

Interim Accreditation Review Report MD Program

**Faculty of Medicine and Dentistry
University of Alberta**

Site Visit Dates: March 8 & 9, 2018
Report Date: Apr 10, 2018

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Important Note

The findings and recommendations that follow represent the professional judgment of the AFMC Interim Accreditation Survey Team's assessment of compliance with accreditation standards. The findings and recommendations are exclusively FORMATIVE and will not be communicated to the CACMS. The report and its recommendations are intended to assist the faculty in achieving and maintaining compliance with accreditation standards. The faculty may use and share these findings in whatever way it deems appropriate. The Interim Survey Report and tracking of subsequent follow-up on elements can serve as the information source for the Medical School Self-Study (MSS), inform the generation of the CACMS DCI, and the MSS Report. It should be kept in mind that it is possible that the AFMC Interim Accreditation Survey may have failed to identify elements that are unsatisfactory or satisfactory with a need for monitoring. In addition, a rating of satisfactory with particular elements at the time of the Interim Accreditation Survey does not mean that the program will remain satisfactory until the time of the CACMS/LCME full survey. Continuous quality improvement and monitoring of elements are needed.

Interim Survey Team (Interim Accreditation Review Committee) Composition and Process

The Education Quality and Improvement Process Committee (EQUIP Committee) was established in 2014 by Dean Miller to provide leadership for and guidance towards quality education and accreditation of all Faculty of Medicine & Dentistry (FoMD) programs with the priority being the MD program. The EQUIP Committee was responsible for guiding the 2014 MD Program accreditation and the follow up work from that process. EQUIP is responsible for any reports or communications with CACMS regarding accreditation of the MD Program.

In September 2017, the EQUIP Committee temporarily became the Interim Accreditation Review Committee for the interim accreditation of the MD program scheduled for March 8 and 9th, 2018. This committee goes by the name "Interim Accreditation Review Committee". As recommended by the AFMC guidelines for the interim accreditation review, membership was expanded to include a diversity of faculty as well as student representation.

1. Chair
 - i. Dr. Susan Andrew (Assistant Dean, Education Quality and Accreditation)
2. Ex officio Members (Voting)
 - i. Dr. Shirley Schipper (Vice Dean Education)
 - ii. Dr. Tracey Hillier (Associate Dean, MD Program)
 - iii. Dr. Hollis Lai (Director, Assessment and Program Evaluation)
 - iv. Dr. Melanie Lewis (Associate Dean, Learner Advocacy and Wellness)
3. Standing members (Voting)*
 - i. Dr. Dan Livy (Associate Professor, Anatomy)
 - ii. Dr. Carol Hodgson (J. Alan Gilbert Chair in Medical Education Research)
 - iii. Dr. Jon Duff (Professor, Dept of Pediatrics)*
 - iv. Dr. Joanne Rodger (Curriculum Specialist)*

- v. Mr. Martin Marshall (Curriculum Coordinator)*
- vi. Dr. Saad Salim (Research Facilitator, Research Services Officer)*
- vii. Mr Jack Zhang (MD student, 2nd year)*
- viii. Mr. Aran Yukseloglu (MD student, 3rd year)*
- ix. Ms. Rachel Wang (MD student, 4th year)*

4. Ex Officio (Non-Voting)

- i. Dean, Faculty of Medicine & Dentistry

*Committee members added to the EQUP Committee for the Interim Accreditation Committee

External Interim Review Coordinator (IRC): Kathleen Beatty, Interim Accessibility Advocate & Director, Office of Equity and Quality, Northern Ontario School of Medicine

The interim accreditation review process is outlined on <https://www.afmc.ca/accreditation/interim-accreditation-review-process-irp>. Unlike a full site visit accreditation, the interim survey team consists of the faculty accreditation lead and interim review coordinator, the external interim review coordinator and faculty and student members. The school completes the MSS and invites the external review coordinator to participate at that time, to review the ranking of elements and to generate recommendations on the elements rated as unsatisfactory and those rated as satisfactory with monitoring. The University of Alberta is one of the last schools to undergo their first interim accreditation review. Thus, the interim review process carried out here had the benefit of following best practices learned from following other schools and discussed extensively at annual interim review coordinator meetings.

Lexicon

The following table is a lexicon of terms used in this document and is essential for accurate interpretation of the standards and elements.

Accreditation Management System (AMS)	The platform used by the MD program at the University of Alberta to contain the accreditation information required by CACMS (found within the Data Collection Instrument documents provided by CACMS)
Assessment	Educational assessment is the systematic process of documenting and using empirical data on the knowledge, skill, attitudes, and beliefs to refine programs and improve student learning.
Data Collection Instrument (DCI)	Data Collection Instrument, formerly known as the Accreditation Database. Contains extensive information provided by the schools regarding all standards and elements. https://cacms-cafmc.ca/accreditation-documents/2016-2017/data-collection-instrument-dci
Evaluation	Educational evaluation is the evaluation process of characterizing and appraising some aspect/s of an educational process. Educational institutions usually

	require evaluation data to demonstrate effectiveness to stakeholders, and to provide a measure of performance.
Geographically distributed campus	An instructional site that is located at a distance from the main campus of the medical school where daily commuting is not feasible and at which students complete a significant portion of the educational program (i.e., at least six months or a complete year, or more). A geographically distributed campus generally has, or is assured the use of, “bricks and mortar” facilities with educational and administrative space. Medical schools with geographically distributed campuses receive student performance reports from the Medical Council of Canada for each campus.
Medical School	The Faculty of Medicine, Faculty of Medicine and Dentistry, Faculty of Health Sciences, School of Medicine, or School of Medicine and Dentistry that provides the education program leading to the degree of Doctor of Medicine in Canada
Medical Education Program	MD Program
Medical Self-study (MSS)	Medical Self-Study. The school completes the 12 CACMS medical self-study documents (one for each stanadard) prior to a full accreditation and an interim review to ensure all elements and sub-elements are met. https://cacms-cafmc.ca/accreditation-documents/2016-2017/medical-school-self-study-mss
Required clinical learning experience	A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.
Required learning experience	An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student’s transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student’s choosing.
Senior Administrative Staff	Individuals in high-level positions responsible for the operation of the medical school e.g., finances, information technology, and facilities.
Senior Academic and Educational Leadership	Individuals in high-level positions who are leaders of academic units e.g., department chairs, or leaders of the medical education program e.g., vice-dean, associate dean, curriculum chair, and directors of required learning experiences.

