# Doctor of Medicine (MD)

**Final Assessment Report & Implementation Plan**
**December 2024**

| | | |
|---|---|---|
| **Faculty / Affiliated University College** | Schulich School of Medicine & Dentistry | |
| **Degrees Offered** | MD | |
| **Date of Last Review** | 2015-2016 | |
| **External Reviewers** | Dr. Eugenia Piliotis,<br>School of Medicine<br>Queen's University | Dr. Evelyn Sutton,<br>Faculty of Medicine<br>Dalhousie University |
| **Internal Reviewer** | Dr. Kathryn Hibbert,<br>Associate Dean,<br>Faculty of Education | Sherif Elmaghraby<br>Current Student<br>Faculty of Engineering |
| **Date of Site Visit** | May 9 & 10, 2024 | |
| **Date Review Report Received** | May 31, 2024 | |
| **Date Program/Faculty Response Received** | Program: June 26, 2024<br>Faculty: June 26, 2024 | |
| **Evaluation** | Good Quality | |
| **Approval Dates** | SUPR-U: February 26, 2025<br>ACA: March 4, 2025<br>Senate (for information): March 14, 2025 | |
| **Year of Next Review** | 2031-2032 | |
| **Progress Report** | June 2027 | |

**Overview of Western's Cyclical Review Assessment Reporting Process**

In accordance with Western's Institutional Quality Assurance Process (IQAP), the Final Assessment Report (FAR) provides a summary of the cyclical review, internal responses, and assessment and evaluation of the Doctor of Medicine (MD) Program delivered by the Schulich School of Medicine & Dentistry.

This FAR considers the following documents:
- the program's self-study brief;
- the external reviewers' report;
- the response from the Program; and
- the response from the Dean, Schulich School of Medicine & Dentistry.

This FAR identifies the strengths of the program and opportunities for program enhancement and improvement, and details the recommendations of the external reviewers – noting those recommendations to be prioritized for implementation.

The Implementation Plan details the recommendations from the FAR that have been selected for implementation, identifies who is responsible for approving and acting on the recommendations, specifies any action or follow-up that is required, and defines the timeline for completion.

The FAR (including Implementation Plan) is sent for approval through the Senate Undergraduate Program Review Committee (SUPR-U) and ACA, then for information to Senate and to the Ontario Universities' Council on Quality Assurance. Subsequently, it is publicly accessible on Western's IQAP website. The FAR is the only document from the undergraduate cyclical review process that is made public; all other documents are confidential to the Program, Schulich School of Medicine & Dentistry, and SUPR-U.

**Executive Summary**

The MD Program is a cohesive four-year curriculum designed to provide students with the opportunity to acquire the competencies (knowledge, skills and attitudes) of a generalist physician equipped to advance to postgraduate residency training, research or other related careers. The delivery format is a blend of asynchronous modules, large group interactive learning, project focused team learning, simulation, experiential and inquiry-based learning (QI project, Research, Service Learning), small group learning and supervised clinical experiences in the surrounding communities and hospital settings. Admitting 190 students in September 2023, the program is delivered at Western University affiliated sites in London, Windsor and throughout Southwestern Ontario.

With overlapping timelines for the Institutional Quality Assurance Process (IQAP) and the Committee on Accreditation of Canadian Medical Schools (CACMS), the self-studies were led by a steering committee with several subcommittees dedicated to different themes. Subcommittees featured representations from faculty, staff administration and students. As part of data collected to inform the self-study an Independent Student Analysis was undertaken in 2022 – this included a dedicated survey intended to represent students' perspectives and feedback on the Undergraduate Medical Education (UME) program.

The external reviewers shared a positive assessment of the Medical Education Program. They offer seven recommendations with considerations for further enhancement.

**Strengths and Innovative Features Identified by the Program**

- Renewed program curriculum was launched in September 2019 for Year 1 students in the Medicine Class of 2023 (Meds2023).
- Academy of Educators to deliver on the goal of a truly student-centred 4-year integrated curriculum – An academy of professional faculty educators dedicated to a holistic approach to conceptualizing medical education across and within the learning continuum.
- Students are exposed to generalist care beginning in Year 1 in their Longitudinal Clinical Experience consisting of 6-10 half-days with a family physician and during Discovery Week in rural and regional centres outside of London and Windsor.
    - Students are exposed to clinical learning in various settings including urban, regional, rural and remote.
    - Program averaged 47% match to Family Medicine over the last several years, which is higher than the national average.
    - Students' survey indicates appreciation for this significant experience in generalist care.

- Students can complete a research project by the end of Year 2, either individually or in small groups of 2-4 with a faculty supervisor.
- Community-engaged learning enables students to appreciate the impact of social, cultural, and the economic forces on medicine and patient care.
- Alternative program pathway options include: 1) MD/PhD - enables students to become successful clinician scientists; 2) MD+ OMFS; and 3) MD+ which is supported by a minimum of $10,000 graduate awarded per student to offset tuition.
- Varied admission pathways enhance program entry for applicants from diverse backgrounds.
- Online modules with small group sessions on racism, power and privilege. Topics such as diversity in cultural perspectives on cancer and heart disease (Foundations of Medicine; Principles of Medicine I and 2SLGBT+ inclusive care (Foundations of Medicine, Principles of Medicine II, Transition to Clerkship) are addressed in Integrated Small Group Learning sessions in years 1 and 2.

