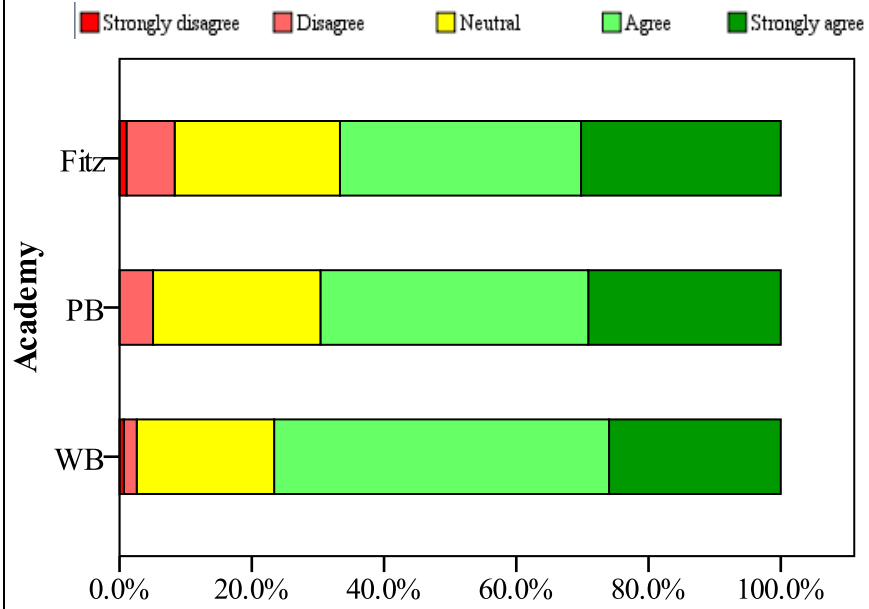
Appendix 6: Histograms of Quantitative Data - Academy

In this section, data is broken down by student Academy and displayed in histograms. For preclerks, questions 9 and 77-82 are analyzed. For clerks, questions 9 and 70-72 are analyzed. “Good” responses are displayed in shades of green (Agree and Strongly agree), “Bad” responses are displayed in shades of red (Disagree and Strongly disagree), and Neutral responses are displayed in yellow. A chi-squared test was performed to compare between groups to see if any significant differences existed. Questions that are significant are indicated with a star (*), and the p-value is stated.

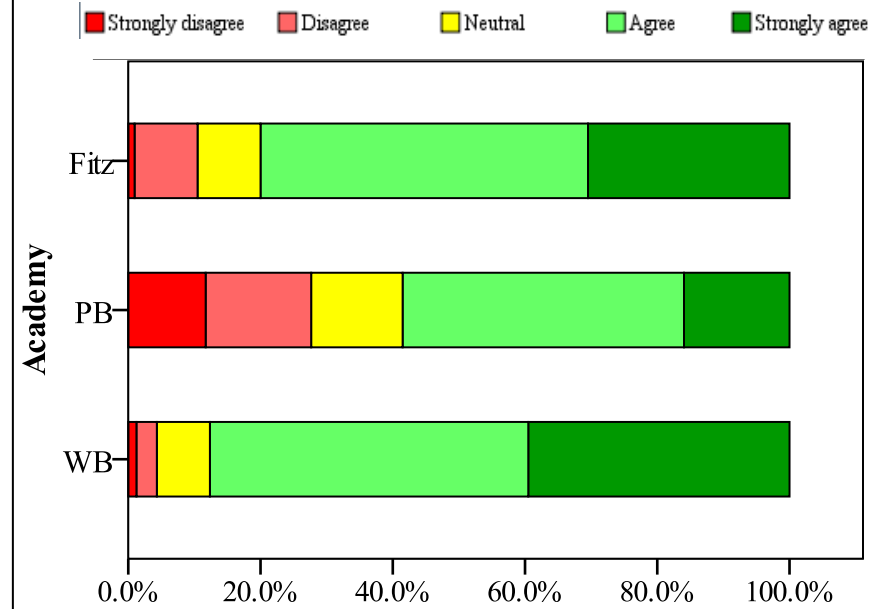
These histograms were prepared using the program SPSS 17.0. Statistical analysis was performed by the Dr. Ryan Brydges of the Wilson Centre using SPSS 18.0.