CACMS Element Rating Summary Table: Pre-site visit

Pre-Site Visit Team CACMS Element Rating Summary Table

Standard	1	2	3	4	5	6	7	8	9	10	11	12
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.6	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	-	7.7	8.7	9.7	10.7		12.7
					5.8	6.8	7.8	8.8	9.8	-		12.8
					5.9		7.9		9.9	10.9		
					5.10					-		
					5.11					10.11		
					5.12							

Labeling Code	Color
Satisfactory	
Satisfactory monitoring	
Unsatisfactory	

CACMS Element Rating Summary Table: Final Evaluations of Standards 1-12

Post-site visit summary table of ratings for Standards 1-12

Standard	1	2	3	4	5	6	7	8	9	10	11	12
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.6	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	-	7.7	8.7	9.7	10.7		12.7
					5.8	6.8	7.8	8.8	9.8	-		12.8
					5.9		7.9		9.9	10.9		
					5.10					-		
					5.11					10.11		
					5.12							

Labeling Code	Color
Satisfactory	
Satisfactory with monitoring	
Unsatisfactory	

Description of the Interim Survey

Data Collection Instrument (DCI) Documentation

For the 2018 Interim Accreditation Review, the CACMS documentation for schools undergoing accreditation in 2017/2018 (<https://cacms-cafmc.ca/accreditation-documents/2017-2018/standards-and-elements>) were used. However, revisions to the DCI taking effect in 2018/2019 included removal of many questions in the DCI. If a DCI question was removed in future versions of the DCI, it was removed from the Accreditation Management System (AMS) which houses the DCI information and was not included in this review.

The DCI was completed using the AMS, which was developed by Dr. Hollis Lai and his team in 2017. Responses from 2014 accreditation were used when possible and updated where applicable. Requests for updating the old responses or providing new information for some new questions were sent out to the person best able to provide a response. Responses were reviewed, edited and accepted by Dr. Susan Andrew, Ms. Clair Birkman and Dr. Joanne Rodger, in collaboration with Dr. Tracey Hillier, Associate Dean, MD Program.

Some sub-elements of the CACMS DCI were not completed for this review (i.e. sub-element 4.2a on scholarly productivity) due to the extensive work required to collect the information in the DCI and the lack of concern with the sub-element based on past accreditation and knowledge of the Interim Accreditation Review Committee members.

Completion of the MSS and DCI

The Interim Accreditation Review Committee met approximately every two weeks from September 2017 until February 2018. Two committee members were assigned as primary reviewers for each standard. The reviewers completed the MSS and rated each element as satisfactory/unsatisfactory/satisfactory with monitoring (green/red/yellow). At meetings, committee members discussed each element before reaching consensus on red/yellow/green status for each element. In some cases, when consensus could not be reached, the rating was determined based on the majority of the committee. As much as possible, the MSS documentation reflects the opinions of all committee members.

The interim review process introduced by the AFMC initially involved completion of checklists related to the accreditation standards. The new CACMS accreditation Medical Self-Study (MSS) documents introduced in 2014 are essentially checklist based, therefore the interim review process changed in 2014 to use the MSS documents as required for an interim review. Completion of the DCI is not necessary for an interim review but many schools find it helpful to complete the DCI to inform completion of the MSS. For the 2018 interim review, the MD program choose to complete the DCI as fully as possible to allow for updating of the 2014 accreditation information and in order to enter the information in the new AMS system. However, as this is an interim review, the emphasis was on completing the MSS, not necessarily review of, or ensuring completion of, the DCI.

Some elements/sub-elements were not included in the interim analysis:

- a) Elements relating to a geographically distinct campus which the MD program at the University of Alberta does not have (element 2.5 and 2.6).
- b) Element 5.1 related to the financials (Ms Vivien Wolff, COO of the Faculty of Medicine & Dentistry, determined that the financials will have changed in the next four years and felt that it was not helpful to Faculty of Medicine & Dentistry to review those standards at this time).

Interim Accreditation Review Student Survey

Although an Independent Student Survey is not required for an interim accreditation review, the Medical Student Association (MSA) decided that it was a good opportunity to collect student feedback. The MSA assembled a committee of 10 medical students from all four years to do this work. Over the summer of 2017, the students worked on the survey questions. To maximize response rates, time was provided in the curriculum in November 2017 for the first and second years to complete the survey. The third and fourth years were given time during Intersession week in early January 2018 to complete the survey. Everyone who completed the survey was entered in a draw (twenty students received \$50).

Response rates

2021 Class: 115/162=**71.0%**

2020 Class: 94/163=**57.7%**

2019 Class: 135/162=**83.3%**

2018 Class: 132/162=**81.4%**

Overall Response Rate = 73.4%

Orientation provided to the external IRC

Orientation for the external IRC began in fall, 2017 with discussions with the FoMD IRC about the instability of FoMD leadership (see [2017/2018 Faculty of Medicine & Dentistry and MD Program Leadership](#) below for more details). Several additional conversations followed to update the external reviewer about progress with completion of the documentation and the student survey.

The DCI and the MSS were made available to the external IRC in stages from four to two weeks prior to the site visit. [Appendix A](#) includes a schedule of the site visit and the attendees. A schematic of the curriculum, org chart of the leadership in Faculty of Medicine & Dentistry and a document on background information was also provided to the external IRC ([Appendix B](#), [Appendix C](#), and [Appendix D](#)).

Further phone calls and emails followed in the weeks prior to the visit, to provide updates on some elements.

History of the Medical School

Faculty of Medicine and Dentistry (FoMD)

The Faculty of Medicine & Dentistry's mission states "The Faculty of Medicine & Dentistry serves the public good through excellence in medical and health professions education, research and patient

care. We build partnerships essential to a high-performing academic health sciences centre.” The Faculty holds 40% of the university’s overall research funding, employs award-winning, outstanding faculty, graduates MD students who consistently rank in the top tier on national licensing examinations, and has established leading primary-to-quaternary care clinical programs. The Faculty of Medicine & Dentistry celebrated its centenary in 2013.

Alberta Health Services (AHS), a unified provincial health authority for the province, was created in May 2008 and the nine regional authorities, including Edmonton’s Capital Health Authority, were dissolved. Other provincial government initiatives included expansion of Academic Alternate Relationship Plans (AARPs) for some Faculty of Medicine & Dentistry departments; introduction of a new model of health research funding with Alberta Innovates (AI) which accompanies the gradual phasing out of the Alberta Heritage Medical Research Fund (AHFMR); and a vision for province-wide delivery of research-infused health care via Strategic Clinical Networks (SCNs).

Over recent years, significant infrastructure has been built increasing education, clinical and research capacity. The University of Alberta/Mazankowski Alberta Heart Institute, the Katz Group Centre for Pharmacy and Health Research, the Ledcor Centre for Clinical Training/Zeidler-Gastrointestinal Health Centre, the Li-Ka-Shing Virology Institute/Li Ka Shing Centre for Health Research Innovation, the Edmonton Clinic Health Academy (ECHA) for inter-professional education, and the Kaye Edmonton Clinic (KEC) ambulatory clinic centre are in place. The 2010 opening of the Lois Hole Hospital for Women and the Robbins Centre provides increased educational and clinical capacity at the Royal Alexandra Hospital.

