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Parent Policy: PGME Continuous Quality Improvement of Structure, Governance, and Learning Environment Policy

PGME Continuous Quality Improvement of the Learning Environment Procedure

Office of Accountability:	Faculty of Medicine & Dentistry (FoMD)
Office of Administrative Responsibility:	Postgraduate Medical Education (PGME)
Approver:	Vice-Dean, Education
Classification:	Governance and Administration
Scope:	PGME institution and members of the PGME community, including residency and Area of Focused Competence (AFC) programs.

Overview

The learning environment plays an important role in the educational experience of residents and AFC fellows (hereby referred to as PGME trainees). It is the responsibility of the Postgraduate Medical Education (PGME) Office and residency and AFC programs (hereby referred to as training programs) to provide physically, psychologically, culturally, and professionally safe learning environments that are embedded into the educational experiences of PGME trainees in which they can learn the requisite knowledge, skills, and attitudes to prepare them for work as independent physicians. Our procedure to review, evaluate, and improve the learning environment strives to align with the General Standards of Accreditation for Institutions with Residency Programs by the Canadian Residency Accreditation Consortium (CanRAC). Specifically, the following institutional accreditation standards apply:

9.1.1: There is a systematic process to regularly review and improve the learning environment in each learning site.

9.1.2: A range of data and information is reviewed to inform evaluation and improvement of the quality of the learning environment at each learning site.

9.1.3: Based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.

Purpose

This document describes how PGME regularly reviews, evaluates, and improves the learning environment in keeping with the principles described in the parent policy. It describes the components of the learning environment that are systematically reviewed, the range of data and information collected on the learning environment, and the process to develop and implement action plans to improve the learning environment and evaluate their effectiveness.

PROCEDURE

1. COMPONENTS OF THE LEARNING ENVIRONMENT THAT ARE REVIEWED

The components of the learning environment that will typically undergo regular review include:

- a. The positive and/or negative influences of the hidden curriculum.
- b. The presence of discrimination.
- c. The safety of the learning environment for patients that relies on the adequate supervision of postgraduate medical education trainees.
- d. The safety (physical, psychological, cultural, and professional) of the learning environment for postgraduate medical education trainees.
- e. Any other components as necessary to review, evaluate, and improve the learning environment.

2. RANGE OF DATA AND INFORMATION USED TO EVALUATE THE LEARNING ENVIRONMENT

The data and information used to evaluate the learning environment will come from many sources and processes. These typically include the following:

- a. Internal reviews organized by PGME.
- b. Accreditation reviews organized by the relevant accreditation college.
- c. Reviews of the learning sites.
- d. Surveys of the postgraduate medical education trainees such as the annual graduating residents' exit survey and the regular Hotspot surveys of residents.
- e. Residency and AFC programs' own regular review of the learning environment and continuous quality improvement processes.
- f. Postgraduate medical education trainees' notification to the Office of Professionalism, senior education leadership, and/or others.
- g. Any other information as necessary to evaluate the learning environment.

3. PROCESS TO EVALUATE THE LEARNING ENVIRONMENT, DEVELOP AND IMPLEMENT ACTION PLANS, AND ASSESS THE EFFECTIVENESS OF ACTIONS TAKEN.

The process is illustrated in the diagram shown in Appendix A and will typically include the following:

- a. If the data reveals problems with the learning environment, the PGME Associate and Assistant Dean (the latter acting as the Chair of the Internal Reviews Committee) will meet with the relevant program director(s) to discuss the issues and define the problems.
- b. If the issues cannot be resolved by the program, the issue will be referred to the Learning Environment Working Group (LEWG) to develop an action plan. The LEWG will then engage the relevant stakeholders within the University of Alberta, health authorities, and any other individuals or groups necessary, to resolve the issue.
- c. Effectiveness of actions taken will be evaluated by the LEWG, in addition to the ongoing collection of the usual range of data and information used to evaluate the learning environment as described above.

4. REPORTING AND ACCOUNTABILITY

- a. The PGME Associate Dean will update the Vice-Dean Education and/or others as necessary at least twice per year and more frequently as needed.

DEFINITIONS

Definitions are listed in the sequence they occur in the document (i.e. not alphabetical).

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
Learning Environment	The diverse physical locations, contexts, and cultures in which PGME trainees learn
Physical Safety	Includes protection against biological risks such as immunization, radiation protection, respiratory protection, exposure to body fluids. It also includes protection against risks associated with physical spaces, with care provided during home visits, travel and meetings with violent patients.
Psychological Safety	Includes prevention, protection and access to resources to counter the risks of psychological distress, alcohol or drug dependence, intimidation and harassment.
Cultural Safety	Includes an environment where PGME trainees can be their authentic selves including, but not limited to, their race, ethnicity, gender, sexuality, faith, ability, language, and culture.
Professional Safety	Includes protection from allegations of malpractice, insurance against medical malpractice suits, disclosure assistance, academic and professional record confidentiality, as well as reporting procedures where confidentiality is assured and there are no reprisals.
General Standards of Accreditation for Institutions with Residency Programs	The General Standards of Accreditation for Institutions with Residency Programs are national standards that apply to the accreditation of institutions with residency programs. These standards are maintained by the Canadian Residency Accreditation Consortium which includes the Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ). The standards apply to faculties of medicine, postgraduate offices, and learning sites, written to provide a framework which aims to provide clarity of expectations, while maintaining flexibility for innovation.
Canadian Residency Accreditation Consortium or CanRAC	The Canadian Residency Accreditation Consortium is composed of the three residency education accrediting colleges in Canada: Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ).
Learning Sites	A hospital, clinic, or other facility where PGME trainees' educational experiences take place.
Health authority	An organization or agency established by the Government of Alberta to oversee the delivery of health care services.

Appendix A: Process to Review Learning Environment

