



**UNIVERSITY OF ALBERTA**  
FACULTY OF MEDICINE & DENTISTRY

# Independent Student Analysis Report

University of Alberta, Faculty of Medicine and Dentistry

November 2021

Independent Student Analysis Co-Chairs:

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# Table of Contents

<b>1</b>	<b>INTRODUCTION</b>	<b>6</b>
1.1	BACKGROUND	6
<b>2</b>	<b>EXECUTIVE SUMMARY</b>	<b>7</b>
2.1	PROGRAM STRENGTHS	8
2.1.1	STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS	8
2.1.2	LEARNING ENVIRONMENT	8
2.1.3	FACILITIES	9
2.1.4	LIBRARY AND INFORMATION TECHNOLOGY RESOURCES	9
2.1.5	STUDENT SERVICES	9
2.1.6	MEDICAL EDUCATION PROGRAM	10
2.1.7	OPPORTUNITIES FOR RESEARCH AND OTHER SCHOLARLY ACTIVITIES, AND SERVICE-LEARNING	12
2.2	AREAS OF IMPROVEMENT AND KEY RECOMMENDATIONS	13
2.2.1	STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS	13
2.2.2	LEARNING ENVIRONMENT	14
2.2.3	FACILITIES	15
2.2.4	LIBRARY AND INFORMATION TECHNOLOGY RESOURCES	16
2.2.5	STUDENT SERVICES	16
2.2.6	MEDICAL EDUCATION PROGRAM	17
2.2.7	OPPORTUNITIES FOR RESEARCH AND OTHER SCHOLARLY ACTIVITIES, AND SERVICE-LEARNING	20
<b>3</b>	<b>METHODS AND DATA ANALYSIS</b>	<b>21</b>
3.1	SURVEY DESIGN AND DISSEMINATION	21
3.2	DATA ANALYSIS	23
<b>4</b>	<b>RESULTS</b>	<b>26</b>
4.1	SURVEY RESPONSE RATES	26
4.2	STUDENT-FACULTY-ADMINISTRATION RELATIONSHIPS	27
4.2.1	SUMMARY STATISTICS	27
4.2.2	AREAS OF STRENGTH	29

4.2.3	AREAS OF IMPROVEMENT	29
4.2.4	DISCUSSION	29
4.2.5	KEY RECOMMENDATIONS	33
<b>4.3</b>	<b>LEARNING ENVIRONMENT</b>	<b>35</b>
4.3.1	SUMMARY STATISTICS	35
4.3.2	AREAS OF STRENGTH	37
4.3.3	AREAS OF IMPROVEMENT	38
4.3.4	DISCUSSION	38
4.3.5	KEY RECOMMENDATIONS	41
<b>4.4</b>	<b>FACILITIES</b>	<b>43</b>
4.4.1	SUMMARY STATISTICS	43
4.4.2	AREAS OF STRENGTH	44
4.4.3	AREAS OF IMPROVEMENT	44
4.4.4	DISCUSSION	44
4.4.5	KEY RECOMMENDATIONS	46
<b>4.5</b>	<b>LIBRARY AND INFORMATION TECHNOLOGY RESOURCES</b>	<b>47</b>
4.5.1	SUMMARY STATISTICS	47
4.5.2	AREAS OF STRENGTH	47
4.5.3	AREAS OF IMPROVEMENT	47
4.5.4	DISCUSSION	48
4.5.5	KEY RECOMMENDATIONS	48
<b>4.6</b>	<b>STUDENT SERVICES</b>	<b>49</b>
4.6.1	SUMMARY STATISTICS	49
4.6.2	AREAS OF STRENGTH	50
4.6.3	AREAS OF IMPROVEMENT	50
4.6.4	DISCUSSION	51
4.6.5	KEY RECOMMENDATIONS	55
<b>4.7</b>	<b>MEDICAL EDUCATION PROGRAM</b>	<b>56</b>
4.7.1	SUMMARY STATISTICS	56
4.7.2	AREAS OF STRENGTH	59
4.7.3	AREAS FOR IMPROVEMENT	61
4.7.4	DISCUSSION	62
4.7.5	KEY RECOMMENDATIONS	72

<b>4.8 OPPORTUNITIES FOR RESEARCH AND OTHER SCHOLARLY ACTIVITIES, AND SERVICE-</b>	
<b>LEARNING</b>	<b>75</b>
4.8.1 SUMMARY STATISTICS	75
4.8.2 AREAS OF STRENGTH	75
4.8.3 AREAS OF IMPROVEMENT	75
4.8.4 DISCUSSION	75
4.8.5 KEY RECOMMENDATIONS	76
<b><u>5 CONCLUSION</u></b>	<b><u>77</u></b>
<b><u>6 REFERENCES</u></b>	<b><u>78</u></b>
<b><u>APPENDIX</u></b>	<b><u>79</u></b>
A.1 RESPONSE TO CORE SURVEY QUESTIONS BY CLASS	79
A.2 SUMMARY TABLE OF SUPPLEMENTARY QUESTIONS AND CORRESPONDING ACCREDITATION STANDARD	119

## **ISA Task Force Members and Student Involvement**

The independent student analysis (ISA) was undertaken by a number of student body members and the final report written by a selected task force as detailed below.

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# **1 Introduction**

## **1.1 Background**

The Independent Student Analysis is a key component of the Canadian medical school accreditation process. It is a standard part of the accreditation process which is defined by The Committee on Accreditation of Canadian Medical Schools (CACMS). CACMS is the organization that provides accreditation to medical programs within Canada. While the accreditation process overall involves many members of the medical school administration and community, including deans, associate deans, faculty members, and students; the independent student analysis is, by nature, entirely produced by the students who are part of the medical education program at that University based on survey data from the student body. It is an independent process that allows for the student perspective to be communicated without involvement of the program's administrative and academic leaders.

The content of this report is drawn from responses to a survey that was sent to all current students in the medical education program at the University of Alberta (Classes 2021, 2022, 2023, and 2024). This survey was designed following the guidelines set out by CACMS which lists questions that need to be included. Supplementary questions were also included based on important areas that the student task force thought should be addressed in the report.

The report is divided into a number of sections starting with an executive summary, followed by a summary of the University of Alberta medical school program strengths, then a summary of areas of improvement that were identified and key recommendations for improvement. The program strengths and areas for improvement are organized by the standards identified by CACMS (Committee on Accreditation of Canadian Medical Schools, 2021). Following these sections are the results and discussions of strengths and improvements for each CACMS standard covered in the survey sent to the student body. The raw data from this survey can be found in the Appendix.

## **2 Executive Summary**

The University of Alberta MD Program will undergo accreditation by the Committee on Accreditation of Canadian Medical Schools (CACMS) at the end of the 2021/2022 academic year; as a part of this process, the Independent Student Analysis (ISA) Survey was completed by students in all four years of study. The ISA survey asked students a variety of questions related to CACMS standards, as well as supplemental questions that were deemed important by a student working group. This report serves to summarize and analyze the results of the survey and offer recommendations for improvement. The response rate was 73.2%, exceeding our goal of 70%, with 484/661 medical students completing the ISA survey.

Transparency to students and faculty was maintained throughout the survey process and report writing. Additionally, independence from the Office of Undergraduate Medical Education was maintained throughout the process.

In this report, we have summarized our methods, the results of the survey, program strengths, and areas for improvement. Additionally, by drawing on feedback submitted in the survey, consulting key student groups such as the Indigenous Medical and Dental Students' Association (IMDSA), the Black Medical Students' Association (BMSA), and collaborating with student experts this report offers some recommendations for improvement.

Upon completion, this report will be disseminated to MD Program leadership, the student body, and the public. Through this, we aim to discuss the elements in which the University of Alberta MD Program excels, provide insight into the areas in which medical students feel they need more support, and offer recommendations for improvement.

## 2.1 Program Strengths

Items listed under program strengths correspond to ISA Survey questions for which 70% or more of students either agreed or strongly agreed with the statement. Specific percentages for each ISA survey question response by class and aggregate form are presented in the results and appendix sections.

### 2.1.1 Student-Faculty-Administration Relationships

- Office of Advocacy and Wellness (OAW) accessibility, responsiveness to student problems, and inclusion of students on key medical school committees and working groups.
- Office of the Associate Dean, MD Program accessibility.

### 2.1.2 Learning Environment

- Social Accountability, Diversity and Inclusivity
  - Diversity of medical class was suitable in terms of gender, religion, educational background, and age.
  - The MD program has effective recruitment/retention practices and policies to promote diversity of students and staff.
  - The MD program has made adequate efforts to social accountability.
- Mistreatment
  - Students are aware of policies regarding student mistreatment and how to report mistreatment.
  - Students are comfortable reporting harassment or abuse.
- Respect and Professionalism
  - The MD program and clinical affiliates foster a respectful learning environment that is conducive to learning and professional development for all.
- Accommodations, Academic Support, and Feedback
  - Transparency of procedures when students are unable to meet academic standards.

- Procedures for students who are unable to meet academic standards are supportive.
- Students are comfortable seeking clarification or challenging feedback from faculty.

### 2.1.3 Facilities

- Adequacy of facilities to achieve educational, clinical and research missions.
- Appropriate resources for clinical instruction in inpatient and outpatient settings.
- Sufficient information resources and instructional facilities for medical student education at each clinical site.
- Procedures to ensure student safety and emergency and disaster preparedness.
- Adequacy of relaxation spaces, study spaces on the medical school campus, secure storage on the medical school campus, and call rooms at clinical sites.

### 2.1.4 Library and Information Technology Resources

- Ease of access to library resources and holdings (includes virtual access on and off campus) and electronic learning materials.
- Quality of library support and services.
- Adequacy of the wireless network and number of electrical outlets in classrooms and study spaces at the medical school.
- Adequacy of audio-visual technology used to deliver educational sessions (e.g., lectures, academic half-days).
- Access to information resources (computers and internet access) at clinical facilities used for required learning experiences.

### 2.1.5 Student Services

- Availability of student health services and mental health services.
- Availability of personal counselling and confidentiality of counselling.
- Availability of programs to support student well-being.
- Adequacy of career counselling and confidentiality of career counselling.

- Adequacy of academic advising and counselling.
- Availability of financial aid services including bursaries, grants, and scholarships.
- Adequacy of education to prevent harm to students including education about exposure, prevention of, and protocols to follow in the event of a needle-stick injury or exposure to infectious diseases.

#### 2.1.6 Medical Education Program

- Curriculum
  - Students have a clear understanding of the mapped curriculum for the MD program (high-level learning objectives and the timing of their delivery throughout all 4 years of medical school) and/or know where to find this information.
- Academic Records
  - The MD Program provides students with sufficient access to educational records.
- Pre-Clerkship Activities
  - Students are satisfied with each of the following components of the pre-clerkship curriculum: Anatomy, Communications Sessions, Discovery Learning (DL), Lectures, Longitudinal Clinical Experience (LCE), Physical Exam, Physician Discussion Group (PDG), Small Group/Case Based Learning, and Team Based Learning (TBL).
  - Pre-clinical learning experiences in preparation for clinical learning involving patient care are effective.
  - Clinical components (LCE, physical exam, communications etc.) in the pre-clerkship curriculum were adequate in providing context for the information that was taught.
  - Students were satisfied with the preparedness of small group preceptors (DL, PDG, etc) to provide a meaningful educational experience.
- Clinical and Educational Hours
  - Students felt that the amount of time spent in educational activities in the required non-clinical learning experiences of the curriculum (pre-clerkship) was appropriate.

- Students felt that the amount of time spent in educational activities and patient care activities in the required clinical learning experiences (clerkship) was appropriate.
- Formative Feedback
  - Students felt that the amount and quality of formative feedback received in all four years was sufficient.
- Clerkship Rotations
  - Students received mid-point feedback in each of their required clinical learning experiences (i.e. Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics, Pediatrics, Psychiatry, General Surgery, Geriatrics, Subspecialty Medicine, and Subspecialty Surgery).
  - Students had sufficient access to a variety of patients and procedures to complete their encounter log in each of their required clinical rotations (i.e. Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics, Pediatrics, Psychiatry, General Surgery, Geriatrics, Subspecialty Medicine, and Subspecialty Surgery).
- Generalist, Rural, and Tertiary Education
  - The curriculum provides broad exposure to and experience in generalist care.
  - The curriculum provides broad exposure to and experience in comprehensive family medicine.
  - Clinical experiences (required and elective combined) took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres.
- Electives
  - There is sufficient availability of home elective opportunities at the University of Alberta and affiliated sites.
- CaRMS and General Guidance
  - Support and guidance from the MD program/OAW to prepare them for the CaRMS process (i.e., notarizing documents, application/interview preparation, deadlines) was adequate.
  - The clerkship elective period provides adequate opportunities to explore clinical interests prior to the CaRMS deadline.

- Students are aware that the medical school requires them to report situations in which their personal health may pose a risk of harm to patients.

#### 2.1.7 Opportunities for Research and Other Scholarly Activities, and Service-Learning

- Participation rates in research and other scholarly activities with a faculty member.

## 2.2 Areas of Improvement and Key Recommendations

Items listed under areas of improvement correspond to ISA Survey questions for which less than 70% of students either agreed or strongly agreed with the statement. Following these identified areas for improvement are key recommendations derived from these areas in combination with comments provided in the ISA survey and consultation with student groups. Specific percentages for each ISA survey question are presented in the results and appendix sections.

### 2.2.1 Student-Faculty-Administration Relationships

#### *Areas of Improvement*

- The Office of the Associate Dean's responsiveness to student problems and inclusion of students on key medical school committees and working groups.
- The number of requests to complete surveys, seminar/lecture evaluations and course evaluations.

#### *Key Recommendations*

- The OAW should be allocated more resources and funding to decrease limitations and provide the ability to support all students.
- Improved communications between students and faculty:
  - The Office of the Associate Dean should seek transparency regarding changes to the MD program.
  - The Office of the Associate Dean should clarify roles for better communication with students and work towards optimal responsiveness to students across all years.
  - The diversity of student committees and working groups should be increased and these groups should be involved with decision making at the program level.
  - Student committees and working groups should be included and consulted prior to concrete decision formulation and implementation of changes to the MD program.
- Student feedback opportunities should be decreased in number and targeted towards formats leading to timely implementation.

## 2.2.2 Learning Environment

### *Areas of Improvement*

- Social Accountability, Diversity and Inclusivity
  - Diversity of the medical school class in terms of ethnicity and socioeconomic background.
- Mistreatment
  - Clerkship student comfort in reporting harassment and/or abuse.
  - 18% of medical students reported personally experiencing mistreatment, with public humiliation, sexist remarks, racist or ethnically offensive remarks, and being denied opportunity or reward based on gender being the most common.
- Accommodations, Academic Support, and Feedback
  - Student comfort seeking clarification or challenging feedback from faculty.

### *Key Recommendations*

- Improvement of the student mistreatment/professional conflict training session with better explanation of report processing, timeline of addressment, and how anonymity is safeguarded in situations where student-preceptor ratio is low. Additionally, creating or highlighting existing processes to notify faculty of disinterested supervisors.
- More robust medical school admission routes or assistance to address low matriculation and enrollment of lower SES students and students of Indigenous, Black/Afro-Caribbean, Filipino, and Hispanic backgrounds. Eg:
  - Identification and expansion of MD program partnerships with community groups/organizations reflective of these underrepresented populations in medicine.
  - Additional funding to student organizations such as MD AIDE and Asclepius Medical Camp for Youth.
  - FoMD and MD admission website:
    - Provide underrepresented applicants with the option to connect with an MD student for mentorship. Alternatively, display profiles/journeys of

medical students who came from diverse backgrounds to encourage pursuit of medicine.

- Provide links to resources for financial aid and scholarships available to MD students to reduce the deterrent of financial stress on potential applicants.
- To reduce the burden of travel costs, continue to allow applicants to virtually interview and indicate early in the application process if they desire to do so.
- Have focused open-houses for outreach that includes representation from RhPAP, BMSA, IMDSA, and staff as speakers.
- Social accountability and equity, diversity, and inclusion curriculum sessions should be prioritized, made mandatory and integrated in a testable fashion. Eg.
  - Establish a faculty portfolio that unifies and spearheads social accountability efforts to prevent smaller elements from being forgotten and to provide a contact point for students' concerns.
  - Social accountability boot camp within foundation block to demonstrate faculty initiative while setting students up for success over the next 4 years.
  - Indigenous, BIPOC, and equity, diversity, and inclusion (EDI) issues need increased coverage that is in-depth, utilizes a strength-based approach, and gives proper recognition that each of these populations have unique separate needs. Existing curriculum needs reassessment to be reflective of the latest community expertise and research.
  - All faculty members must be versed in cultural competency and safety training, especially those facilitating Indigenous and BIPOC related curriculum, PDG, or small group sessions.
  - Enhance Indigenous curriculum by giving and encouraging students access to cultural activities/events, Elders, and mentorship opportunities.

### 2.2.3 Facilities

#### *Areas of Improvement*

- Access to secure storage space at clinical teaching sites for required learning experiences

### *Key Recommendations*

- The University of Alberta MD program should work with their affiliated clinical sites to make secure storage, such as lockers, more readily available for students at clinical sites. Even the addition of lockers where students are required to bring and remove their own locks would be beneficial.
- Work with clinical sites to not only update their call rooms, but make these facilities available to elective students if able.
- The MD program needs to upgrade their physical exam teaching facilities to ensure that all devices are functional as well as making the booking process more efficient and clear for students.
- Student relaxation areas on the medical student campus should be updated to create more seating for students, and potentially add amenities such as chairs that can be used for napping.

#### 2.2.4 Library and Information Technology Resources

##### *Areas of Improvement*

- None identified

##### *Key Recommendations*

- Increased access to computers at clinical sites for medical students to use, including call rooms if resources are available.

#### 2.2.5 Student Services

##### *Areas of Improvement*

- Financial support
  - The availability of debt management counselling regarding student loans and lines of credit.
- Support for clerkship, electives, and CaRMS
  - Satisfaction with the guidance given when choosing electives.

### *Key Recommendations*

- Continued virtual health and mental health support options for students on rural placements such as ICC and increase awareness about the PFSP and the six free hours of sessions for medical students.
- Improve standardization of care across OAW staff so that the perception of preferential treatment is minimized.
- Begin career-related teaching sessions early in first year and connect students with a personal career advisor from the end of the second year, before electives open up, and then again midway through third year so that students can revise their elective planning accordingly.
- Host additional financial literacy and debt management sessions throughout the MD program.
- Emphasize how and when students can apply for scholarships, bursaries and grants and provide more transparency in how students are selected for financial support.
- Organize sessions focusing on clerkship transition, elective selection, and planning for CaRMS during first and second year.

### 2.2.6 Medical Education Program

#### *Areas of Improvement*

- Pre-Clerkship Activities
  - Satisfaction with the following components of the pre-clerkship curriculum:
    - Academic Service Learning (ASL/CSL)
    - Evidence Based Medicine (EBM)
  - Education in caring for individuals from diverse backgrounds and recognizing the needs of Indigenous peoples of Canada.
- Clerkship Rotations
  - Observation of history-taking by a faculty member or resident at some point during their rotation in Surgery, Geriatrics, Subspecialty Medicine, and Subspecialty Surgery.
  - Observation of physical exam by a faculty member or resident at some point during their rotation in Subspecialty Surgery.

- Evaluations (i.e. written, OSCE, preceptor feedback, etc.) in the Internal Medicine rotation to fairly reflect the learning objectives provided.
- Electives
  - Information and support in arranging electives.
- CaRMS and Guidance
  - The stress and/or anxiety they experience/experienced regarding not matching for residency (to the discipline of their choice and/or in general) affected students negatively on a regular basis.