In the first economic impact study of a Canadian medical faculty, the Faculty of Medicine & Dentistry was shown to have an annual economic impact of \$2 billion on the province in 2012. The Faculty has graduated 28% of the family doctors and physician specialists currently caring for patients in Alberta and secured more than \$136.1 million in extramural funding in 2012. The Faculty of Medicine & Dentistry creates and/or supports more than 13,500 jobs for Albertans.

2017/2018 Faculty of Medicine & Dentistry and MD Program Leadership

This interim accreditation was completed in the midst of leadership changes. Dr. Richard Fedorak returned as the Dean, Faculty of Medicine and Dentistry on March 5, 2018 having been on a medical leave from mid-August, 2017. Dr. Dennis Kunimoto was appointed Acting Dean in Dr. Fedorak’s absence, as of August 15th 2017.

The associate dean, MD Program was removed from her responsibilities in September 2017. Dr. Peggy Sagle acted as interim associate dean during this time. Dr. Hillier returned to her position as associate dean, MD Program in January, 2018.

In September, the Interim Accreditation Committee discussed deferring the interim accreditation review. The committee appreciated that completing the DCI and the interim review without Dr Hillier’s leadership would be difficult. However, it was felt that the investment of work to date from many staff, faculty and students was too great and a deferral would create unnecessary feelings of frustration. Furthermore, it was felt that interim accreditation results would provide a good starting point for a new associate dean, MD Program. As a result, the decision was made to proceed with the March 2018 interim accreditation review, as planned.

Prior Accreditation History

The last full accreditation of the MD program at the University of Alberta was in March 2014. The MD program was the last school to be accredited with the “old” 132 CACMS/LCME based standards.

In 2014, the committee identified 5 standards as ‘Strengths’ and 4 standards as ‘Compliance with monitoring’. These are listed below with the old and new numbering systems.

Strengths

- 2.4 IS-11 (Sufficiency of dean’s administrative staff)
- 3.2 IS-14 (Community of scholars/research opportunities)
- 5.4 ER-4 (Sufficiency of buildings and equipment)
- 5.6 ER-7 (Clinical instructional facilities)
- 4.5 FA-4 (Faculty professional development)

Compliance with monitoring

- 3.3 IS-16 (Diversity)
- 9.4 ED-27 (Assessment – history taking and physical exam)
- 9.7 ED-30 (Timely return of grades)
- 9.7 ED-31 (Timely formative assessment)

After status reports were submitted to CACMS in December, 2015 and February, 2016, the MD Program was determined to be fully compliant with all accreditation standards/elements, as of June 2017.

The accreditation history of the school prior to 2014 is found in [Appendix E](#).

Overview Summary Tables

Please see [Appendix F](#).

Evaluations of Student Survey Data & GQ Data

The Interim Accreditation Review Committee started by reviewing the GQ data. The GQ data from the class of 2017 and class of 2016 were excellent and highlighted few areas of concern.

Students completed an Independent Student Survey (ISS) in December 2017 and early January 2018. This was during a time of instability with respect to the future leadership of the MD Program and while the dean was on medical leave. Results of the survey were made available to the Interim Accreditation Review Committee at the end of January 2018. The results of the survey showed generally lower levels of satisfaction than the GQ data. A final report from the students that includes some written commentary will be helpful for the MD program to better understand the lower satisfaction with some standards.

The MSA is reminded that for the full accreditation, the student survey must ensure that all the CACMS questions are included. Additional questions may be added, but not at the expense of removing questions for which data is required in the DCI.

Interim Survey Team Summary Statement

The MD program underwent an Interim Accreditation Review process on March 8-9, 2018. This review was preceded by more than eleven months of preparation during which all aspects of the MD program and some elements of the medical school (FoMD) were assessed by the Interim Accreditation Review Committee. Interim accreditation is a rigorous quality improvement process that supports a medical school and identifies areas that need improvement to become more effective, and in some case, more efficient. This is achieved by measuring the medical school against the 12 Standards and 94 elements and are monitored by the Committee on Accreditation of Canadian Medical Schools (CACMS).

The Interim Accreditation Review Committee identified elements in need of improvement so as to assist with complete readiness for the upcoming 2021/2022 CACMS External Accreditation Survey.

Summary of Site Visit Team Findings

The following is the Summary of Site Visit Team Findings, linked to elements rated as Satisfactory (S), Satisfactory with a Need for Monitoring (SM) or Unsatisfactory (US). The findings are listed in order by the number of the element. Standards where all elements are rated as satisfactory are not listed. It is important to note that the team's positive observations are not included in the Site Visit Report.

Element Rating SM, U	Element
Standard 1: Mission, Planning, Organization, and Integrity	
SM	<p>1.1 Strategic Planning and Continuous Quality Improvement</p> <p>A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.</p>
	<p>Finding: There is a strategic plan for the Faculty of Medicine & Dentistry that is reviewed on a regular basis. The Strategic Plan of the MD program needs to be developed in the coming months. A retreat to begin to develop the strategic plan for the MD program will take place in May 2018.</p>
SM	<p>1.1.1 Social Accountability</p> <p>A medical school is committed to address the priority health concerns of the populations it has a responsibility to serve. The medical school’s social accountability is:</p> <ul style="list-style-type: none"> a. articulated in its mission statement; b. fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences; c. evidenced by specific outcome measures.
	<p>Finding: Social accountability is a strength of the medical education program, particularly in the pre-clerkship curriculum. The social accountability mandate of the medical education program is achieved in collaboration with multiple stakeholders in the faculty and community. To successfully maintain this strength, the accountability for the program objectives and the management and evaluation of these efforts must be centralized under the authority of the MDCPC, as with all of the MD curriculum (see Standards 8.1 and 8.2). This is in addition to the medical school’s or faculty’s social accountability plan, which is developed, implemented and evaluated at a different level.</p> <p>Social accountability is identified in the Faculty of Medicine & Dentistry vision statement, and outcome measures have been identified; however, further development of a faculty-wide social accountability plan including outcome measures is required. Efforts should be prioritized to ensure social accountability is embedded throughout the entire faculty, including research, education, clinical work and faculty professional development.</p>

<p>SM</p>	<p>1.4 Affiliation Agreements</p> <p>In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical learning experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:</p> <ul style="list-style-type: none"> a) the assurance of medical student and faculty access to appropriate resources for medical student education b) the primacy of the medical school’s authority over academic affairs and the education/assessment of medical students c) the role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching d) specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury e) the shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment that is conducive to learning and to the professional development of medical students
	<p>Finding: The agreements between the Faculty of Medicine & Dentistry, Alberta Health Services, and Covenant Health need to continue to be monitored and renewed as necessary.</p>
<p>Standard 2: Leadership & Administration</p>	
<p>SM</p>	<p>2.4 Sufficiency of Administrative Staff</p> <p>A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.</p>
	<p>Finding: While the flattening of the MD program’s organizational structure has encouraged more involvement at the director level, there is a need to review the current levels/ranks of leadership positions in the MD program. This was identified by the MD program in 2016. MD program associate dean, the dean and VDE should undertake a review of the governance structure and increase support to the MD program.</p>
<p>Standard 3: Academic and Learning Environments</p>	
<p>U</p>	<p>3.3 Diversity/Pipeline Programs and Partnerships</p> <p>A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention</p>

