Undergraduate Medical Education
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Faculty Response to the 2011 Independent Student Analysis

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Introduction

The Faculty greatly appreciates the thorough and thoughtful independent student self-study analysis completed as part of the accreditation process, and commends the students for this report. The Faculty leadership felt it was important to provide a response at this time to the student self-study in order to address in a timely manner the important concerns raised by students. Below we have listed all the key recommendations from the students followed by the Faculty's response to each of them at this point in time. This response reflects the ongoing dialogue with our medical students.

Key Recommendations from the Independent Student Analysis

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.

Faculty Response to Student 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.

The Faculty is extremely supportive of these recommendations. We continue to recognize the great significance of our students' personal financial burden, and will ensure that fundraising aimed at minimizing student debt remains our top priority. As part of the new Strategic Plan for the Faculty, we have put in place infrastructure to more aggressively pursue philanthropic support for students. Over the past 3 years, our "Access to Excellence" campaign has raised $13.8 million to date towards a target of $15 million to be reached by the end of the academic year 2011-12. We will set a new, higher target for fund raising over the next 3 years to enhance support of medical students including high needs bursaries. By increasing financial support through new bursaries, the Faculty will assist in enhancing socio-economic diversity among our students. We will engage our alumni to ensure ongoing connectivity with the Medical Society and our students. Currently, students receive three kinds of assistance in relation to tuition and other expenses and these are outlined in more detail below:

1. Financial support, in the form of loans, grants and bursaries
2. Advocacy at the university to limit the increase in tuition fees
3. Financial advice and career counseling

1. Financial Support

Students receive financial support from two main sources, the Government of Ontario and directly from the Faculty of Medicine.

(i) Assistance from The Government of Ontario

The Government provides support through two major programs. First, beginning in 2004/2005, the Ministry of Health and Long-Term Care reinstated the Ontario Medical Student Bursary, which

provides $9,000 of funding to each fourth year clinical clerk at all Ontario medical schools. This is a non-repayable grant.

Second, many students receive assistance from the Ontario Government Student Loan program (OSAP). In 2010/2011, 70.5% of students at the University of Toronto Faculty Of Medicine received Government loan assistance. The total amount of this has doubled since 2000, and in 2010/2011 the dollar value was $9,899,421 for our medical student body. Upon successful completion of the year of study, approximately one-third ($3,927,515.) of the total loan provided is converted from loan to grant funding through the Ontario Student Opportunity Grant program. Whereas a loan must be repaid, a grant does not require repayment. The Ontario Student Opportunity Grant program began in 2004.

Government support as part of our student financial aid program compares very well with, and in many instances is superior to, our Canadian and American peers. However, the loan program of the province of New Brunswick stands out in that it caps debt levels for their MD students (for government loans) at $26,000. In contrast, although students may qualify for maximum OSAP assistance of $68,236 over the course of the four years of the MD program in Ontario, the maximum loan amount repayable to OSAP is $32,850. In view of this difference, this year (2011-12) our Associate Dean of Admissions and Student Finances, Dr. Mark Hanson, will lead his counterparts across the province with the Council of Ontario Faculties of Medicine (COFM) to request that the Government of Ontario lower the debt ceiling for all medical students across the Province.

(ii) Assistance from the Faculty of Medicine

The Faculty of Medicine provides non-repayable grants to the majority of students; in 2010/2011, 70.5 % of students received such grants.

In 2003/2004 the total dollar value of this was $2,160,991. In 2010/2011, this had risen by 90.6% to $4,118,713. The average Faculty of Medicine grant received by students rose from $4,131 in 2003/2004 to $6,288 during 2010/2011. This increase in funding was aided by fund-raising efforts which increased the value of the medical school financial aid endowment from $7.2 million to $10.9 million over this time period. The total proportion of students receiving some form of financial aid has varied from 67% to 73% since 2003/2004, and as noted above, in 2010/2011 was 70.5%.

As a result of these various non-repayable grants (consisting of the Ontario Student Opportunity Grants, clerkship Ontario Medical Student Bursary and various Faculty of Medicine grants), the proportion of students who received funding equal to or in excess of their tuition in 2010/2011 was 16.7% (25.3% of those receiving assistance). The proportion of students who received funding of more than 50% of their annual tuition was 56.6% (80.6% of those receiving assistance).

In 2005, the Faculty of Medicine Enhanced Bursary Program was introduced. The Enhanced Bursary Program provides additional grant funding to students identified with the highest levels of

financial need. Currently there are 66 students receiving assistance through this program. Of the 66 students receiving assistance, 46 of these students are receiving total non repayable assistance that is equivalent to or higher than tuition.

In addition, 2010/2011 saw the introduction of Faculty of Medicine MD Program Admissions Bursaries awarded to 6 incoming students. These bursaries, based on financial need and vetted using a detailed application form, provide a total of $50,000 to successful applicants over the course of the MD program. These funds are in addition to any funding the student may be eligible to receive based on the unmet financial need established through their government loan application.

In comparison to other Ontario medical schools, our program provides higher total levels of student support with an emphasis upon non-repayable grant support. For example, U of T has an average needs based payment of $6288, whereas UWO, Ottawa, McMaster and NOSM range from $4313 to $6022.

In addition, in contrast to most other Canadian medical schools, our program is administered from within the Faculty itself whereas many other medical schools commonly administer their support via central university programs and not from within the Faculties. We believe that the type of university and Faculty administrative arrangement at Toronto enables our program to be more responsive to our students' financial needs.

Although, our program compares favourably with prominent American medical schools such as Harvard and Yale, there are new American medical schools (for instance Texas Tech and Central Florida) that we believe are providing full tuition support for students from backgrounds of economic disadvantage. Fund-raising as noted earlier will be targeted to the economically disadvantaged in addition to general medical student need.