### *Key Recommendations*

- Curriculum
  - Implement a dedicated session designed to outline educational goals and examination techniques utilized for students entering into the MD program.
  - Implement a dedicated session designed to outline the overarching curriculum during transition from pre-clerkship to clerkship with the goal of communicating the means for continued learning in the clinical environment.
- Academic Records
  - Amalgamation of all academic records onto a single, unified platform.
- Pre-Clerkship Activities
  - Discovery Learning (DL)
    - Alter structure of DL in Year 2 to better mimic clerkship activities.
  - Anatomy
    - Increase ratio of instructors to students and/or add resources (e.g., videos, prosected cadaver) so students can ensure they are meeting anatomy learning objectives.
  - Longitudinal Clinical Experience (LCE)
    - Further standardize LCE placements so students have equal opportunities.
    - Add log of mandatory clinical activities in Year 2 LCE on assess.med.
  - Academic Service Learning (ASL)
    - Decrease required ASL hours.
    - Ensure ASL placements align with ASL objectives.

- Evidence-Based Medicine (EBM)
  - Re-evaluate content and timing of EBM lectures in pre-clerkship.
  - Make EBM content examinable material outside of TBL.
- Physical Exam
  - Ensure female standardized patients are included in chest exam teaching sessions.
- Diverse Backgrounds and Indigenous Recognition
  - Additional representation of the subjective experiences (i.e., patient presentations) and clinical education (i.e., physical exam and lecture material) of individuals with diverse backgrounds including various cultures and ethnicities, people of the 2SLGBTQ+ community, and professional female physical exam maneuvers.
  - Addition of educational content addressing practical approaches to meeting the health needs of Indigenous peoples and introducing tools to help students recognize and address systemic racism in clinical practice.
- Clerkship Rotations
  - Ensure staff physicians and/or residents are reminded that history taking and physical examination must first be observed first-hand for them to complete evaluations.
  - Review of the content of the final Internal Medicine written examination for alignment with predetermined learning objectives and representation of current medical practice.
- Generalist, Rural, and Tertiary Education
  - Ensure LCE placements include some exposure to generalist medicine.
  - Further encourage lectures from specialists to teach material from a generalist perspective.
  - Accommodation of 2 week rotation focusing on Indigenous and minority health in the clerkship schedule.
- Electives
  - Opening of the MedSIS elective booking platform for request submission between the hours of 8am to 8pm.

- Increased bandwidth for elective request submission on MedSIS (eg. completed in waves) as to not overwhelm and crash the platform.
- Elective placement be completed for competitive electives based on a lottery system, rather than a first-come, first-served basis.
- Implement elective placement contact expectations to reply to student elective requests within a predetermined period (i.e., 14-30 days) to facilitate a more efficient application process.

### 2.2.7 Opportunities for Research and Other Scholarly Activities, and Service-Learning

#### *Areas of Improvement*

- Participation in a service-learning activity as a student in the MD program.

#### *Key Recommendations*

- Create dedicated time for research/service at the end of each term, which will create an impetus for the faculty to create and provide opportunities for medical students.
- Continue to improve platforms for advertising research and service-learning opportunities to the student body.

## **3 Methods and Data Analysis**

### **3.1 Survey Design and Dissemination**

The survey was developed with representation from the Medical Students Association (MSA), the Indigenous Medical and Dental Students Association (IMDSA), the Black Medical Students Association (BMSA), and the student body at large. Survey design was based on the required questions provided by the CACMS “Guide to the Independent Student Analysis” (Committee on Accreditation of Canadian Medical Schools, 2021). Supplementary questions, as permitted, addressed specific themes identified as priorities to the student body as well as accreditation standards felt to be relevant to student input but not specifically addressed in the required survey questions. A number of supplementary questions were also referenced from the accreditation ISA report from student leaders at the University of Toronto and their accreditation in 2019 (Javidan et al., 2019). Each major section of the survey also included an optional narrative response for students to provide additional context for their answers, individual experiences, and any suggestions for ways that the program can continue to be improved.

A preliminary survey was shared on April 28, 2021 which asked students to identify, using a keyword format, the most important themes/topics/aspects of medical school that should be captured by the Independent Student Analysis survey. They also had the opportunity to suggest any questions they felt should be included in the final survey.

The finalized survey was implemented in SurveyMonkey using a premium account provided by the faculty. Individualized surveys were created for each class to allow exclusion of questions not relevant to each particular class. The survey was distributed via email (both from the MSA president account and the Associate Dean, MD Program), via posting on the official facebook group (closed access for students in all four years), and through the Class Representatives for each of the classes via channels they deemed most appropriate. The survey was first shared on June 09, 2021 and remained open until August 25, 2021 (11 weeks). This timing ensured that students had completed the majority or entirety of the most recent year in the program that they were asked to evaluate.

Reminders were periodically posted via the above mentioned channels to encourage student participation. The faculty generously provided more than \$3000 in funding to incentivize students to complete the survey. The Edmonton Manual group also donated 5 copies of their textbook to share as an incentive as well.

### 3.2 Data Analysis

In general, three major types of questions were included in the survey. These include questions where the student rated satisfaction from very dissatisfied to very satisfied, yes or no questions, and free form questions where students could provide narrative comments. These three types of questions are highlighted in the following examples:

- The majority of questions were asked as a rating of satisfaction/agreement with the given statement.

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied	Did Not Use
Accessibility	<input type="radio"/>				
Responsiveness to student problems	<input type="radio"/>				
Includes students on key medical school committees and working groups	<input type="radio"/>				

- A smaller number of yes/no questions were included.

	No	Yes	Don't know
The curriculum provided broad exposure to and experience in generalist care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The curriculum provided broad exposure to and experience in comprehensive family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- At the end of each major section students had the option to provide comments as follows.

Please use this section to provide narrative comments regarding this section as a whole (Medical Education Program) or in relation to a specific question that was answered. If your comments are directed at a specific question, please indicate the relevant question number. Individual narrative comments will be used to expand on the general student perspective and generate a summary narrative in the final report. Individual comments will remain anonymous. (optional)

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Analysis of the survey data included both quantitative and qualitative analysis. For questions where students provided a rating of their satisfaction with a given statement pertaining to an aspect of the program, the percentage of students who responded that they were satisfied or very satisfied out of the number of students who answered the question was calculated. These percentages are reported throughout the ISA. Program strengths were considered to be aspects addressed in the survey questions where 70% or more of the students who answered the questions were satisfied or very satisfied. Areas for improvement were then those questions where less than 70% of the students who answered the question were satisfied. The same cut offs were applied to yes or no questions. Throughout the various sections of the report for each CACMS standard, the percentages of students satisfied with the different aspects of the program are reported as the rates of satisfaction across all four years. However, in a minority of cases there were discrepancies between years and these have been highlighted in those cases. The breakdown in satisfaction by each individual year can be found in the Appendix. Finally, the comments provided by students were analyzed and included in the discussion section of each standard and were used to guide the development of key recommendations for improvement by the ISA student working group in consultation with other student groups.

Where appropriate, students were given the option to note that they either did not use, don't know, or have no opinion regarding specific questions. For the purpose of analysis, students noting these options were excluded from the calculation of those who either agreed or disagreed with the question statement. To help with illustration of this point, please consider the following fictional question and responses assuming that a total of 100 students from each class answered.

Table 1: Example of data generated from ISA survey.

Medical School Year	Strongly Disagree	Disagree	Agree	Strongly Agree	No opinion
Year 1	25	25	25	25	0
Year 2	50	0	0	50	0
Year 3	25	0	0	25	50
Year 4	0	0	25	25	50
Total	100	25	50	125	100

The majority of the data presented in the body of this report comments on the % of respondents who had an opinion of the question asked and either affirmed or strongly affirmed the question statement. For the example table given above this would be calculated as follows:

$$\% \text{ Affirming} = \frac{\# \text{ Agree} + \# \text{ Strongly Agree}}{\# \text{ Respondents} - \# \text{ No Opinion}}$$

The percentage of respondents who chose not to exclude their opinion regarding the question was determined as:

$$\% \text{ Abstaining} = \frac{\# \text{ No Opinion}}{\# \text{ Total Respondents}}$$

Therefore, a results table in the format presented for all survey questions in the appendix would be calculated as follows for this example:

Table 2: Example of data analysis based on responses to survey questions.

Medical School Year	Strongly Disagree + Disagree (%)	Agree + Strongly Agree (%)	No Opinion (%)
Year 1	$(25+25)/(100-0) = 50\%$	$(25+25)/(100-0) = 50\%$	$0/100 = 0\%$
Year 2	$(50+0)/(100-0) = 50\%$	$(50+0)/(100-0) = 50\%$	$0/100 = 0\%$
Year 3	$(25+0)/(100-50) = 50\%$	$(25+0)/(100-50) = 50\%$	$50/100 = 50\%$
Year 4	$(0+0)/(100-50) = 0\%$	$(25+25)/(100-50) = 100\%$	$50/100 = 50\%$
Total	$(100+25)/(400-100) = 42\%$	$(50+125)/(400-100) = 58\%$	$100/400 = 25\%$

Therefore, interpretation of the sample results presented above would allow the reader to conclude that of all respondents to the survey, 25% had no opinion and 75% felt they could properly answer the question. Of that 75% of total respondents 42% either strongly disagreed or disagreed and 58% either agreed or strongly agreed.

## 4 Results

### 4.1 Survey Response Rates

The ISA survey link was sent to all 661 current University of Alberta Medical Students by email, with follow-up reminder emails sent as needed. The overall response rate was 73.2%, exceeding our goal of 70%. Response rates by class and by participation in Integrated Community Clerkship (ICC) or a combined degree program (eg., MD/PhD, MD/MBA) are presented in the table below.

Table 3: Overall response rate by class.

	<b>Class of 2024 (Year 1)</b>	<b>Class of 2023 (Year 2)</b>	<b>Class of 2022 (Year 3)</b>	<b>Class of 2021 (Year 4)</b>
<b>Response Rate</b>	131/163 (80.4%)	139/167 (83.2%)	126/166 (75.9%)	88/165 (53.3%)

Table 4: Overall response rate by participation in combined degree programs and Integrated Community Clerkship

	<b>Combined Degree Program</b>	<b>ICC</b>
<b>Response Rate</b>	24/82 (29%)	47/61 (77.0%)

## 4.2 Student-Faculty-Administration Relationships

### 4.2.1 Summary statistics

Table 5: Student responses to questions regarding student-faculty-administration relationships.

Category	Question	Students who ranked satisfied or very satisfied (%)
Office of Advocacy and Wellness (OAW)	Accessibility [Q1]	98%
	Responsiveness to student problems [Q2]	95%
	Inclusion of students on key medical school committees and working groups [Q3]	92%
Office of the Associate Dean, MD Program	Accessibility [Q4]	88%
	Responsiveness to student problems [Q5]	75%
	Inclusion of students on key medical school committees and working groups [Q6]	75%
Faculty-Student Communications	Please rate the number of requests you receive to complete surveys, seminar/lecture evaluations, course evaluations, and other requests for your opinions [S1a]	68% (% selecting too many requests)

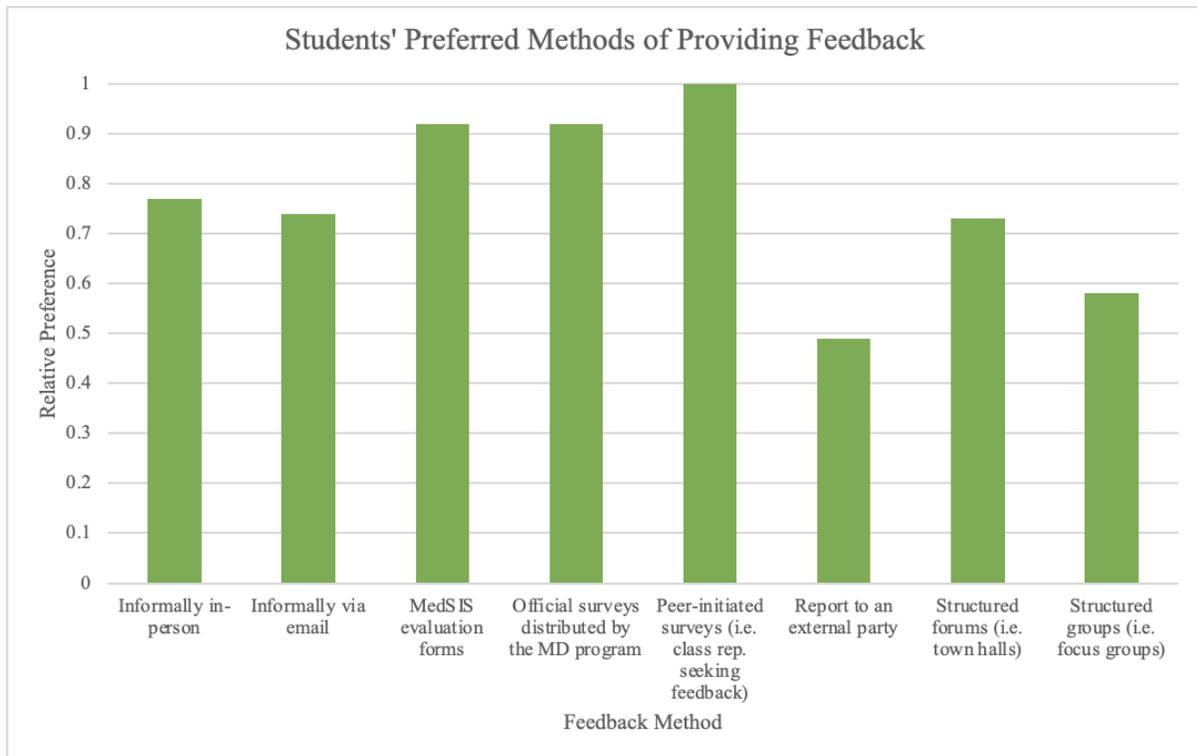


Figure 1: Response to [QS1b] regarding preference for sharing feedback with the MD Program.

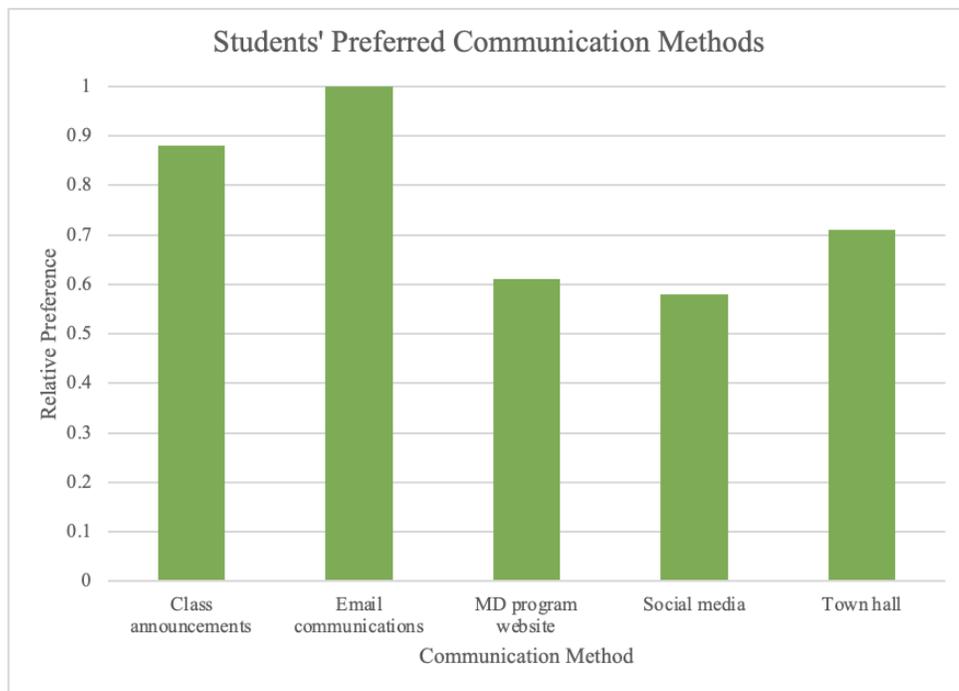


Figure 2: Response to [QS1c] regarding preference for receiving information from the MD program.

#### 4.2.2 Areas of Strength

- [Q1,2,3] OAW accessibility, responsiveness to student problems and inclusion of students on key medical school committees and working groups.
- [Q4] Office of the Associate Dean accessibility to students.

#### 4.2.3 Areas of Improvement

- [Q5,6] Office of the Associate Dean responsiveness to student problems and inclusion of students on key medical school committees and working groups.
- [QS1a] The number of requests to complete surveys, seminar/lecture evaluations and course evaluations.

#### 4.2.4 Discussion

##### *Office of Advocacy and Wellness*

Overall, the OAW was very highly rated by students in terms of accessibility, responsiveness and student inclusion. Of the open-ended responses to questions about student-faculty-administration relationships, comments about the OAW were resoundingly positive. Students indicated that the OAW is the office in the MD program that advocates for students when other offices in the faculty may not be doing the same, and that the OAW plays a crucial role in creating a positive learning environment in the MD program.

A large majority of students (98%) indicated that the OAW was an accessible resource for them to connect with about questions and concerns. The OAW's accessibility was rated very similarly across all four years, the lowest satisfaction rate being amongst the Year 1 class. This can likely be attributed to the nature of being virtual due to the COVID-19 pandemic for their entire time in the MD program. The satisfaction with OAW accessibility is lowest for the Year 1 class, however it is still 96%, which indicates the OAW adjusted exceptionally well to maintain access for students without in-person drop-in opportunities. While students were very pleased with the accessibility of the OAW, 12 students also indicated there are limitations to this due to lack of resources and funding. As there are either not enough staff or not enough resources focused on

student mental health to allow the OAW to support all students without long wait times or referring to external resources. Students advocated for more funding to be allocated to the OAW.

The majority of students (95%) indicated that the OAW was responsive to student needs and concerns. While over 90% of students in all four years were satisfied or very satisfied with the OAW's responsiveness, there are notable differences across responses from the four class years. The Year 4 class, who were in their final year of clerkship during the index year, had a 99% satisfaction rate, while all three lower years had satisfaction rates of 93-95%. This could indicate a slight bias in responsiveness of the OAW to students in their final year. It is also possible that students in their final year may be reaching out more often to the OAW, and therefore receive more responses due to increased support requests and needs at the end of clerkship.

Most students (92%) were very satisfied or satisfied with the OAW's inclusion of students on working groups and committees. The satisfaction rates for student inclusion were highly variable across the four classes, with 95-97% of clerkship students indicating satisfaction, but only 88% of pre-clerkship students indicating satisfaction. These satisfaction rates are all quite high, but could indicate a bias within the OAW to include upper year clerks more than pre-clerks in their committees and decision-making rather than spreading this inclusion across all four years. However, this could also be impacted by the year that the survey was done during the COVID-19 pandemic, decreasing opportunities for pre-clerk involvement rather than a bias towards inclusion of clerkship students over pre-clerkship students.

#### *Office of the Associate Dean*

Overall, most students were satisfied or very satisfied with the Office of the Associate Dean in terms of accessibility, responsiveness, and student inclusion. It is worth noting that, even though the satisfaction rates with the Office of the Associate Dean were significantly above a majority, they were much lower than the satisfaction rates for the OAW. While these two offices work separately and have different scopes, many students compared the two in open-ended responses and indicated that the Office of the Associate Dean could improve in these areas, citing the OAW as an example for student advocacy, support, and inclusion.

It is important to note that the Office of the Associate Dean has also undergone significant changes leading up to and during the index year of this survey with a new Associate Dean being one of those changes. This is important to note as responses likely include students' perceptions of the various Associates Deans who held the position throughout their whole MD education.