	<p>activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policies and practices, program or partnership outcomes.</p>
	<p>Finding: The Faculty of Medicine & Dentistry Diversity policy states that the policy will be reviewed in 2017. This policy should be reviewed as stated.</p> <p>The Faculty of Medicine & Dentistry needs to create student, staff, faculty and leadership recruitment and retention plans that reflect the diversity outcomes identified in the Faculty of Medicine & Dentistry’s social accountability mandate.</p> <p>The medical school is accountable, through the accreditation process, for the success of any diversity and pipeline programs designed to meet diversity targets in the student populations, as well as diversity targets for faculty, leadership, and staff. Collaboration with supporting groups in the faculty, the university and the community continues to be essential. The medical school is responsible for oversight of these pipeline programs, ensuring appropriate collaboration to implement and operationalize pipeline programs and to develop clearly articulated evaluation plans to measure success of these programs.</p>
<p>SM</p>	<p>3.5 Learning Environment</p> <p>A medical school ensures that the learning environment of its medical education program is:</p> <ul style="list-style-type: none"> a. conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations; b. one in which all individuals are treated with respect. <p>The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to:</p> <ul style="list-style-type: none"> a. identify positive and negative influences on the maintenance of professional standards b. implement appropriate strategies to enhance positive and mitigate negative influences c. identify and promptly correct violations of professional standards
	<p>Finding: During the interim visit, it was observed and often discussed, that there are challenges in the working environment related to treating others with respect. This appears to exist at multiple levels in the Faculty of Medicine & Dentistry. Supporting an environment where members of the academic community (i.e. faculty members, students, staff, etc.) feel free to express opinions is admirable; however, a respectful environment must be maintained. These observations may carry over into the learning environment for students as well.</p> <p>The Faculty of Medicine & Dentistry, the medical school, and the medical education program always need to be vigilant to ensure a professional environment is maintained and promoted.</p>

<p>U</p>	<p>3.6 Student Mistreatment</p> <p>A medical school defines and publicizes its code of conduct for faculty-student relationship in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviors. Mechanisms for reporting violations of the code of conduct (e.g., incidents of harassment or abuse) are understood by students and ensure that any violations can be registered and investigated without fear of retaliation.</p>
	<p>Finding: Rates of student mistreatment reported in the Graduation Questionnaire (GQ) and Independent Student Analysis (ISA) have increased since the previous accreditation. Students continue to voice concerns about the perceived consequences of reporting mistreatment. Renewed efforts to communicate to students the avenues to report mistreatment are required.</p> <p>Further faculty development is required to reduce student mistreatment and improve faculty understanding of what constitutes student mistreatment. Renewed messaging to faculty about the expectations of the Faculty Code of Conduct are required.</p>
<p>Standard 4: Faculty Preparation, Productivity, Participation, and Policies</p>	
<p>SM</p>	<p>4.6 Governance and Policy Making</p> <p>The dean and a committee of the faculty at a medical school determine the governance and policy-making procedures of the medical education program.</p>
	<p>Finding: At the time of the previous accreditation, documentation provided to faculty delivered clear understanding of the delegation of authority from Faculty Council to the MD Program Curriculum and Program Committee. Examples were provided during the recent interim accreditation site visit that suggest a lack of clarity for approval of policies and decision-making. The role of Dean’s Executive Committee (DEC) in decision making is currently unclear to some faculty members who participated in the interim site visit meetings.</p>
<p>Standard 5: Educational Resources and Infrastructure</p>	
<p>U</p>	<p>5.2 Dean’s Authority/Resources</p> <p>The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.</p> <p>5.2 a The chief academic officer (CAO) (dean or vice/associate dean) has sufficient protected time (salary support or release from other responsibilities) to fulfill his or her responsibilities for the management and evaluation of the medical curriculum.</p>

	<p>5.2 b The CAO participates in medical school-level planning including planning for geographically distributed campuses to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, and other educational infrastructure) are considered.</p> <p>5.2 c There is administrative and academic support for the planning, implementation, evaluation and oversight of the curriculum, and for the development and maintenance of the tools (e.g., curriculum database) to support curriculum monitoring and management. The individuals providing the administrative and academic support are accountable to the CAO.</p>
	<p>Finding: The associate dean, MD Program needs full authority to manage and evaluate all aspects of the medical education program including curriculum. There were several examples presented by faculty members in the interim accreditation site visit meetings that demonstrated a lack of clarity on the committee decision approval process in the FoMD and concern of the decision making authority of the MDCPC (Standard 8.1 and 8.2). Note: Dr. Tracey Hillier, associate dean MD Program, was not present for these discussions during the visit.</p>
<p>SM</p>	<p>5.11 Study Lounge/Study Space/ Call Room</p> <p>A medical school ensures that its medical students have, at each campus and affiliated clinical site, adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.</p>
	<p>Finding: Access to the Call Room at the Royal Alexandra Hospital is something noted as an issue by the students. This was identified in the 2014 accreditation and previously discussed with AHS leadership. There are no obvious alternatives; however, this should continue to be monitored and discussions for alternative solutions should continue.</p>
<p>Standard 6: Competencies, Curricular Objectives, and Curricular Design</p>	
<p>SM</p>	<p>6.1 Program and Learning Objectives</p> <p>The faculty of a medical school define its medical education program objectives in competency-based terms that reflect and support the continuum of medical education in Canada and allow the assessment of medical students' progress in developing the competencies for entry into residency and expected by the profession and the public of a physician. The medical school makes these medical education program objectives known to all medical students and faculty members with leadership roles in the medical education program, and others with substantial responsibility for medical student education and assessment. In addition, the medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.</p>

	Finding: Program level objectives were reviewed prior to the last accreditation. They need to be reviewed again before the next full accreditation, as per CACMS expectations.
Standard 7: Curricular Content	
SM	<p>7.1 Biomedical Behavioural and Social</p> <p>The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.</p>
	Finding: Curricular content requires ongoing review and revision and approval by MD Curriculum & Program Committee (MDCPC). As part of the ongoing CQI process, the curriculum is reviewed annually. Student feedback, societal expectations etc. provide input for necessary revisions.
SM	<p>7.2 Organ System/ Life Cycle/Primary</p> <p>The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to:</p> <ol style="list-style-type: none"> a) recognize wellness, determinants of health, and opportunities for health promotion and illness prevention; b) recognize and interpret symptoms and signs of disease; c) develop differential diagnoses and treatment plans; d) recognize the potential health-related impact on patients of behavioral and socioeconomic factors; e) assist patients in addressing health-related issues involving all organ systems.
	Finding: Curricular content requires ongoing review and revision and approval by MD Curriculum & Program Committee (MDCPC). As part of the ongoing CQI process, the curriculum is being reviewed yearly. Student feedback, societal expectations etc. provide input for necessary revisions.
U	<p>7.3 Scientific Methods</p> <p>The faculty of a medical school ensure that the medical curriculum includes instruction in the scientific method (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care).</p>