When trying to evaluate the impact of these various programs and initiatives, we feel it is important to look at quantitative measures of actual student debt. Each year the Office of Student Finance is able to determine the average debt load of all students who received financial assistance. (Those who do not receive such assistance do not disclose this information to the office.) The table below shows this average debt load at the time of graduation for the last six years. The middle column shows the debt load in absolute amounts, not adjusted for inflation. The right hand column does adjust these debt loads for inflation, using the Consumer Price Index of June of each year. While either measure can be used, we feel the inflation-adjusted debt load is the best reflection of the magnitude of the debt load over time since it reflects the cost of living in each year.

Year	Average debt load at the time of graduation for students who participated in financial aid programs	Debt load adjusted for inflation In 2006 dollars*
2005-2006	$86,200	$86,200
2006-2007	$85,033	$83,212
2007-2008	$95,131	$91,063
2008-2009	$77,537	$74,157
2009-2010	$88,885	$83,840
2010-2011	$84,587	$76,941

* The debt load in each year was adjusted for inflation using Canadian consumer price index data for May of each graduating year. http://www.bankofcanada.ca/rates/related/inflation-calculator/

While a debt load of $84,587 (or $77,315 in "2006 dollars") is obviously very substantial, it is important to note that in fact it is smaller than it was in 2007 and 2008, and after some increase in 2010, has again fallen. We will of course continue to monitor the impact of ongoing programs on the magnitude of this.

2. Advocacy at the University to Limit the Increase in Tuition Fees

Provincial legislation permits universities to increase the institutional overall average tuition each year by 5%. At the University of Toronto, some professional programs have increased tuition by up to 8% annually. The Dean and Vice-Dean, UME of the Faculty of Medicine have advocated vigorously with the University central administration each year to limit the increase in tuition for our medical students. Our success is demonstrated by the following table in that the increases have continued to be well below the permitted 5% rate:

Year	Tuition	Increase vs. Previous year
2003/04	$16,207	0.0%
2004/05	$16,207	0.0%
2005/06	$16,207	0.0%
2006/07	$16,531	2.0%
2007/08	$16,862	2.0%
2008/09	$17,199	2.0%
2009/10	$17,887	4.0%
2010/11	$18,424	3.0%
2011/12	$18,977	3.0%

3. Financial Advice and Career Counselling

a) Financial advice: Each year during Orientation week for incoming students, our Student Financial Services staff present information on available financial aid programs. Later in the academic term the staff follow up with a "refresher" session. We also provide an exit seminar for final year medical students near the end of the academic year, focused on issues of loan repayment, available loan deferral programs and debt management. These exit sessions have been held in April for the past two years and have been well received by those in attendance.

In 2011, a new "webinar" on financial aid was broadcast over the web during early May and all incoming new students were invited to watch and participate. Approximately 90 incoming students "attended" the session and the session is now available for viewing on the Faculty of Medicine web site.

In 2010/2011 approximately 25% of students from the whole MD program had at least one scheduled appointment with the Office of Student Financial Services..

During the upcoming year we will introduce new web-based financial aid information as follows:

- frequently asked questions section in the Financial Aid materials available online
- new financial aid "webinars" and/or short video productions on-line dealing with financial aid and money management issues

We are adding a financial aid session to the fourth year curriculum. The session will present information to fourth year students focusing on government loan repayment, available loan deferral programs and general money and debt management. While we have held similar seminars over the past two years, we will improve communication and enhance the opportunity to reach more students by presenting the information during curricular time.

The Student Financial Services staff has an open door operation and offers to meet with any student in our program. For the academic year 2011-12, we will schedule a meeting with every first year student. Students will be informed at the beginning of the academic year by e-mail of their scheduled time and will have the option of declining the meeting if they choose. Our goal is to ensure that all students are aware in detail of all of the financial loan and aid programs available to MD students.

b) Career counselling: Career counselling is one of the most important functions of the Office of Health Professions and Student Affairs (OHPSA). We are continuously striving to make this service better and we recognize the need for a more comprehensive approach to this issue as highlighted in the feedback from the independent student analysis. Therefore, we have increased the resources committed to this project and in particular hired new counsellors, and plan the following new initiatives to make career counselling more effective:

- **Each student will be assigned a pre-determined appointment time with a career counsellor, in each of their four years of study**.

  We do not feel it is appropriate to make attendance at such appointments mandatory, so students may chose not to attend, but every medical student will be provided the opportunity to meet with a career counsellor at least once every year.

- **A Faculty Career Advising Program has been developed**.

  The goal of this is to make sure that all students have equivalent access to reliable, and standardized advice on their career choices from faculty members. It will be delivered through the academies, with oversight by the OHPSA. Faculty members from key disciplines will be identified at each Academy as potential career advisors, offering a 'menu' of designated faculty for students to approach for information and career advice. The OHPSA will offer a 'Career Orientation Program' to all designated faculty advisors at each academy. An Academy Career Advising Information Tool will be created for both Faculty Advisors and students.

- **There will be structured discussions of career options integrated into the second year curriculum,**

  In response to the concerns of the students, the Faculty and OHPSA have arranged the following:

  1. The OHPSA will begin to schedule career information sessions (formerly known as 'Career Nights') at lunch hours during the second year of medical school, to match the Mechanisms, Manifestations and Management of Disease (MMMD) theme being studied during that week. e.g., when the students are studying ophthalmology during MMMD, a lunch-time session will be planned with the Residency Program Director for ophthalmology, some of their residents, and the career counsellors.

  2. The OHPSA will be actively involved in the CanMEDS manager role sessions involving career management in all four years.

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

The Faculty agrees with this recommendation and continues to strive to achieve diversity both in student population and its entire learning environment. The Greater Toronto Area is one of the most ethnically diverse urban centers in the world, and our student population reflects this diversity. Similar to all Faculties of Medicine in Canada, our medical student body is substantially derived from the upper socio-economic quartile of our population. We recognize the challenge of attracting and supporting medical students who are more broadly reflective of our socio-economic environment. One of the most important approaches to this is our offering of high needs admissions bursaries as described above. We intend to increase these offerings and monitor the impact on enabling more individuals with backgrounds that are below the upper quartile of our socio-economic population to access admission to our medical school.