Preclerkship Students: Questions 9, 77-82

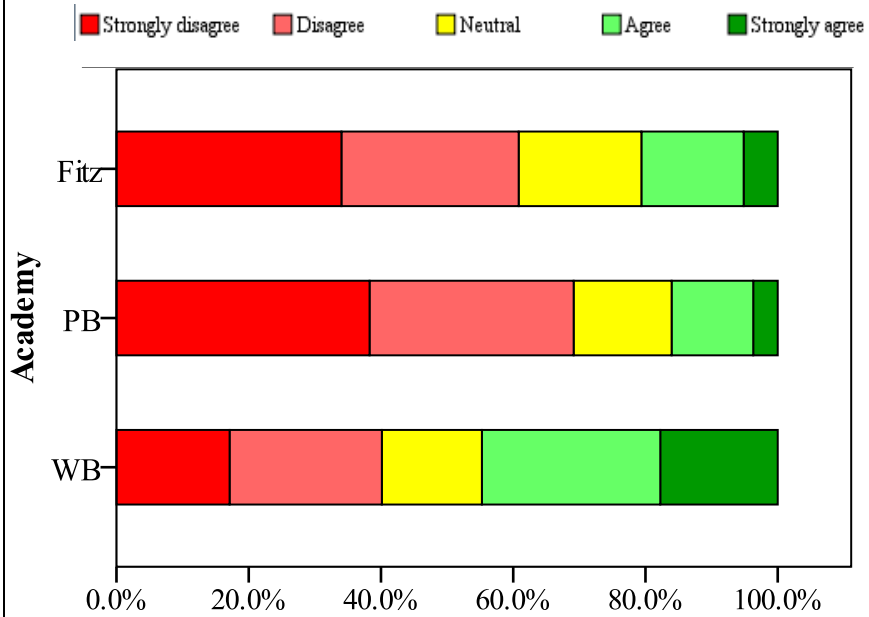
Q9: The Academy directors are accessible and approachable to students.



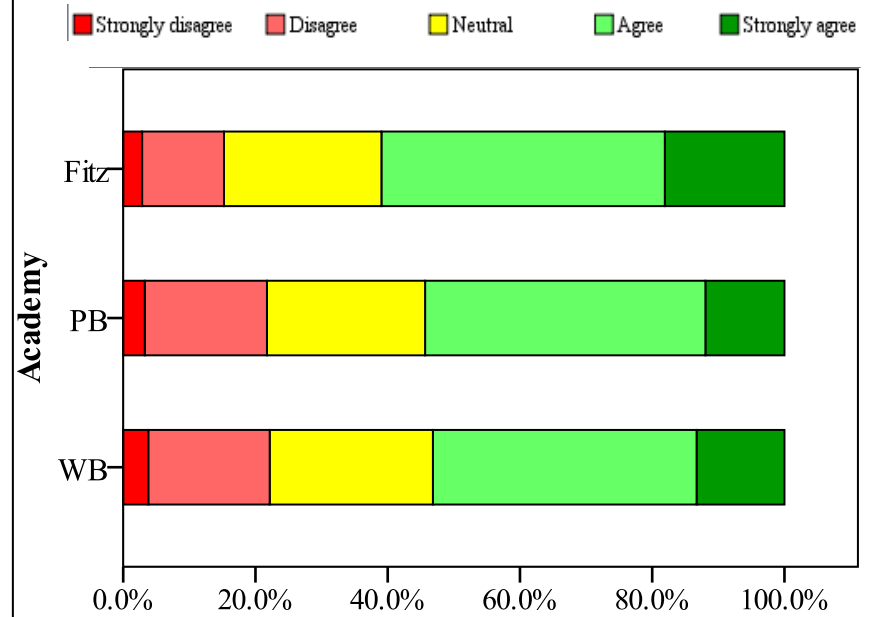
***Q77: My Academy provides adequate learning facilities (e.g. ASCM rooms, PBL rooms). p < 0.001**



