



**UNIVERSITY
OF ALBERTA**



MD Program

Faculty of Medicine & Dentistry

Program Evaluation Framework

Approved by MDCPC (April, 2022)

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Introduction

The Program Evaluation Framework outlines a systematic approach to the evaluation of the MD Program and its curriculum. Program evaluation also helps to inform continuous quality improvement and supports accreditation. This framework outlines the overall approach to program evaluation and quality improvement, the role of the Program Evaluation Unit in the implementation of the strategy, the sources of data, timelines, and implementation plans.

MD Program

The MD Program in the Faculty of Medicine & Dentistry at the University of Alberta is dedicated to the improvement of health through excellence and leadership in our educational programs, in fundamental and applied research, and in the prevention and treatment of illness. The program prepares physicians to provide the highest quality of health care to the people of Alberta and beyond, and to advance knowledge and its application through research. We are committed to a tradition of excellence in our programs according to national and international standards.

The MD Program is a fully accredited four year program with 162 students admitted to each first year class. The program was last accredited for a full 8 year term in 2014 and is preparing for the next full accreditation site visit in 2022. The associate dean, MD Program, together with a group of assistant deans and directors, provide leadership for the strategic and operational directions of the program, including curriculum, assessment, program evaluation, academics, and admissions.

The MD Curriculum & Program Committee (MDCPC), chaired by the associate dean, MD Program, is responsible for the coordination of all academic elements of, sufficient support for, and the overall direction of the MD Program within the context of the mission and vision of the Faculty of Medicine & Dentistry. The MD Admissions Committee and the Academic Standings committees are chaired by Assistant Deans in the MD program but function at the “medical school” level with ultimate reporting to the Dean’s Executive Committee (DEC) and Faculty Council (FC).

The MD program collaborates with student leaders representing at least three student groups: the Indigenous Medical & Dental Students Association (IMDSA); the Black Medical Students Association (BMSA); and the Medical Students Association (MSA).

The curriculum of the MD Program is divided into two distinct components: the pre-clerkship (years 1 and 2) and the clerkship (years 3 and 4). The curriculum balances the scientific basis of medicine with early clinical experience and emphasizes life-long learning, problem-solving skills, clinical reasoning, patient care, team work, and interprofessional education.

Years 1 and 2 of the program presents the material in a reasoned progression from basic information to clinical application building on foundational knowledge and skills in stepwise fashion. Each course in the pre-clerkship program scaffolds learning from the applicable basic sciences to the clinical pathophysiology, diagnostic reasoning, and therapeutic reasoning, to build a comprehensive foundation in preparation for clinical experiences in the clerkship rotations.

The pre-clerkship program is developed around a body systems-based curriculum that includes large group lectures, problem- and case-based (small group) learning, anatomy labs, and other experiential learning opportunities. A highlight of the program is the faculty's full-dissection anatomy lab, which provides students a valuable learning experience through the dissection of human cadavers.

The pre-clerkship curriculum includes the following course elements: Foundations of Medicine, Endocrinology & Metabolism, Cardiology, Pulmonary, Renal, Gastroenterology & Nutrition, Reproductive Medicine & Urology, Musculoskeletal System, Psychiatry, Neurosciences, and Oncology.

In 2014, a longitudinal and integrative approach to physician training called Physicianship was introduced to the MD Program. Starting in 2019-2020, many of the Physicianship threads (now referred to as longitudinal themes) were integrated into the systems-block courses to ensure an integrated approach to the pre-clerkship program. Some longitudinal themes focusing on clinical skills (for example, Physical Exam, Communications, Patient Immersion Experience, and Longitudinal Clinical Experience) run throughout the first two years of the program, and remain as course elements outside the systems-block courses.

Years 3 and 4 of the program, the clerkship, is a fully immersive clinical learning experience that includes 10 rotations between two years, as well as clinical electives. The required clerkship rotations include: Family Medicine, General Internal Medicine, Pediatrics, General Surgery, Psychiatry, Obstetrics & Gynecology, Specialty Surgery, Specialty Medicine, Geriatrics, and Emergency Medicine. Required clerkships take place in clinical teaching sites and physicians' offices in Edmonton and the surrounding area. Clerkships coordinators from each department oversee the delivery of the curriculum in years 3 and 4.

As part of our social accountability mandate, the rural pathways program includes several opportunities for students to experience medicine in rural settings. For example, second year students can participate in Preclinical Networked Medical Education (PNME) and complete their Gastroenterology & Nutrition course while working with a family physician in a rural community. All students complete 4 weeks of their Family Medicine clerkship in a rural setting. The Integrated Community Clerkship (ICC), which started in 2007-2008, allows third-year medical students to complete their clerkship objectives in rural communities in Alberta. More recently, the MD Program implemented an opportunity for fourth year students to complete their core clerkship rotations in Grande Prairie.

Approach to Program Evaluation

This framework document describes the process used to evaluate the MD Program overall and the curriculum. The following key principles guide the MD Program's approach to evaluation.