As well, to be more transparent about the directions our Faculty espouses in our values, we have developed a specific diversity statement. Our Statement of Diversity specifically identifies the economically disadvantaged as a target group for recruitment and retention among learners, faculty and staff. As such, the Office of Admissions will be further developing admissions tool kits to ensure that applicants from lower socio-economic status are not disadvantaged in any way in the admissions process. In addition, the OHPSA will work with the admissions process to increase the range and extent of "pipeline" programs that successfully encourage and mentor the economically disadvantaged (e.g., Canadians of Indigenous and African Ancestry) to consider higher education and health professions training.

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 Undergraduate Medical Education Program has adopted two policies that directly address this recommendation. They are:

1) *Standards for course hours and student self-study time in Preclerkship* found at:

   http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/registrar/Standards+for+course+hours+and+student+self-study+time+in+the+Preclerkship.pdf?method=1

   and

2) *Standards for call duty and student workload in Clerkship* found at : http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/registrar/Standards+for+call+duty+and+student+workload+in+the+Clerkship.pdf?method=1

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

The Undergraduate Medical Education Program has adopted a policy that directly addresses the recommendation on timely feedback:

Standards for timely completion of student assessment and release of marks found at:

http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/registrar/completion+of+student+assessment+and+release+of+marks.pdf?method=1

The UME program continues to further refine its descriptors of clinical competencies along the CanMEDS roles, to allow for better anchoring and objectivity in the clinical assessments of student performance. In addition, the Faculty analyzes all clinical evaluations across sites and preceptors to ensure reliability and validity.

As well, the Faculty is modifying the Medical Student Performance Report (MSPR) provided for students in the class of 2012 and subsequently, and that is sent to the Canadian Residency Matching Service (CaRMS). We will remove from the MSPR the clinical performance ratings for courses with duration of only one week (ophthalmology, otolaryngology and dermatology) since such a short rotation makes it difficult to achieve sufficient reliability and validity of ratings to warrant inclusion on the MSPR.

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

The Faculty takes this recommendation from students very seriously and has secured significant new dedicated study space for students on the St. George campus. The fifth floor of 263 McCaul Street, a Faculty of Medicine Building attached to the Health Sciences Building (155 College St – immediately across the street from the Medical Sciences Building), is being fully renovated and will be entirely dedicated to medical student private study space, group study space, and practice rooms for clinical examination. This location is less than 5 minutes walking distance from the Medical Sciences Building, and will have 24 hour security and private access, and will be fully wired for internet usage. It will be able to accommodate over 150 students at a time.

The Discovery Commons foyer (with 8 computers and a printer) will continue to be accessible 24/7 to students with an access card; in addition, this year we will also be making the adjacent, projector-equipped 20-seat computer lab (MSB 3173) available for after-hours student use, either as a computer lab or as study space. For more information, visit: http://dc.med.utoronto.ca/index.php?Itemid=122

A new printer has been installed in the foyer of the Discovery Commons (MSB 3172), which can be used from computer lab computers as well as wirelessly from student-owned laptops, at a cost of just $0.10 per page. For more information and detailed instructions, visit the Discovery Commons website and go to FAQ > General--or simply go to: http://dc.med.utoronto.ca/index.php?Itemid=73

Over the summer of 2011, all of the 100 Discovery Commons computer lab computers (including the old desktops that used to be in the foyer) have been upgraded with up-to-date Windows 7 laptops from Dell, providing bigger screens and more speed.

In response to concerns voiced by medical students during the accreditation self-study process in relation to the hours of operation at the Gerstein Science Information Centre, the hours there are being extended as follows:

- the library will now open at 10 am on Sunday mornings (instead of at 1 pm)
- it will stay open until 10 pm on Friday evenings on weekends prior to preclerkship examinations scheduled early the following week

Finally, we understand that a major concern in past years has been the availability of wireless networking. Although the Discovery Commons does not manage the campus wireless network, the University has substantially upgraded this network over the past year—in particular with the addition of a new network, called "UofT," which does not require a browser-based login each time you connect, and which supports wireless b, g and n. For more information, please visit: http://wireless.utoronto.ca/

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

The UME program has adopted a policy: *Standards for ensuring the comparability of students' educational experiences across sites*, found at:

http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/registrar/Standards+for+ensuring+the+comparability+of+students$!27+educational+experiences+across+sites.pdf

In this policy, UME recognizes its responsibility to ensure the comparability of all clinical teaching sites, including Academies, with respect to their ability to deliver the undergraduate curriculum and provide a positive environment for medical students. Comparable sites are not necessarily identical, but they must:

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

1. Specific Concerns at Peters-Boyd Academy and Sunnybrook Health Sciences Centre

The Dean and Vice-Dean, UME have also met with the senior leaders at Sunnybrook Health Sciences Centre (SHSC) to address the specific infrastructure concerns of students at this site. SHSC has a proud history of providing world-class education. Serving as the hub for the Peters-Boyd (PB) Academy is an important part of that history. SHSC is committed to continuing the commitment to excellence through the ongoing improvement of its educational activity. As part of this process, SHSC has spent the last several months evaluating the performance of the Peters-Boyd Academy.

The limitations of SHSC's current physical educational facilities are well understood by all, from the students to the front-line teachers to the level of the Senior Leadership Team and the hospital Board. SHSC is embarking on both short-term and-long term approaches to this issue. In the short term, the hospital has already invested considerably in enhancements to the educational facilities and more are planned for the immediate future.