The majority of students (88%) were satisfied or very satisfied with the accessibility of the Office of the Associate Dean. This aspect was the most highly rated of the three categories students were asked about. Students commented that the weekly email updates from the Office of the Associate Dean instituted at the beginning of the COVID-19 pandemic and maintained throughout the year contributed to the accessibility of the Office of the Associate Dean. These updates both provided information and created increased visibility of the Associate Dean for students, which helped students know how to access the Office of the Associate Dean. Students also indicated that the frequency of Town Halls allowed students to maintain contact with the Office of the Associate Dean, and provided a platform to engage with the faculty and Associate Dean. However, 13 students also commented that the town halls would be more productive and supportive if faculty members took more time to review the concerns submitted by students in advance and came to town halls prepared to discuss.

Most students (75%) indicated that the Office of the Associate Dean was responsive to student needs and concerns. The responses to this section of the survey were highly variable across the four years of students surveyed, being lowest rated by the Year 4 class (68%) with increasing satisfaction rates moving from fourth to first year students, and being highest rated by the Year 1 class (82%). There are multiple factors that could contribute to these differences amongst the four classes. It is possible that each class has different needs or expectations with regards to responsiveness of the Associate Dean, leading to large differences in perceptions of this aspect of performance between classes. These large differences in satisfaction could also indicate the perception that the Office of the Associate Dean is more responsive to students in lower classes than to students in their later years of the MD program. As these differences cannot be attributed to only one factor, the resulting recommendation to the Office of the Associate Dean is to be vigilant and critical about their responsiveness to students moving forward. While there is a possibility that the responsiveness of the Office of the Associate Dean has improved in recent

years, it is also possible that this is an area requiring modification and improvement. Ten students also mentioned that a barrier to responsiveness is not knowing who to contact in the Office of the Associate Dean about certain concerns. This could be improved by clarifying the specific roles of administrators within the Office for students so they can directly contact the correct people for their concerns, which could result in better perceptions of responsiveness and improved student experience.

Even though the majority of students (75%) were very satisfied or satisfied with the inclusion of students on working groups and committees by the Office of the Associate Dean, this is an area with room for improvement according to open-ended responses from students. Students from all four years indicated that inclusion of diverse students on committees and working groups was either limited or used for show rather than consultation. In addition to improvements in diversity of inclusion, 33 students also highlighted that when students were consulted on changes being made by the Office of the Associate Dean, rather than being consulted for feedback, working groups of students were being notified at a point too late to implement their thoughts and feedback. Students also raised concerns about inclusion of their thoughts and feedback with regards to the COVID-19 response. For clerkship students, there were concerns about advocacy for student safety and vaccinations. For pre-clerkship students, there were concerns about missed clinical opportunities and adequate preparation for clerkship. These serve as examples of additional instances where students felt their concerns and input were not included in decisions made by the Office of the Associate Dean.

#### *Faculty-Student Communications*

Faculty-Student communication was assessed by asking students about the number of feedback requests they received, as well as asking students about their preferred methods for providing feedback to the faculty and receiving information from the faculty. While the majority of students (68%) indicated that they received too many requests to share feedback, in the open-ended responses, 21 students indicated that there was a disconnect between the amount of feedback they provided and the amount of feedback that was implemented. These students noted that they were providing a lot of feedback that was similar to students in previous years, but had not been incorporated into the curriculum. In addition to not seeing their feedback being received

and implemented, students also indicated that the volume of feedback requested caused them to blindly fill out feedback forms, which could lead to highly inaccurate results describing the quality of instruction, content, and instructors. Feedback gathered via MedSIS forms may also be increasingly inaccurate due to the fact that outstanding MedSIS forms will eventually lock students out of MedSIS. Many students mentioned that they would fill out forms blindly in order to regain access to MedSIS in time for important sessions or exams only accessible through that platform.

Figures 1 and 2 above show students' preferred feedback methods and students' preferred communication methods, respectively. Peer initiated surveys were the highest rated feedback method by all four years, followed by official surveys by the MD program and MedSIS evaluation forms. Peer-initiated surveys are perceived as being both convenient and productive, particularly amongst pre-clerkship students, as they are easy to fill out, and the Curriculum Representatives collecting responses have the opportunity to bring feedback directly to content coordinators. Despite most students indicating they received too many feedback requests, particularly in the form of MedSIS evaluation forms, these are still highly rated, and students indicated that if they were distributed more intentionally, MedSIS evaluation forms are a good method of feedback.

Students strongly preferred email communications and class announcements as methods to receive information from the faculty over all other communication methods. Town halls were the next highest rated format to receive communication from faculty, but as these are not easy to attend for all students, open-ended responses indicated that town halls were preferred only if they included email follow-up with a summary of town hall communications.

#### 4.2.5 Key Recommendations

- The OAW should be allocated more resources and funding to decrease limitations and provide the ability to support all students.
- Improved communications between students and faculty:
  - The Office of the AD should seek transparency regarding changes to the MD program.

- The Office of the AD should clarify roles for better communication with students and work towards optimal responsiveness to students across all years.
- The diversity of student committees and working groups should be increased and these groups should be involved with decision making at the program level.
- Student committees and working groups should be included and consulted prior to concrete decision formulation and implementation of changes to the MD program.
- Student feedback opportunities should be decreased in number and targeted towards formats leading to timely implementation.

### 4.3 Learning Environment

#### 4.3.1 Summary statistics

Table 6: Student responses to questions regarding Learning Environment.

Category	Question	Students who ranked satisfied or very satisfied (%)
Social Accountability, Diversity and Inclusivity	I feel that my medical school class is suitably diverse in terms of:	
	Ethnicity [QS2a]	64%
	Gender [QS2b]	96%
	Socioeconomic background [QS2c]	36%
	Religious background [QS2d]	82%
	Educational background [QS2e]	87%
	Age [QS2f]	95%
	I feel that the medical school has effective policies and practices in place to engage systematic and focused recruitment/retention activities, to promote diversity of students, faculty, senior academic and educational leadership [QS3]	73%
	I feel that the MD program has made adequate efforts to address their commitment to social accountability [QS4]	77%
Mistreatment	I am aware that my school has policies regarding	96%

	the mistreatment of medical students [Q7]	
	I know how to report mistreatment [Q8a]	92%
	I am comfortable to report instances of harassment or abuse [Q8b]	74% (overall) 81% (preclerks) 64% (clerks)
	I personally experienced mistreatment [Q9]	18%
Respect and Professionalism	The medical school fosters a learning environment in which all individuals are treated with respect [Q10a]	92%
	The medical school's clinical affiliates foster a learning environment in which all individuals are treated with respect [Q10b]	90%
	The medical school fosters a learning environment conducive to learning and to the professional development of medical students [Q11a]	96%
	The medical school's clinical affiliates foster a learning environment conducive to learning and to the professional development of medical students [Q11b]	94%
Accommodations, Academic Support, and Feedback	I feel that there is transparency from the MD Program with regards to procedures in the event that students are unable to meet academic standards [QS5a]	80%
	I feel that the processes in place for students who are unable to meet academic standards and cut-	92%

	offs are efficient, effective and supportive [QS5b]	
	I feel comfortable seeking clarification or challenging feedback received from faculty on evaluations [QS5c]	69%
Tuition	The cost of tuition was a significant factor in my decision to attend medical school at the University of Alberta [QS12]	61%

#### 4.3.2 Areas of Strength

##### *Social Accountability, Diversity and Inclusivity*

- [QS2b] Diversity of the medical school class in terms of gender.
- [QS2d] Diversity of the medical school class in terms of religious background.
- [QS2e] Diversity of the medical school class in terms of educational background.
- [QS2f] Diversity of the medical school class in terms of age.
- [QS3] The MD program has effective recruitment/retention practices and policies which promote diversity of students and staff.
- [QS4] The MD program has made adequate efforts to social accountability.

##### *Mistreatment*

- [Q7] Students are aware of school policy regarding student mistreatment.
- [Q8a] Students know how to report mistreatment.
- [Q8b] 74% overall and 81% pre-clerks agreed or strongly agreed they were comfortable reporting harassment or abuse.

##### *Respect and Professionalism*

- [Q10] The MD program and clinical affiliates foster a respectful learning environment for all.
- [Q11] The MD program and clinical affiliates foster a learning environment conducive to learning and professional development.

##### *Accommodations, Academic Support, and Feedback*

- [QS5a] There is transparency of procedures when students are unable to meet academic standards.
- [QS5b] Procedures for students who are unable to meet academic standards are supportive.
- [QS5c] Pre-clerks were comfortable seeking clarification or challenging feedback from faculty.

#### 4.3.3 Areas of Improvement

##### *Social Accountability, Diversity and Inclusivity*

- [QS2a] Diversity of medical school class in terms of ethnicity.
- [QS2c] Diversity of medical school class in terms of socioeconomic background.

##### *Mistreatment*

- [Q8b] Clerks were uncomfortable reporting harassment or abuse.
- [Q9] 18% overall, 29% of clerks, and 9% of pre-clerks reported personally experiencing mistreatment. Of those who disclosed, the following were the most common forms of mistreatments experienced: 28% public humiliation, 20% sexist remarks, 18% racist or ethnically offensive remarks, and 9% denied opportunity or reward based on gender.

##### *Accommodations, Academic support, and Feedback*

- [QS5c] Clerks were uncomfortable seeking clarification or challenging feedback from faculty.

#### 4.3.4 Discussion

The MD program has implemented extensive resources towards addressing professionalism and mistreatment in the learning environment. This includes the OAW, professionalism online reporting system on MedSIS, professionalism representatives in each year for peer engagement, and a dedicated student mistreatment/professional conflict training session. The session defined mistreatment, walked students through online reporting, and outlined how professionalism submissions are processed. As a result, greater than 90% students agree that they are versed in the school mistreatment policy, know how to report mistreatment, and that the program and clinical affiliates create a respectful educational environment conducive to learning and

professionalism. Despite these processes and awareness, 18% of students still reported being personally mistreated. Of those who disclosed, the most common forms were public humiliation (28%, eg. “very rude and humiliating comments to me...then asked residents if they agreed with him”), sexist remarks (20%, eg. “implicating my partner and the size of his genitalia”), racist or ethnically offensive remarks (18%, eg. “made a joke about COVID based on my and another classmate's ethnicity”), and denied opportunity or reward based on gender (9%, eg. “I volunteered...ignored me asking every single Caucasian male in the room if they wanted to”). Based on narrative comments, mistreatment was more likely to be directed from faculty/clinical associates towards students, particularly those who self-identify as female or as an ethnic minority.

Clerks were more likely to have experienced mistreatment than their pre-clerk peers (29% vs. 9%), which may be because of a time-related effect or a comparison of didactic and clinical learning environments. With this in mind, Obstetrics/Gynecology and General Surgery rotations were commonly cited as having problematic behaviour from staff, residents, and nurses. Students stated they experienced racism, sexual and physical harassment, and emotional abuse on these rotations. This discrepancy between clerks and pre-clerks is further problematic, as clerks are also less comfortable reporting mistreatment (64% vs. 81%). The following challenges were expressed:

- I. Feelings of ineffectiveness of reporting, inadequate consequences for those reported, and lack of support by clinical superiors when reporting.
- II. Perceived lack of anonymity, and fears of retaliation by those reported or by reported individual's colleagues in subsequent rotations. The inherent power-differential especially with the reliance on supervisors for evaluations make students hesitant to confront mistreatment/unprofessional behavior. Students believe they are at the risk of affecting their evaluation, ability to move to the next rotations, or chances of obtaining a CaRMS reference letter. This may be further reflected by the reluctance of students overall (69%), especially clerks (63%), in seeking clarification or challenging feedback from faculty.
- III. Insufficient means of addressing concerns with apathetic supervisors, who are not outwardly mistreating students but whose disinterest makes learning challenging.

The majority of medical students (73%) believe the MD program has effective recruitment/retention practices and policies which promote diversity and have resulted in medical classes with suitable diversity of gender (96%), religion (82%), educational background (87%), and age (95%). As addressing diversity and inclusion require constant attention and improvement, students still believe adequate socioeconomic (36%) and ethnicity (64%) representation is desperately needed. Current admission practices favor students of medium to high SES who are more likely to have opportunities for volunteering, less of a financial barrier to MCAT and prep materials, reduced familial or financial obligations, more exposure to higher level academic training, and the advantage of having a family member in healthcare—particularly physicians. The advantage of having a higher SES background continues through medical school. For instance, access to both longitudinal clinical experience (LCE) and clerkship clinical sites is significantly more challenging without regular access to a car. In order to increase diversity the MD program could expand support for student and faculty-run initiatives such as MD AIDE, MD Ambassadors, and the Office of Equity, Diversity, and Inclusion. At present, MD Aide cannot accept more than 50 students per year due to costs of AAMC MCAT prep materials, but MD AIDE received 150+ applicants last year. Students are also concerned with the low number of enrolling and matriculating students of Indigenous, Black/ Afro-Caribbean, Filipino, and Hispanic backgrounds. If steps are taken to mitigate this discrepancy, care must be made to prevent tokenization and superficial solutions. An example of a positively viewed step is the removal of Indigenous student quota caps, establishment of supplemental Indigenous interview panels, and the dedicated full ride scholarships by the MD program and the Indigenous Health Initiative Program in 2019.

While recruitment is a critical factor, the learning environment must also be made safer for these individuals. Teaching on implicit bias, racism, environmental health and the "social" dimensions of the medical profession (eg. addictions) are often relegated as optional, and positioned too close to exams. This being said a majority of students (77%) affirm the MD Program has made adequate efforts towards social accountability. This has not been without setbacks. Most notable is the dissolution of the Division of Community Engagement without student consultation, faculty approval, or clarification in Town Halls. The Division of Community of Engagement

initiatives directly met community needs, produced research on health disparity, and recruited educators who bridged essential gaps in curriculum. The loss of these initiatives has stifled student involvement, and left knowledgeable community members without faculty affiliation. In response, the burden of education and advocacy has unfairly been placed upon the student-run Sexual and Gender Advocacy Committee, Accessibility and Inclusivity in Medicine Club, the Indigenous Medical and Dental Students' Association, and the Black Medical Students' Association.

Finally, the majority of students (80%) believe academic standards procedures are transparent and supportive measures are in place for those who are unable to meet them (92%). Students advised the necessity of more advanced notification of academic standards meeting with arrangements made to accommodate the student's lecture or clinical obligations.

#### 4.3.5 Key Recommendations

- Improvement of the student mistreatment/professional conflict training session with better explanation of report processing, timeline of addressment, and how anonymity is safeguarded in situations where student-preceptor ratio is low. Additionally, creating or highlighting existing processes to notify faculty of disinterested supervisors.
- More robust medical school admission routes or assistance to address low matriculation and enrollment of lower SES students and students of Indigenous, Black/Afro-Caribbean, Filipino, and Hispanic backgrounds. Eg:
  - Identification and expansion of MD program partnerships with community groups/organizations reflective of these underrepresented populations in medicine.
  - Additional funding to student organizations such as MD AIDE and Asclepius Medical Camp for Youth.
  - FoMD and MD admission website:
    - Provide underrepresented applicants with the option to connect with an MD student for mentorship. Alternatively, display profiles/journeys of medical students who came from diverse backgrounds to encourage pursuit of medicine.

- Provide links to resources for financial aid and scholarships available to MD students to reduce the deterrent of financial stress on potential applicants.
  - To reduce the burden of travel costs, continue to allow applicants to virtually interview and indicate early in the application process if they desire to do so.
  - Have focused open-houses for outreach that includes representation from RHPap, BMSA and IMDSA and staff as speakers.
- Social accountability and equity, diversity, and inclusion curriculum sessions should be prioritized, made mandatory and integrated in a testable fashion. Eg.
  - Establish a faculty portfolio that unifies and spearheads social accountability efforts to prevent smaller elements from being forgotten, and to provide a contact point for students' concerns.
  - Social accountability boot camp within foundation block to demonstrate faculty initiative while setting students up for success over the next 4 years.
  - Indigenous, BIPOC, and equity, diversity, and inclusion issues need increased coverage that is in-depth, utilizes a strength-based approach, and gives proper recognition that each of these populations have unique and separate needs. Existing curriculum needs reassessment to be more reflective of the latest community expertise and research.
  - All faculty members must be versed in cultural competency and safety training, especially those facilitating Indigenous and BIPOC related curriculum, PDG, or small group sessions.
  - Enhance Indigenous curriculum by giving and encouraging students access to cultural activities/events, Elders, and mentorship opportunities.

Recommendation Consults for this section:

MSA, IMDSA, Asclepius Medical Camp for Youth Sr. Coordinators C2024, and Professionalism Representatives

## 4.4 Facilities

### 4.4.1 Summary statistics

Table 7: Student responses to questions regarding facilities.

Question	Students who ranked satisfied or very satisfied (%)
Adequacy of lecture halls and large group classroom facilities [Q12]	96%
Adequacy of small group teaching spaces on campus [Q13]	96%
Adequacy of space used for clinical skills teaching [Q14]	90%
Adequacy of space in ambulatory care clinics [Q15]	95%
Adequacy of education/teaching space at clinical facilities used for required learning experiences [Q16]	94%
Adequacy of safety and security at instructional sites [Q17]	98%
Availability of relaxation space at the medical school campus [Q18]	84%
Adequacy of student study space at the medical school campus [Q19]	93%
Access to secure storage space at the medical school campus [Q20]	89%
Access to secure storage space at clinical teaching sites used for required learning experiences [Q21]	62%

Adequacy of call rooms at clinical sites used for required clinical learning experiences [Q22]

84%

#### 4.4.2 Areas of Strength

- [Q12, 13, 14] Adequacy of facilities for large group, small group and clinical skills teaching.
- [Q15] Adequacy of space in ambulatory care clinics.
- [Q16] Adequacy of education/teaching space at clinical facilities used for required learning experiences.
- [Q17] Adequacy of safety and security at instructional sites
- [Q18, 19, 20, 22] Adequacy of relaxation spaces, study spaces on the medical school campus, secure storage on the medical school campus, and call rooms at clinical sites

#### 4.4.3 Areas of Improvement

- [Q21] Access to secure storage space at clinical teaching sites for required learning experiences

#### 4.4.4 Discussion

Overall, students from all years of training were satisfied or very satisfied with both the campus and associated healthcare facilities provided by the University of Alberta MD program. It is important to note that this survey took place during the COVID-19 pandemic, resulting in the first and second year medical classes having the majority of their schooling delivered virtually and therefore were not adequately able to comment on the facilities. Regardless, based on both survey and narrative results there are a few key areas of improvement that were identified.

##### *Access to Secure Storage Space at Clinical Sites*

A major area of concern amongst students identified in both survey and narrative response was access to secure storage at the clinical sites affiliated with the University of Alberta MD program. Only 62% of students were satisfied or very satisfied with storage at these sites and of the year 3 and 4 classes, 22 students had narrative comments regarding the lack of storage for

personal belongings. One student stated that they “often [had] to share lockers or find hidden places to store [their] belongings,” while others had to leave important belongings, such as laptops and wallets at their own risk “in the busy nursing lounge,” or “under [desks]” on the units. In addition to storage, many students commented on the lack of access to change rooms during their rotations and scrubs when working shifts outside regular hours and at the smaller clinical sites affiliated with the University of Alberta MD program. Lastly, 4 students commented on the lack of adequate bicycle storage at clinical facilities.

#### *Adequacy of Call Rooms*

Although 84% of year 3 and 4 students were satisfied or very satisfied with adequacy of call rooms, there are 10 narrative reports from students on how outdated many of the call rooms were at the various clinical sites. Specifically, many students commented on the age of mattresses and poor heating/ventilation. In addition, many of the medical student call rooms were extremely far from the wards they were covering. For example at one site “students [must] walk through an underground tunnel and parking lot” to access their call room. Lastly, a few students commented on the lack of call rooms available for students on elective.

#### *Facilities for Practicing Physical Exam Skills*

In regards to space used for clinical skills, 90% of students were satisfied or very satisfied with these facilities. However, 7 students commented on the lack of functioning physical exam equipment. One student specifically commented that “almost none of our physical exam learning rooms had functioning blood pressure cuffs. This is unacceptable...”. A few students also elaborated further that access to these practice facilities is very difficult to book.