Program evaluation:

- is integrated
- is data-driven and evidence-based
- ensures data and analysis is valid and reliable
- values confidentiality and anonymity
- ensures data is available in a timely manner to the appropriate stakeholders
- emphasizes transparency
- supports continuous quality improvement processes

- is collaborative
- values student involvement and input
- is engaged with the community

These key principles, along with the evaluation of the evaluation processes (described below as meta evaluation), are foundational to the development and implementation of this framework.

Meta Evaluation

The Program Evaluation Framework is monitored regularly by the MD Curriculum & Program Committee to ensure that the design continues to be feasible, that activities are completed as planned, and that the data are meeting the needs of the program.

The following questions will guide this evaluation of the evaluation processes, also referred to as the meta evaluation.

1. Is the program evaluation review cycle implemented as intended?
2. Are the evaluation data reported and used to continuously improve the program and its curriculum?
3. Are current developments in the profession reported, incorporated, and used to influence curriculum change?
4. Does the program solicit stakeholders for feedback used to influence curriculum change?

The Program Evaluation Framework outlines a process that is used by the Program Evaluation Unit to provide high quality and timely data and analyses to MD program leadership and committees, as well as the Curriculum Management Unit. The framework also ensures that current and future curriculum changes meet program goals and objectives.

The Program Evaluation Unit operationalizes the Program Evaluation Framework and is responsible for

- analyzing evaluation data;
- disseminating evaluation results to the appropriate stakeholders; and
- ensuring committees and program stakeholders have the information they need to monitor the extent to which planned changes to the program and curriculum

have been implemented.

More information about the Program Evaluation Unit's responsibilities and accountabilities is available [here](#).

Program Evaluation & Accreditation

This framework and these guiding principles align with CaCMS accreditation standard 8, which states: “the faculty of a medical school engage in curricular revision and program evaluation activities to ensure that that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.”

Within standard 8, elements 8.4 and 8.5 focus specifically on program evaluation:

Accreditation element 8.4 - A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrollment and after program completion.

Accreditation element 8.5 - In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.

Several program evaluation questions and data sources outlined in this framework also support other CaCMS accreditation elements, including:

- pipeline programs (3.3)
- the learning environments (3.5)
- mistreatment (3.6)
- adequate numbers of patients (5.5)
- curricular review (8.1)
- program level objectives (8.3)
- clinical encounters (8.6)
- comparability of experiences between sites (8.7)
- time spent in educational activities (8.8) and electives (11.3)

More information about how program evaluation questions and sources of evidence relate to the accreditation standards and elements are identified in the next sections of the framework, as well as in [Appendix II: Alignment with Accreditation Standards](#).

Evaluation Questions and their Sources of Evidence

This framework is based on 10 evaluation questions. The table below outlines each evaluation question and the corresponding sources of evidence that are used to answer the question.

Table 1: Evaluation Questions and their Sources of Evidence

Evaluation Question	Sources of Evidence
1. Are students achieving the objectives of the program?	<ul style="list-style-type: none"> ● Curriculum and assessment maps ● Student performance on assessments ● Clinical encounters & EPAs ● Graduation Questionnaire ● MCC performance
2. Is the curriculum delivered as planned?	<ul style="list-style-type: none"> ● Student feedback ● Curriculum working groups
3. Are students provided with the learning experiences needed to succeed as an emerging physician?	<ul style="list-style-type: none"> ● Curriculum working groups ● Student feedback ● Student performance on assessments ● Clinical encounters & EPAs ● Comparability of learning sites ● Time spent in learning formats
4. Do the reporting systems provide timely and relevant data that measure the effectiveness of the program and its curriculum?	<ul style="list-style-type: none"> ● Meta evaluation



5. Do students have access to sufficient resources to remediate when they have not yet demonstrated competence?
 - Advancement and graduation rates
 - Student performance on assessments
 6. Do the admissions criteria ensure that students are adequately prepared to start the program?
 - Student performance on assessments
 - Student Diversity Survey
 7. Are the learning environments safe, inclusive, and supportive?
 - Student feedback
 - Graduation Questionnaire
 - Comparability of learning sites
 - Hot spot surveys
 8. Is the curriculum aligned with expectations of the profession?
 - Curriculum and assessment mapping
 - Curriculum working groups
 - Residency Program Director Survey
 - Alumni Surveys
 - MCCQE results
 9. Are graduates succeeding as emerging physicians?
 - MCCQE results
 - Graduation Questionnaire
 - Residency Program Director survey
 - Alumni surveys
 - Licensure rates
 - Graduate practice locations
 10. Are graduates fulfilling the health care needs of the populations and communities they serve, especially the historically excluded and underserved?
 - Alumni surveys
 - Graduate practice locations
 - Residency match results
 - Student diversity survey
-

Sources of evidence

The sources of evidence are used to help answer the program evaluation questions. These data sources are analyzed and presented by the Program Evaluation Unit to the appropriate stakeholders according to the schedule listed in [Table 2: Data source recipient and review schedule](#). This section lists each data source and provides some additional information about how data are analyzed to answer the evaluation questions.