(i) Recent and immediate future enhancements to SHSC's educational facilities:

These include:

a) Enhancements to General Academy Space
   - Larger and more visible signs pointing to the Peters-Boyd Academy locations
   - E-bulletin board in hall on E3 to enhance communication

- New office layout for the academy director's assistant to make more student-friendly
- New floors (removal of old carpet) in E319, E320, E324 and 3 administrative staff offices

b) Enhancements to teaching rooms in the Academy
- Installation of two new videoconferencing systems (rooms E515 and E325)
- Hand sanitizer and wall dispensers have been installed in all Academy rooms
- Creation of a 'library/conference room' – E320 – for reliable meeting room space and for evening study space for students that is accessible by keypad
- Pad keys placed on E230, E328, E330, in addition to E320 (see above), to give students 24/7 access to rooms for clinical skills practice and studying
- Improved acoustics in one of the key teaching rooms (E316) where a problem had previously existed
- Phone lines installed in all teaching rooms to accommodate the new Portfolio Course that will require teleconferencing
- New tablet chairs in large teaching rooms
- New chairs (with wheels) at tables for seminars in all rooms
- New tables to increase capacity and comfort for PBLs and seminars
- Otoscopes and ophthalmoscopes installed on the wall in all clinical teaching rooms
- White boards replaced as needed
- Four new breast models for teaching the breast clinical exam
- Space heaters for all rooms were purchased

c) Enhancements related to educational technology
- Upgrade of computers at 5 existing terminals in the Education Resource Centre (ERC)
- Addition of 3 new computer work spaces in ERC (to bring total to 8)
- New high speed printer (colour and B&W)/copier/scanner) in ERC; connected to all 8 work stations in ERC (and administrative offices) – set up for students to use by swipe of ID badge
- All computers in all teaching rooms were upgraded
- New projectors in primary academy rooms

d) Enhancements to student lounge
- New toaster oven in student lounge
- New TV in student lounge
- Coffee/tea maker in student lounge (subsidized – students pay 50 cents per cup; cost is 61 cents per cup)
- Coin-operated cold drink dispenser installed outside the student lounge

e) Enhancements to on-call rooms
- All on-call rooms have been generally refurbished

- All on-call rooms have new computer workstations
- On-call rooms have new air-conditioners
- On-Call lounge has new TV, air conditioner and has been generally refurbished
- Relocation of select call rooms to be closer to the clinical area being covered

f) Enhancements to wireless access:

The leadership at SHSC is also aware that while the students did not rank the wireless capacity at any Academy highly in the student self-study survey, the PB Academy has room for significant improvement. Given the very large size of SHSC's physical footprint, delivering wireless access is a very significant challenge. Furthermore, use of the network has increased dramatically over the last 24 months. In the summer of 2011, SHSC replaced the centralized processing equipment for the entire wireless network, upgrading all wireless services, including all data, voice and guest networks. This should increase the speed and range (fewer dead zones) for all users including students.

At SHSC, students use a wireless guest network. To improve security and reduce congestion, access to our wireless guest network now requires use of a password by all patrons, including patients, students and visitors. Medical students and other learners will be given access to the wireless network immediately upon their arrival. We will closely monitor the impact of these changes and assess the need for any future enhancements to the wireless network for students.

(ii) Future plans for educational space for the Academy at SHSC:

In addition to these investments and enhancements, the leadership at SHSC realizes that a more comprehensive development of its physical educational space is required. There has been a commitment by the CEO to move in this direction. Currently, SHSC is undertaking an extensive planning process to envision and design new educational space. There are four committees undertaking developmental work: Space and Technology; Simulation; Patient and Family Learners; and International Learners. Each of these committees is to create specific visions and recommendations that will be integrated to shape the design and function of a new space. The Director of the PB Academy is co-chairing the critical Space and Technology Committee to ensure the needs of the Academy are well represented. Student input to this process will be extensive. The process is also being informed with the assistance of an environmental scan and an ambitious plan to visit numerous other educational and simulation centres inside and outside the health care system. Once again, there is senior level involvement in this process with numerous members of the Senior Leadership Team, including the CEO, participating in the site visits this autumn. We are also striving to engage students across many professions in this process. The work of the committees is to end in the 3rd quarter of this year with final visioning of the new space completed by March 31, 2012.

(iii) Issues related to travel:

The leadership at SHSC is very much aware that one of the areas of greatest student concern relates to the cost, inconvenience and, occasionally, safety of transportation to and from SHSC and other Academy hospitals. The following outlines the wide range of existing transportation resources as well as proposed areas for improvement:

a) Existing Shuttle: SHSC offers a free shuttle service for students and staff from Monday to Friday. The shuttle provides transportation between the Bayview Campus, The Holland Orthopaedic and Arthritic Centre, and 76 Grenville Avenue. Pick up and drop-off locations at the Bayview campus are at A and H wings. There are two shuttle buses that serve this route. This service commences with the first shuttle departing the Bayview campus at 0600 hours. The last shuttle of the day leaves the Holland Orthopaedic and Arthritic Centre at 1835 hrs, arriving at the Bayview Campus at 1900 hrs. There is also a separate express shuttle service that runs between Lawrence Subway Station and H wing of SHSC (near the PB Academy itself) during the morning and evening rush hours.

   SHSC has no plans to reduce this level of service. A valid ID badge is required to board the shuttle which is done on a first-come, first-serve basis. All students are advised of this process and policy at all orientation sessions. While SHSC has in the past heard second- and third-hand reports that students had been blocked from riding the shuttle by others on occasion, we have not heard any direct student reports of such activity nor have there been any recent reports to this effect. SHSC will take action on this point if there is any renewed concern.

b) New shuttle service for preclerkship students: Students in pre-clerkship years have asked for additional shuttle services during the middle of the day and those in clerkship have asked for earlier and later shuttle services on weekdays and some service on the weekends – particularly in the mornings. SHSC is committed to working with the University of Toronto to find an effective solution. The UME program has funded and organized extra dedicated transportation at noon time for students who need to travel between SHSC and MSB for scheduled classes, commencing September 2011.

c) Travel to Markham-Stouffville Hospital**:** The PB Academy continues to partner with Markham-Stouffville Hospital for elements of UME, particularly for ASCM-1. One group of students travels to this site for most of their ASCM-1 sessions. The UME program has covered taxi costs for this group.