	<p>Finding: The research opportunities within the Faculty of Medicine & Dentistry demonstrate ample opportunities for instruction in basic, clinical and translational research. It is clear that students are extensively involved in research as determined by the number of student presentations, abstracts and manuscripts. However, there is no specific opportunity embedded within core curriculum where students must collect or use data to test/verify hypotheses and address questions about biomedical phenomena, and in the basic scientific methods of translational research including the ways in which such research is conducted, evaluated, explained to patients and applied to patient care as outlined by CACMS.</p>
U	<p>7.6 Culture and Health Care Disparities</p> <p>The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding:</p> <ul style="list-style-type: none"> a) the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments; b) the basic principles of culturally competent health care; c) the recognition and development of solutions for health care disparities; d) the importance of meeting the health care needs of medically underserved populations; e) the development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society.
	<p>Finding: This has been identified as a strength in the pre-clerkship curriculum. Despite the fact that cultural competency is embedded in many of the clerkships, at this time, no formal objectives or assessments were found in the clerkship curriculum. The MD Curriculum and Program Committee (MDCPC) must ensure objectives and assessments related to cultural competency are incorporated into at least one clerkship.</p>
SM	<p>7.7 Medical Ethics</p> <p>The faculty of a medical school ensure that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires its medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.</p>
	<p>Finding: Delivery of the medical ethics curriculum is heavily didactic. A diversity of teaching and learning approaches need to be incorporated into the delivery of the curriculum.</p>
<p>Standard 8: Curricular Management, Evaluation, and Enhancement</p>	
U	<p>8.1 Curricular Management</p> <p>The faculty of a medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This</p>

	<p>committee and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.</p> <p>8.1 a There is a duly constituted faculty body (commonly called the curriculum committee) that has authority and responsibility for the medical education program.</p> <p>8.1 b The membership of the ‘curriculum committee’ includes faculty, students, educational leaders and administrative staff.</p> <p>8.1 c The ‘curriculum committee’ and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum as articulated in the terms of reference of these committees.</p> <p>8.1 d The committees or groups that implement and deliver the curriculum (e.g., directors of required learning experiences, chairs of committees for years or segments or themes of the curriculum) operate under the authority of the ‘curriculum committee’ and its subcommittee (i.e., there are reporting lines of these operational committees/groups to the ‘curriculum committee’).</p> <p>8.1 e The minutes of the ‘curriculum committee’ provided in the DCI from the last two years show that the ‘curriculum committee’ has overseen the curriculum as a whole and has demonstrated its responsibility by reviewing and approving any changes to the medical education program objectives and the learning objectives of required learning experiences; changes to the design of the program; ensuring that curriculum content is coordinated and integrated within and across academic years; monitoring the overall quality and effectiveness of all required learning experiences, and the curriculum as a whole; and ensuring that identified deficiencies are addressed (i.e. quality improvement).</p>
	<p>Finding: The associate dean, MD program is responsible for the management and evaluation of the medical education program and is accountable to the Faculty of Medicine & Dentistry (see Standard 5.2) for these responsibilities. The MD Curriculum & Program Committee (MDCPC) has the final authority and responsibility for the entire medical education program. While transparency needs to be embedded in the medical education program, there also needs to be trust from the medical school about decisions made by the duly appointed authority of the MD Curriculum & Program Committee (MDCPC). Communication support for the MD program should be enhanced. Note: Dr. Tracey Hillier, associate dean, MD Program was not present for these discussions.</p>
<p>SM</p>	<p>8.2 Use of Medical Education Program Objectives</p> <p>The faculty of a medical school, through the curriculum committee, ensure that the formally adopted medical education program objectives are used to guide the selection of curriculum content, to review and revise the curriculum, and to establish the basis for evaluating program</p>

	effectiveness. The learning objectives of each required learning experience are linked to the medical education program objectives.
	Finding: There was a curriculum retreat planned for fall 2017 to review and update the program objectives. It has been rescheduled for May 2018.
SM	<p>8.3 Curricular Design, Review, and Revision/ Content Monitoring</p> <p>The faculty of a medical school are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.</p> <p>The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.</p> <p>The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee to ensure that the curriculum functions effectively as a whole such that medical students achieve the medical education program objectives.</p>
	<p>Finding: The review and revision of curriculum objectives was delayed in Fall 2017. The curriculum working groups need to be reinstated to comply with CACMS' expectations for continued monitoring and evaluation of the curriculum.</p> <p>The student feedback provided during the visit identified concerns with the Physicianship courses that will need to be addressed during the course/clerkship reviews.</p>
SM	<p>8.4 Program Evaluation</p> <p>A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program. These data are collected during program enrollment and after program completion.</p>
	Finding: The MD program is to be commended for the comprehensive, extensive approach to program evaluation, including the creation and use of dashboards to improve communication and transparency of metrics among departments, committees, and faculty. Although the program meets and exceeds this program evaluation standard, as in all medical education programs, there needs to be continued central oversight including monitoring/evaluation of curriculum objectives, content and outcomes.
Standard 10: Medical Student Selection, Assignment, and Progress	
SM	10.2 Final Authority of Admission Committee

	<p>The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.</p>
	<p>Finding: There appears to be recent confusion over the lines of reporting for the Admissions Committee. Clarification is required about the reporting structure for the Admissions Committee.</p> <p>The dean, Faculty of Medicine & Dentistry requested that a comprehensive review of admissions be undertaken in 2016. Inclusion of members of target communities must be included in future planning and implementation of admissions initiatives.</p>
<p>Standard 11: Medical Student Academic Support, Career Advising, and Educational Records</p>	
<p>SM</p>	<p>11.1 Academic Advising</p> <p>A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.</p>
	<p>Finding: A new academic mentoring program was designed to better support students' academic success and identify learning challenges prior to the need for remediation. As a newly established program, it will require evaluation as part of the CQI of the MD Program. In the site visit meetings, students clearly articulated their desire for more academic supports to be coordinated by the UME office. More academic support services developed, implemented and evaluated by the MD program will better meet the needs of the students. Individualized student support offered by the LAW office will continue to complement the individual student needs.</p>
<p>SM</p>	<p>11.2 Career Advising</p> <p>A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.</p>
	<p>Finding: Students have identified that the current career advising is a strength, however, students are looking for more services from the MD program that supports career planning.</p>