Where applicable, the data sources are connected to the appropriate CaCMS accreditation standards. Additional data sources supporting CaCMS accreditation standards are described in [Appendix II: Alignment With Accreditation Standards](#).

Advancement & Graduation Rates

The Program Evaluation Unit is provided with data from the Academics team regarding student advancement and graduation rates each year. The results will be reviewed and presented to the MDCPC annually in compliance with Accreditation element 8.4. Other data, such as the percent of students that pass the year 2 and year 4 comprehensive exams on the first write may also be included in this report.

Alumni Surveys

The alumni survey provides data on the performance of the MD Program graduates after program completion. The survey is administered annually to graduates who completed the program 1 and 5 years prior. The survey covers practice locations, leadership accomplishments, and the populations our graduates serve.

Clinical Encounters and EPAs

A list of required clinical encounters and procedures are defined for each clerkship. To ensure that each student has the opportunity to see the required patient encounters and procedures, the program monitors their completion rates using entrustable professional activities (EPAs) - a form of work-placed based assessment.

The required clinical learning experiences are logged centrally in assess.med. Once a student has completed a required clinical encounter or procedural skill, they fill out a short form in assess.med. Completion rates of the forms are displayed on the clinical encounter dashboard in assess.med.ualberta.ca

The clinical encounter forms are customized to each clerkship, but generally include the date of the clinical encounter or procedural skill completion, the areas for which the student was observed, the clinical setting, and patient type.

Students are encouraged at their clerkship orientation meetings to make their preceptors aware of the required clinical encounters and procedures. A list, including the student's completion rate can be found when the student logs on to [assess.med](#). The collection of the clinical encounter completion rates helps to meet accreditation elements 8.6 and 5.5

Curriculum and Assessment Maps

The curriculum and assessment map contains the linkages between the program level objectives, course level objectives, and session level objectives. Each of these objectives are also linked to required learning activities, including lectures, group learning, and clinical learning are mapped to these learning objectives.

In addition to the learning objective linkages, the required learning activities are also categorized by 200+ topic areas. These topics include the dimensions of care, physician activities, and clinical presentations of the MCC QE blueprint, as well as additional clinical skills, patient populations, basic science fields, special topics in medicine, and the CanMEDS roles.

All assessment items are also mapped according to the same objectives and topic areas as the curriculum map.

The curriculum and assessment maps are updated annually and published on [data.med.ualberta.ca](#). Both maps are available to curriculum planners and evaluators, including the Assistant Dean, Curriculum, the Curriculum Coordinator, Course and Clerkship Coordinators, Pre-Clerkship and Clerkship Directors, and longitudinal thread leads. Mapping data is used by curriculum planners to develop new curriculum, integrate existing curriculum, and reduce unintended redundancies.

Curriculum and assessment mapping data are also instrumental to element 8.3.

Curriculum Working Group Documentation & Recommendations

Each course, clerkship, and longitudinal theme undergoes rigorous review every two years. Recommendations to improve the content, assessments, or organization of the curriculum are documented.

The documentation of curriculum working groups informs accreditation element 8.1

Feedback from Students on Courses, Clerkships, and Electives

Student feedback is collected from all students at the end of each course and clerkship rotation. Student feedback is anonymous and confidential. The evaluation can be linked to the hospital site and rotation cohort for analysis. Pre-clerkship course evaluations contain items covering the content and organization of the curriculum and quality of instruction and feedback. The clerkship evaluations contain items covering the organization, supervision, teaching, learning environment, and feedback.

Informal student feedback is collected through focus groups by the curriculum coordinator. These feedback sessions are held routinely at the end of each rotation. Students can also bring forward positive and/or negative influences on the learning environment. The feedback is aggregated and summarized before it is included in the course or clerkship evaluation report. This feedback will be used for program evaluation and quality assurance purposes and informs the annual course/clerkship review meetings that occur with the coordinator, the associate dean, MD Program, the assistant dean, curriculum, and student representatives. Responsibility for implementation lies with course and clerkship coordinators, or other stakeholders, as deemed appropriate.

The process of student feedback collection and reporting is further described in [Appendix I: Collection and reporting of student feedback](#).

The collection of student feedback also meets accreditation elements 3.3, 3.5, 3.6, 8.5, 8.7, and 11.3.

Graduate Practice Locations

The College of Physicians and Surgeons of Alberta (CPSA) register provides data on which of our graduates practice in Alberta, their practice setting, and their practice location. The register also provides data on the proportion of graduates practicing in urban or rural areas, or areas with a high proportion of Indigenous communities. Results are published on data.med and reviewed bi-annually by the MDCPC. This data source also provides data for CaCMS element 8.4.