d) Biking: In addition to the numerous bike rings, there are two bicycle cages on the Bayview Campus for student use. They are located in Parking Garage #1, Parking Garage #2 and in Parking Lot 20 by D Wing. Cage keys are available from the Medical Education office located in E 311. A bicycle cage is also located at the back of the building at the

Holland Campus. The key for this site is available at the Business Office on the 2nd floor. A security escort to and from the bike cages is available 24/7. Students have asked for appropriate shower and change areas particularly if they arrive by bicycle. An improved change area is being provided in the locker room and several new female and male showers will be made available this fall.

e) City of Toronto Transit (TTC) : There are two TTC bus routes that run through the Bayview Campus:

1. Bayview 11: Runs from Davisville Subway station to SHSC and then along Bayview Avenue up to Sheppard and/or Steeles Avenue
2. Lawrence 124: Runs from Lawrence subway to SHSC.
3. There are four TTC stops on the Bayview Campus located outside: A Wing, M Wing, L Wing and in front of Wellspring
4. SHSC sells monthly TTC Metropasses on site at a discounted rate to students.

f) Parking: As with all hospitals, parking availability and cost is a significant issue. At the Bayview site there is no significant street or public parking but extensive on-site hospital run parking. Currently, the Academy subsidizes parking for clinical clerks who are based at PB. There is 24/7 security escort available to all parking lots at SHSC.

(iv) Cultural and administrative issues at the PB Academy:

Recent improvements to foster culture and administrative efficiency at PB academy have included:

a) Engagement:
- PB Student Committee established
- PB Academy Council reinstituted
- PB Academy Awards Committee established
- PB site leaders meetings – established September 2011 (Drs. Cooper [SHCS], Kelly [Women's College Hospital], and Penciner [North York General Hospital] to meet regularly, to discuss Academy goals and plans)

b) Student Mentorship:
- Personal Clerk Meetings – Dr. Cooper met with all CC3's on a voluntary basis for 1:1 discussions in the autumn of 2010 to discuss issues related to career planning, choosing electives/selectives and any other issues; this will continue for CC3's in autumn 2011.
- Mentorship Program - PB has a mentorship program in place that Dr. Rachlis, the Deputy Academy Director has developed over the years. The program provides any PB student who wishes it with a mentor
- One-on-one meetings as necessary with the PB Academy Director

c) Academy Information Nights:
- January 2011 – for incoming clerks; about 160 students from the second year medical class attended

d) Admissions Interviews:
- February 2011 – U of T medical school admissions interviews for the first time were held on site at SHSC for one of the interview days

e) Admission Information:
- May 2011 – webinar at MSB for incoming medical students (initiated and organized by Dr Cooper)

f) Course Development:
- Course catalog – a description of all UME courses was sent to all Department and Division Heads at the PB Academy hospitals to inform tutors about teaching opportunities – for new teachers and those teachers who would like to try something new
- DOCH-2 – for 2011/12 – creation of an enhanced catalog of research projects, including the inclusion of 12 new research opportunities; improved timeline for project selection and project interviews; increased recruitment of Academy supervisors to reduce the ratio from between 4 and 12 students per supervisor to either 4 or 5 students per supervisor

g) Tutor Recruitment:
- Tutor recruitment organization –better proportional representation from the Departments and Divisions is planned
- Tutor evaluations – a process for review of feedback with tutors on an individual basis to improve global PB scores is being introduced this year

h) Social Programs**:** (shuttle transportation back to MSB after social events is provided)
- Holiday Party in December 2010– approximately 200 attendees, including PB students, their spouses/partners and children, with a similar event planned for December 2011
- "Spring Fling" in - approx 85 attendees, including current PB students and those who will be new PB students as clerks, with a similar event planned for spring 2012

2. Equity of How Students are Placed at Various Sites, and the Types of Sites in Clerkship

The UME committee of Academy Directors has also implemented a procedure for student selection of location of clinical experiences that is addressing a key recommendation from the *Task Force on Medical Academies 2010:*

> *"Ensure that all students are assigned clinical placements over their four-year program duration that provide comparable opportunities for clinical learning experiences, balancing travel requirements and expense."*

For academic year 2011-2012, in order to ensure that students entering clerkship were more equitably assigned to community and anchor hospital placements, each Academy ran an internal match. This so called Mini-Match allowed students to decide amongst themselves as a rotation group, within a Faculty-derived framework, how they would distribute themselves amongst the rotations and sites. This process enabled students, who are most knowledgeable about their own transportation needs, home locations, and individualized learning needs, to have more input into their own site assignments. By running this Mini-Match before the end of the 2010-2011 academic year, students could then make plans for living accommodation and transportation needs earlier for 2011-12. Students for the first time in 2011-2012 were also required to have at least one community placement for a core rotation. Although we were not able to include paediatrics and family medicine in the match this year, we will include all rotations for academic year 2012-2013. Effectiveness of this change will be monitored closely by the Academy Directors, with student input. New approaches will be welcomed if this system does not meet student or pedagogical needs adequately.

3. Equity of Travel Time and Costs

For preclerkship, to mitigate the travel time and cost of students traveling between SHSC and MSB at the noon hour, a dedicated shuttle for Years I and II for all mid-day travel between the MSB and SHSC when this is required because of scheduled teaching, has been instituted in September 2011, as described above.

For Clerkship, thresholds for distance and cost of travel to clerkship rotations will be used to determine eligibility for travel subsidy for students with financial need for 2011-12. Calculation of travel distance and time and the number of transit systems required for public transit to travel from the student's base hospital to the community site will be analyzed, using a standard reference such as Google Maps. If two or more transit systems, or more than one hour of public transit are required, students will be able to apply for a travel subsidy. Student financial need will be confirmed by the Office of Student Financial Services.

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.