***Q78: Wireless internet at my Academy sites is widely accessible and reliable. p < 0.001**

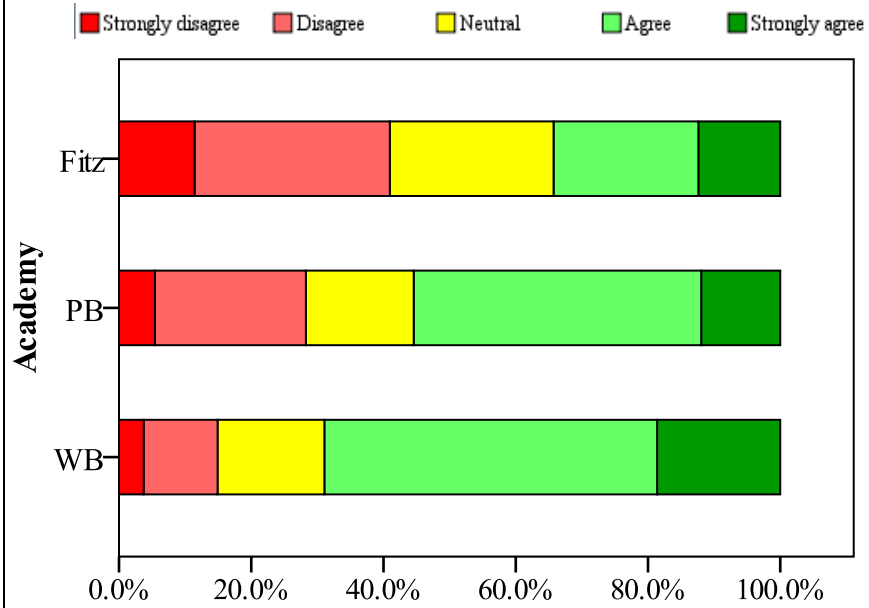


Q79: My Academy provides sufficient opportunity for participation in patient care.



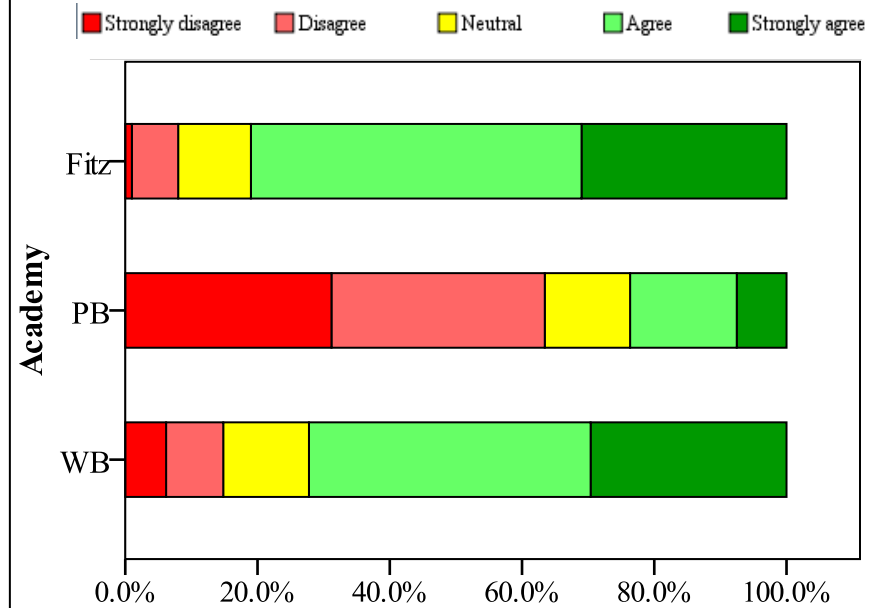
***Q80: My Academy provides adequate mentorship opportunities. p < 0.001**