Graduation Questionnaire (GQ)

Data from the AFMC Graduation Questionnaire (GQ) are reviewed annually by the Program Evaluation Unit and presented at MDCPC. Additional information will also be shared with appropriate committees (e.g. Pre-Clerkship & Clerkship Coordinator Committees). The results of the GQ are tracked annually and over time and reports highlighting areas of improvement and decline from previous years, as well as areas that are higher or lower than the national average are generated by the Program Evaluation Unit.

Hot Spot Surveys

This is a new source of evidence being planned by the MD Program and the Chief Wellness officer. As details are finalized, this section will be updated.

Licensure Rates of Graduates

CAPER is an initiative within the Association of Faculties of Medicine of Canada with the mandate to provide accurate information which may be used for physician resource planning on a national basis. To accomplish this task, a longitudinal file is maintained containing sociodemographic information and details of the current and past training programs of each resident or fellow under the supervision of the Canadian Faculties of Medicine on November 1 of each year as submitted by the office of Postgraduate Medical Education at each of the Canadian Faculties of Medicine

The College of Physicians and Surgeons of Alberta provides quarterly statistics on changes in physician resources, including by zone and by specialty, and a summary of inflows and outflows by place of graduation.

The licensure rates support accreditation element 8.4.

Medical Council of Canada Qualifying Examinations (MCCQE)

The Medical Council of Canada (MCC) reports the performance on the Qualifying Examinations I (multiple choice exam of critical medical knowledge and clinical decision-making ability) and II (objective structured clinical examination) annually compared to Canadian medical graduates. Mean performance results are reported in aggregate based on the MCC exam blueprint. This blueprint includes the dimensions of care, physician activities, and clinical presentations.

The MD Program's internal assessments and learning events are mapped following the same exam blueprint (see Curriculum and Assessment Map). Performance on the MCC examinations can therefore be directly related to the internal assessments. Consistency with the MCC objectives is also measured using a regression analysis between students' performance on internal and MCC examinations.

The MCCQE results are also reviewed as part of the CaCMS accreditation element 8.4.

Residency Match Results

The residency matches by the Canadian Resident Matching Service (CaRMS) is reviewed annually. This report contains information on each students' university, program, and application stream. Matching rates by choice ranking informs to what extent the program prepares students for each specialty. The CaRMS matching rate is reviewed annually.

Residency Program Director Survey

With 30 different residency programs in 17 different medical schools in Canada, it is not currently practical to obtain timely survey data on all of our graduates. This explains why this particular data source has proved to be problematic to obtain in past years. Going forward, the program will explore a survey to be distributed to residency program directors in Alberta. This data source supports data required for accreditation element 8.4

Student Diversity Survey

The diversity survey provides Equity, Inclusion, and Diversity data on our current student population, including ethnicity, gender, sexuality, social economic status. The diversity survey also includes a component on which of the recruitment pipeline programs our current student population has participated in. The student diversity survey also provides data for accreditation element 3.3

Student Performance on Assessments

Student performance on assessments can be linked to the curriculum and Curriculum and assessment maps. Student performance can be linked to the curriculum map to evaluate whether students are meeting the educational objectives.

Time Spent in Learning Formats

An appropriate balance of time spent in lecture and group learning, and self-directed learning formats is crucial to the effective delivery of the curriculum. Therefore, the MD program monitors the scheduled time spent in each learning format.

This data source also supports CaCMS accreditation element 6.0.

Continuous Quality Improvement Cycle

The MD Curriculum & Program Committee is principally responsible for the design, development, implementation, evaluation, and review of the curriculum. However, MDCPC can delegate several of these responsibilities to other stakeholders.

The stakeholders involved in the continuous quality improvement cycle are described in [Figure 1](#). Starting in the design phase, MDCPC defines the program and course-level objectives and sets strategic initiatives. Implementation is delegated to several subcommittees, as well as course/clerkships coordinators, pre-clerkship/clerkship directors, the assistant dean of curriculum, and individual instructors.

The evaluation of the program and its curriculum is delegated to the Program Evaluation subcommittee. This subcommittee ensures that the program evaluation framework is implemented as intended. The framework evaluates to what extent the objectives and strategic priorities of the are met. The program evaluation framework is operationalized by the assistant dean, program evaluation.

Additional stakeholders are involved in the review of the curriculum. Based on the evaluation data sources, subcommittees, curriculum coordinators, directors, and assistant deans review the available data and recommend changes to MDCPC. This review takes place on two separate timelines. The routine review takes place annually at the end of every course (for course data, see [Figure 2: Collection and reporting of student feedback](#)) or as outlined in [Table 2: Data source recipient and review schedule](#) (for program data). In depth review of the curriculum takes place every two years by dedicated curriculum review working groups.

Finally, MDCPC then takes the recommendations to make further improvements to the program and its curriculum.