#### *Areas for Student Relaxation*

Five students commented on how areas for student relaxation do not have adequate seating and are fairly outdated. Two students specifically suggested that the program could consider the addition of areas for students to nap, such as the University of Calgary’s “sleeping chairs.”

#### 4.4.5 Key Recommendations

- The University of Alberta MD program should work with their affiliated clinical sites to make secure storage, such as lockers, more readily available for students at clinical sites. Even the addition of lockers where students are required to bring and remove their own locks would be beneficial.
- Work with clinical sites to not only update their call rooms, but make these facilities available to elective students if able.
- The MD program needs to upgrade their physical exam teaching facilities to ensure that all devices are functional as well as making the booking process more efficient and clear for students.
- Student relaxation areas on the medical student campus should be updated to create more seating for students, and potentially add amenities such as chairs that can be used for napping.

## 4.5 Library and Information Technology Resources

### 4.5.1 Summary statistics

Table 8: Student responses to questions regarding facilities.

Question	Students who ranked satisfied or very satisfied (%)
Ease of access to library resources and holdings (includes virtual access on and off campus) [Q23]	98%
Quality of library support and services [Q24]	98%
Ease of access to electronic learning materials [Q25]	97%
Adequacy of the wireless network in classrooms and study spaces at the medical school [Q26]	97%
Adequacy of the number of electrical outlets in classrooms and study space at the medical school [Q27]	93%
Adequacy of audio-visual technology used to deliver educational sessions (e.g., lectures, academic half-days) [Q28]	97%
Access to information resources (computers and internet access) at clinical facilities used for required learning experiences [Q29]	94%

### 4.5.2 Areas of Strength

- All areas within this category were ranked highly by students.

### 4.5.3 Areas of Improvement

- None identified

#### 4.5.4 Discussion

Based on the survey questions, the Library and Information Technology resources offered through the University of Alberta MD program were all rated very highly. For example, one student commented that “the technology and library resources at the [University of Alberta] are phenomenal. They have so many excellent resources, such as AnatomyTV or special classes and training sessions about how to conduct literature reviews,” and others commented on how helpful and knowledgeable the library staff are. There were a few areas of improvement identified by the open ended questions.

##### *Availability and Function of Electrical Outlets*

Seven students commented on the lack of functioning outlets on the medical school campus, specifically in the main lecture hall (Katz 1-080). Students stated that there are also a lack of outlets in communal areas.

##### *Access to Computers at Clinical Sites*

Three students stated that there is a lack of available computers for students at clinical sites, especially with the recent launch of province wide EMR Connect Care at some sites. This requires students to bring their own laptops to facilities.

#### 4.5.5 Key Recommendations

- Increased access to computers at clinical sites for medical students to use, including call rooms if resources are available.

## 4.6 Student Services

### 4.6.1 Summary statistics

Table 9: Student responses to questions regarding student services.

Category	Question	Students who ranked satisfied or very satisfied (%)
Health and mental health services	Availability of student health services [Q30]	94%
	Availability of mental health services [Q31]	88%
Personal Counselling	Availability of personal counselling [Q32]	87%
	Confidentiality of personal counselling [Q33]	98%
	Availability of programs to support student well-being [Q34]	91%
Career advising	Adequacy of career counselling [Q35]	77%
	Confidentiality of career advising [Q36]	96%
Support for clerkship, electives and CaRMS	Guidance given when choosing electives [Q37]	66%
Financial support	Availability of financial aid services (bursaries, grants, scholarships, etc.) [Q38]	72%
	Availability of debt management counselling regarding student loans and lines of credit [Q39]	68%
Harm prevention	Adequacy of education about exposure to and prevention of infectious diseases (e.g. needle-stick injury procedures) [Q41]	80%

Said they would know what to do if exposed to an infectious or environmental hazard [Q42]

71%

#### 4.6.2 Areas of Strength

##### *Health and Mental Health Services*

- [Q30] Availability of student health services.
- [Q31] Availability of mental health services.

##### *Personal Counselling*

- [Q32] Availability of personal counselling.
- [Q33] Confidentiality of personal counselling.
- [Q34] Availability of programs to support student well-being.

##### *Career Advising*

- [Q35] Adequacy of career counselling.
- [Q36] Confidentiality of career advising.

##### *Academic Advising and Support*

- [Q40] Adequacy of academic advising / counseling.

##### *Financial Support*

- [Q38] Availability of financial aid services (bursaries, grants, scholarships, etc.).

##### *Harm prevention*

- [Q41] Adequacy of education about exposure to and prevention of infectious diseases (e.g. needle-stick injury procedures).
- [Q42] Student knowledge of what to do if exposed to an infectious or environmental hazard.

#### 4.6.3 Areas of Improvement

##### *Support for Clerkship, Electives and CaRMS*

- [Q37]: 66% of students were satisfied or very satisfied with the guidance given when choosing electives.

##### *Financial Support*

- [Q39] Availability of debt management counselling regarding student loans and lines of credit.

#### 4.6.4 Discussion

##### *Health and Mental Health Services*

The overwhelming majority of students were satisfied or very satisfied with the availability of student health services and mental health services. Many students commented on how amazing the Office of Advocacy and Wellbeing (OAW) is and how it is one of the greatest strengths of the MD program. The Alberta Medical Association's Physician and Family Support Program (PFSP) is also a fantastic resource available to MD students to support their mental health.

Some students commented on how the student health plan could be improved, specifically regarding dental coverage. It was also mentioned that these services are lacking for students on rural placements such as Integrated Community Clerkship (ICC). It was difficult for students on rural placement to organize virtual appointments during this time away from Edmonton.

##### *Personal Counselling*

The overwhelming majority of students were satisfied or very satisfied with the availability and confidentiality of personal counselling services and the availability of programs that support student well-being. There are psychologists available for individual counselling through the OAW and six free hours of counselling sessions per year provided through AMA's PFSP.

Many students talked about how phenomenal these services are once they are connected to a counsellor. Although accessing these supports does not always happen in a timely manner, the waitlist to see the OAW's psychologists can be long and requires a referral from within the OAW office. Some students expressed how they were denied this referral because they did not feel comfortable sharing what was really going on with the triage staff at OAW. Students also discussed concerns about students being turned away when the OAW is at full capacity. Some students also commented on how psychology support through the OAW is more geared towards addressing short-term problems and not long-term, ongoing problems. Other students did not seem to be aware of these personal counselling supports at all; however, many knew they could

reach out to the OAW if they wanted more information. Personal counselling services could be better advertised to students and more accessible. Students must advocate for themselves in seeking help, and this can be a challenging step for people in distress.

Concerns about the confidentiality of the OAW were also expressed. Students stated that these doubts stopped them from accessing the OAW. Other students expressed concerns about students receiving special treatment through the OAW depending on student characteristics and preferences of staff working in the OAW.

### *Career Advising*

The majority of students were satisfied or very satisfied with the adequacy of career counselling (77%). Almost all students were satisfied or very satisfied with the confidentiality of career counselling (96%). A clear pattern emerged from student comments on career advising. Students in pre-clerkship felt like their concerns about career advising were diminished and that they were told: “not to worry about it yet”. Students in fourth year said they wished career advising had begun earlier in their education. Thus organizing career counselling sessions early in the program would be helpful to students. For example, organizing sessions early in first year during the foundations block when students have the interest and time for career exploration. While students do currently have access to career advisors to aid in elective choices, earlier and further follow up with these advisors would likely aid students in decreasing stress around elective selection and career planning.

### *Academic Advising and Support*

The majority of students were satisfied or very satisfied with the adequacy of academic advising/counseling (88%). Remediation was a major topic of discussion in this section. Students know that remediation is available if they were to fail a component of the program. However, what the remediation process entails is a black box and is incredibly unclear and thus seeming to be arbitrary. Since the remediation process is so vague, this has led some students to believe that there is different treatment from student-to-student when remediation is needed. Due to the lack of knowledge of what the remediation process entails, some students mentioned concerns about the rigor of the program; at times feeling as if some students are quietly advancing through the

program and not meeting basic expectations. Students who had been through the remediation process commented on how it was transparent once they needed remediation. Thus, further transparency in what the remediation process entails would likely relieve the concerns of many students.

### *Financial Support*

A borderline number of students (72%) were satisfied or very satisfied with the availability of financial aid services (bursaries, grants, scholarships, etc.). An interesting pattern emerged from the data, with the satisfaction in financial support increasing in correlation with year of the program. The Year 1 students were least satisfied (58%), followed by Year 2 students (72%), Year 3 students (76%), and Year 4 students were most satisfied (83%). It is unclear exactly why the Year 4 students were more satisfied. It is possible that financial assistance increases as students accumulate debt and advance through the program, or that students in later years have gained more experience in knowledge in how to apply to the various financial services that exist. It is possible that financial support was not as well known or accessible to first and second years as their education was online during the COVID-19 pandemic.

Only 68% of students were satisfied or very satisfied with the availability of debt management counselling regarding student loans and lines of credit. Interestingly enough, again, Year 4 students were the most satisfied with the availability of debt management counselling (76%), and Year 3 students were the least satisfied (64%). Year 1 and 2 students were slightly more satisfied than Year 3 students (68% and 67%, respectively). It is again difficult to comment on why this pattern emerged but to speculate, Year 4 students may be given sessions about debt management as they approach the end of the program. Year 4 students may also feel more comfortable with their level of debt as they are closer to residency, at which point they will begin having an income and working to pay off their debt. When Year 4 students were asked to fill out the ISA survey they were just about to start residency, which may have made the reality of managing their debt seem more attainable.

Many students commented on the excellent financial advice given at the start of the program but that this not followed up on throughout later years. Stress around finances was a common theme

in the comments section of the survey. Students talked about cases where they felt they would be eligible for financial assistance but were denied. Others talked about how the program lacks transparency about financial support specifically in regards to not notifying students when they are not successful in their applications for faculty-distributed scholarships.

### *Harm Prevention*

The majority of students (80%) were satisfied or very satisfied with the adequacy of education about exposure to and prevention of infectious diseases (e.g. needle-stick injury procedures). Satisfaction around this education increased by year of the program. Year 1 students were least satisfied (66%), followed by Year 2 students (76%), Year 3 students (89%), and the Year 4 students were most satisfied (92%). This pattern of increasing adequacy of harm prevention education by year makes sense as students become more educated in clinical settings during clerkship. A borderline number of students (71%) said they would know what to do if exposed to an infectious or environmental hazard. Competence in this scenario also increased by year. This pattern of increasing competence makes sense as education about needle/toxin exposure continues to occur in clinical settings during clerkship. Many first and second years specifically commented on how their knowledge about what to do in cases of needle/toxin exposure came from other education, and not directly from sessions organized by the program.

As the ISA survey was filled out during the COVID-19 pandemic, there were many comments about exposures to infectious diseases that relate to this specific situation. Clerkship students talked about how there had been unsafe policies around COVID-19, such as being expected to work on COVID wards when students were not yet vaccinated but staff were vaccinated. At the same time the ability to be vaccinated was not determined by the medical program and the Office of the Associate Dean advocated for student vaccination throughout the pandemic. Some clerks commented about the perceived unfair process where they were given the option of seeing patients with COVID-19 symptoms. However, they felt that if they chose to opt-out of these cases, they missed out on learning opportunities.

### *Support for Clerkship, Electives and CaRMS*

Only 66% of students were satisfied or very satisfied with the guidance given when choosing electives. First-year students and fourth-year students were most satisfied (73%), whereas second-year and third-year students were least satisfied (65% and 58%, respectively). This pattern can likely be attributed to the fact that fourth-year students have been through the process of elective selection and likely better understand it, and first years students are far enough away from electives and CaRMS that it is not as distressing as it would be for a second or third-year student in the process of elective selection and planning for CaRMS applications. Comments regarding support in clerkship noted that students would appreciate more individualized counselling and career support sessions in choosing electives and clerkship schedules. Students highlighted the importance of early counselling around electives and planning for CaRMS noting that it feels disheartening to learn partway through medical school that there are some specialties students are probably too late to explore due to competitiveness.

#### 4.6.5 Key Recommendations

- Continued virtual health and mental health support options for students on rural placements such as ICC and increase awareness about the PFSP and the six free hours of sessions for medical students.
- Improve standardization of care across OAW staff so that the perception of preferential treatment is minimized.
- Begin career-related teaching sessions early in first year and connect students with a personal career advisor from the end of the second year, before electives open up, and then again midway through third year so that students can revise their elective planning accordingly.
- Host additional financial literacy and debt management sessions throughout the MD program.
- Emphasize how and when students can apply for scholarships, bursaries and grants and provide more transparency in how students are selected for financial support.
- Organize sessions focusing on clerkship transition, elective selection, and planning for CaRMS during first and second year.

## 4.7 Medical Education Program

### 4.7.1 Summary statistics

Table 10: Student responses to questions regarding the medical education program.

Category	Question	Students who ranked satisfied or very satisfied (%)
Curriculum	I have a clear understanding of the mapped curriculum for the MD program (high-level learning objectives and the timing of their delivery throughout all 4 years of medical school) and/or know where to find this information [QS13]	80%
Academic Records	Access to educational records [Q43]	93%
Pre-Clerkship Activities	Effectiveness of the pre-clinical learning experiences as preparation for clinical learning involving patient care [Q44a]	82%
	Adequacy of the clinical component (LCE, physical exam, communications, etc.) of the pre-clerkship curriculum in providing context for the information that was taught [QS10]	84%
	Satisfaction with each of the following components of the pre-clerkship curriculum [QS11]	
	Academic Service Learning (ASL/CSL)	47%
	Anatomy	83%
	Communications Sessions	93%
	Discovery Learning (DL)	89%
	Evidence Based Medicine	62%
Lectures	95%	
	Longitudinal Clinical Experience (LCE)	93%

	Physical Exam	83%
	Physician Discussion Group (PDG)	70%
	Small group/Case based learning	93%
	Team Based Learning (TBL)	76%
	Satisfaction the preparedness of small group preceptors (DL, PDG, etc.) to provide a meaningful educational experience [QS7]	93%
Clinical and Educational Hours	Time spent in educational activities in the required non-clinical learning experiences of the curriculum (pre-clerkship) (not lectures) [Q45]	93%
	Time spent in educational activities and patient care activities in the required clinical learning experiences (clerkship) [Q46]	93%
Diverse Backgrounds and Indigenous Recognition	Adequacy of education in caring for individuals from diverse backgrounds [Q47a]	68%
	Adequacy of education in recognizing the needs of the Indigenous peoples of Canada [Q47b]	65%
Formative Feedback	Amount and quality of formative feedback received in Year 1 [Q50a]	91%
	Amount and quality of formative feedback received in Year 2 [Q50b]	92%
	Amount and quality of formative feedback received in Year 3 [Q51a]	90%
	Amount and quality of formative feedback received in Year 4 [Q51b]	90%
Generalist, Rural, and Tertiary Education	The curriculum provided broad exposure to and experience in generalist care [Q54]	96%
	The curriculum provided broad exposure to and experience in comprehensive family medicine [Q55]	94%
	My clinical learning experiences (required and elective	99%

	combined) took place in more than one setting ranging from small rural or underserved communities to tertiary care health centers [Q56]	
Electives	Availability of home elective opportunities at the University of Alberta and affiliated sites [QS9a]	76%
	Information provided and support given in arranging electives by the medical school [QS9b]	57%
CaRMS and Guidance	Support and guidance from the MD Program/OAW to prepare me for the CaRMS process (i.e. notarizing documents, application/interview preparation, deadlines) was adequate [QS6a]	82%
	Clerkship and the elective period provided me with adequate opportunities to explore my clinical interests prior to the CaRMS deadline [QS6b]	77%
	The stress and/or anxiety I experience/experienced regarding not matching for residency (to the discipline of my choice and/or in general) affects me negatively on a regular basis [QS15]	47%
	I know that my medical school requires me to report situations in which my personal health poses a risk of harm to patients [Q57]	91%

Table 6: Student responses to questions regarding medical education program by clerkship rotation.

Question	EM	FM	IM	OBS	PED	PSY	SUR	GER	SSM	SSS
<i>Clerkship Rotations</i>										
A faculty member or resident at some point observed the student taking a history [Q48]	80%	90%	75%	70%	86%	89%	60%	69%	60%	55%
A faculty member or resident at some point observed the student doing a physical exam [Q49]	87%	96%	97%	92%	92%	86%	81%	73%	73%	64%

I received mid-point feedback in each of the following required clinical learning experiences [Q52]	94%	100%	98%	92%	95%	94%	90%	89%	86%	84%
I had sufficient access to the variety of patients and procedures in each of the following required clinical learning experiences to complete my encounter log [Q53]	92%	98%	95%	93%	90%	96%	94%	92%	97%	90%
The evaluations (i.e. written examinations, OSCE's, preceptor feedback, etc.) in each of the following clerkship rotations appropriately and fairly reflected the learning objectives provided [QS14]	82%	99%	53%	96%	96%	86%	91%	95%	97%	93%

Table Legend: Emergency Medicine (EM), Family Medicine (FM), Internal Medicine (IM), Obstetrics - Gynecology (OBS), Pediatrics (PED), Psychiatry (PSY), General Surgery (SUR), Geriatrics (GER), Sub-specialty Medicine (SSM), Sub-specialty Surgery (SSS).

## 4.7.2 Areas of Strength

### *Curriculum*

- [QS13] Students had a clear understanding of the mapped curriculum for the MD program (high-level learning objectives and the timing of their delivery throughout all 4 years of medical school) and/or know where to find this information.

### *Academic Records*

- [Q43] The MD Program provides students with sufficient access to educational records.

### *Pre-Clerkship Activities*

- [QS11] Students are satisfied with each of the following components of the pre-clerkship curriculum:
  - Anatomy - 83%
  - Communications Sessions - 93%
  - Discovery Learning (DL) - 89%

- Lectures - 95%
- Longitudinal Clinical Experience (LCE) - 93%
- Physical Exam - 83%
- Physician Discussion Group (PDG) - 70%
- Small group/Case based learning - 93%
- Team Based Learning (TBL) - 76%
- [Q44a] Pre-clinical learning experiences are effective in preparation for clinical learning involving patient care.
- [QS7] Preparedness of small group preceptors (DL, PDG, etc) to provide a meaningful educational experience.
- [QS10] Clinical components (LCE, physical exam, communications etc.) in the pre-clerkship curriculum are adequate in providing context for the information that was taught.

#### *Clinical and Educational Hours*

- [Q45] The amount of time spent in educational activities in the required non-clinical learning experiences of the curriculum (pre-clerkship).
- [Q46] The amount of time spent in educational activities and patient care activities in the required clinical learning experiences (clerkship).

#### *Formative Feedback*

- [Q50a] The amount and quality of formative feedback received in all years.

#### *Clerkship Rotations*

- [Q52] Students receive mid-point feedback in each of their required clinical learning experiences (i.e., Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics, Pediatrics, Psychiatry, General Surgery, Geriatrics, Subspecialty Medicine, and Subspecialty Surgery).
- [Q53] Students had sufficient access to a variety of patients and procedures to complete their encounter log in each of their required clinical rotations (i.e. Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics, Pediatrics, Psychiatry, General Surgery, Geriatrics, Subspecialty Medicine, and Subspecialty Surgery).

#### *Generalist, Rural, and Tertiary Education*

- [Q54] The curriculum provided broad exposure to and experience in generalist care.
- [Q55] The curriculum provided broad exposure to and experience in comprehensive family medicine.
- [Q56] Clinical experiences (required and elective combined) took place in more than one setting ranging from small rural or underserved communities to tertiary care health centers.

#### *Electives*

- [QS9a] There is sufficient availability of home elective opportunities at the University of Alberta and affiliated sites.