p < 0.001

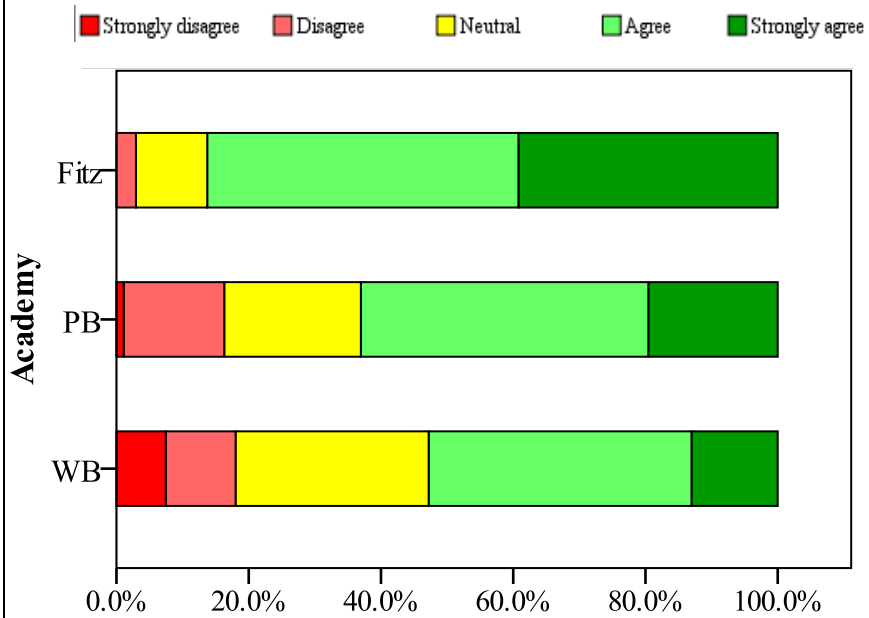


***Q81: Transportation to my Academy sites is acceptable and fair with respect to time and cost. p < 0.001**

p < 0.001



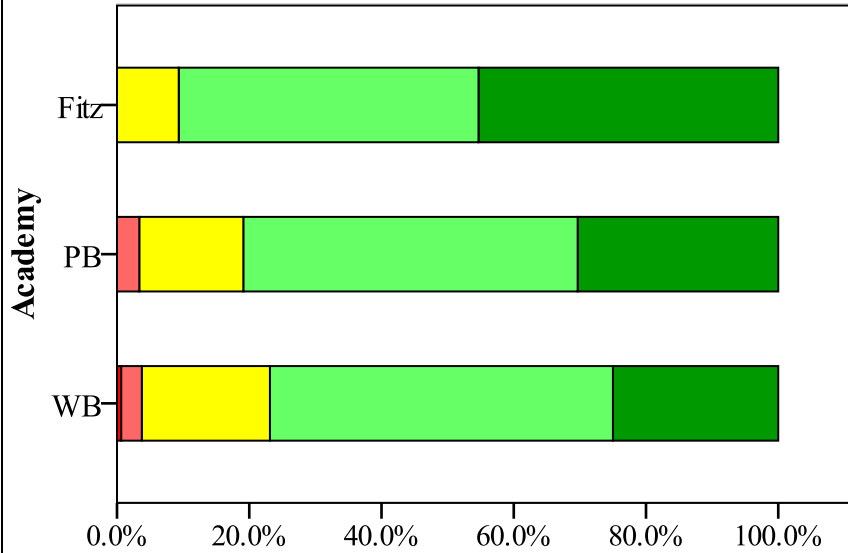
***Q82: The Academies provide a valuable social structure. p < 0.001**



Clerkship Students: Questions 9, 70-72

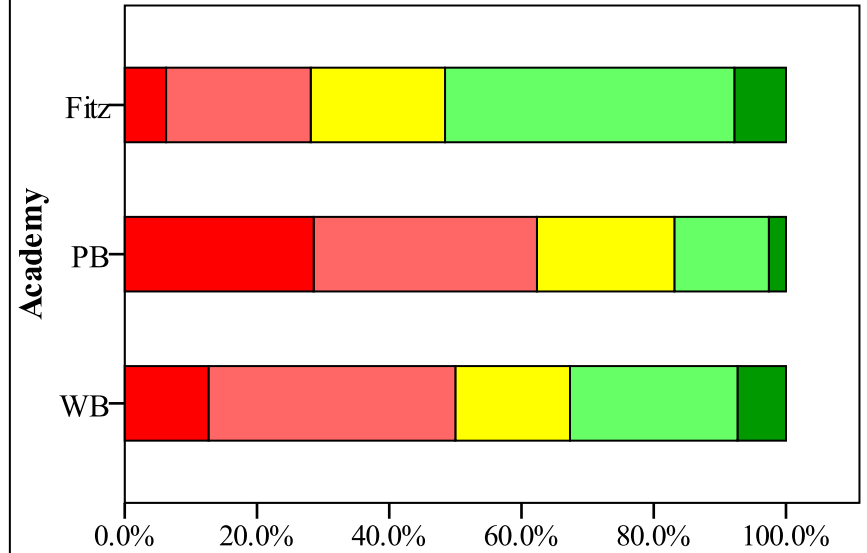
Q9: The Academy directors are accessible and approachable to students.

Strongly disagree Disagree Neutral Agree Strongly agree



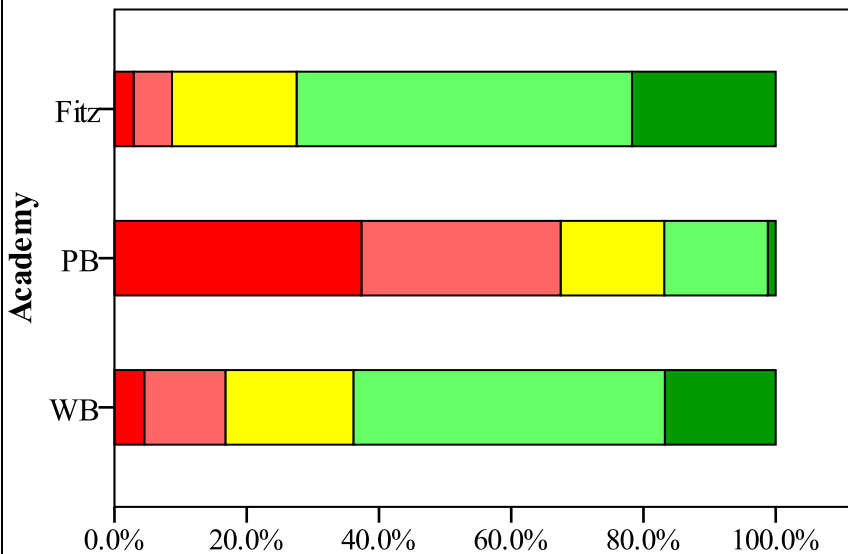
***Q70: Wireless internet at my Academy sites is widely accessible and reliable. p < 0.001**