Figure 1: Program Evaluation Continuous Quality Improvement Cycle

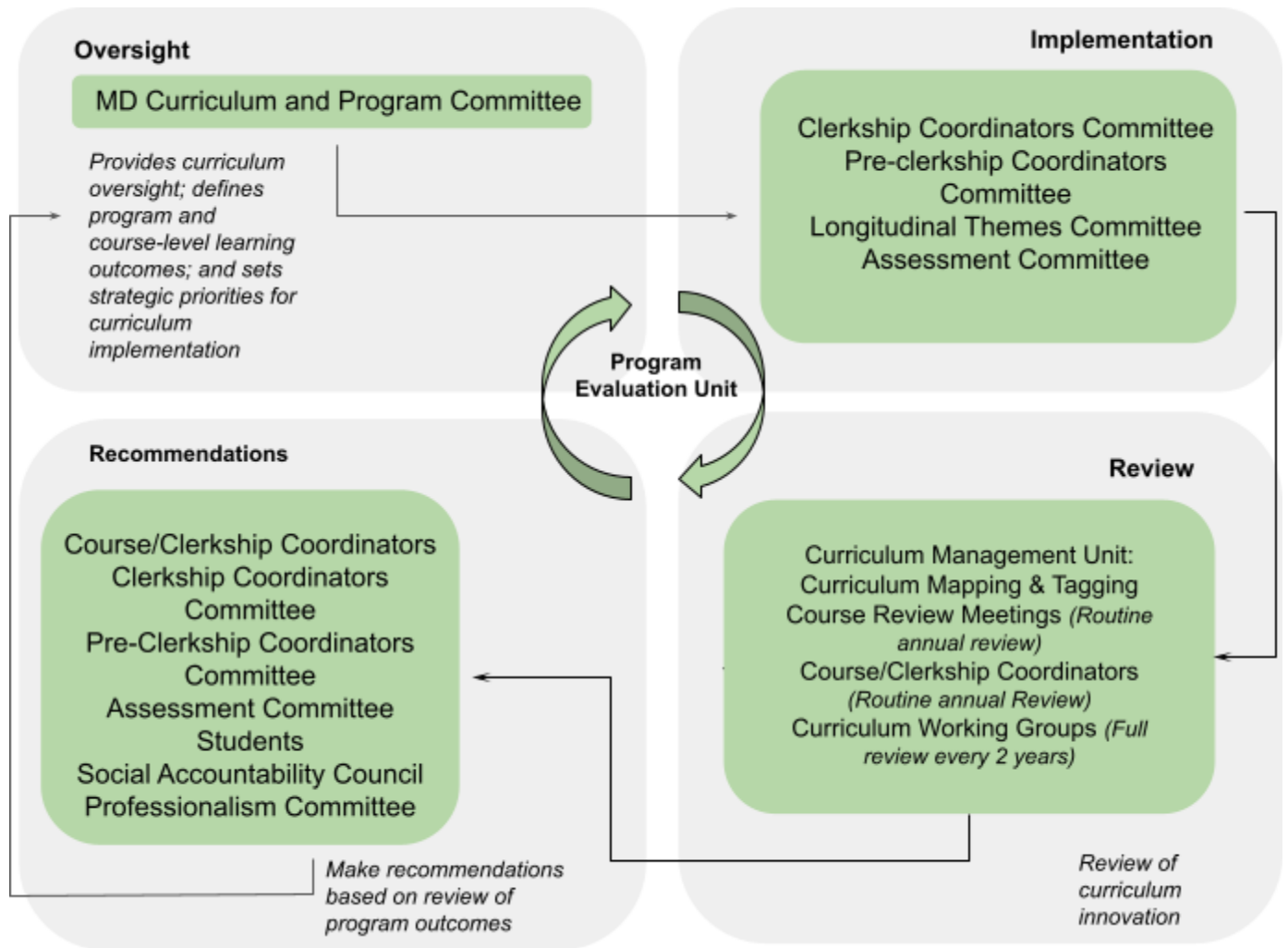
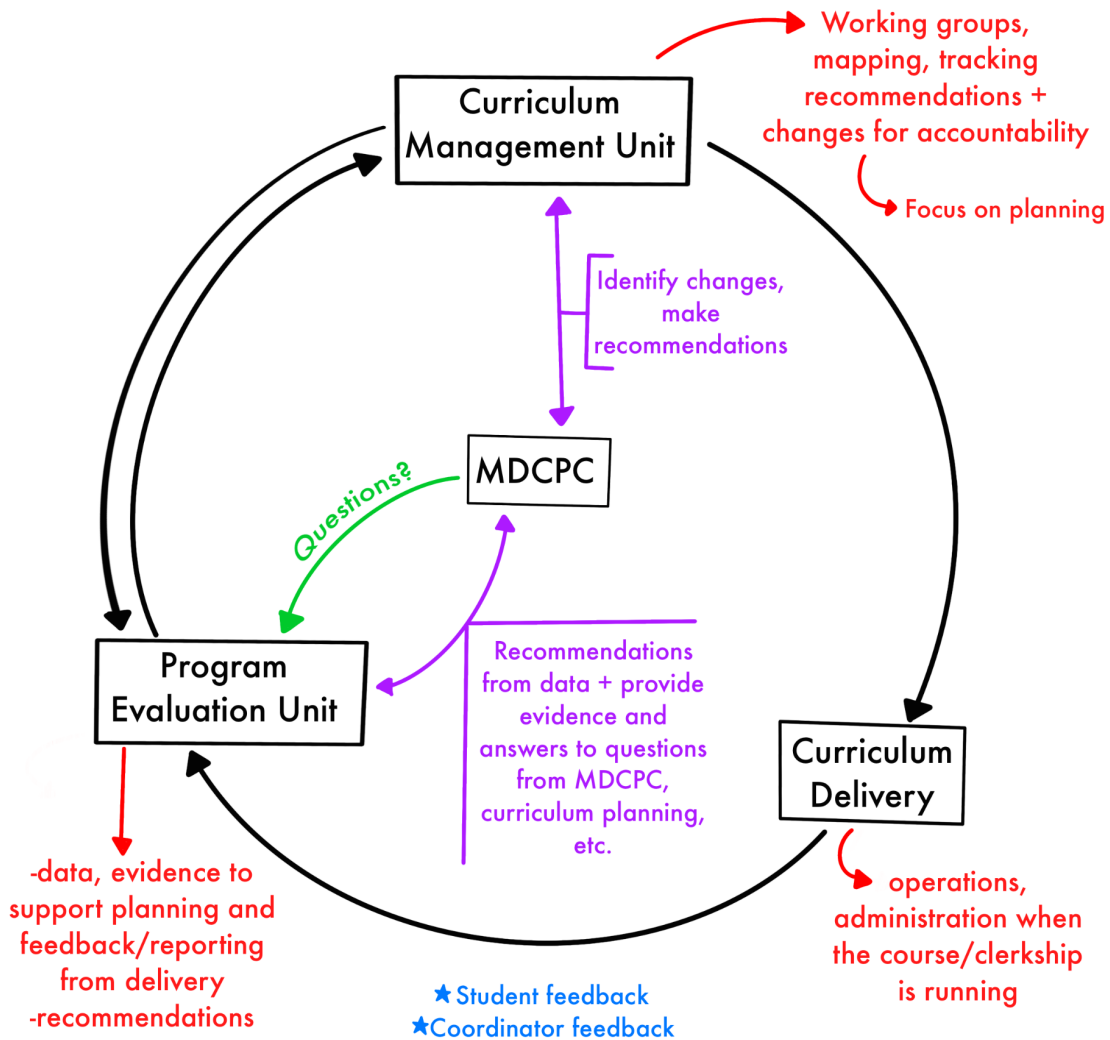