	To facilitate coordination of student supports, including personalized career counseling, with the overall program delivered as part of the curriculum, the assistant dean, student affairs needs to work smoothly with the MD program to better serve students.
SM	<p>11.3 Oversight of Extramural Electives</p> <p>If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean’s office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student’s and the school’s review of the experience prior to its approval:</p> <ul style="list-style-type: none"> a) potential risks to the health and safety of patients, students, and the community; b) availability of emergency care; c) possibility of natural disasters, political instability, and exposure to disease; d) need for additional preparation prior to, support during, and follow-up after the elective; e) level and quality of supervision; f) any potential challenges to the code of medical ethics adopted by the home school.
	Finding: A new policy about Global Health Electives was recently approved by the MD Curriculum and Program Committee and will need to be monitored in the coming months to ensure its effectiveness.
Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services	
SM	<p>12.1 Financial Aid/Debt Management</p> <p>A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.</p>
	Finding: While reported student debt increased across the country, according to 2017 CGQ, the average student debt from the University of Alberta MD program has increased by \$10,000 in one year. Monitoring of debt level is needed. Strategies that are implemented to increase student awareness about debt management need to be monitored and evaluated.
SM	<p>12.8 Student Exposure Policy</p> <p>A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:</p> <ul style="list-style-type: none"> a) education of medical students about methods of prevention; b) procedures for care and treatment after exposure, including a definition of financial responsibility;

	<p>c) effects of infectious and environmental disease or disability on medical student learning activities.</p> <p>All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.</p>
	<p>Finding: Although there is a policy and communication strategy for handling student exposure to blood and bodily fluids, more targeted initiatives need to be made to increase student confidence and awareness in reporting procedures.</p>

Critical Elements

Elements 8.1, 8.2, 8.3 and 8.4 are considered critical CACMS elements. The Faculty of Medicine & Dentistry is strongly encouraged to entrust the associate dean, MD program to lead the MD program and to allow the MD Curriculum & Program Committee (MDCPC) final authority and responsibility for the medical education program. The MD program is encouraged to work in a collaborative, inclusive way, building on partnerships and communication.

Long-standing Elements

In addition to the critical elements listed above, and based on the CACMS policy of having little tolerance for the reappearance of elements rated as unsatisfactory in previous accreditation exercises; the Survey Team recommends that high priority should be placed on effectively addressing long standing deficient elements.

For the Faculty of Medicine & Dentistry, the standards with a history of non-compliance include: 3.3 diversity, 3.6 student mistreatment, and 8.1 curriculum governance. The Faculty of Medicine & Dentistry is strongly encouraged to ensure that these elements are front and centre of the faculty-wide efforts to address diversity and reducing student mistreatment and encourage a working environment of respect.

Appendix A: Schedule of the on-site visit 2018

	Standard	Activity/Description	Invited attendees	Roles/positions of invited attendees
Wednesday March 7th 2018				
		Kathleen Beatty to arrive YEG and take taxi to Campus Tower Suites		
18:30 to 20:30		Dinner at Hardware Grill Under Susan Andrew – asked for quiet table in corner	Dr. Dennis Kunimoto Dr. Shirley Schipper Dr. Tracey Hillier Dr. Susan Andrew	Acting Dean Vice Dean Education Associate Dean, MD Program Assistant Dean, Education Quality and Accreditation
Thursday March 8th 2018	Location: Katz 1-004			
07:15		Pick up at hotel lobby and travel to medical school		
07:30 to 08:00		Breakfast at medical school/ IT	Mr. O.J Wagontall (setup at 7:45)	Help Desk Team Lead
08:00 to 08:30		Welcome and Introduction to Interim Process with Interim Committee	Dr. Shirley Schipper Dr. Tracey Hillier Dr. Susan Andrew Interim Accreditation Committee	Vice Dean Education Associate Dean, MD Program Assistant Dean, Education Quality and Accreditation
08:30 to 09:15	Standard 1 Mission, Planning, Organization and Integrity and	<ul style="list-style-type: none"> • Overall Program • Strategic Plan and CQI • Social Accountability • Affiliation Agreements 	Dr. Tracey Hillier Dr. Susan Andrew Dr. Jill Konkin Dr. Shirley Schipper Dr. Helly Goetz	Associate Dean, MD Program Assistant Dean, Education Quality and Accreditation Associate Dean, PGME Associate Dean, Community Engagement Vice-Dean Education

	Standard	Activity/Description	Invited attendees	Roles/positions of invited attendees
	Standard 2 Leadership and Administration			Director, Physicianship and Longitudinal Themes
09:15 to 09:45	Standard 5	<ul style="list-style-type: none"> • Clinical teaching sites • IT/library 	Dr. Tracey Hillier Dr Lana Bistriz	Associate Dean, MD Program Co-Director, Preclerkship
09:45 to 10:00	Break			
10:00 to 11:00	Standard 3 Academic and learning Environment And Standard 4 Faculty Prep, Productivity, Participation And Policies	<ul style="list-style-type: none"> • Residents • Research Opportunities • Diversity • Professionalism • Student Mistreatment • Faculty Numbers • Faculty Appointments • Feedback to Faculty • Faculty Development 	Ms. Shirley Auvigne Dr. Tracey Hillier Dr. Alan Underhill Dr. Sita Gourishankar Dr. Penny Smyth Dr. Mia Lang Dr. Helly Goetz	Academic Curriculum Developer Associate Dean, MD Program Director, MD/PhD Program Director, Professionalism MD program Asst Dean, Professionalism Assoc Dean, Faculty Development Asst Dean, Diversity
11:00 to 12:00	Standard 6 and Standard 7	<ul style="list-style-type: none"> • Competencies, Curricular Objectives, PLOs • Required Clinical Learning experiences • Self-directed Learning • Service Learning • Curricular Topics • Critical Judgement Skills • IPE 	Dr. Tracey Hillier Dr. Darren Nichols Dr. Helly Goetz Dr. Jill Konkin Dr. Ann Lee Dr. JoAnne Davies Dr. Hollis Lai Dr. Lana Bistriz	Associate Dean, MD Program Coordinator, ICC clerkship Coordinator, Physicianship Assoc Dean, Community Engagement Clerkship Coordinator Coordinator, INTD410 Director, Assessment and Evaluation Co-Director, Preclerkship
12:00 to 12:45	Lunch with students			
12:45 to 1:45	Standard 8 and Standard 9	<ul style="list-style-type: none"> • Curricular Management, Evaluation and Enhancement 	Dr. Tracey Hillier* Dr. Hollis Lai Dr. Anna Oswald Dr. Ann Lee Dr. Vijay Daniels	Associate Dean, MD Program Director, Assessment and Evaluation Co-Director, Preclerkship Clerkship Coordinator Director, Clinical Assessment