#### *CaRMS and Guidance*

- [QS6a] Support and guidance from the MD program/OAW to prepare them for the CaRMS process (i.e., notarizing documents, application/interview preparation, deadlines) was adequate.
- [QS6b] The clerkship elective period provided them with adequate opportunities to explore their clinical interests prior to the CaRMS deadline.
- [Q57] The medical school requires students to report situations in which their personal health may pose a risk of harm to patients.

### 4.7.3 Areas for Improvement

#### *Pre-Clerkship Activities*

- [QS11] The following components of the pre-clerkship curriculum were identified as less satisfactory to students:
  - Academic Service Learning (ASL/CSL)
  - Evidence Based Medicine (EBM)

#### *Diverse Backgrounds and Indigenous Recognition*

- [Q47a] Education in caring for individuals from diverse backgrounds.
- [Q47b] Education in recognizing the needs of Indigenous peoples of Canada.

#### *Clerkship Rotations*

- [Q48] Observation of history taking by staff or residents on the following rotations
  - Surgery

- Geriatrics
- Subspecialty Medicine
- Subspecialty Surgery
- [Q49] Observation of physical exam by staff or residents on the following rotations
  - Subspecialty surgery.
- [QS14] Evaluations (i.e. written, OSCE, preceptor feedback, etc.) in the following rotations were not felt appropriately and fairly reflected the learning objectives provided
  - Internal Medicine

#### *Electives*

- [QS9b] Information provided by the MD program and support given in arranging electives.

#### *CaRMS and Guidance*

- [QS15] Stress and/or anxiety that students experience/experienced regarding not matching for residency (to the discipline of their choice and/or in general) affected them negatively on a regular basis.

### 4.7.4 Discussion

#### *Curriculum*

Although on average 80% of students indicated that they felt adequately informed and/or knew where to find information regarding the MD program curriculum, there were some differences between class responses. The highest satisfaction was amongst the Year 4 class at 86% and the lowest satisfaction was the Year 1 class at 73%. Responses from pre-clerkship students identified some perceived gaps in curriculum information provided to students in that they felt information regarding evaluations (i.e. OSCEs or the comprehensive exam) was not initially outlined upon entering into the program. Responses from clerkship students suggested that a dedicated session designed to outline the overarching curriculum during the transition from pre-clerkship to clerkship would have allowed for a more cohesive understanding of the programs educational goals for students during the shift toward clinical-based learning.

#### *Academic Records*

Students are satisfied with their ability to review and to challenge their educational records, including the Medical Student Performance Record (MSPR) (93% agreement). However, some students express frustration that academic records are stored on various online platforms and suggest one unified system to make academic results more accessible. Some students in the Year 4 class also mentioned that eliminating negative clerkship evaluation comments from the MSPR renders the document “virtually meaningless as an evaluation tool” that “unfairly disadvantages the majority of the class in order to prop up those students who perform poorly across the board”. Perhaps the MD Program could re-structure the MSPR so residency programs could more easily distinguish students based on their academic record.

### *Pre-Clerkship Activities*

On average 82% of students from all years agreed or strongly agreed that the pre-clinical learning experiences provided by the MD program were effective in preparing them for transition to clinical patient care. Notably, the clerkship students (Year 3 and 4) reporting 89% and 88% agreement respectively and the pre-clerkship (Year 1 and 2) with lower agreement percentages of 83% and 79% respectively. More specifically, students were asked about adequacy of the clinical components of their pre-clerkship curriculum (including LCE, physical exam, and communications) in providing context for information that was taught. Similarly, clerkship students responded with 89% and 88% agreeance respectively, and pre-clerkship students responded with 83% and 79% agreeance respectively. These varied responses between classes may be due to the COVID-19 pandemic, in that it most significantly affected the preclinical years of the 2023 and 2024 classes. It necessitated that some pre-clinical learning experiences be moved to virtual settings or postponed until later in their training. Specific feedback and recommendations about these individual pre-clinical learning experiences follows.

Student reception of Discovery Learning (DL) was mostly positive (89% satisfaction). However, some students point out that by Year 2, DL becomes “rote”, “didactic in delivery” with “minimal effort by students”. To increase student engagement and facilitate transition to clerkship, perhaps more DL sessions in Year 2 could mimic those in Oncology block with a standardized patient (SP) to interview and examine. If there are logistical/financial barriers to obtaining SPs, students could alternate filling in the role. Alternatively, one student suggests Year 2 DL could be

changed to “mock rounds” to better mimic clerkship duties. Each student could be assigned a different case that they present to the group and students collaboratively discuss investigations and management plans. Also, although 93% of students were satisfied with the preparedness of small group preceptors (DL, PDG etc) to provide a meaningful educational experience, some suggest switching DL preceptors after the mid-point evaluation if needed.

Although the majority (83%) of students expressed satisfaction with the anatomy curriculum, especially with the entire team of anatomy instructors, many suggest that a higher ratio of instructors to students or provision of supplementary materials (e.g., videos) are necessary to fully realize the benefits of a dissection lab. Otherwise, students feel they are standing in groups that are too large around a cadaver attempting to follow the dissector’s instructions with little available help. Therefore, not all students are able to confidently identify structures on a cadaver in the lab, all of which is examinable material on anatomy exams. Perhaps there could be one prosected cadaver available for viewing so students can compare a structure they may have found on their dissected cadaver to a structure correctly found on a prosected cadaver without needing immediate help from the instructors.

Response to Longitudinal Clinical Experience (LCE) in pre-clerkship was positive (93% satisfaction). However, some students mentioned LCE placements should be more standardized. Some students practiced history and physical exam skills on several patients in person each day with the opportunity to participate in procedures, while others spent much of their time listening in on phone visits. Part of this discrepancy is no doubt due to changes that occurred during the COVID-19 pandemic when the survey was sent out. Some students from non-medicine backgrounds also suggest increasing required hours for LCE to help students feel more comfortable and confident in a clinical environment before starting clerkship. To similarly ease transition to clerkship and ensure more standardized LCE experiences, a structured system of mandatory clinical activities could also be introduced for Year 2 LCE e.g., by the end of Year 2, students must have logged on assess.med a certain number of observed histories, focused physical exams, etc.

Fifty-three percent of students across all four years expressed dissatisfaction with the Academic Service Learning (ASL) program in Year 1. Should the program continue, students believe there should be more flexibility with choosing placements as many had to give up pre-existing volunteer commitments for ASL placements that were less in line with their interests. Although students recognize the value of engaging with the community, some felt it was simply volunteering that “should not be justified as [a] high-level learning objective.” Many felt it was not a good use of para-curricular time, especially considering the financial and time burden associated with commuting to some placements. Also, discussion topics about ASL regarding social justice, public health, community relationships, and so forth at Physician Discussion Group did not apply to many ASL placements. One student who completed Community Service Learning (CSL) felt as though their time engaging with diverse populations in the community would have been better spent in more of a clinical environment e.g., a clerkship rotation focused on diverse patient populations.

Response to Physicianship Discussion Group (PDG) is mixed with 70% satisfaction from students across the four years. Many students dissatisfied with PDG feel that it has too many preparatory materials and is not a valuable use of time. They believe the structure of each session as outlined in the PDG manual often results in a forced discussion that is dominated by few students. They suggest a less-structured conversation for 1 hour instead of 2 hours may be an appropriate alternative.

Thirty-eight percent of students are dissatisfied with Evidence-Based Medicine (EBM) content in the medical school curriculum. Some students feel this content is randomly integrated in various blocks during pre-clerkship in the form of repetitive lectures or unhelpful readings that are never tested outside of Team-Based Learning sessions. Other comments from students suggest EBM content is poorly taught with over-emphasis on minutiae and under-emphasis on important concepts e.g., difference between study designs and their implications on the results.

Student satisfaction about physical exam teaching from the Year 3 and 4 classes combined and the Year 1 and 2 classes combined is 97% and 72%, respectively. This discrepancy seems to be largely based on disruptions that occurred due to the COVID-19 pandemic and not a reflection of

the past eight years of the program since the last accreditation. Many Year 1 and Year 2 students believe that considering pre-clerkship clinical experiences and essential in-person teaching resumed at other Canadian medical schools, the U of A faculty did not effectively advocate for continued physical exam teaching during the pandemic. The single “Bootcamp” week of physical exam teaching in May 2021 was helpful but had less than half the hours of physical exam instructional time than pre-pandemic when this content was taught throughout the pre-clerkship blocks. As a result, many students starting clerkship felt inadequately prepared to meet their preceptor’s physical exam expectations on their rotations. Also, the Year 2 class (who have now entered clerkship) still have not received in-person teaching on the breast, pelvic, or bimanual exam. Some students also expressed concern that female standardized patients are never used for chest exams, leaving them inadequately prepared to examine female patients on their rotations. Students suggest the faculty review the hours and content of Year 1 and Year 2 physical exam teaching to ensure all topics have been adequately covered, and to create a structured advocacy plan for pre-clerkship physical exam teaching in the event of another pandemic-related situation in the future.

#### *Clinical and Educational Hours*

Students are very satisfied with the amount of time spent in educational activities in the required non-clinical learning experiences of the curriculum (pre-clerkship) and amount of time spent in educational activities and patient care activities in the required clinical learning experiences (clerkship) (93% agreement). Clerkship students felt the academic half-days and lectures during clerkship were sufficient in number and effectively complemented their clinical activities.

#### *Diverse Backgrounds and Indigenous Recognition*

Overall, classes used this opportunity to express the lack of representation of educational content relating to people with diverse backgrounds. Students felt that with their existing training, they did not feel prepared to widely address the needs and concerns of patients within a population as diverse as Canada’s. There were specific aspects of pre-clerkship training that were highlighted by students as being informative including the human library activity with members of the 2SLGBTQ+ community and guest speakers invited to speak about sexuality and disability. These sessions were regarded as valuable to inform future comprehensive care, but were noted to be

lacking in number and frequency throughout the entirety of the program. With regards to physical exam, students reported a lack of familiarity with select physical exam maneuvers (e.g., the cardiac examination) and how to perform them professionally on women. This was identified as a shortcoming in physical exam teaching, as the vast majority of standardized patients tended to be male.

Students unanimously identified a shortcoming in the curriculum on recognizing the needs of the Indigenous peoples of Canada. Students mainly felt as though much of the Indigenous education provided was centered around colonialism that continues to affect the health of Indigenous peoples. Students found that lectures around Indigenous peoples mainly focused around systemic racism within the healthcare system and disproportionate social determinants of health. It was expressed by students that although some teaching/review of those historical topics is important, they felt that many students entering medical school have a pre-existing baseline knowledge of said topics upon entering into medical school. To further enhance education to recognize/address the needs of Indigenous peoples in Canada, students wish to receive more instruction on a practical/clinical approach to Indigenous health and be given tools to best identify and address systemic racism in clinical practice.

### *Clerkship Rotations*

Various questions were asked of students in evaluation of their core clerkship rotations. The main feedback stemming from these questions revolved around observed histories and physical examinations in addition to clerkship evaluations. The first of which was inquiring whether a faculty member or resident had observed them completing a history during their rotation. Out of ten core clerkship rotations, there were five in which  $\leq 70\%$  of students reported having a staff physician or resident observe them taking a history. These five core rotations were Obstetrics, General Surgery, Geriatrics, Subspecialty Medicine, and Subspecialty Surgery. One observation that can be made about these findings is that three out of the five underperforming rotations are completed in fourth year. In the final year of medical training, many staff physicians and/or residents believe that students should be aptly skilled to perform an unsupervised history and find that simply reviewing the information with the student after the fact is sufficient to complete required evaluations. This was often also the case in fast-paced and busy services, which is

reflected in the inadequate percentiles reported under Obstetrics and General Surgery (rotations completed in the third year). Although students are aware evaluations are to be completed after the history was observed, if the staff physician and/or resident either prompted the student to complete the exam alone (to be reviewed after), or sent the student ahead to initiate the history (such as in fast-paced rotations), students found it difficult to insist the history be observed, as this may reflect they are not confident in their skills and need supervision, or they are wasting valuable time on busy rotations. In order to remedy this shortcoming, students proposed continued messaging to staff physicians and/or residents regarding the expectations surrounding evaluation completion.

Secondly, students were asked whether a staff physician and/or resident had observed them completing a physical exam during their rotation. Again, it was observed that rotations completed in the fourth year of training had the lowest percentiles of student agreement. Rotations completed in third year reported that  $\geq 81\%$  of students had a physical examination observed during their rotation. Within the fourth year rotations of Geriatrics, Subspecialty Medicine, and Subspecialty Surgery students reported 73%, 73%, and 64% agreement of having a physical examination observed respectively. As stated with regard to history taking, at the fourth year level, some preceptors and/or residents hold the belief that students' physical examination skills are adequate at that level to be completed unobserved and yield reliable results. Therefore, although physical exam maneuvers may not be observed, staff physicians and/or residents may feel as though a report of physical exam findings is adequate to complete an evaluation for a student. Students additionally reported an overall decreased use of physical examination maneuvers in the area of Subspecialty Surgery, which contributed to lower agreement percentiles reported during that rotation. As above, continued messaging to staff physicians and/or residents regarding the requirement of physical examination being observed in order to complete an evaluation is warranted.

Lastly, nine out of ten core rotations scored  $\geq 82\%$  agreement with the appropriateness and fairness of rotation evaluations (i.e. written, OSCE, and preceptor evaluations) in relation to the learning objectives provided. The rotation not captured was Internal Medicine which students reported only 53% agreement that evaluations captured the provided learning objectives.

Students were eager to provide feedback especially in regard to the final written Internal Medicine exam. Internal Medicine is a remarkably broad area of medicine and students have the opportunity to see a wide variety of diagnoses and treatment regimens both on the wards and in the Emergency Department. Students felt very strongly that the Internal Medicine exam is not representative of their knowledge in the way that it tests minutia of medical conditions, medications no longer used as mainstream treatment, and is not an adequate representation of the breadth of knowledge outlined in the objectives provided. Students urge the MD program and the administration of the Internal Medicine rotation to take a considered look at the Internal Medicine written examination and make the necessary changes to not only update information regarding practices no longer used in common practice, but also to ensure it reflects predetermined objectives distributed to students.

#### *Generalist, Rural and Tertiary Education*

Ninety-six percent and 94% of students agreed that the curriculum provided broad exposure to and experience in generalist care and family medicine respectively. However, some pre-clerkship students' exposure to generalist medicine was limited by the narrowed scope of their specific LCE preceptor or placement e.g., focus on prenatal visits, long-term care, patients living with HIV, etc. Other student comments suggest that lecture topics are taught too often from the perspective of specialists. Given that over half the class will become general practitioners, lecturers (especially specialists) should be further encouraged to teach topics at the level of knowledge of a generalist. Specialists who are lecturers can use their additional knowledge about a given topic to instead answer student questions that may be ancillary to lecture objectives and provide helpful tips about improving referrals by GPs to specialists.

Virtually all (99%) clerkship students agreed that their clinical learning experiences took place in more than one setting ranging from small rural or underserved communities to tertiary care health centers. However, one student suggested that a 2 week rotation concerning Indigenous and minority health be added, and that "COVID-19 has proved that the clerkship schedule is flexible enough to accommodate it". This suggestion is further supported by other student comments which state that the Indigenous curriculum in the MD Program lacks clinical application (see *Diverse Backgrounds and Indigenous Recognition* section above).

## *Electives*

In the evaluation of electives available to clerkship students, two main questions were posed to students. The first of which asked for student thoughts about the availability of home electives and those at affiliated sites. Although 76% of clerkship students agreed that the availability of home electives was adequate, many provided commentary regarding the effect of the COVID-19 pandemic on specific electives. It was noted that students felt increased competition amongst classes due to the altered schedule structures and timelines necessitated by the pandemic. Overall the access the electives was satisfactory aside from challenges due to the COVID-19 pandemic.

The second question used to assess electives and the process of obtaining them was inquiring about the information and support provided in arranging electives by the medical school. Fifty-seven percent of students reported that the information and support provided was adequate. The feedback from students stemmed from two themes: (1) Information provided on elective strategy and the process of booking, and (2) the MedSIS portal and equity of opportunity for booking home electives. Starting first with theme 1, students reported that they felt ill prepared for and improperly oriented to the elective booking process in the year preceding clerkship. Students found they would receive conflicting information about the elective process from administrators, career advisors, and placement contacts. Overall, they felt as though this made the experience feel “confusing” and “chaotic”. The second theme was initially addressing the MedSIS portal used to apply for electives. Students felt as though there were shortcomings in this platform in that it was seemingly arbitrarily decided that the platform would open for elective bookings at 12am on a Monday morning. Due to the competitive nature of booking electives, students had to be waiting at their computers to submit their elective requests. Due to the high volume of activity on the MedSIS booking platform, the site crashed for many students, not allowing them to submit their elective requests and thus necessitating them working into the early hours of the next day trying to troubleshoot. The success of students being able to submit their elective requests also relied on variable internet speeds which was thought to be inequitable. Students therefore suggested that first, the MedSIS elective booking platform open at a more reasonable time for students, second, that the bandwidth for elective booking through MedSIS be expanded as to not crash the platform with overwhelming numbers of users, and third, that competitive

elective spots be allocated by lottery rather than on a first-come first-served basis to remove the variable of inequities in internet access.

Lastly, additional feedback was obtained from students regarding placement contact response times. Students are held to the standard that they respond to an elective offer within 7 days of its receipt otherwise the elective will be offered to another student. This, however, is not the standard held for placement contacts. Some students reported continually pending elective requests with no communication from the placement contact. Students feel as though there should be a similar expectation on placement contacts to respond to student elective requests to better facilitate a more efficient application process.

#### *CaRMS and Guidance*

On average, 82% of clerkship students felt that the support and guidance provided by the MD program/OAW to prepare them for the CaRMS process was adequate. When looking at the reported numbers by class, the Year 4 class reported 95% adequacy of the support and the Year 3 class reported 72%. This discrepancy can likely be attributed to the class of 2022 being on the cusp of beginning CaRMS applications and the OAW had not yet completed their first class presentation regarding the CaRMS process. Since this was the case, many students from the Year 3 class separately reported that they could not provide an informed response. Therefore, the input from the Year 4 class, who had most recently completed the CaRMS process prior to the survey is the most accurate representation of the adequacy of the support and guidance provided by the MD program/OAW in preparation for CaRMS.

When asked about whether clerkship and the elective period provided them with adequate opportunities to explore clinical interests prior to the CaRMS deadline, on average clerks reported 77% agreement with 89% from the Year 4 class and 69% from the Year 3 class. The feedback reported from the Year 3 class revolved around elective availability and the booking process (please see *Electives* section above for a more in depth analysis).

Many adaptations have been made to the MD program throughout all four years of medical training for the safety of all involved. Furthermore, the CaRMS process has changed

dramatically in the past year (i.e., online interviews, restricted elective experiences etc.). With that in mind, we acknowledge that 47% of students reported that the stress and/or anxiety they experience regarding not matching for residency (to the discipline of their choice and/or in general) affected them negatively on a regular basis. Students noted that the OAW was a critical and valuable resource for students in coping with CaRMS related stress.

#### 4.7.5 Key Recommendations

##### *Curriculum*

- Implement a dedicated session designed to outline educational goals and examination techniques utilized for students entering into the MD program.
- Implement a dedicated session designed to outline the overarching curriculum during transition from pre-clerkship to clerkship with the goal of communicating the means for continued learning in the clinical environment.

##### *Academic Records*

- Amalgamation of all academic records onto a single, unified platform.

