**People Come First**

Fostering a learning community where interactions among learners, staff, faculty, patients, and community members are grounded in compassion, dignity, and respect.

- **1-Year Plan (Jan 1, 2022)**
  - "People Come First" principles are defined and socialized using the FoMD deep integrated curriculum management (DICM) provision.
  - A framework for education and training of People Come First is implemented.
  - Annual metrics are published for review by students, staff, and faculty.

- **3-Year Picture (Jan 1, 2023)**
  - A process of consultation to revise People Come First based on the wisdom of the communities with whom we interact is implemented.
  - Individuals and teams that demonstrate People Come First principles are recognized by peers and supervisors.
  - Program evaluation and review processes include front-line administrators, coordinators, and teachers.
  - Professional development opportunities for undergraduate administrators are provided each year.

- **5-Year Vision (Jan 1, 2027)**
  - Medical students, staff, and faculty in the MD program experience a sense of social accountability and belonging that lives within and extends beyond the medical school and university.

**Generalism & Adaptive Practice**

Defining how medical education is delivered so that our graduates exemplify the values of professional identity, formation, adaptability, and readiness for clinical practice in the varied settings encountered by generalists.

- **1-Year Plan (Jan 1, 2022)**
  - Longitudinal integrated themes are moved into curricular blocks to promote appropriate rendering of knowledge into clinical decision-making.
  - Medical students use early self-assessment and adaptive learning strategies to address personal weaknesses.
  - Expand to three longitudinal Communities of Learning including Research.
  - Program Learning objective to emphasize generalism and adaptive practice.

- **3-Year Picture (Jan 1, 2023)**
  - Pre-clinical courses are organized by themes rather than by professional disciplines, and reflected in the course leadership model.
  - Pre-clinical course objectives and content is revised through the lens of generalism and enhanced experiential learning.
  - A new clinical simulation facility including enhanced multiphysician and communications content, is established.
  - Competency-based medical education in clinicopath, with appropriate faculty development, is fully implemented.

- **5-Year Vision (Jan 1, 2027)**
  - University of Alberta graduates are grounded in generalist training as caring, collaborative, and adaptable physicians.

**Social Accountability**

Building the values, strengths, and wisdom of the communities we serve, particularly the systematically excluded and underserved, to better dismantle and respond to what they expect from the MD Program.

- **1-Year Plan (Jan 1, 2022)**
  - A Social Accountability Lead is appointed and the Advisory Council on Social Accountability is established.
  - A new, effective model of ongoing community engagement and accountability is implemented.

- **3-Year Picture (Jan 1, 2023)**
  - Diversity in admissions patterns anticipates systematically excluded and underserved populations.
  - Mandatory, skills-based curriculum and assessment practices address the self-identified needs of systematically excluded and underserved communities.
  - An Indigenous Education Framework is implemented to address the recommendations from the TRC Calls to Actions, UNDRIP, MMIWG2+, and In Plain Sight report.
  - The BMAS calls to Action are Fully implemented.
  - The Rural Pathways vision as endorsed by the FoMD and Rural Council is fully implemented.

- **5-Year Vision (Jan 1, 2027)**
  - Admissions of students under-represented in Medicine.
  - Number of students training in rural Alberta.
  - Number of graduates practicing in inner city settings, rural Alberta, First Nations reserves and Métis settlements.
  - Number of teachers and leaders in the MD program who are under-represented in Medicine.

**Health Promoting Learning & Work Environments**

Enriching curriculum, objectives, delivery and evaluation to foster a learning environment that is healthy and supportive to all, enabling inclusive, responsive to feedback, and under regular, formal review and improvement.

- **1-Year Plan (Jan 1, 2022)**
  - Current policies, processes, procedures, and accountabilities that support or endanger psychological safety and health in learning and work environments are reviewed and refined.
  - Anonymous "hot spot" surveys, ad-hoc low-stakes reporting, and post-course feedback on experiences and perspectives of all in learning and work environments that involve medical students.
  - HPLWE metrics are used by the MD program and key partners to foster change based on a growth mindset.

- **3-Year Picture (Jan 1, 2023)**
  - An educational strategy is used effectively to promote psychological safety, enhance professionalism, deconstruct structural discrimination (esp. anti-racism), and address mistreatment for all involved in MD program contexts.
  - Communication, feedback, and reporting tools in place.
  - Staff are readily able to understand how reporting data is used, feel safe to report mistreatment without fear of repercussion, and access mechanisms for prevention and resolution.
  - An HPLWE group in the MD program monitors and reports on an audit tool, annual survey and other HPLWE metrics for students, staff, and faculty.

- **5-Year Vision (Jan 1, 2027)**
  - The University of Alberta MD program has a national reputation as a safe, inclusive, and supportively place for those who learn and work there.

**Responsive Curriculum**

Enthusiastic our curriculum, objectives, delivery and evaluation are adaptable, responsive to feedback, and under regular, formal review and improvement.