Figure 2: Curriculum Management Unit & Program Evaluation Unit



Review schedule of data sources

The data sources identified in the previous section are compiled by the Program Evaluation Unit on a schedule and shared with specific stakeholders (individuals and committees) for review or approval. [Table 2](#) identifies the outcome indicator, the data recipient, and the approximate timeline of review.

Table 2: Data sources, their recipients, and review timelines

Data Source	Recipient	Approximate timeline of review
Advancement and graduation rates	<ul style="list-style-type: none"> ● Academic standings ● MD Program leadership ● MDCPC 	October
Alumni Surveys (1, 5, 10 year)	<ul style="list-style-type: none"> ● Program Evaluation Unit ● MDCPC ● MD Program leadership 	December
Clinical encounter completion rates & EPAs	<ul style="list-style-type: none"> ● Program Evaluation Unit ● Clerkship Committee ● MDCPC 	May
Curriculum and assessment map	<ul style="list-style-type: none"> ● Curriculum Working Groups ● MD Program leadership 	Ongoing
Review working group recommendations	<ul style="list-style-type: none"> ● MDCPC ● Course & Clerkship Coordinator Committees 	Ongoing
Student feedback on Courses/Clerkships	<ul style="list-style-type: none"> ● Course/Clerkship Coordinator ● Director, Pre-clerkship/Clerkship ● Assistant Dean, Curriculum ● Associate Dean, MD Program 	At end of each course/clerkship

Graduate practice locations	<ul style="list-style-type: none"> ● MDCPC 	Biannually, January
Graduation Questionnaire (GQ)	<ul style="list-style-type: none"> ● Assessment Committee ● MDCPC ● Pre-clerkship Coordinators Committee ● Clerkship Coordinators Committee ● MD Program Leadership 	November
Licensure rates of graduates	<ul style="list-style-type: none"> ● MDCPC 	Biannually
MCCQE results	<ul style="list-style-type: none"> ● Assessment Committee ● MDCPC 	Annually
Residency match results	<ul style="list-style-type: none"> ● Assistant Dean, Academic Affairs ● Academics team ● Associate Dean, OAW ● Associate Dean, MD Program ● MDCPC 	Annually - spring (after 2nd iteration match)
Residency Program Director Survey	<ul style="list-style-type: none"> ● MDCPC 	April
Student Diversity Survey	<ul style="list-style-type: none"> ● MDCPC ● MD Program Leadership 	November
Student performance on assessments	<ul style="list-style-type: none"> ● Assessment Committee ● Curriculum Working Groups 	July (Pre-Clerkship) or August (Clerkship)

Annual Reporting

A report is produced annually with a summary of strategic initiatives and outcomes of the program evaluation questions. The summary may include data sources, such as the number of hours spent in each learning format, student mistreatment, summaries of course feedback, instructor teaching hours, and student performance on the program level objectives.