##### *Pre-Clerkship Activities*

- Discovery Learning (DL)
  - Alter structure of DL in Year 2 to better mimic clerkship activities.
- Anatomy
  - Increase ratio of instructors to students and/or add resources (e.g., videos, prosected cadaver) so students can ensure they are meeting anatomy learning objectives.
- Longitudinal Clinical Experience (LCE)
  - Further standardize LCE placements so students have equal opportunities.
  - Add log of mandatory clinical activities in Year 2 LCE on assess.med.
- Academic Service Learning (ASL)
  - Decrease required ASL hours.
  - Ensure ASL placements align with ASL objectives.
- Evidence-Based Medicine (EBM)

- Re-evaluate content and timing of EBM lectures in pre-clerkship so that it is dispersed throughout the curriculum.
- Make EBM content examinable material outside of TBL.
- Physical Exam
  - Ensure female standardized patients are included in chest exam teaching sessions.

#### *Diverse Backgrounds and Indigenous Recognition*

- Additional representation of the subjective experiences (i.e., patient presentations) and clinical education (i.e., physical exam and lecture material) of individuals with diverse backgrounds including various cultures and ethnicities, people of the 2SLGBTQ+ community, and professional female physical exam maneuvers.
- Addition of educational content addressing practical approaches to meeting the health needs of Indigenous peoples and introducing tools to help students recognize and address systemic racism in clinical practice.

#### *Clerkship Rotations*

- Ensure staff physicians and/or residents are reminded that history taking and physical examination must be observed for them to complete evaluations.
- Review of the content of the final Internal Medicine written examination for alignment with predetermined learning objectives and representation of current medical practice.

#### *Generalist, Rural, and Tertiary Education*

- Ensure LCE placements include some exposure to generalist medicine.
- Further encourage lecturers from specialists to teach material from a generalist perspective.
- Accommodation of 2 week rotation focusing on Indigenous and minority health in the clerkship schedule.

#### *Electives*

- Opening of the MedSIS elective booking platform for request submission between the hours of 8am to 8pm.
- Increased bandwidth for elective request submission on MedSIS (eg. completed in waves) as to not overwhelm and crash the platform.
- Elective placement be completed for competitive electives based on a lottery system, rather than a first-come, first-served basis.

- Implement elective placement contact expectations to reply to student elective requests within a predetermined period (i.e., 14-30 days) to facilitate a more efficient application process.

## 4.8 Opportunities for Research and Other Scholarly Activities, and Service-Learning

### 4.8.1 Summary statistics

Table 11: Student responses to questions regarding the opportunities for research and service-learning.

Category	Question	Student who participated (%)
Service-Learning	Participated in a service-learning activity as a student in the MD program [Q58]	59%
Research and other scholarly activities	Participated in research or other scholarly activities with a faculty member when they were a student in the MD program [Q59]	72%

### 4.8.2 Areas of Strength

- [Q59] Student participation in research or other scholarly activities with a faculty member when they were a student in the MD program.

### 4.8.3 Areas of Improvement

- [Q58] Participation in a service-learning activity as a student in the MD program.

### 4.8.4 Discussion

Considering the student body as a whole, most students participated in a service-learning activity. However, fewer of these opportunities were available to first and second year students during the 2020-2021 year due to the ongoing COVID-19 pandemic; therefore, only 19% of first-year students and 68% of second-year students participated in service learning.

Many students spoke highly of the opportunities with the Social Justice Community of Learning as this was one of the remaining opportunities for Service Learning during the pandemic. However, other students, especially those in their first year, lacked knowledge about what Service Learning was.

The general consensus among upper-year students about Academic Service Learning (ASL) was that it was a well-intentioned but poorly executed program that was interpreted by some as inconsistent and an ineffective use of students' time. Students also mentioned how ASL was unsafe for students who did not have access to vehicles and needed to take transit to remote parts of Edmonton. Students suggested that ASL would be more beneficial if better coordinated, and if students were able to choose activities they were involved in.

Similarly, most students have participated in research or other scholarly activities with a faculty member while they were a student in the MD program. The exception being first-year students, in which only 61% of students participated in research and scholarly experiences. At the time of the survey, Year 1 students had only attended virtual classes, and often found it especially difficult to connect with potential preceptors and find funding for their research. If students did not have prior connections, it was difficult to find this information. Many students spoke highly of the MD/STiR program (Special Training in Research). Students also said they wish the program made more of an effort to provide research opportunities for students, especially since research experiences are so valued on CaRMS applications. The onus seems to lie with the students to find opportunities, and students who are new to the institution are put at a disadvantage. Students also suggested that the research stipends should be higher so that research is a more feasible work option for students, so they do not have to choose between research and a full-time job to support themselves.

#### 4.8.5 Key Recommendations

- Create dedicated time for research/service at the end of each term, which will create an impetus for the faculty to create and provide opportunities for medical students.
- Continue to improve platforms for advertising research and service-learning opportunities to the student body.

## **5 Conclusion**

This report used data collected from the Independent Student Analysis (ISA) Survey to identify areas of strength and areas for improvement in the University of Alberta MD Program's curriculum and student supports. Thanks to the great efforts of the ISA task force, and the much appreciated input from the Black Medical Students' Association (BMSA), Indigenous Medical and Dental Students' Association (IMDSA), and other student experts, we have compiled a robust report that highlights the University of Alberta's many strengths and proposes strategies to address identified shortcomings. It is our hope that the analysis and recommendations offered in this report will aid the students and faculty involved in the quality improvement of the University of Alberta MD Program to implement changes that will positively impact current and future MD students. We would also like to acknowledge that due to the COVID-19 pandemic occurring at the time when students were asked to complete the ISA survey some of the feedback provided by students is in relation to the changes that were occurring in the program due to the pandemic and do not necessarily reflect the program over the entire period since the last accreditation. A summary of the identified program strengths and key recommendations for improvement from the ISA Task Force can be found in the Executive Summary section. We hope this report highlights the overall satisfaction of the student body with many aspects of the medical program at the University of Alberta and that the key recommendations can be used as a guide to further improve the program for future years.

## 6 References

Committee on Accreditation of Canadian Medical Schools. (2021). CACMS standards and elements: Standards for accreditation of medical education programs leading to the M.D. degree. Committee on Accreditation of Canadian Medical Schools (CACMS). [https://cacms-cafmc.ca/sites/default/files/documents/CACMS\\_Standards\\_and\\_Elements\\_AY\\_2022-2023.pdf](https://cacms-cafmc.ca/sites/default/files/documents/CACMS_Standards_and_Elements_AY_2022-2023.pdf)

Committee on Accreditation of Canadian Medical Schools. (2021). Role of students in CACMS accreditation visits and guide to the independent student analysis. Committee on Accreditation of Canadian Medical Schools (CACMS). [https://cacms-cafmc.ca/sites/default/files/documents/Guide\\_to\\_the\\_Independent\\_Student\\_Analysis\\_2022-2023.pdf](https://cacms-cafmc.ca/sites/default/files/documents/Guide_to_the_Independent_Student_Analysis_2022-2023.pdf)

Javidan A, Rai Y, Cheung J, Chuen V, Yang A, Boyle J, Wynn Y, Raveendran L, Amarthaluru S, Chen S, Qiao L, Landon-Brace N, The ISA Task Force. (2019) Independent student analysis report and appendices. University of Toronto MD Program. <https://md.utoronto.ca/independent-student-analysis-isa>

# Appendix

## A.1 Response to Core Survey Questions By Class

Q1	OAW accessibility		
Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
Year 1	4%	96%	14%
Year 2	2%	98%	13%
Year 3	3%	97%	6%
Year 4	1%	99%	2%
<b>Total</b>	<b>2%</b>	<b>98%</b>	<b>9%</b>

Q2	OAW responsiveness to student problems		
Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
Year 1	5%	95%	16%
Year 2	7%	93%	13%
Year 3	5%	95%	6%
Year 4	1%	99%	2%
<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>10%</b>

Q3	OAW includes students on key medical school committees and working groups		
Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
Year 1	11%	89%	27%
Year 2	12%	88%	28%
Year 3	4%	96%	22%
Year 4	3%	97%	14%
<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>24%</b>

<b>Q4</b>	<b>Office of the Associate Dean accessibility</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>7%</b>	<b>93%</b>	<b>44%</b>
<b>Year 2</b>	<b>13%</b>	<b>87%</b>	<b>34%</b>
<b>Year 3</b>	<b>18%</b>	<b>82%</b>	<b>34%</b>
<b>Year 4</b>	<b>11%</b>	<b>89%</b>	<b>18%</b>
<b>Total</b>	<b>12%</b>	<b>88%</b>	<b>34%</b>

<b>Q5</b>	<b>Office of the Associate Dean responsiveness to student problems</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>18%</b>	<b>82%</b>	<b>37%</b>
<b>Year 2</b>	<b>25%</b>	<b>75%</b>	<b>30%</b>
<b>Year 3</b>	<b>26%</b>	<b>74%</b>	<b>29%</b>
<b>Year 4</b>	<b>32%</b>	<b>68%</b>	<b>14%</b>
<b>Total</b>	<b>25%</b>	<b>75%</b>	<b>29%</b>

<b>Q6</b>	<b>Office of the Associate Dean includes students on key medical school committees and working groups</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>26%</b>	<b>74%</b>	<b>37%</b>
<b>Year 2</b>	<b>32%</b>	<b>68%</b>	<b>37%</b>
<b>Year 3</b>	<b>17%</b>	<b>83%</b>	<b>33%</b>
<b>Year 4</b>	<b>27%</b>	<b>73%</b>	<b>17%</b>
<b>Total</b>	<b>25%</b>	<b>75%</b>	<b>33%</b>

<b>Q7</b>	<b>I am aware that my school has policies regarding the mistreatment of medical students.</b>		
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>
	Year 1	2%	98%
	Year 2	1%	99%
	Year 3	8%	92%
	Year 4	3%	97%
	<b>Total</b>	<b>4%</b>	<b>96%</b>

<b>Q8a</b>	<b>I know how to report mistreatment.</b>		
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>
	Year 1	6%	94%
	Year 2	4%	96%
	Year 3	13%	87%
	Year 4	9%	91%
	<b>Total</b>	<b>8%</b>	<b>92%</b>

<b>Q8b</b>	<b>I am comfortable to report instances of harassment or abuse.</b>		
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>
	Year 1	21%	79%
	Year 2	17%	83%
	Year 3	33%	67%
	Year 4	36%	64%
	<b>Total</b>	<b>26%</b>	<b>74%</b>

<b>Q9</b>	<b>I personally experienced mistreatment</b>		
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>
	Year 1	92%	8%
	Year 2	90%	10%
	Year 3	77%	23%
	Year 4	63%	38%
	<b>Total</b>	<b>82%</b>	<b>18%</b>

<b>Q10a</b>	<b>The medical school fosters a learning environment in which all individuals are treated with respect</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	8%	92%	0%
	Year 2	10%	90%	0%
	Year 3	7%	93%	0%
	Year 4	9%	91%	0%
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>

<b>Q10b</b>	<b>The medical school's clinical affiliates foster a learning environment in which all individuals are treated with respect</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	5%	95%	0%
	Year 2	6%	94%	0%
	Year 3	15%	85%	0%
	Year 4	15%	85%	0%
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>

<b>Q11a</b>	<b>The medical school fosters a learning environment conducive to learning and to the professional development of medical students</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 2</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 3</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>

<b>Q11b</b>	<b>The medical school's clinical affiliates foster a learning environment conducive to learning and to the professional development of medical students</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 2</b>	<b>3%</b>	<b>97%</b>	<b>0%</b>
<b>Year 3</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>
<b>Year 4</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>

<b>Q12</b>	<b>Adequacy of lecture halls and large group classroom facilities</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>11%</b>	<b>89%</b>	<b>0%</b>
<b>Year 2</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 3</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 4</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>

<b>Q13 Adequacy of small group teaching spaces on campus</b>			
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>11%</b>	<b>89%</b>	<b>0%</b>
<b>Year 2</b>	<b>1%</b>	<b>99%</b>	<b>0%</b>
<b>Year 3</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 4</b>	<b>1%</b>	<b>99%</b>	<b>0%</b>
<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>

<b>Q14 Adequacy of space used for clinical skills teaching</b>			
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>19%</b>	<b>81%</b>	<b>0%</b>
<b>Year 2</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
<b>Year 3</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Year 4</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>

<b>Q15 Adequacy of space in ambulatory care clinics</b>			
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>			
<b>Year 2</b>			
<b>Year 3</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 4</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>

<b>Q16</b>	<b>Adequacy of education/teaching space at clinical facilities used for required learning experiences</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	4%	96%	0%
	Year 2	4%	96%	0%
	Year 3	10%	90%	0%
	Year 4	6%	94%	0%
	<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>

<b>Q17</b>	<b>Adequacy of safety and security at instructional sites</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	1%	99%	39%
	Year 2	0%	100%	22%
	Year 3	3%	97%	13%
	Year 4	3%	97%	13%
	<b>Total</b>	<b>2%</b>	<b>98%</b>	<b>23%</b>

<b>Q18</b>	<b>Availability of relaxation space at the medical school campus</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	18%	82%	70%
	Year 2	14%	86%	8%
	Year 3	20%	80%	2%
	Year 4	13%	87%	5%
	<b>Total</b>	<b>16%</b>	<b>84%</b>	<b>23%</b>

<b>Q19</b>	<b>Adequacy of student study space at the medical school campus</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>19%</b>	<b>81%</b>	<b>67%</b>
<b>Year 2</b>	<b>3%</b>	<b>97%</b>	<b>1%</b>
<b>Year 3</b>	<b>9%</b>	<b>91%</b>	<b>1%</b>
<b>Year 4</b>	<b>3%</b>	<b>97%</b>	<b>2%</b>
<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>19%</b>

<b>Q20</b>	<b>Access to secure storage space at the medical school campus</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>18%</b>	<b>82%</b>	<b>75%</b>
<b>Year 2</b>	<b>4%</b>	<b>96%</b>	<b>4%</b>
<b>Year 3</b>	<b>11%</b>	<b>89%</b>	<b>1%</b>
<b>Year 4</b>	<b>20%</b>	<b>80%</b>	<b>6%</b>
<b>Total</b>	<b>11%</b>	<b>89%</b>	<b>23%</b>

<b>Q21</b>	<b>Access to secure storage space at clinical teaching sites used for required learning experiences</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>21%</b>	<b>79%</b>	<b>37%</b>
<b>Year 2</b>	<b>26%</b>	<b>74%</b>	<b>22%</b>
<b>Year 3</b>	<b>50%</b>	<b>50%</b>	<b>2%</b>
<b>Year 4</b>	<b>52%</b>	<b>48%</b>	<b>3%</b>
<b>Total</b>	<b>38%</b>	<b>62%</b>	<b>18%</b>

<b>Q22</b>	<b>Adequacy of call rooms at clinical sites used for required clinical learning experiences</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>			
<b>Year 2</b>			
<b>Year 3</b>	15%	85%	5%
<b>Year 4</b>	18%	82%	6%
<b>Total</b>	16%	84%	5%

<b>Q23</b>	<b>Ease of access to library resources and holdings (includes virtual access on and off campus)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	4%	96%	24%
<b>Year 2</b>	2%	98%	8%
<b>Year 3</b>	2%	98%	3%
<b>Year 4</b>	1%	99%	7%
<b>Total</b>	2%	98%	11%

<b>Q24</b>	<b>Quality of library support and services</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	2%	98%	36%
<b>Year 2</b>	2%	98%	17%
<b>Year 3</b>	2%	98%	11%
<b>Year 4</b>	2%	98%	8%
<b>Total</b>	2%	98%	19%

<b>Q25</b>	<b>Ease of access to electronic learning materials</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>
<b>Year 2</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 3</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Total</b>	<b>3%</b>	<b>97%</b>	<b>0%</b>

<b>Q26</b>	<b>Adequacy of the wireless network in classrooms and study spaces at the medical school</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Year 2</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 3</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>
<b>Year 4</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>
<b>Total</b>	<b>3%</b>	<b>97%</b>	<b>0%</b>

<b>Q27</b>	<b>Adequacy of the number of electrical outlets in classrooms and study space at the medical school</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
<b>Year 2</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>
<b>Year 3</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>
<b>Year 4</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>

<b>Q28</b>	<b>Adequacy of audio-visual technology used to deliver educational sessions (e.g., lectures, academic half-days)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 2</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Year 3</b>	<b>1%</b>	<b>99%</b>	<b>0%</b>
<b>Year 4</b>	<b>3%</b>	<b>97%</b>	<b>0%</b>
<b>Total</b>	<b>3%</b>	<b>97%</b>	<b>0%</b>

<b>Q29</b>	<b>Access to information resources (computers and internet access) at clinical facilities used for required learning experiences</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>
<b>Year 2</b>	<b>9%</b>	<b>91%</b>	<b>0%</b>
<b>Year 3</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>

<b>Q30</b>	<b>Availability of student health services</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>6%</b>	<b>94%</b>	<b>33%</b>
<b>Year 2</b>	<b>8%</b>	<b>92%</b>	<b>25%</b>
<b>Year 3</b>	<b>8%</b>	<b>92%</b>	<b>13%</b>
<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>9%</b>
<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>21%</b>

<b>Q31</b>	<b>Availability of mental health services</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>19%</b>	<b>81%</b>	<b>45%</b>
<b>Year 2</b>	<b>8%</b>	<b>92%</b>	<b>43%</b>
<b>Year 3</b>	<b>12%</b>	<b>88%</b>	<b>25%</b>
<b>Year 4</b>	<b>12%</b>	<b>88%</b>	<b>24%</b>
<b>Total</b>	<b>12%</b>	<b>88%</b>	<b>35%</b>

<b>Q32</b>	<b>Availability of personal counseling</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>19%</b>	<b>81%</b>	<b>38%</b>
<b>Year 2</b>	<b>10%</b>	<b>90%</b>	<b>42%</b>
<b>Year 3</b>	<b>14%</b>	<b>86%</b>	<b>25%</b>
<b>Year 4</b>	<b>7%</b>	<b>93%</b>	<b>24%</b>
<b>Total</b>	<b>13%</b>	<b>87%</b>	<b>33%</b>

<b>Q33</b>	<b>Confidentiality of personal counseling</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>4%</b>	<b>96%</b>	<b>43%</b>
<b>Year 2</b>	<b>4%</b>	<b>96%</b>	<b>44%</b>
<b>Year 3</b>	<b>0%</b>	<b>100%</b>	<b>29%</b>
<b>Year 4</b>	<b>1%</b>	<b>99%</b>	<b>24%</b>
<b>Total</b>	<b>2%</b>	<b>98%</b>	<b>36%</b>

<b>Q34</b>	<b>Availability of programs to support student well-being</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>13%</b>	<b>87%</b>	<b>24%</b>
<b>Year 2</b>	<b>9%</b>	<b>91%</b>	<b>28%</b>
<b>Year 3</b>	<b>7%</b>	<b>93%</b>	<b>17%</b>
<b>Year 4</b>	<b>8%</b>	<b>92%</b>	<b>14%</b>
<b>Total</b>	<b>9%</b>	<b>91%</b>	<b>21%</b>

<b>Q35</b>	<b>Adequacy of career advising</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>17%</b>	<b>83%</b>	<b>33%</b>
<b>Year 2</b>	<b>26%</b>	<b>74%</b>	<b>17%</b>
<b>Year 3</b>	<b>28%</b>	<b>72%</b>	<b>8%</b>
<b>Year 4</b>	<b>20%</b>	<b>80%</b>	<b>2%</b>
<b>Total</b>	<b>23%</b>	<b>77%</b>	<b>16%</b>

<b>Q36</b>	<b>Confidentiality of career advising</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>2%</b>	<b>98%</b>	<b>37%</b>
<b>Year 2</b>	<b>9%</b>	<b>91%</b>	<b>17%</b>
<b>Year 3</b>	<b>2%</b>	<b>98%</b>	<b>16%</b>
<b>Year 4</b>	<b>0%</b>	<b>100%</b>	<b>8%</b>
<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>21%</b>