The UME program has moved quickly to address this important concern of the students and will have in place a policy no later than October 2011, that outlines a clear, user-friendly process/ procedure for students to report any behaviour that they find detrimental in their learning environment: *Protocol for student reports of mistreatment or unprofessionalism in the UME learning environment.*

As well, UME has developed a policy on student injury: *Protocol for incidents of medical student injury and exposure to infectious disease in clinical settings* which will be disseminated no later than October 2011.

The Office of Health Professions Student Affairs now communicates as an 'organization' on the portal – accessed by every student daily. Therefore, it is expected that having the OHPSA present on the portal will give Student Affairs personnel an effective means to provide timely and critical communications to students. This increased accessibility will encourage students to communicate with OHPSA whenever needed.

UME has also approved a *Statement on Access to Preventive, Diagnostic, and Therapeutic Health Services for Medical Students found* at:

> http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/registrar/UME+Statement+on+Access+to+Preventive$!2c+Diagnostic$!2c+and+Therapeutic+Health+Services+for+Medical+Students+-+May+17$!2c+2011.pdf?method=1

UME will also distribute a new handbook in PDF this year (one version for students and one version for teachers), which will be posted in multiple web-site locations. In addition to containing all relevant policies, it will include contact information and a back-page quick reference, with the following items (and answers that would either point to a policy or provide a sentence on what to do/where to look/who to speak to):

> How can I…
>
> - … report a concerning incident I experienced or witnessed?
> - … get help after a clinical "workplace" injury (e.g. a needle-stick)?
> - … speak to someone about the problems I'm facing?
> - … request permission to miss an exam or other mandatory activity?
> - … see my grades and evaluations?
> - … request a remark of an exam or assignment?
> - … find a family doctor?
> - … learn about my career options?
> - … participate in research?
> - … obtain proof of enrolment, transcripts, or other official documentation?

- … nominate a teacher for an award?
- … share my suggestions on improving the program?
- … get involved with extra-curricular activities?

With regards to scheduling, UME is finalizing an attendance/absence policy which will be in place by the end of September 2011: *Regulations for student attendance and guidelines for approved absences from mandatory activities in UME.* This document clearly outlines what students need to do to request an absence (either planned, or unplanned) from a scheduled mandatory curriculum activity, and will be disseminated widely to students and UME staff and faculty.

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.

1. Determinants of Community Health - DOCH

The UT UME program made a strong commitment to the education of future physicians in approving DOCH as a four year spiral core curriculum to teach determinants of health, health promotion, health protection, disease prevention, and community-based research methods and health system. Well ahead of other medical schools, UT devoted significant curricular hours to DOCH under the very capable leadership of Dr. Ian Johnson for close to a decade. Our graduates have consistently ranked at the top or second from the top among Canadian medical schools on the Medical Council of Canada Part I exam public health section every year since 2003. Dr. Johnson is a certified Public Health and Preventive Medicine Specialist from the Royal College of Physicians and Surgeons of Canada, a Master's prepared epidemiologist and an Associate Professor at the Dalla Lana School of Public Health. During Dr. Johnson's tenure as Course Director he received a number of teaching awards in recognition for his leadership of DOCH, including a W.T. Aikins Award for course development in 2003, and the final year class award in 2010. Dr. Johnson moved from UT to the Ontario Agency for health Protection and Promotion (now called Public Health Ontario) in September 2010.

DOCH was the right educational method chosen for its time, but we agree with the students that it is now time to re-examine the organization and content of the DOCH curriculum. The alternative of reverting to the traditional minor place for public health in undergraduate medicine is not viable in today's world, nor in the training of physicians for the 21st century.

The UT medical students' self study report identified significant concerns about DOCH. The students took time for critical consideration and constructive recommendations and presented them in a professional manner to improve medical education for themselves and the students who will follow. The Faculty has taken these concerns very seriously.

With respect to specific student comments (italics) in the self study report, responses are provided for each statement below.

a) Student Comment: 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).*

Faculty Response:

The Faculty agrees that the quantity and quality of the DOCH 1 and 2 lectures have been a source of concern from the students. We also agree that DOCH 2 with its change in course leadership has not been organized optimally and improvement is required.

For DOCH 1 the lecture total time for 2011-2012 has been reduced from four hours for each afternoon of lectures to three hours. Every lecture planned for 2011-2012 has been reviewed, revised and if necessary alternate guest lecturers recruited to improve the lecture.

For DOCH 2 the lecture time has been very significantly reduced to a single 3 hour session. Lectures from previous years have been replaced with six interactive research methods sessions in academy based groups of 12 students facilitated by research faculty. The DOCH 2 manual and biostatistics module has been comprehensively reviewed and updated. DOCH 2 students will receive all core documents in the paper manual at the start of the course as well as having the material posted on the portal.

b) Student Comment 4.11. C: Insights from qualitative data

(i) 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 willfully ignored, and that no changes have been made for the past several years.

Faculty Response:

The Faculty acknowledges that students have expressed frustration with DOCH 1 and 2 over the past few years, particularly during 2010-11. The DOCH course director and course planning committee have been extremely sensitive and responsive to student evaluations, and have not ignored these concerns. Annual course reports shared with the students on the course planning committee and course planning minutes are evidence of the attempts to address student concerns. However, we do agree that many of the suggestions for improvement were not implemented successfully this past year, due to a number of factors related to administrative organization and resource support, and changes in course leadership. Indeed, in 2010-2011 the Course Planning Committee (CPC) and year course committees were not as active as in previous years. For this, we apologize.

Course Planning Committee: DOCH has had an active CPC for the last decade, with monthly meetings throughout the academic year. The membership of the committee included the course director as chair, academy directors or designates, academic faculty from various clinical departments, a UME evaluator, representatives from community agencies and student representatives. Each class of students in the UME program has two elected DOCH representatives and all eight students are included in the CPC. This committee has been

responsible for overall strategic directions for DOCH as well as annual course evaluation reviews. Minutes for the CPC are available on request. In addition as needed, meetings were held to review each year's course (DOCH 1, 2, 3 and 4) to make mid year corrections and to plan for improvements for the following year. Each DOCH course is evaluated using a number of methods including student survey and qualitative comments review, student exam and other assessment marks review and feedback solicited from student representatives, tutors, lecturers, academy directors and staff. This information is provided to the CPC for discussion and action. The CPC will be as active as ever in 2011-12, and will very closely monitor the progress of both courses and implement changes as needed.