	Standard	Activity/Description	Invited attendees	Roles/positions of invited attendees
		<ul style="list-style-type: none"> Monitoring of Required Clinical Learning Experiences Monitoring of time spent in educational activities Comparability of sites 	Dr. Dan Livy	Coordinator, Anatomy
1:45 to 2:15	Standard 10	<ul style="list-style-type: none"> Admissions 	Dr. Sita Gourishankar Dr. Tracey Hillier Ms. Tibetha Kemble	Assistant Dean, MD Admissions Associate Dean, MD Program Director, Indigenous Health Initiative
2:15 to 2:30	Break			
2:30-3:30	Standard 11	<ul style="list-style-type: none"> Student Academic Support Career Advising Educational Records 	Dr. Hollis Lai Dr. Sita Gourishankar Dr. Joan Robinson Dr. Lisa Steblecki Dr Jill Konkin	Director, Assessment and Evaluation Director of Academic Records and Remediation Director, Electives Director, Career Counseling Assoc Dean Community Engagement
3:30 to 4:30	Standard 12	<ul style="list-style-type: none"> Student Health Services Personal Counseling Financial Aid 	Dr. Tracey Hillier Dr. Mel Lewis Dr. Cheryl Goldstein Ms. Rachel DeLeon Mr. Brett Buchanan	Associate Dean, MD Program Associate Dean, Learner Advocacy and Wellness Assistant Dean, Student Affairs, MD Program Bursary Program Coordinator, Financial Aid Officer Team Lead, Student Financial Support
4:30-6:30	Break	Free time		
6:30	Dinner	Rostizado	Dr. Kate Beatty Dr. Tracey Hillier Dr. Hollis Lai Dr. Susan Andrew	Interim Accreditation Reviewer Associate Dean, MD Program Director, Assessment and Evaluation Assistant Dean, Education Quality and Accreditation
Friday March 9th 2018	Location: Katz 1-004			

	Standard	Activity/Description	Invited attendees	Roles/positions of invited attendees
07:45		Pick up at hotel lobby and travel to medical school		
08:00 to 09:00	Breakfast and discussion of heat map and recommendations	Breakfast and Meeting with Interim Accreditation Committee	Dr. Tracey Hillier Dr. Susan Andrew Interim Accreditation Committee	Associate Dean, MD Program Assistant Dean, Education Quality and Accreditation
09:30 to 10:00	Call backs/ additional meetings if required			
10:00 to 11:30	Time to work on final report		Ms. Kate Beatty	Director of Equity and Quality, NOSM
11:30 to 12:30	Interim Results	Reading of interim results and discussion	Dr. Richard Fedorak Dr. Dennis Kunimoto Dr. Shirley Schipper Dr. Tracey Hillier Dr. Susan Andrew Interim Review Committee	Dean, FoMD Acting Dean, FoMD Vice Dean, Education Associate Dean, MD Program Assistant Dean, Education Quality and Accreditation
12:30-1:30		Lunch, expenses, wind-up	Dr. Susan Andrew Ms. K Beatty	Assistant Dean, Education Quality and Accreditation
1:30 to 2:30	Time to work on final report		Ms. K Beatty	Director of Equity and Quality, NOSM
1:30		Taxi to airport		

*Dr. Hillier was not present during this meeting.

Appendix B: Background information on interim accreditation process

**Interim Accreditation MD Program
Faculty of Medicine and Dentistry
University of Alberta**

**Background information provided for
the accreditation site visit
March 8th and 9th 2018**

Interim Accreditation Committee

The Education Quality and Improvement Process Committee (EQUIP Committee) was established in 2014 by the vice dean of education to provide leadership for and guidance towards quality education and accreditation of all Faculty of Medicine & Dentistry (FoMD) programs including the MD program. The EQUIP Committee was responsible for guiding the 2014 accreditation and the follow up work from that process.

In September 2017, the EQUIP Committee temporarily became the Interim Review Process Committee for the interim accreditation of the MD program scheduled for March 8 and 9th, 2018. This committee goes by the name "Interim Accreditation Committee".

Membership was expanded to include a diversity of faculty as well as student representation.

Chair

- i. Dr. Susan Andrew (Assistant Dean, Education Quality and Accreditation)

Ex officio Members (Voting)

- ii. Dr. Shirley Schipper (Vice Dean Education)
- iii. Dr. Tracey Hillier (Associate Dean, MD Program)
- iv. Dr. Hollis Lai (Director, Assessment and Program Evaluation)

Standing members (Voting)

- v. Dr. Dan Livy (Associate Professor, Anatomy)
- vi. Dr. Melanie Lewis (Associate Dean, Learner Advocacy and Wellness)
- vii. Dr. Carol Hodgson (J Alan Gilbert Chair in Medical Education Research)
- viii. Dr. Jon Duff (Professor, Dept of Pediatrics)*
- ix. Dr. Joanne Rodger (Curriculum Specialist)*
- x. Mr. Martin Marshall (Curriculum Coordinator)*
- xi. Dr. Saad Salim (Research Facilitator, Research Services Officer)*
- xii. Mr Jack Zhang (MD student, 2nd year)*
- xiii. Mr. Aran Yukseloglu (MD student, 3rd year)*
- xiv. Ms. Rachel Wang (MD student, 4th year)*

Ex Officio (Non-Voting)

- xv. Dean, Faculty of Medicine & Dentistry

*Committee members added to the EQUIP Committee for the Interim Accreditation Committee

DCI Documentation:

CACMS documentation for schools undergoing accreditation in 2017/2018 were used. However, revisions to the DCI taking effect in 2018/2019 included removal of many questions in the DCI. If a DCI question was removed in future versions of the DCI, we removed it from our Accreditation Management System (AMS) which houses our DCI information.

The DCI was completed using the AMS, which was developed by Dr. Hollis Lai and his team. Responses from 2014 accreditation were used when possible and updated where applicable. Requests for updating the old responses or providing new information for some new questions, were sent out to the person best able to provide a response. Responses were reviewed and accepted by S. Andrew, C. Birkman and J. Rodger, in collaboration with Dr. Tracey Hillier, Associate Dean, MD Program.

Completion of the MSS

The Interim Accreditation Committee met approximately every two weeks from September 2017 until February 2018. Two committee members were assigned as primary reviewers for each standard. The reviewers completed the MSS and rated each element as satisfactory/unsatisfactory/satisfactory with monitoring (green/red/yellow). At meetings, committee members discussed each element before reaching consensus on red/yellow/green status for each element. In some cases, when consensus could not be reached, the rating was determined based on the majority of the committee. As much as possible, the MSS documentation reflects the opinions of all committee members.

As this is an interim review, the emphasis was on completing the MSS, not necessarily ensuring completion of the DCI.

Some elements were not included in the analysis

- a) Elements relating to a geographically distinct campus which the MD program at UAlberta does not have (element 2.5 and 2.6)
- b) Element 5.1 related to the financials (Ms Vivien Wolff, COO of the FoMD determined that the financials will have changed in the next four years and felt that it was not helpful to FoMD to review at this time)
- c) Elements that have been removed in future CACMS versions of the DCI or MSS (CACMS forms for schools undergoing accreditation in 2017/2018 were used for the accreditation but sections of the DCI deleted in future versions were removed from the AMS).

Interim Accreditation Student Survey

Although an Independent Student Survey is not required for an interim accreditation, the Medical Student Association (MSA) decided that it was a good opportunity to collect student feedback. The MSA assembled a committee of 10 medical students from all four years to do this work. Over the summer of 2017, the students worked on the survey questions. To maximize response rates, time was provided in the curriculum in November 2017 for the first and second years to complete the survey. The third and fourth years were given time during Intersession week in early January 2018 to complete the survey. Everyone who completed the survey was entered in a draw (twenty students received \$50).