<b>Q37</b>	<b>Guidance when choosing electives</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>27%</b>	<b>73%</b>	<b>66%</b>
<b>Year 2</b>	<b>35%</b>	<b>65%</b>	<b>14%</b>
<b>Year 3</b>	<b>41%</b>	<b>59%</b>	<b>9%</b>
<b>Year 4</b>	<b>27%</b>	<b>73%</b>	<b>5%</b>
<b>Total</b>	<b>34%</b>	<b>66%</b>	<b>25%</b>

<b>Q38</b>	<b>Financial aid services (bursaries, grants, scholarships, etc.)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>42%</b>	<b>58%</b>	<b>25%</b>
<b>Year 2</b>	<b>28%</b>	<b>72%</b>	<b>16%</b>
<b>Year 3</b>	<b>24%</b>	<b>76%</b>	<b>11%</b>
<b>Year 4</b>	<b>17%</b>	<b>83%</b>	<b>18%</b>
<b>Total</b>	<b>28%</b>	<b>72%</b>	<b>18%</b>

<b>Q39</b>	<b>Debt management counseling (i.e. student loans, line of credit)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>32%</b>	<b>68%</b>	<b>40%</b>
<b>Year 2</b>	<b>33%</b>	<b>67%</b>	<b>28%</b>
<b>Year 3</b>	<b>36%</b>	<b>64%</b>	<b>33%</b>
<b>Year 4</b>	<b>24%</b>	<b>76%</b>	<b>25%</b>
<b>Total</b>	<b>32%</b>	<b>68%</b>	<b>32%</b>

<b>Q40</b>	<b>Adequacy of academic advising/counseling</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	<b>Year 1</b>	<b>8%</b>	<b>92%</b>	<b>24%</b>
	<b>Year 2</b>	<b>13%</b>	<b>87%</b>	<b>21%</b>
	<b>Year 3</b>	<b>15%</b>	<b>85%</b>	<b>11%</b>
	<b>Year 4</b>	<b>12%</b>	<b>88%</b>	<b>7%</b>
	<b>Total</b>	<b>12%</b>	<b>88%</b>	<b>17%</b>

<b>Q41</b>	<b>Adequacy of education about exposure to and prevention of infectious diseases (e.g. needle-stick injury procedures)</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	<b>Year 1</b>	<b>34%</b>	<b>66%</b>	<b>0%</b>
	<b>Year 2</b>	<b>24%</b>	<b>76%</b>	<b>0%</b>
	<b>Year 3</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>
	<b>Year 4</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
	<b>Total</b>	<b>20%</b>	<b>80%</b>	<b>0%</b>

<b>Q42</b>	<b>I know what to do if I am exposed to an infectious or environmental hazard</b>		
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>
	<b>Year 1</b>	<b>47%</b>	<b>53%</b>
	<b>Year 2</b>	<b>36%</b>	<b>64%</b>
	<b>Year 3</b>	<b>16%</b>	<b>84%</b>
	<b>Year 4</b>	<b>11%</b>	<b>89%</b>
	<b>Total</b>	<b>29%</b>	<b>71%</b>

<b>Q43</b>	<b>Access to educational records</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>6%</b>	<b>94%</b>	<b>32%</b>
<b>Year 2</b>	<b>8%</b>	<b>92%</b>	<b>25%</b>
<b>Year 3</b>	<b>14%</b>	<b>86%</b>	<b>30%</b>
<b>Year 4</b>	<b>1%</b>	<b>99%</b>	<b>10%</b>
<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>26%</b>

<b>Q44</b>	<b>Effectiveness of the pre-clinical learning experiences as preparation for clinical learning involving patient care</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>26%</b>	<b>74%</b>	<b>26%</b>
<b>Year 2</b>	<b>19%</b>	<b>81%</b>	<b>9%</b>
<b>Year 3</b>	<b>15%</b>	<b>85%</b>	<b>0%</b>
<b>Year 4</b>	<b>13%</b>	<b>87%</b>	<b>1%</b>
<b>Total</b>	<b>18%</b>	<b>82%</b>	<b>10%</b>

<b>Q45</b>	<b>Time spent in educational activities in the required non-clinical learning experiences of the curriculum (pre-clerkship)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>5%</b>	<b>95%</b>	<b>4%</b>
<b>Year 2</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Year 3</b>	<b>9%</b>	<b>91%</b>	<b>0%</b>
<b>Year 4</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>1%</b>

<b>Q46</b>	<b>Time spent in educational activities and patient care activities in the required clinical learning experiences (clerkship)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>			
<b>Year 2</b>			
<b>Year 3</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>
<b>Year 4</b>	5%	95%	0%
<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>

<b>Q47a</b>	<b>Adequacy of education in caring for individuals from diverse backgrounds</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>41%</b>	<b>59%</b>	<b>7%</b>
<b>Year 2</b>	<b>32%</b>	<b>68%</b>	<b>4%</b>
<b>Year 3</b>	<b>30%</b>	<b>70%</b>	<b>3%</b>
<b>Year 4</b>	<b>24%</b>	<b>76%</b>	<b>3%</b>
<b>Total</b>	<b>32%</b>	<b>68%</b>	<b>4%</b>

<b>Q47b</b>	<b>Adequacy of education in recognizing the needs of the Indigenous peoples of Canada</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>46%</b>	<b>54%</b>	<b>6%</b>
<b>Year 2</b>	<b>35%</b>	<b>65%</b>	<b>5%</b>
<b>Year 3</b>	<b>30%</b>	<b>70%</b>	<b>5%</b>
<b>Year 4</b>	<b>25%</b>	<b>75%</b>	<b>1%</b>
<b>Total</b>	<b>35%</b>	<b>65%</b>	<b>5%</b>

Q48	A faculty member or a resident observed me at some point during the time I was taking a patient's history in each of the following required clinical learning experiences:			
	Medical School Year	No (%)	Yes (%)	Have Not Done Yet (%)
Emergency Medicine	Year 3	12%	88%	74%
	Year 4	23%	77%	1%
	<b>Total</b>	<b>20%</b>	<b>80%</b>	<b>44%</b>
Family Medicine	Year 3	13%	87%	7%
	Year 4	7%	93%	0%
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>4%</b>
Internal Medicine	Year 3	28%	72%	5%
	Year 4	20%	80%	2%
	<b>Total</b>	<b>25%</b>	<b>75%</b>	<b>4%</b>
Obstetrics and Gynecology	Year 3	30%	70%	10%
	Year 4	30%	70%	2%
	<b>Total</b>	<b>30%</b>	<b>70%</b>	<b>7%</b>
Pediatrics	Year 3	16%	84%	6%
	Year 4	10%	90%	2%
	<b>Total</b>	<b>14%</b>	<b>86%</b>	<b>5%</b>
Psychiatry	Year 3	10%	90%	10%
	Year 4	13%	87%	2%
	<b>Total</b>	<b>11%</b>	<b>89%</b>	<b>7%</b>
Surgery	Year 3	36%	64%	6%
	Year 4	47%	53%	2%
	<b>Total</b>	<b>40%</b>	<b>60%</b>	<b>5%</b>
Geriatrics	Year 3	9%	91%	91%
	Year 4	34%	66%	0%

	<b>Total</b>	<b>31%</b>	<b>69%</b>	<b>54%</b>
<b>Sub-Specialty Medicine</b>	<b>Year 3</b>	<b>36%</b>	<b>64%</b>	<b>71%</b>
	<b>Year 4</b>	<b>41%</b>	<b>59%</b>	<b>0%</b>
	<b>Total</b>	<b>40%</b>	<b>60%</b>	<b>42%</b>
<b>Sub-Specialty Surgery</b>	<b>Year 3</b>	<b>46%</b>	<b>54%</b>	<b>71%</b>
	<b>Year 4</b>	<b>44%</b>	<b>56%</b>	<b>0%</b>
	<b>Total</b>	<b>45%</b>	<b>55%</b>	<b>42%</b>

<b>Q49</b>	<b>A faculty member or a resident observed me at some point during the time I was performing a physical examination (for psychiatry- a mental status examination) in each of the following required clinical learning experiences:</b>			
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>	<b>Have Not Done Yet (%)</b>
<b>Emergency Medicine</b>	<b>Year 3</b>	<b>12%</b>	<b>88%</b>	<b>75%</b>
	<b>Year 4</b>	<b>14%</b>	<b>86%</b>	<b>0%</b>
	<b>Total</b>	<b>13%</b>	<b>87%</b>	<b>44%</b>
<b>Family Medicine</b>	<b>Year 3</b>	<b>6%</b>	<b>94%</b>	<b>7%</b>
	<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
	<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>4%</b>
<b>Internal Medicine</b>	<b>Year 3</b>	<b>6%</b>	<b>94%</b>	<b>5%</b>
	<b>Year 4</b>	<b>0%</b>	<b>100%</b>	<b>2%</b>
	<b>Total</b>	<b>3%</b>	<b>97%</b>	<b>4%</b>
<b>Obstetrics and Gynecology</b>	<b>Year 3</b>	<b>11%</b>	<b>89%</b>	<b>10%</b>
	<b>Year 4</b>	<b>6%</b>	<b>94%</b>	<b>2%</b>
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>7%</b>
<b>Pediatrics</b>	<b>Year 3</b>	<b>10%</b>	<b>90%</b>	<b>5%</b>
	<b>Year 4</b>	<b>5%</b>	<b>95%</b>	<b>2%</b>
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>4%</b>
<b>Psychiatry</b>	<b>Year 3</b>	<b>15%</b>	<b>85%</b>	<b>10%</b>

	<b>Year 4</b>	<b>12%</b>	<b>88%</b>	<b>2%</b>
	<b>Total</b>	<b>14%</b>	<b>86%</b>	<b>7%</b>
	<b>Year 3</b>	<b>16%</b>	<b>84%</b>	<b>6%</b>
<b>Surgery</b>	<b>Year 4</b>	<b>22%</b>	<b>78%</b>	<b>2%</b>
	<b>Total</b>	<b>19%</b>	<b>81%</b>	<b>5%</b>
	<b>Year 3</b>	<b>15%</b>	<b>85%</b>	<b>90%</b>
<b>Geriatrics</b>	<b>Year 4</b>	<b>28%</b>	<b>72%</b>	<b>0%</b>
	<b>Total</b>	<b>27%</b>	<b>73%</b>	<b>53%</b>
	<b>Year 3</b>	<b>27%</b>	<b>73%</b>	<b>71%</b>
<b>Sub-Specialty Medicine</b>	<b>Year 4</b>	<b>27%</b>	<b>73%</b>	<b>0%</b>
	<b>Total</b>	<b>27%</b>	<b>73%</b>	<b>42%</b>
	<b>Year 3</b>	<b>42%</b>	<b>58%</b>	<b>70%</b>
<b>Sub-Specialty Surgery</b>	<b>Year 4</b>	<b>33%</b>	<b>67%</b>	<b>0%</b>
	<b>Total</b>	<b>36%</b>	<b>64%</b>	<b>41%</b>

Q50 - Q51	Amount and quality of formative feedback received in each year of the program			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
a) Year 1	Year 1	15%	85%	2%
	Year 2	9%	91%	0%
	Year 3	6%	94%	0%
	Year 4	6%	94%	0%
	<b>Total</b>	<b>9%</b>	<b>91%</b>	<b>0%</b>
b) Year 2	Year 2	12%	88%	1%
	Year 3	5%	95%	0%
	Year 4	6%	94%	0%
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
a) Year 3	Year 3	11%	89%	1%
	Year 4	9%	91%	0%
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>
b) Year 4	Year 4	10%	90%	0%
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>

Q52	I received mid-point feedback in each of the following required clinical learning experiences			
	Medical School Year	No (%)	Yes (%)	Have Not Done Yet (%)
Emergency Medicine	Year 3	5%	95%	85%
	Year 4	6%	94%	1%
	<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>50%</b>
Family Medicine	Year 3	1%	99%	9%
	Year 4	0%	100%	0%
	<b>Total</b>	<b>0%</b>	<b>100%</b>	<b>5%</b>
Internal Medicine	Year 3	3%	97%	8%
	Year 4	2%	98%	3%
	<b>Total</b>	<b>2%</b>	<b>98%</b>	<b>6%</b>
Obstetrics and Gynecology	Year 3	9%	91%	12%
	Year 4	7%	93%	3%
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>8%</b>
Pediatrics	Year 3	6%	94%	10%
	Year 4	4%	96%	3%
	<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>7%</b>
Psychiatry	Year 3	5%	95%	13%
	Year 4	7%	93%	3%
	<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>9%</b>
Surgery	Year 3	10%	90%	11%
	Year 4	9%	91%	3%
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>8%</b>
Geriatrics	Year 3	17%	83%	90%

	<b>Year 4</b>	<b>10%</b>	<b>90%</b>	<b>1%</b>
	<b>Total</b>	<b>11%</b>	<b>89%</b>	<b>54%</b>
<b>Sub-Specialty Medicine</b>	<b>Year 3</b>	<b>18%</b>	<b>82%</b>	<b>74%</b>
	<b>Year 4</b>	<b>13%</b>	<b>87%</b>	<b>1%</b>
	<b>Total</b>	<b>14%</b>	<b>86%</b>	<b>44%</b>
<b>Sub-Specialty Surgery</b>	<b>Year 3</b>	<b>21%</b>	<b>79%</b>	<b>74%</b>
	<b>Year 4</b>	<b>14%</b>	<b>86%</b>	<b>2%</b>
	<b>Total</b>	<b>16%</b>	<b>84%</b>	<b>44%</b>

<b>Q53</b>	<b>I had sufficient access to the variety of patients and procedures in each of the following required clinical learning experiences to complete my encounter log</b>			
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>	<b>Have Not Done Yet (%)</b>
<b>Emergency Medicine</b>	<b>Year 3</b>	<b>4%</b>	<b>96%</b>	<b>79%</b>
	<b>Year 4</b>	<b>9%</b>	<b>91%</b>	<b>0%</b>
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>47%</b>
<b>Family Medicine</b>	<b>Year 3</b>	<b>3%</b>	<b>97%</b>	<b>7%</b>
	<b>Year 4</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>
	<b>Total</b>	<b>2%</b>	<b>98%</b>	<b>4%</b>
<b>Internal Medicine</b>	<b>Year 3</b>	<b>7%</b>	<b>93%</b>	<b>4%</b>
	<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>2%</b>
	<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>3%</b>
<b>Obstetrics and Gynecology</b>	<b>Year 3</b>	<b>9%</b>	<b>91%</b>	<b>9%</b>
	<b>Year 4</b>	<b>5%</b>	<b>95%</b>	<b>2%</b>
	<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>6%</b>
<b>Pediatrics</b>	<b>Year 3</b>	<b>14%</b>	<b>86%</b>	<b>6%</b>
	<b>Year 4</b>	<b>5%</b>	<b>95%</b>	<b>2%</b>
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>4%</b>

<b>Psychiatry</b>	<b>Year 3</b>	<b>5%</b>	<b>95%</b>	<b>10%</b>
	<b>Year 4</b>	<b>3%</b>	<b>97%</b>	<b>2%</b>
	<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>7%</b>
<b>Surgery</b>	<b>Year 3</b>	<b>5%</b>	<b>95%</b>	<b>6%</b>
	<b>Year 4</b>	<b>7%</b>	<b>93%</b>	<b>2%</b>
	<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>4%</b>
<b>Geriatrics</b>	<b>Year 3</b>	<b>7%</b>	<b>93%</b>	<b>88%</b>
	<b>Year 4</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
	<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>52%</b>
<b>Sub-Specialty Medicine</b>	<b>Year 3</b>	<b>3%</b>	<b>97%</b>	<b>72%</b>
	<b>Year 4</b>	<b>3%</b>	<b>97%</b>	<b>0%</b>
	<b>Total</b>	<b>3%</b>	<b>97%</b>	<b>43%</b>
<b>Sub-Specialty Surgery</b>	<b>Year 3</b>	<b>8%</b>	<b>92%</b>	<b>71%</b>
	<b>Year 4</b>	<b>10%</b>	<b>90%</b>	<b>0%</b>
	<b>Total</b>	<b>10%</b>	<b>90%</b>	<b>42%</b>

<b>Q54</b>	<b>The curriculum provided broad exposure to and experience in generalist care</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
Year 1	6%	94%	27%
Year 2	5%	95%	3%
Year 3	2%	98%	2%
Year 4	1%	99%	0%
<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>8%</b>

<b>Q55</b>	<b>The curriculum provided broad exposure to and experience in comprehensive family medicine</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
Year 1	4%	96%	25%
Year 2	7%	93%	4%
Year 3	6%	94%	3%
Year 4	7%	93%	0%
<b>Total</b>	<b>6%</b>	<b>94%</b>	<b>9%</b>

<b>Q56</b>	<b>My clinical learning experiences (required and elective combined) took place in more than one setting ranging from small rural or underserved communities to tertiary care health centres</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
Year 1			
Year 2			
Year 3	2%	98%	4%
Year 4	1%	99%	0%
<b>Total</b>	<b>1%</b>	<b>99%</b>	<b>2%</b>

<b>Q57</b>	<b>I know that my medical school requires me to report situations in which my personal health poses a risk of harm to patients.</b>		
	<b>Medical School Year</b>	<b>No (%)</b>	<b>Yes (%)</b>
	Year 1	9%	91%
	Year 2	9%	91%
	Year 3	9%	91%
	Year 4	8%	92%
	<b>Total</b>	<b>9%</b>	<b>91%</b>

<b>Q58</b>	<b>I have participated in a service-learning activity as a student in the MD Program</b>					
	<b>Medical School Year</b>	<b>Yes (%)</b>	<b>No, I plan to participate later (%)</b>	<b>No, I am/was not interested (%)</b>	<b>No, opportunity was not available (%)</b>	<b>No, other reason (%)</b>
	Year 1	19%	27%	16%	24%	15%
	Year 2	68%	4%	14%	8%	6%
	Year 3	82%	1%	6%	7%	4%
	Year 4	74%	0%	15%	5%	7%
	<b>Total</b>	<b>59%</b>	<b>8%</b>	<b>13%</b>	<b>11%</b>	<b>8%</b>

<b>Q59</b>	<b>I have participated in research or other scholarly activities with a faculty member when I was a student in the MD program</b>					
	<b>Medical School Year</b>	<b>Yes (%)</b>	<b>No, I plan to participate later (%)</b>	<b>No, I am/was not interested (%)</b>	<b>No, opportunity was not available (%)</b>	<b>No, other reason (%)</b>
	Year 1	61%	19%	8%	4%	8%
	Year 2	72%	4%	11%	6%	6%
	Year 3	75%	2%	14%	4%	5%
	Year 4	82%	0%	15%	1%	2%
	<b>Total</b>	<b>72%</b>	<b>7%</b>	<b>12%</b>	<b>4%</b>	<b>6%</b>

A. Response to Supplementary Survey Questions By Class

Medical School Year	Adequate requests to share my opinion (%)	Too many requests to share my opinion (%)	Too few requests to share my opinion (%)
Year 1	27%	71%	2%
Year 2	42%	56%	1%
Year 3	22%	76%	2%
Year 4	25%	73%	2%
<b>Total</b>	<b>30%</b>	<b>68%</b>	<b>2%</b>

Medical School Year	Informally in-person	Informally via email	MedSIS evaluation forms	Official surveys distributed by the MD program	Peer-initiated surveys (i.e. class rep. seeking feedback)	Report to an external party	Structured forums (i.e. town halls)	Structured groups (i.e. focus groups)
Year 1	0.68	0.72	1.00	0.98	1.00	0.51	0.70	0.59
Year 2	0.79	0.80	0.98	1.00	0.94	0.50	0.73	0.60
Year 3	0.76	0.67	0.82	0.85	1.00	0.46	0.73	0.52
Year 4	0.81	0.68	0.75	0.76	1.00	0.44	0.70	0.56
<b>Total</b>	<b>0.77</b>	<b>0.74</b>	<b>0.92</b>	<b>0.92</b>	<b>1.00</b>	<b>0.49</b>	<b>0.73</b>	<b>0.58</b>