Strongly disagree Disagree Neutral Agree Strongly agree



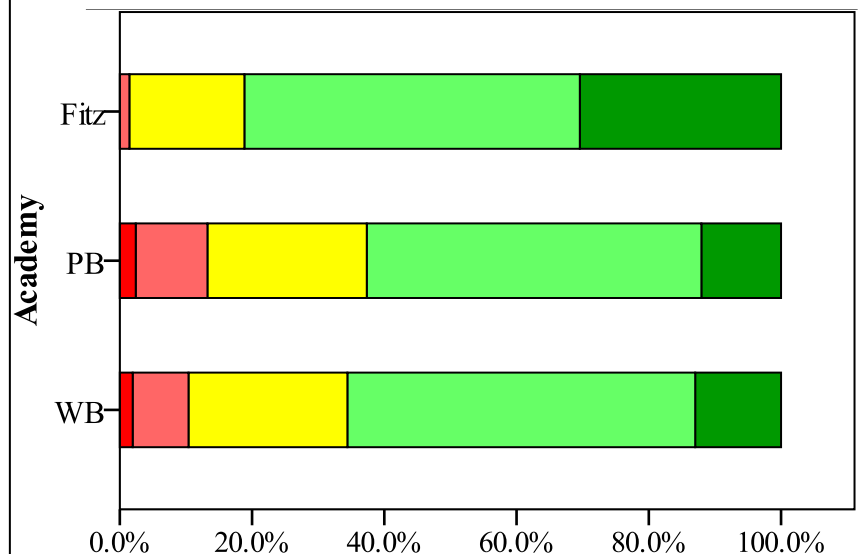
***Q71: Transportation to my Academy sites is acceptable and fair with respect to time and cost. p < 0.001**

Strongly disagree Disagree Neutral Agree Strongly agree



Q72: The Academies provide a valuable social and educational structure.

Strongly disagree Disagree Neutral Agree Strongly agree



Appendix 7 – Results From the Canadian Graduate Questionnaire and an Update Survey of Student Opinion

7.0 Ongoing Dialogue Between the Faculty and the SATF

After the publication of the Independent Student Analysis (ISA), the Faculty of Medicine published its own “Faculty Response to the Independent Student Analysis” in September 2011. This document outlined to the Student Accreditation Task Force (SATF), and to the student body, how the Faculty planned to move forward with respect to each of the Key Recommendations of the ISA. Many of these responses involved actionable changes that were instituted for the 2011-2012 school year. The SATF thus felt that it would be worthwhile to present an initial snapshot of student opinion on changes that have occurred.

An electronic survey was sent to medical students in all years of the program. It consisted of demographic questions, including year of study, Academy, and gender; and up to 15 “yes/no” questions about different aspects of the program addressed in the Faculty Response. Questions were conditional upon year of study (ie: preclerkship students were not asked about clerkship, and vice-versa). The survey was only meant to give a brief snapshot of student opinion, and did not undergo the same level of rigorous analysis as the original ISA data. The survey was available online from January 10 to February 10, 2012. The response rate was as follows:

Year 1:	117 / 250 (46%)
Year 2:	72 / 250 (29%)
Year 3:	43 / 229 (19%)
Year 4:	56 / 227 (25%)

The update survey did not address all of the Key Recommendations. Some of the proposed Faculty changes are more long-term, and thus student opinion is unlikely to have changes since last year. Each of the Key Recommendations, the Faculty Response, and an update from the SATF, are provided in the space below.

7.0.1 The Canadian Graduate Questionnaire

Data from the Canadian Graduate Questionnaire was made available to the SATF in the Fall of 2012. The response rate for the most recent data is excellent, and it is the opinion of the SATF that the CGQ provides a very robust complimentary set of data to the Medical Student Survey contained in the ISA. It is further the opinion of the SATF that the CGQ data is consistent with the Key Recommendations of the ISA, which remain unchanged.