APPENDIX I: Collection and reporting of student feedback

As outlined in [Evaluation Questions and their Sources of Evidence](#), student feedback is an essential data source in the continuous quality improvement cycle. Therefore, it is crucial that the student feedback is a valid representation of student perception. In addition, the feedback needs to be constructive and relevant to the evaluation questions it informs. The following processes are in place to ensure that student feedback is valid, timely, relevant to the evaluation questions, and trusted by all stakeholders involved.

Collection

Student feedback is collected in MedSIS, which incorporates scheduling information to generate feedback forms. For example, to obtain feedback that is relevant to the evaluation questions, feedback forms can be generated with relational information on courses, clerkships, instructors, sessions, sites, rotations, subspecialties, or electives. Any relational information used to generate the feedback form is displayed on top of the form. This transparency informs students how their feedback is used and who may review it. Aside from the relational data, which is necessary to direct the feedback, the collection is otherwise anonymous.

Students, instructors, and the program each have a stake in ensuring that sufficient student feedback responses are collected. For instructors and the program, adequate response rates are necessary to draw valid conclusions on the student perception as a whole. For students, the anonymity of their feedback relies on adequate other responses for data aggregation. To ensure adequate response rates, student feedback is collected following predetermined frequencies outlined in [Table 3](#).

Table 3: Frequency of student feedback collection

Pre-clerkship

Course	Whole class
Lectures, labs, small groups	20% of class
Discovery learning	1 per preceptor

Clerkship

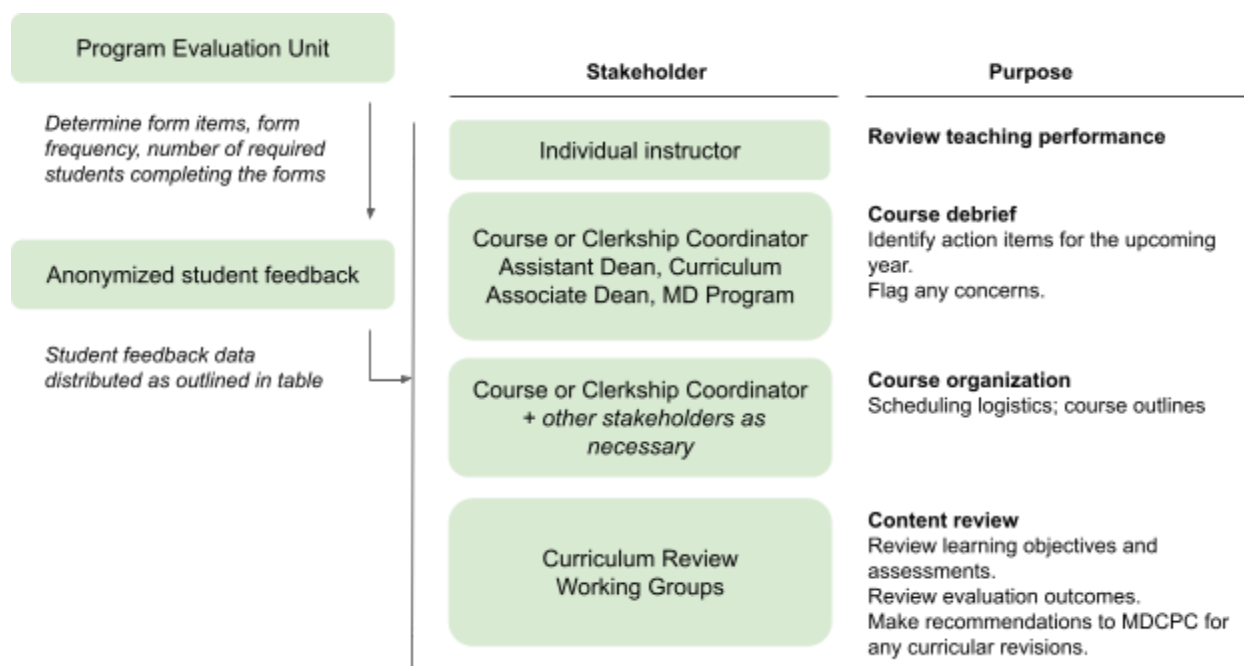
Clerkship rotation	Whole class
Lectures and small groups	20% of class
Preceptor or resident	1 per preceptor or resident

To ensure that the student feedback forms are completed in a timely manner, MedSIS access is temporarily limited when a form is outstanding for more than 30 days. Students immediately re-gain access again by submitting the outstanding form.