- **1-Year Plan (Jan 1, 2022)**
  - A searchable curriculum map shows relationships between session, course, and program level objectives, and the user interface experience meets the needs of the students, staff, faculty, and community partners.
  - A curricular management unit (CMU) provision oversight of the curriculum map, and supports instructors, staff, course coordinators, and curricular committees.
  - A new evaluation unit is integrated into curricular committees allowing purposeful collection of feedback, transparency in program status, and timely, data-driven decision making.

- **3-Year Picture (Jan 1, 2023)**
  - Curricular content in all sessions of all courses is updated to reflect current evidenced-based best practices in medicine.
  - A new curricular roadmap allows students, staff, and instructors to track an individual student’s progress in achieving program objectives.
  - A curriculum maintenance unit (CMU) is established, related and valued, based on closer engagement with the CMU, and faculty development for teaching in medical education.
  - Learning spaces and curriculum delivery strategies are diversified to reflect the communities that we serve through the educational support and training of students who identify with underrepresented and marginalized populations.

- **5-Year Vision (Jan 1, 2027)**
  - Medical Students, staff, faculty members and the communities that we serve recognize an understanding, sense of pride and ownership in the design and content of the MD program curriculum.

**Educational Technology**

Implementing a robust and well-designed Program delivery and curriculum management system (PDCMS) that addresses the needs of all stakeholders.

- **1-Year Plan (Jan 1, 2022)**
  - A needs assessment with recommendations is completed, based on extensive stakeholder feedback, and ensuring equitable removal from the hybrid learning environment.
  - The hybrid learning environment model is permanently established to address remote learning needs and enable a rich and engaging learning experience.
  - Human resources are secured to build and maintain the PDCMS.

- **3-Year Picture (Jan 1, 2023)**
  - The PDCMS is built and implemented as a single seamless system, based first on the rural learning and work environments.
  - The PDCMS has a customer-base interface, built and supported by individuals with expertise in systems analysis and software.
  - Appropriate use of AI, Simulation, and Machine Learning strategies enhance learning, assessment and program evaluation.
  - Digital resources enable greater engagement between the MD program, community teachers and students, especially those who face barriers.

- **5-Year Vision (Jan 1, 2027)**
  - The MD Program has a highly functional, seamless, adaptive and responsive PDCMS and technology infrastructure.

**Values**

In all our interactions with students, learners, staff, instructors, care providers, and patients, we value being, compassion, cultural safety, diverse perspectives, health equity, and growth.

**Possible Metrics**

- Annual MSF on medical students by class re People Come First principles.
- Percentage of graduates rating the quality of their education as high on Alumni survey.
- Residents status as licensed physicians in Northern Alberta (5 years).
- Annual engagement surveys.
- Participation rates in Communities of Learning.
- Student reporting on adaptive learning strategies.
- CaRMS Match Results including proportion choosing generalist careers.
- Proportion of generalists in clinical practice who participate as teachers in the MD program.
- Admissions of students under-represented in Medicine.
- Number of students training in rural Alberta.
- Number of graduates practicing in inner city settings, rural Alberta, First Nations reserves and Métis settlements.
- Number of teachers and leaders in the MD program who are under-represented in Medicine.
- Hotspot surveys (for both concerns and accolades) and ad-hoc low-stakes reporting by location.
- Annual survey of students, staff, and faculty re well-being, engagement, mistreatment, discrimination and burnout.
- Learning and workplace metrics including the number of sick days, time off, and how they are taken.
- Reports of mistreatment by QO (ASQ), show steady improvement and remain lower than the national average.
- Audits showing consistency in UK learning environments as inclusive and supportive places to learn and work.
- Annual surveys of students, staff, faculty members and community partners regarding their experience with the MD program curriculum content.
- QO (ASQ) & Alumni Survey regarding how their education prepared them for clerkship, residency, and career.
- Instructor retention and turnover.
- Annual measures from Program Evaluation Framework.
- Baseline and annual surveys on functionality, user interface, user experience, and satisfaction.
Values

In all our interactions with students, learners, staff, instructors, care providers and patients, we share the following values

1 Well-being - Every individual is a valued and respected member of our educational community; therefore, we actively promote, support, and value well-being
2 Compassion - Exhibiting compassion will foster well-being, empathy, and understanding
3 Cultural Safety - A respectful learning and work environment supports positive collaboration and communication, addressing power imbalances in the learning and work environment
4 Diverse Perspectives - Diverse perspectives count in the partnership of all the individuals and communities; therefore, we actively practice anti-racism, anti-oppression, and decolonization principles at all levels of the program
5 Health Equity - We seek to address health inequities through active innovation in our admissions process, educational practices, and advocacy
6 Growth - We believe that our development as individuals and as an organization is essential; therefore, we learn from mistakes that embody adaptive innovation and quality improvement