7.0.2 The Mississauga Academy of Medicine

The 2011-2012 incoming class of medical students included for the first time students at the Mississauga Academy of Medicine (MAM). Having a distributed undergraduate medical education program has obvious implications for the accreditation of the University of Toronto Faculty of Medicine. However, at the time of the Medical Student Survey in 2011 there were no MAM students to survey. Rather than provide a very limited data set from the update survey, or perform a large new survey very close to the external accreditation date, the SATF decided not to rigorously analyze the effect of MAM students on accreditation standards. Most of the key recommendations transcend the location of students, and thus presumably apply to MAM students. Also, the Academy system has already been highlighted as an area of concern in the ISA. The SATF invites the external review team to analyze other sources of information, such as course feedback forms and student interviews, to determine the effect of the Mississauga Academy of Medicine on accreditation.

7.1 Results of Update Survey

7.1.AB

A: That the Faculty of Medicine aggressively fundraise for new scholarships and bursaries, and take any additional measures necessary to reduce the personal financial burden of students; B: That the Faculty of Medicine provide mandatory career and financial counselling at least once in each student's four-year period of study, to promote well-being, to alleviate career stress, and to encourage personal behaviours that minimize student financial burden

A: The Faculty Response agreed with the need to fundraise for new scholarships and bursaries. Because this is an ongoing process that is only beginning to offer new sources of funding to students, a question on this topic was not included in the update survey.

B: Career and financial counselling were highlighted as a key area of concern in the ISA. The Faculty response included steps to increase the availability of both of these services, including through offering each student a meeting with career counselling and financial services staff in their first year of medical school.

In the update survey, 72% of students stated they were aware of how to access career counselling services, and 81% stated that they were easily able to access these services. Of those who had accessed career counselling services (37% of students), 77% found them to be useful and effective. However, only 40% of first-year students could recall being offered a pre-determined appointment time with a career counsellor at the beginning of the year (the Faculty Response did not say that upper-year students would be offered appointments). As stated in the ISA, the SATF believes that early one-on-one career counselling should be mandatory. Knowledge of career options is an important competency for medical students. In the Response, the Faculty stated that it did not think mandatory sessions were appropriate given their non-curricular nature. However, the Faculty seems to be quite comfortable making training around other non-curricular competencies, such as reflective practice skills, mandatory. Career counselling is something highlighted as a need by students, and the SATF believes that more can be done to ensure this need is met.

With respect to financial counselling, the update survey found that 69% of students stated they were aware of how to access financial counselling services, and 72% stated that they were easily able to access these services. Of those who had accessed financial counselling services (42% of students), 93% found them to be useful and effective. Only 53% of first-year students could recall being offered a pre-determined appointment time with a financial counsellor at the beginning of the year (the Faculty Response did not say that upper-year students would be offered appointments). For similar reasons to those stated above, the SATF believes that more needs to be done to help students access these services (although they are of a high-quality when they are accessed).

Both career and financial services seem to suffer from an access problem more than a quality problem. As stated above, the SATF believes that one-on-one counselling should be mandatory. Even in the absence of mandatory counselling, a greater effort probably needs to be enacted to try to get students to utilize these services. The SATF will take it on good faith that the Faculty did indeed schedule an appointment with career and financial counselling services for each first-year student; the fact that only 40% and 53% (respectively) of students could recall being contacted implies that substantially more needs to be done to ensure students take advantage of these services.

7.1.C

That the Faculty of Medicine promote socio-economic diversity in the student body

The Student Accreditation Task Force is pleased with the steps taken so far to achieve this recommendation. The creation of a Statement of Diversity, a change in the admissions process for 2012-2013 that will provide aboriginal applicants a separate application stream, and the development of pipeline programs, are all good steps towards encouraging diversity within the student body. The SATF encourages the longitudinal tracking of data for each of the above measures, to determine success over time.

7.1.D

That the total number of hours of instruction be formally limited or capped at both the preclerkship and clerkship levels, so that students can focus on learning, and take part in extra-curricular experiences in research, global health or career exploration.

The Faculty created two new policies for the 2011-2012 school year, formally limiting preclerkship hours of instruction, and clerk work hours. These policies are certainly a step in the right direction.

Preclerkship:

In the update survey, 15% of preclerks were aware of the policy limiting their hours of classroom instruction. However, when the policy was described in the body of the survey, 82% agreed that the limits were regularly enforced. Despite the new policy, only 40% of preclerkship students in the update survey felt that the curriculum accommodates the time they need to pursue research, global health, or career exploration interests. Individual courses in the preclerkship curriculum tended to be rated highly in the Medical Student Survey (with some noted exceptions), and focus groups indicated that they were proud of the depth of material presented at U of T. Therefore, it seems likely that it is the overall organization of preclerkship that is still impeding students' ability to take part in extracurricular activities. Rather than

focusing on removing more lecture hours, the SATF recommends that the preclerkship curriculum be more optimally organized. As was originally recommended in the ISA, we still recommend the creation of regularly scheduled free full days during the week in the preclerkship curriculum. The reasons for this are several. A full day allows a preclerkship student to shadow a mentor for an extended period of time. With many research projects, a half-day is insufficient time to perform experiments. Many volunteer organizations prefer a full-day of work from student volunteers. In order to accommodate free full days without impinging on the curriculum, consolidation of seminars and PBL sessions is recommended. For example, putting two PBL sessions put in a row (for a total of 4 hours) would free up an extra afternoon, allowing the combination with an existing free morning or afternoon to create a free full day.