Reporting and follow-up

The stakeholders who review student feedback are outlined in [Figure 2: Collection and reporting of student feedback](#). To protect students and instructors from any potential reciprocity, student feedback is reported after the course has been completed and grades have been submitted.

Figure 3: Collection and reporting of student feedback



Feedback on instructors

Student feedback on individual instructors are generated as Teaching Effectiveness reports. These reports can be accessed by instructors in MedSIS or as an automatic Annual Report Online export. Student feedback is only shared with instructors when at least 3 students per course have submitted feedback. For instructors who teach sporadically, feedback may be aggregated across multiple years, as long as it includes feedback from at least 3 students per course.

Instructor evaluations are reviewed annually by the Assistant Dean (Curriculum), Assistant Dean (Program Evaluation), Associate Dean, (MD Program), and the course coordinator. Any follow-up is triaged to the instructor's departmental chair, the Associate Dean, MD Program, or the course coordinator. In accordance with the academic collective agreement, teaching evaluations are shared with a limited number of stakeholders, outlined in [Table 4: Reporting student feedback](#).

Table 4: Reporting student feedback

	Course Evaluations	Instructor Evaluations
Assistant Dean, Program Evaluation	Numerical + narrative	Numerical + narrative
Assistant Dean, Curriculum	Numerical + narrative	Numerical + narrative
Associate Dean, MD Program	Numerical + narrative	Numerical + narrative
Course/Clerkship Coordinator	Numerical + narrative	Numerical
Director, Pre-clerkship	Numerical + narrative	Numerical
Director, Clerkship	Numerical + narrative	Numerical
Director, Clerkship Site	Numerical + narrative	Numerical
Director, Discovery Learning	Numerical + narrative	Numerical + narrative
Physicianship Thread Leads	Numerical + narrative	Numerical
Instructor	-	Numerical + narrative

While the review of student feedback predominantly takes place on an annual (routine) or biannual (in-depth) basis, the program does monitor for any concerns brought forward by students through the feedback forms. MedSIS triggers an email alert to the appropriate stakeholders when students submit low scores for any of the items on the evaluation forms. Alerted stakeholders may include the course, clerkship, or elective coordinators, and pre-clerkship and clerkship directors, and the Assistant Dean, Curriculum. Follow-up is coordinated in consultation with the Associate Dean, MD Program or Assistant Dean, Curriculum.

Feedback on sessions and courses

Student feedback is reviewed annually after the course has been completed. For clerkships, which run rotations throughout the year, this review takes place at the end of each academic year.

To ensure that the [evaluation questions](#) are appropriately addressed at each review, a standardized agenda is followed for each course or clerkship. The items of these course review agendas include the quality of the curriculum delivery, the safety, inclusiveness, and supportiveness of the learning environments, the effectiveness of learning formats, and the organization of the course.

Informal feedback

In addition to the formal feedback collected through survey forms, student feedback is also solicited through informal feedback sessions. A representative of the MD Program, such as the Curriculum Specialist, visits students at the end of their course or clerkship to hear any strengths or weaknesses. Summaries of these feedback sessions are shared with the Associate Dean, MD Program, and the Assistant Dean, Curriculum.

APPENDIX II: Alignment with Accreditation Standards

Program Evaluation Question	Accreditation Standard/Element
To what extent are students achieving the objectives of the program?	<ul style="list-style-type: none"> ● Program Level Objectives (element 8.3)
To what extent is the curriculum delivered as planned?	<ul style="list-style-type: none"> ● Curricular Review (element 8.1)
To what extent are students provided with the learning experiences needed to succeed as an emerging physician?	<ul style="list-style-type: none"> ● Adequate Number of Patients (element 5.5) ● Comparability of experiences between sites (element 8.7) ● Time spent in educational activities (8.8) ● Clinical Encounters (element 8.6) ● Extramural electives (element 11.3)
To what extent do the reporting systems provide timely and relevant data that measure the effectiveness of the program and its curriculum?	<ul style="list-style-type: none"> ● Adequate Number of Patients (element 5.5) ● Comparability of experiences between sites (element 8.7) ● Time spent in educational activities (8.8) ● Clinical Encounters (element 8.6) ● Extramural electives (element 11.3)
To what extent do students have sufficient resources to remediate when they have not yet demonstrated competence?	<ul style="list-style-type: none"> ● Academic advising (element 11.1)
To what extent do the admissions criteria ensure that students are adequately prepared to start the program?	<ul style="list-style-type: none"> ● Diversity & Pipeline Programs (element 3.3)
To what extent is the learning environment safe, inclusive, and supportive?	<ul style="list-style-type: none"> ● Learning environment (element 3.5) ● Mistreatment (element 3.6)



To what extent is the curriculum aligned with expectations of the profession?

To what extent are graduates succeeding as emerging physicians?

To what extent are graduates fulfilling the health care needs of the populations and communities they serve, especially the historically excluded and underserved?

- Program Evaluation (element 8.4)

- Diversity & Pipeline Programs (element 3.3)
 - Social Accountability (element 1.1.1)
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