Course Leadership: With regard to course leadership, we have made the following changes:

- With the increasing class size and the expansion to Mississauga, in 2008 the Vice-Dean, UME approved the position of Associate Course Director, DOCH. Dr. Fran Scott was appointed to this position in March 2009. Dr. Scott is a certified Public Health and Preventive Medicine Specialist from the Royal College of Physicians and Surgeons of Canada, a certified family physician of the College of Family Physicians of Canada, a Master's prepared epidemiologist and an Associate Professor at the Dalla Lana School of Public Health with over 25 years of public health practice experience. Dr. Scott was absent on medical leave for six months January-June 2010. On her return in July 2010, with the departure of Dr. Ian Johnson, she was appointed DOCH Course Director and provided leadership for DOCH 1, 3 and 4 as well as support for DOCH 2 in 2010-2011. Dr. Scott has been a major player in the Mississauga expansion for DOCH 1 as well as the development of the new clerkship courses Transition to Clerkship (which integrated DOCH 3 curriculum) and Transition to Residency (which folded in DOCH 4 curriculum).

- Dr. Lisa Hall was appointed DOCH 2 course director for the 2010-2011 year. Dr. Hall is a certified Public Health Medicine specialist from the UK, with a PhD in epidemiology. She was an Assistant Professor in the Dalla Lana School of Public Health. Dr. Hall left UT in June 2011. At that time Dr. Scott took on leadership for DOCH 2 for 2011-2012.

- Recruitment in 2011 for a new Associate Course Director took place, and Public Health Ontario has supported a secondment of Dr. Ingrid Tyler, one of their specialists to support DOCH 1 for the 2011-2012 year.

- Dr. Ingrid Tyler is a certified Public Health and Preventive Medicine specialist of the Royal College of Physicians and Surgeons of Canada, a certified family physician of the College of Family Physicians of Canada, a Master's prepared educator and an Assistant Professor at the Dalla Lana School of Public Health. Dr. Tyler's focus is on improvement of the DOCH 1 lectures and examinations.

- In addition Dr. Fok-Han Leung, Assistant Professor in the Department of Family and Community Medicine was recruited to support DOCH 1 for academic year 2011-2012. Dr. Leung has tutored in DOCH 1 for many years and is a recipient of a St. Michael's Hospital teaching award. Dr. Leung's focus is on revision of the tutorials to better integrate with clinical education, tutorial assessments and service learning with the community field visits.

- The Faculty is confident that with these changes and additions to course leadership, the DOCH 1 and DOCH 2 experience will be significantly improved this year.

(ii) 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. Students also felt that the field visits were hit or miss. 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 focusing on the practical, clinically-relevant components of DOCH 1, many lecture hours could probably be eliminated.

Faculty Response:

We agree that the number of DOCH 1 lectures is a concern. As indicated above the number of DOCH 1 lectures has been reduced and the ones retained extensively revised.

We also agree that the DOCH 1 examination format did not cover the examinable material as well as it should have. The 2011-2012 DOCH 1 Semester 1 exam will be revised to ensure it covers examinable material and students will be informed at the start of the course what material the exam will cover. The Semester 2 exam will include short answer questions as well as multiple choice questions to ensure appropriate assessment of the complex material.

In order to improve the delivery of the course content, several changes were made to the DOCH1 materials:

- The DOCH 1 student and tutor manuals have been reviewed and revised over the summer by Dr. Tyler and a recent DOCH 1 graduate with public health graduate training.
- The manual was printed with specific required readings from the Shah textbook.
- The new on-line AFMC Population Health Primer has been added as a core text for the course.

DOCH 1 tutors for MAM have been recruited and oriented in preparation for the 54 incoming students.

(iii) 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.

Faculty Response:

The student feedback about the interim assignments (independent learning plan and library search strategy) is noted. Notwithstanding, all of the individuals involved in the course organization, including all three who have served as course directors, the Academy Directors (who play a major role in the coordination of the project) and the research advisors at the academies feel very strongly that submitting these reports is essential in the planning and subsequent organized implementation of the project. A quality literature review is key to any research project, and the library search strategy assignment facilitates this. A clear, achievable research plan is also required. In completing these assignments, students learn additional important skills, particularly with respect to critical appraisal of the literature, and ethical aspects of research among others. The course leadership has worked hard to make all aspects of the DOCH 2 project more effective and efficient, so that these interim assignments will be less onerous and more helpful to students. The final reports (oral and written) are essential capstones to the students' projects.

The comments about whether students with advanced degrees would benefit from carrying out the DOCH 2 research project are recognized. The Faculty feels that completing community-based research (including defining a research question, developing a research plan, doing a careful literature review, conducting the study and then reporting on it) is an important part of training of physicians in their scholarly and socially responsive roles.

The following outlines the specifics steps taken to try to make the operation of DOCH-2 smoother and more effective in 2011-12.

- There is only one lecture session for DOCH 2 on Sept 6 opening with a lecture on the nature of evidence and ways of knowing. The focus in the past on quantitative research having greater importance than qualitative has been replaced with emphasis on both methods as important to learn and as valuable to use within their projects. The DOCH 2 manual and bio stats module has been reviewed and revised by the incoming course director and a DOCH 2 graduate with epidemiology graduate training. The manual has been extensively revised to include week by week objectives and expectations as well as core readings.
- The DOCH 2 schedule has been revised to expedite the agency match so that students have more time to prepare their research project and assignments. The assignment deadlines (library, ILP and ethics) have been spread out to ensure that

none are due the same week or in conflict with other second year course exams. In addition the DOCH 2 exam has been shifted from early December to mid January. The ILP, progress and presentation evaluation forms have been revised to ensure additional feedback is provided to the students.