Clerkship:

In the update survey, 68% of clerkship students were aware of the new work-hour policy. 88% agreed that policies that limit work hours are a reasonable idea. Unfortunately, only 53% of clerks agreed that the current policy is being regularly enforced on their rotations.

The Faculty Response included the links to both the preclerkship and clerkship policy documents, but provided no explanation of how they would be carried out or enforced. The enforcement is, in fact, the more valuable part. The discrepancy between the policy and its enactment speaks to the importance of knowledge and buy-in for curricular changes amongst clinical teaching Faculty and residents. Based on the comments section of the survey, and on anecdotal data, students who know they are mandated to stop working at a certain point are uncomfortable bringing up the issue with staff or residents who are evaluating them. The means of recourse (which is to contact the site director for a rotation, then the course director, then the clerkship director if necessary) still leaves students uncomfortable, as the site and course director are involved in the organization of student evaluations as well. What really needs to occur is a broad buy-in to the importance of clerk work hour limits amongst all teaching staff. The Faculty of Medicine should do more to ensure that the work hour policy is enforced without clerks needing to ask to go home.

7.1.E

That clinical evaluations be made as objective as possible, and reported in a timely fashion.

In response to this recommendation, the Faculty adopted a policy in which individual assessment grades must be released to students within 4 weeks, and final course grades must be released to students within 6 weeks of the end of the course. Much like the work hour policy, however, the difficulty is in enforcement of policy. Although 95% of preclerks agreed that they received their grades within the guidelines of the policy, only 49% of clerks agreed. The grade reporting policy actually delineates quite specifically that if grades are not received, courses are mandated to at least provide students with a timely explanation of why the grades are not ready. The Faculty of Medicine should do more to ensure that the grade reporting policy is enforced, especially at the clerkship level.

In terms of the objectivity and usefulness of clerkship clinical evaluations, the SATF is pleased with the removal of 1-week rotations from the MSPR. However, in the update survey, only 54% of clerks thought their ward evaluations were sufficiently objective. 44% think that the way they are evaluated provides sufficient feedback to help them improve. The SATF encourages the Faculty to continue adjusting the way students are evaluated in clerkship, so that these evaluations provide meaningful formative data for students, and meaningful summative data for residency programs.

7.1.F

That dedicated student study space be made available in the Medical Sciences Building

This was identified as a major area for improvement in the ISA, and the Faculty Response outlined a medium-term plan for rectifying inequities in the Academy System. Because these plans are in progress, they were not evaluated on the update survey. The Faculty of Medicine opened a 24-hour dedicated medical student study space on the fifth floor of 263 McCaul Street (across College Street from the Medical Sciences Building). The new space opened during the time of the update survey, and thus was not evaluated. The Discovery Commons has also been made accessible 24 hours per day, and the printer has been fixed. The SATF is extremely pleased with these actions, and looks forward to hearing student feedback at a later time.

7.1.G

That the Faculty provide adequate educational resources to students in all Academies and ensure equitability of travel time and cost.

This was identified as a major area for improvement in the ISA, and the Faculty Response outlined a medium-term plan for rectifying inequities in the Academy System. Because these plans are in progress, they were not evaluated on the update survey.

7.1.H

That the Faculty promote awareness of and access to all channels of communication for students regarding issues of discrimination, safety, and scheduling in any academic setting.

A large part of the Faculty's response to this recommendation is the creation of the "Red Button" online system – essentially, a website (linked from all relevant Faculty websites) through which students can report issues of discrimination, safety and emergency scheduling conflicts. In the update survey, 77% of students were aware of the Red Button system, and 76% of those who had used it found it effective. Discrimination, professionalism, and emergency issues are an important issue that require prompt Faculty attention, and the SATF is pleased with the Faculty's continuing efforts in this area.

7.1.I

That the Faculty of Medicine note the curricular concerns highlighted in this report (DOCH and Surgery), and take appropriate measures to strengthen the curriculum in these areas.

This was identified as a major area for improvement in the ISA, and the Faculty Response committed to making these courses better. For the 2011-2012 school year, both DOCH and Surgery remain essentially unchanged, and so the SATF urges the Faculty to improve these courses as soon as possible.