Response rates

2021 Class: 115/162=**71.0%**

2020 Class: 94/163=**57.7%**

2019 Class: 135/162=**83.3%**

2018 Class: 132/162=**81.4%**

Overall Response Rate=73.4%

School background

The last full accreditation of the MD program at the University of Alberta was in March 2014. The MD program was the last school to be accredited with the “old” 132 CACMS/LCME based standards.

In 2014, the committee identified 5 standards as ‘Strengths’ and 4 standards as ‘Compliance with monitoring’. These are listed below with the old and new numbering systems.

Strengths

- 2.4 IS-11 (Sufficiency of dean’s administrative staff)
- 3.2 IS-14 (Community of scholars/research opportunities)
- 5.4 ER-4 (Sufficiency of buildings and equipment)
- 5.6 ER-7 (Clinical instructional facilities)
- 4.5 FA-4 (Faculty professional development)

Compliance with monitoring

- 3.3 IS-16 (Diversity)
- 9.4 ED-27 (Assessment – history taking and physical exam)
- 9.7 ED-30 (Timely return of grades)
- 9.7 ED-31 (Timely formative assessment)

After status reports were submitted to CACMS in December, 2015 and February, 2016, the MD Program was determined to be fully compliant with all accreditation standards/elements, as of June 2017.

2017/2018 FoMD and MD Program Leadership

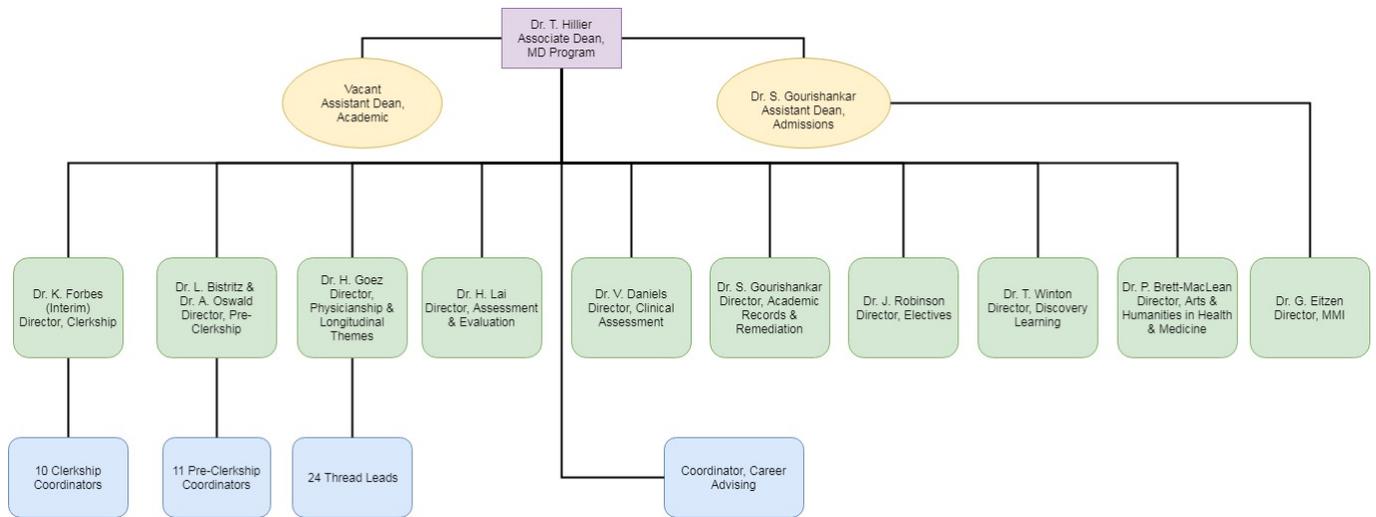
This interim accreditation was completed in the midst of leadership changes.

Dr. Richard Fedorak has been on sick leave from Fall 2017 to present. Dr. Dennis Kunimoto was appointed Acting Dean in Dr. Fedorak’s absence.

Dr. Tracey Hillier, Associate Dean was let go from her position in September 2017, with Dr. Peggy Sagle stepping in as Interim Associate Dean, MD program. Dr. Hillier returned to the position of Associate Dean, MD Program in January 2018.

Deferring the interim accreditation review was discussed in the Fall by the Interim Accreditation Committee; however, it was felt that the investment of work to date from many staff, faculty and students was too great and a deferral would create unnecessary feelings of frustration. Furthermore, it was felt that interim accreditation results would provide a good starting point for a new Associate Dean, MD Program. As a result, the decision was made to proceed with the March 2018 interim accreditation.

Appendix C: Organizational chart of leadership in the MD Program



Appendix E: Accreditation history prior to 2014

		Accreditation Events						
Standard	One-Liner	Full Survey 2006	After Appeal 2006	Secretariat LCME 2007	Limited 2008	Limited 2010	Letter 2011	Letter Nov 2012
IS-9	Authority for program							CWM *
ED-1	Educational program objectives	X	X		X	X		
ED-2	Required clinical experiences	X	X		X	X		
ED-3	Dissemination of objectives	X						
ED-5	Professional education	X						
ED-8	Comparability across sites	X	X					
ED-24	Resident preparation	X	X		X	X	X	CWM
ED-25	Clinical supervision	X	X	X				
ED-30	Formative & summative assessment	X				X		
ED-31	Mid-course/clerkship feedback	X	X		X			
ED-33	Curriculum management	X	X		X	X	X	CWM
ED-37	Monitoring curriculum content	X	X			X		
MS-8	Med student diversity	X	X		X			
MS-32	Student mistreatment	X	X	X	X	X	X	CWM
FA-4	Enhancing teaching skills	X	X					
ER-1	Increase in students				X	X	X	CWM
ER-4	Educational facilities	X						
	Research faculty support	X	X		X			
	ICC				X			
		X = non-compliant or in transition			CWM = compliance with monitoring			

Appendix F: Overview Summary Tables

	Data from the last full survey report	AY 2016-17
Entering class size	167	162
Total medical student enrollment	690	647
Number of residents and fellows	903	825 Residents; 125 Fellows
Number of full-time basic science faculty	99	83
Number of full-time clinical faculty	558	674

Revenue sources (\$ in millions)	Data from the last full survey report	AY 2016-17
Visa student and trainee fees	4.5	5.4
University (excluding allied health and other programs)	81.2	75.6
Federal government	.1	0
Provincial government	11.6	12.5
Practice plan/alternate funding plan/billing group	52.6	63.5

Hospital or health authority	8.8	17.0
Research awards, grants, and contracts	136.1	130.7
Research grant overhead funds	1.4	2.0
Gifts, donations and interest earned on endowments/investments	4.9/144.9	8.9/
Other	36.1	36
Total revenues	322.9	338.8