- The UT Research Ethics process for DOCH 2 has been reviewed and will be updated to ensure compliance with new Tri-Council requirements.
- The Faculty is also hiring this fall a new additional community placement officer who will provide great support for MAM and for the other academies in community agency recruitment, retention, and academic resources (objectives, teacher training, evaluation etc).

c) Student Comment: 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.*

Faculty Response:

The Faculty will convene a steering group this academic year, with representatives from the Dalla Lana School of Public Health, Public Health Ontario, our clinical departments such as Family and Community Medicine, Medicine and Psychiatry, UME and other education leaders, and medical students and residents to reexamine the entire teaching of social determinants of health, global health and public health and to recommend optimal ways of better integrating this material into the broader curriculum and increasing the clinical relevancy.

2. Surgery

The Department of Surgery has received and reviewed the Independent Student Analysis (ISA) that has been done in preparation for the upcoming Faculty of Medicine accreditation and recognizes the findings that the Department of Surgery is not performing with uniform excellence across its Divisions in the clerkship portion of the Undergraduate curriculum.

The student self-study indicates that 57% of clerks felt that Surgery (general) was well organized, and 61% felt that Surgery (subspecialties) was well organized. The students report that only 48% of students felt that they were meaningfully involved in patient care on surgery services. 51% of students agreed that the quantity and quality of faculty teaching was adequate while 69% felt that resident teaching was strong. Only 48% of students felt that lectures and seminars were adequate. 25% of clerks felt that clinical skills and ethics teaching was lacking on Surgery. The Dean of Medicine and the Vice-Dean of Undergraduate Medical Education have met with the executive committee of the Department of Surgery to discuss these results.

The Department of Surgery notes that just this past year the curriculum has changed from 6 weeks of clerkship in year 3 and 5-6 weeks of clerkship in year 4 to the current 8 weeks of clerkship in year 3. Therefore, this last year, the period during which this survey was done, was a period of transition.

The Department accepts that students believe that the surgery clerkship is a weaker clerkship experience when compared to clerkships offered by the other clinical departments and that the surgery clerkship is not entirely meeting students' expectations. While the student survey does not give surgery a failing grade specifically, the Department of Surgery confirms and agrees that the surgery clerkship should be much stronger.

In response to student concerns the Department of Surgery is undertaking a review of undergraduate teaching with the intent of improving surgical teaching within both the pre-clerkship and clerkship. An Undergraduate Education Retreat is being organized in the fall. As well, the Surgeon in Chief and Vice-Chair Education have both agreed that undergraduate medical education will be a central element of discussion during the Department of Surgery Strategic Planning Retreat in the winter of 2011.

A new Director of Undergraduate Education, Dr. George Christakis was appointed in late August 2011. He is committed to improving the Year 3 Surgery Clerkship immediately. A number of changes will be implemented this academic year 2011-2012:

The course website will be updated with current and relevant content.

Students had identified a number of issues related to the surgical skills week at the beginning of the rotation. This week provides students with basic introductory lectures in all of the surgical disciplines as well as clinical skill training in the Surgical Skills Lab at Mount Sinai Hospital. In previous years difficulties arose with lecturer absenteeism and perceived relevance to clinical duties. Dr. Christakis has reviewed the content and has contacted all lecturers to update their presentations and ensure attendance. Dr. Christakis will meet with students at the beginning of

each rotation to provide an orientation to the Surgery Clerkship. Following the surgical skills week, students will spend three weeks on a General Surgery rotation followed by two weeks each on other surgical specialties such as Urology, Thoracic Surgery, Cardiovascular Surgery, Plastic Surgery, Orthopaedic Surgery and Neurosurgery. The surgical clerkship site supervisors will be responsible for ensuring that each clerk has a meaningful and valued clerkship experience on each service. Dr. Christakis has identified division leads for each Academy who will give a division orientation at the beginning of each rotation so that students are integrated into the service and aware of the educational experiences that they will be participating in. Expectations for their involvement in patient care, on-call duties, ambulatory and operating–room experiences will be clearly provided. Other strategies for improvement in the student experience in the short term are the development of written goals and objectives for those sub-specialty rotations for which these are currently lacking.

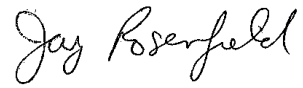
Curricular innovations to be developed over this academic year include establishment of a core surgical curriculum so that all students are provided with educational materials, goals and objectives for each of the surgical specialties. There would also be smaller group sessions at each Academy for walk-around rounds, case presentations, clinical examination and seminars irrespective of the assigned clinical rotation. Other curricular proposals include the development of on-line teaching and student-led seminars proctored by surgeons. Assessment of students in the Surgery Clerkship including the standardized clinical oral evaluations and NBME shelf examinations that have been introduced in the past two years will continue to be reviewed for reliability and validity as assessment tools.

With respect to faculty involvement in undergraduate teaching, the department will identify those surgeons who have demonstrated excellence in undergraduate teaching. Such faculty members will be specifically designated for medical student teaching and assigned clinical clerks. Undergraduate education will be emphasized by an increase in the amount of time and focus at the annual Faculty Development Day. The department will recognize and advance the academic careers of those surgeons participating in the new initiatives in undergraduate teaching and for those accountable for the quality of the surgical clerkships at each site.

These ideas and others will be discussed more extensively in the Department of Surgery in the next few months. The Department wishes to be recognized as innovative and providing an outstanding clerkship experience.

Summary – Response to the Student Self Study

The Faculty is most grateful to our medical students for their comprehensive and helpful input into the self-study process and we thank our student colleagues for their candid and excellent feedback on key issues. We believe the UME program is in the process of addressing all of these concerns in a timely and effective manner. We are confident that our MD program will be considerably improved through this process and the Faculty's initiatives now underway.



Jay Rosenfield, Vice-Dean, Undergraduate Medical Education

Catharine Whiteside, Dean of Medicine