Medical School Year	Class announcements	Email communications	MD program website	Social media	Town hall
Year 1	0.92	1.00	0.64	0.61	0.71
Year 2	0.88	1.00	0.62	0.56	0.72
Year 3	0.83	1.00	0.58	0.56	0.68
Year 4	0.88	1.00	0.62	0.59	0.74
<b>Total</b>	<b>0.88</b>	<b>1.00</b>	<b>0.61</b>	<b>0.58</b>	<b>0.71</b>

QS2	I feel that my medical class is suitably diverse in terms of: [1]			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
Ethnicity	Year 1	33%	67%	6%
	Year 2	30%	70%	3%
	Year 3	33%	67%	2%
	Year 4	53%	47%	1%
	<b>Total</b>	<b>36%</b>	<b>64%</b>	<b>3%</b>
Gender	Year 1	6%	94%	5%
	Year 2	2%	98%	1%
	Year 3	2%	98%	2%
	Year 4	8%	92%	1%
	<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>2%</b>
Socioeconomic background	Year 1	63%	37%	29%
	Year 2	53%	47%	20%
	Year 3	71%	29%	18%
	Year 4	71%	29%	7%
	<b>Total</b>	<b>64%</b>	<b>36%</b>	<b>19%</b>
Religious background	Year 1	23%	77%	46%
	Year 2	13%	87%	22%
	Year 3	20%	80%	26%
	Year 4	20%	80%	15%
	<b>Total</b>	<b>18%</b>	<b>82%</b>	<b>28%</b>
Educational	Year 1	7%	93%	8%

<b>background</b>	<b>Year 2</b>	<b>12%</b>	<b>88%</b>	<b>5%</b>
	<b>Year 3</b>	<b>16%</b>	<b>84%</b>	<b>7%</b>
	<b>Year 4</b>	<b>19%</b>	<b>81%</b>	<b>2%</b>
	<b>Total</b>	<b>13%</b>	<b>87%</b>	<b>6%</b>
<b>Age</b>	<b>Year 1</b>	<b>4%</b>	<b>96%</b>	<b>6%</b>
	<b>Year 2</b>	<b>4%</b>	<b>96%</b>	<b>2%</b>
	<b>Year 3</b>	<b>6%</b>	<b>94%</b>	<b>2%</b>
	<b>Year 4</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>
	<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>3%</b>

<b>QS3</b>	<b>I feel that the medical school has effective policies and practices in place to engage systematic and focused recruitment/retention activities, to promote diversity of students, faculty, senior academic and educational leadership.</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>26%</b>	<b>74%</b>	<b>11%</b>
<b>Year 2</b>	<b>27%</b>	<b>73%</b>	<b>16%</b>
<b>Year 3</b>	<b>29%</b>	<b>71%</b>	<b>8%</b>
<b>Year 4</b>	<b>27%</b>	<b>73%</b>	<b>3%</b>
<b>Total</b>	<b>27%</b>	<b>73%</b>	<b>10%</b>

<b>QS4</b>	<b>I feel that the MD program has made adequate efforts to address their commitment to social accountability</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>27%</b>	<b>73%</b>	<b>0%</b>
<b>Year 2</b>	<b>20%</b>	<b>80%</b>	<b>0%</b>
<b>Year 3</b>	<b>17%</b>	<b>83%</b>	<b>0%</b>
<b>Year 4</b>	<b>28%</b>	<b>72%</b>	<b>0%</b>
<b>Total</b>	<b>23%</b>	<b>77%</b>	<b>0%</b>

QS5a	I feel that there is transparency from the MD Program with regards to procedures in the event that students are unable to meet academic standards. (1)		
Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
Year 1	17%	83%	15%
Year 2	14%	86%	17%
Year 3	21%	79%	18%
Year 4	29%	71%	9%
Total	20%	80%	15%

<b>QS5b</b>	<b>I feel that the processes in place for students who are unable to meet academic standards and cut-offs are supportive. (1)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
Year 1	1%	99%	25%
Year 2	8%	92%	25%
Year 3	9%	91%	15%
Year 4	14%	86%	20%
<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>22%</b>

<b>QS5c</b>	<b>I feel comfortable seeking clarification or challenging feedback received from faculty on evaluations. (1)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
Year 1	29%	71%	13%
Year 2	22%	78%	20%
Year 3	41%	59%	10%
Year 4	31%	69%	9%
<b>Total</b>	<b>31%</b>	<b>69%</b>	<b>13%</b>

<b>QS6a</b>	<b>Support and guidance from the MD Program/OAW to prepare me for the CaRMS process (i.e. notarizing documents, application/interview preparation, deadlines) was adequate (1)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
Year 1			
Year 2			
Year 3	28%	72%	0%
Year 4	5%	95%	0%
<b>Total</b>	<b>18%</b>	<b>82%</b>	<b>0%</b>

<b>QS6b</b>	<b>Clerkship and the elective period provided me with adequate opportunities to explore my clinical interests prior to the CaRMS deadline (1)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>			
<b>Year 2</b>			
<b>Year 3</b>	<b>31%</b>	<b>69%</b>	<b>0%</b>
<b>Year 4</b>	<b>11%</b>	<b>89%</b>	<b>0%</b>
<b>Total</b>	<b>23%</b>	<b>77%</b>	<b>0%</b>

<b>QS7</b>	<b>Please indicate how satisfied you are with the preparedness of small group preceptors (DL, PDG, etc.) to provide a meaningful educational experience.</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>13%</b>	<b>87%</b>	<b>0%</b>
<b>Year 2</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>
<b>Year 3</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
<b>Year 4</b>	<b>2%</b>	<b>98%</b>	<b>0%</b>
<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>

<b>QS8a</b>	<b>The stress of medical school is manageable for me (1)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>9%</b>	<b>91%</b>	<b>0%</b>
<b>Year 2</b>	<b>4%</b>	<b>96%</b>	<b>0%</b>
<b>Year 3</b>	<b>12%</b>	<b>88%</b>	<b>0%</b>
<b>Year 4</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>
<b>Total</b>	<b>8%</b>	<b>92%</b>	<b>0%</b>

<b>QS8b</b>	<b>I feel comfortable taking personal days and/or asking for accommodations as needed to preserve my health and wellness or for other reasons that are important to me (1)</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	<b>Year 1</b>	<b>36%</b>	<b>64%</b>	<b>0%</b>
	<b>Year 2</b>	<b>32%</b>	<b>68%</b>	<b>0%</b>
	<b>Year 3</b>	<b>36%</b>	<b>64%</b>	<b>0%</b>
	<b>Year 4</b>	<b>31%</b>	<b>69%</b>	<b>0%</b>
	<b>Total</b>	<b>34%</b>	<b>66%</b>	<b>0%</b>

<b>QS9a</b>	<b>Availability of home elective opportunities at the University of Alberta and affiliated sites</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	<b>Year 1</b>	<b>23%</b>	<b>77%</b>	<b>67%</b>
	<b>Year 2</b>	<b>21%</b>	<b>79%</b>	<b>11%</b>
	<b>Year 3</b>	<b>34%</b>	<b>66%</b>	<b>2%</b>
	<b>Year 4</b>	<b>16%</b>	<b>84%</b>	<b>0%</b>
	<b>Total</b>	<b>24%</b>	<b>76%</b>	<b>22%</b>

<b>QS9b</b>	<b>Information provided and support given in arranging electives by the medical school</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	<b>Year 1</b>	<b>50%</b>	<b>50%</b>	<b>63%</b>
	<b>Year 2</b>	<b>42%</b>	<b>58%</b>	<b>10%</b>
	<b>Year 3</b>	<b>56%</b>	<b>44%</b>	<b>2%</b>
	<b>Year 4</b>	<b>23%</b>	<b>77%</b>	<b>1%</b>
	<b>Total</b>	<b>43%</b>	<b>57%</b>	<b>21%</b>

<b>QS10</b>	<b>Adequacy of the clinical component (LCE, physical exam, communications, etc.) of the pre-clerkship curriculum in providing context for the information that was taught.</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	21%	79%	8%
	Year 2	17%	83%	0%
	Year 3	12%	88%	1%
	Year 4	11%	89%	1%
	<b>Total</b>	<b>16%</b>	<b>84%</b>	<b>2%</b>

<b>QS11a</b>	<b>Academic Service Learning (ASL/CSL)</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	6%	94%	73%
	Year 2	43%	57%	6%
	Year 3	62%	38%	2%
	Year 4	74%	26%	1%
	<b>Total</b>	<b>53%</b>	<b>47%</b>	<b>22%</b>

<b>QS11b</b>	<b>Anatomy</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	14%	86%	2%
	Year 2	11%	89%	0%
	Year 3	26%	74%	0%
	Year 4	19%	81%	0%
	<b>Total</b>	<b>17%</b>	<b>83%</b>	<b>0%</b>

QS11c	Communications Sessions			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
	Year 1	10%	90%	0%
	Year 2	3%	97%	0%
	Year 3	10%	90%	0%
	Year 4	7%	93%	0%
	<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>

QS11d	Discovery learning (DL)			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
	Year 1	12%	88%	0%
	Year 2	12%	88%	0%
	Year 3	10%	90%	0%
	Year 4	9%	91%	0%
	<b>Total</b>	<b>11%</b>	<b>89%</b>	<b>0%</b>

QS11e	Evidence-Based Medicine (EBM)			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
	Year 1	34%	66%	1%
	Year 2	40%	60%	1%
	Year 3	38%	62%	1%
	Year 4	41%	59%	0%
	<b>Total</b>	<b>38%</b>	<b>62%</b>	<b>1%</b>

QS11f	Lectures			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
	Year 1	7%	93%	0%
	Year 2	3%	97%	0%
	Year 3	4%	96%	0%
	Year 4	7%	93%	0%
	<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>0%</b>

QS11g	Longitudinal Clinical Experience (LCE)			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
	Year 1	6%	94%	0%
	Year 2	5%	95%	0%
	Year 3	6%	94%	0%
	Year 4	10%	90%	0%
	<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>0%</b>

QS11h	Physical Exam			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
	Year 1	32%	68%	2%
	Year 2	24%	76%	0%
	Year 3	6%	94%	0%
	Year 4	0%	100%	0%
	<b>Total</b>	<b>17%</b>	<b>83%</b>	<b>1%</b>

QS11i	<b>Physicianship Discussion Group (PDG)</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	36%	64%	0%
	Year 2	29%	71%	0%
	Year 3	29%	71%	0%
	Year 4	26%	74%	2%
<b>Total</b>	<b>30%</b>	<b>70%</b>	<b>0%</b>	

QS11j	<b>Small group/Case Based Learning</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	14%	86%	8%
	Year 2	4%	96%	0%
	Year 3	5%	95%	2%
	Year 4	6%	94%	1%
<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>3%</b>	

QS11k	<b>Team-Based Learning (TBL)</b>			
	<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
	Year 1	24%	76%	0%
	Year 2	9%	91%	0%
	Year 3	29%	71%	0%
	Year 4	43%	57%	1%
<b>Total</b>	<b>24%</b>	<b>76%</b>	<b>0%</b>	

<b>QS12</b>	<b>The cost of tuition was a significant factor in my decision to attend medical school at the University of Alberta.</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>62%</b>	<b>38%</b>	<b>0%</b>
<b>Year 2</b>	<b>56%</b>	<b>44%</b>	<b>0%</b>
<b>Year 3</b>	<b>62%</b>	<b>38%</b>	<b>0%</b>
<b>Year 4</b>	<b>67%</b>	<b>33%</b>	<b>0%</b>
<b>Total</b>	<b>61%</b>	<b>39%</b>	<b>0%</b>

<b>QS13</b>	<b>I have a clear understanding of the mapped curriculum for the MD program (high-level learning objectives and the timing of their delivery throughout all 4 years of medical school) and/or know where to find this information</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>27%</b>	<b>73%</b>	<b>0%</b>
<b>Year 2</b>	<b>18%</b>	<b>82%</b>	<b>0%</b>
<b>Year 3</b>	<b>19%</b>	<b>81%</b>	<b>0%</b>
<b>Year 4</b>	<b>14%</b>	<b>86%</b>	<b>0%</b>
<b>Total</b>	<b>20%</b>	<b>80%</b>	<b>0%</b>

QS14	The evaluations (i.e. written examinations, OSCE's, preceptor feedback, etc.) in each of the following clerkship rotations appropriately and fairly reflected the learning objectives provided.			
	Medical School Year	Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)	Satisfied + Very Satisfied/ Agree + Strongly Agree (%)	Did Not Use / Don't Know /No Opinion / Have Not Done Yet
Emergency Medicine	Year 3	0%	100%	90%
	Year 4	20%	80%	0%
	<b>Total</b>	<b>18%</b>	<b>82%</b>	<b>53%</b>
Family Medicine	Year 3	1%	99%	17%
	Year 4	1%	99%	0%
	<b>Total</b>	<b>1%</b>	<b>99%</b>	<b>10%</b>
Internal Medicine	Year 3	50%	50%	14%
	Year 4	43%	57%	2%
	<b>Total</b>	<b>47%</b>	<b>53%</b>	<b>9%</b>
Obstetrics and Gynecology	Year 3	3%	97%	15%
	Year 4	6%	94%	2%
	<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>10%</b>
Pediatrics	Year 3	4%	96%	13%
	Year 4	3%	97%	2%
	<b>Total</b>	<b>4%</b>	<b>96%</b>	<b>8%</b>
Psychiatry	Year 3	16%	84%	18%
	Year 4	12%	88%	2%
	<b>Total</b>	<b>14%</b>	<b>86%</b>	<b>12%</b>
Surgery	Year 3	7%	93%	15%
	Year 4	10%	90%	2%
	<b>Total</b>	<b>9%</b>	<b>91%</b>	<b>10%</b>
Geriatrics	Year 3	0%	100%	89%

	<b>Year 4</b>	<b>6%</b>	<b>94%</b>	<b>0%</b>
	<b>Total</b>	<b>5%</b>	<b>95%</b>	<b>52%</b>
<b>Sub-Specialty Medicine</b>	<b>Year 3</b>	<b>0%</b>	<b>100%</b>	<b>85%</b>
	<b>Year 4</b>	<b>4%</b>	<b>96%</b>	<b>14%</b>
	<b>Total</b>	<b>3%</b>	<b>97%</b>	<b>56%</b>
<b>Sub-Specialty Surgery</b>	<b>Year 3</b>	<b>0%</b>	<b>100%</b>	<b>82%</b>
	<b>Year 4</b>	<b>9%</b>	<b>91%</b>	<b>8%</b>
	<b>Total</b>	<b>7%</b>	<b>93%</b>	<b>51%</b>

<b>QS15</b>	<b>The stress and/or anxiety I experience/experienced regarding not matching for residency (to the discipline of my choice and/or in general) affects me negatively on a regular basis (1)</b>		
<b>Medical School Year</b>	<b>Very Dissatisfied + Dissatisfied/Strongly Disagree + Disagree (%)</b>	<b>Satisfied + Very Satisfied/ Agree + Strongly Agree (%)</b>	<b>Did Not Use / Don't Know /No Opinion / Have Not Done Yet</b>
<b>Year 1</b>	<b>55%</b>	<b>45%</b>	<b>0%</b>
<b>Year 2</b>	<b>58%</b>	<b>42%</b>	<b>0%</b>
<b>Year 3</b>	<b>42%</b>	<b>58%</b>	<b>0%</b>
<b>Year 4</b>	<b>59%</b>	<b>41%</b>	<b>0%</b>
<b>Total</b>	<b>53%</b>	<b>47%</b>	<b>0%</b>

## A.2 Summary Table of Supplementary Questions and Corresponding Accreditation Standard

Question #	Question	Accreditation Standard	Survey Section
<b>S1</b>	<b>a</b> Please rate the number of requests you receive to complete surveys, seminar/lecture evaluations, course evaluations, and other requests for your opinions. [1]	<b>8.5</b>	Medical Education
	<b>b</b> What is your preference for sharing your feedback with the MD Program? Please rank the following methods from most preferred to least preferred (with 1 being most preferred). [1]		Medical Education
	<b>c</b> How do you prefer to receive information from the MD Program? Please rank the following methods from most preferred to least preferred (with 1 being most preferred). [1]		Medical Education
<b>S2</b>	<b>a</b> I feel that my medical class is suitably diverse in terms of ethnicity [1]	<b>3.3</b>	Learning Environment
	<b>b</b> I feel that my medical class is suitably diverse in terms of gender [1]		Learning Environment
	<b>c</b> I feel that my medical class is suitably diverse in terms of religious backgrounds [1]		Learning Environment
	<b>d</b> I feel that my medical class is suitably diverse in terms of socioeconomic backgrounds [1]		Learning Environment
	<b>e</b> I feel that my medical class is suitably diverse in terms of educational backgrounds [1]		Learning Environment
<b>S3</b>	I feel that the medical school has effective policies and practices in place to engage systematic and focused recruitment/retention activities, to promote diversity of students, faculty, senior academic and educational leadership.		Learning Environment

<b>S4</b>		I feel that the MD program has made adequate efforts to address their commitment to social accountability	<b>1.1.1</b>	Learning Environment
<b>S5</b>	<b>a</b>	I feel that there is transparency from the MD Program with regards to procedures in the event that students are unable to meet academic standards [1]	<b>9.9</b>	Learning Environment
	<b>b</b>	I feel that the processes in place for students who are unable to meet academic standards and cut-offs are efficient, effective and supportive [1]		Learning Environment
	<b>c</b>	I feel comfortable seeking clarification or challenging feedback received from faculty on evaluations [1]		Learning Environment
<b>S6</b>	<b>a</b>	Adequacy of support and guidance from the University of Alberta MD Program to prepare me for the CaRMS process (i.e. notarizing documents, application/interview preparation, deadlines) [1]	<b>11.2</b>	Student Services
	<b>b</b>	Clerkship and the elective period provided me with adequate opportunities to explore my clinical interests prior to the CaRMS deadline [1]		Student Services
<b>S7</b>		Please indicate how satisfied you are with the preparedness of small group preceptors (DL, PDG, etc.) to provide a meaningful educational experience.	<b>11.4</b>	Medical Education
<b>S8</b>	<b>a</b>	The stress of medical school is manageable for me. [1]	<b>12.3</b>	Student Services
	<b>b</b>	I feel comfortable taking personal days and/or asking for accommodations as needed to preserve my health and wellness or for other reasons that are important to me [1]	<b>12.3</b>	Student Services
<b>S9</b>	<b>a</b>	Availability of home elective opportunities at the University of Alberta	<b>6.5</b>	Medical Education
	<b>b</b>	Please indicate your level of satisfaction regarding the information and support in arranging electives		Medical Education

<b>S10</b>	I feel that the clinical component (LCE, physical exam, communications, etc.) of the pre-clerkship curriculum provided adequate context for the information that was taught	<b>8.4</b>	Medical Education
<b>S11</b>	Please indicate how satisfied you are with each of the following components of the pre-clerkship curriculum	<b>8.4</b>	Medical Education
<b>S12</b>	The cost of tuition was a significant factor in my decision to attend medical school at the University of Alberta.	<b>12.1</b>	Learning Environment
<b>S13</b>	I have a clear understanding of the mapped curriculum for the MD program (high-level learning objectives and the timing of their delivery throughout all 4 years of medical school) and/or know where to find this information	<b>6.1</b>	Medical Education
<b>S14</b>	The evaluations (i.e. written examinations, OSCE's, preceptor feedback, etc.) in each of the following clerkship rotations appropriately and fairly reflected the learning objectives provided	<b>9.8</b>	Medical Education
<b>S15</b>	The stress and/or anxiety I experience regarding not matching for residency (to the discipline of my choice and/or in general) affect me negatively on a regular basis [1]	<b>12.3</b>	Student Services