Appendix 8 – Update Survey Data

8.0 Methods

An electronic survey was sent to medical students in all years of the program. It consisted of demographic questions, including year of study, Academy, and gender; and up to 15 “yes/no” questions about different aspects of the program addressed in the Faculty Response. Questions were conditional upon year of study (ie: preclerkship students were not asked about clerkship, and vice-versa). The survey was only meant to give a brief snapshot of student opinion, and did not undergo the same level of rigorous analysis as the original ISA data. The survey was available online from January 10 to February 10, 2012. The response rate was as follows:

Year 1:	117 / 250 (46%)
Year 2:	72 / 250 (29%)
Year 3:	43 / 229 (19%)
Year 4:	56 / 227 (25%)

The exact question wording and raw data are presented in the table below. The “Year of Study” column indicates whether a given question was available to students in all years, or only in certain years of study. Students who did not respond are not included in the percentage “yes” and “no” calculations. Some questions are dependent upon answers to previous questions; for example, question 5 was only offered to students who answered “yes” to question 4.

Question Text	Years of Study	% Yes (n)	% No (n)
1) Are you aware of how to access career services offered by the Faculty of Medicine’s Office of Health Professions and Student Affairs (OHPSA) – e.g. career counseling, CaRMS interview preparation, the Faculty Career Advicing Program, and “Career Nights”?	1,2,3,4	82.06% (215)	17.94% (47)
2) Are you able to easily access the career services offered by the OHPSA – e.g. career counseling, CaRMS interview preparation, the Faculty Career Advicing Program, and “Career Nights”?	1,2,3,4	81.70% (183)	18.30% (41)
3) Were you assigned a pre-determined appointment time with a career counselor at the beginning of this year?	1,2,3,4	17.34% (43)	82.66% (205)
4) Have you utilized the career services offered by the OHPSA?	1,2,3,4	36.54% (95)	63.46% (165)
5) If yes, did you find the career counseling services offered by the OHPSA to be useful and effective?	1,2,3,4	77.53% (69)	22.47% (20)

6) Are you aware of how to access financial advice offered by the Faculty of Medicine’s Student Financial Services office – e.g. counseling on debt management, “webinars”, online materials?	1,2,3,4	68.90% (175)	31.10% (79)
7) Are you able to easily access the career services offered by Student Financial Services?	1,2,3,4	72.17% (153)	27.83% (59)
8) Were you assigned a pre-determined appointment time with a Student Financial Services counselor at the beginning of this year?	1,2,3,4	54.35% (50)	45.65% (54)
9) Have you utilized the financial services offered by the Office of Student Financial Services?	1,2,3,4	42.13% (107)	57.87% (147)
10) If yes, did you find the services offered by the Office of Student Financial Services to be useful and effective?	1,2,3,4	92.16% (94)	7.84% (8)
11) Are you aware that there is a Faculty of Medicine policy that limits clerk work hours to no more than 26 hours in a row, and no more than 10 hours per day on average (not including call days or post-call days)?	3,4	68.48% (63)	31.52% (29)
12) In your experience, are work hour limits like these generally enforced on your rotations?	3,4	52.22% (47)	47.78% (43)
13) In your opinion, are work hour limits like these reasonable (ie: should we as a Medical Society continue to advocate for enforcement of work hour limits)?	3,4	88.04% (81)	11.96% (11)
14) Are you aware that there is a Faculty of Medicine policy that limits the number of classroom hours of instruction in preclerkship to no more than 32 in a week, no more than 7 in a day, and no more than 3 consecutive hours of lecture?	1,2	15.76% (26)	84.24% (139)
15) In your experience, are limits like the ones outlined above enforced regularly?	1,2	82.17% (129)	17.83% (28)
16) Do you feel that the curriculum accommodates the time you need to pursue interests in research, global health, or career exploration (shadowing)?	1,2	40.61% (67)	59.39% (98)
17) So far this year, have you always received your grades within six weeks of an examination or end of rotation (or an explanation from the course	1,2,3,4	79.84% (198)	20.16% (50)

director of why you haven't received your grades)?			
18) Do you think that the ward evaluations given at the end of each rotation are sufficiently objective?	3,4	54.02% (47)	45.98% (40)
19) Do you find that the way you are evaluated on your rotations provides sufficient feedback for you to improve?	3,4	43.33% (39)	56.67% (51)
20) Are you aware of the Faculty's "Red Button" online system for reporting issues of discrimination, safety, and emergency scheduling conflicts?	1,2,3,4	76.92% (200)	23.08% (60)
21) Is the "Red Button" system effective?	1,2,3,4	75.58% (65)	24.42% (21)