**Concerns and Areas of Improvement Identified and Discussed by the Program**

- A gap in addressing how research is explained to patients was recognized as part of review preparations, and a session is to be added in 2024-2025 that specifically addresses this topic.
- Residents reported being unaware of the learning objectives for students they are supervising and teaching during their rotations.
- Strengthen connections with EDIDIA departments within Western such as, Disability Studies at Kings University College, Office of Indigenous Initiatives, The Western Office of EDI, Arthur Labatt Family School of Nursing, among others.
- Continued efforts to 1) embed EDI, Antiracism, Decolonization, Indigenization and Accessibility into the program; 2) develop a set of core competencies or functional abilities for admission purposes to facilitate recruitment of applicants from diverse backgrounds; and 3) review the IPE day with the aim of enhancing attendance.
- Demographic data for clinicians, who comprise a significant proportion of teaching and supervising faculty should be included in Western Equity census.
- Evaluate how complaints are managed, outcomes are tracked and implement mechanisms to monitor why students do not report mistreatment.
- Address challenges rising from students and faculty having different perspectives of the format of large group delivery sessions.
- Ongoing staff turnover impacts the efficiency of the HR processes which leaves gaps in onboarding and transitioning new staff and faculty into their roles.

**Review Process**

As part of the external review, the review committee, comprising two external reviewers, an internal faculty reviewer, and an internal student reviewer were provided with Volume I and II of the self-study brief in advance of the scheduled review and then met in-person over two days with the:

- Vice-Provost (Academic Programs)
- Vice-Provost (Academic Planning, Policy and Faculty Relations)
- Director of Academic Quality and Enhancement
- Associate University Librarian
- Dean, Schulich School of Medicine & Dentistry
- Vice Dean, Schulich School of Medicine & Dentistry
- Associate Dean (Admissions)
- Associate Dean, Windsor Faculty Affairs
- Acting Associate Dean, EDID
- Acting Director, Medical Education
- Administrative Staff
- Program Faculty
- Program Students

Following the site visit, the external reviewers submitted a comprehensive report of their findings which was sent to the Program and Dean for review and response. Formative documents, including Volumes I and II of the Self-Study, the External Report, and the Program and Decanal responses form the basis of this Final Assessment Report (FAR) of the Doctor of Medicine (MD) Program. The FAR is collated and submitted to SUPR-U by the Internal Faculty Reviewer with the support of the Office of Academic Quality and Enhancement.

**Summative Assessment – External Reviewers' Report**

External reviewers noted: *"Overall, the Western University MD program provides an excellent curriculum and learning environment. Students overall are very happy with their curriculum and clinical experiences, however voiced frustration that they don't feel their feedback is being listened to […]. There is an excellent administrative team in place, and along with the Academy of Educators, and educational specialists both within the program and centrally, the program has the necessary resources to deliver their program."*

**Strengths of the Program**

- Academy of Educators, a core group of professional faculty educators dedicated to develop, implement, assess and report on the integration the curriculum across the 4 years of undergraduate medical education – clearly highly successful in its very early iteration.
- Robust program evaluation team that collaborates with two learning specialists, that monitors student outcomes, course evaluations and examination statistics.
- Early clinical exposure in longitudinal family medicine clinics.
- Robust professionalism careers and wellness curriculum throughout the 4 years - focused on the professional development of students.
- The Windsor Campus has been highly successful, both in the caliber and success of its MD program students, its impact on the community as a draw for clinical faculty, as well as 80% retention of its Family Medicine Postgraduate Training program in the last 10 years.
- The Schulich Learner Experience Office is a highly praised resource by both faculty and students, providing robust one on one counselling for career planning and wellness, and significantly revamping the Professionalism Career and Wellness curriculum for the MD program.
- Faculty has a strong research portfolio holding over half of Western University's Tri-council research funding in addition to several other notable public and private research funding agency grants.
- Students are highly successful in matriculation, CaRMS residency matching, and national MCC examinations.
- Growing partnerships with 60 regional communities where students can engage in clinical placements.
- Blend of delivery methods is rich, very successful and provides ample opportunity for self-directed learning.
- The clinical skills centre is well equipped for simulated facilitated learning.

**Prospective Improvements for the Program to Consider**

- Clarify EDID priorities in curricular changes and the plans for faculty-level initiatives that would be prioritized. (*Associated with Recommendation* #1)
- Students expressed discontentment with the monitoring of attendance and voiced frustration that their feedback is not being listened to, especially around issues of mandatory attendance. (*Associated with Recommendations #2 and #4*)
- Revisit the large group interactive learning sessions. Students reported that many of these events were more felt to be reruns of lectures already provided asynchronously and not as interactive as intended. (*Associated with Recommendation* #3)
- Lack of connection with clinical faculty to the Faculty and to the University; and, lack of academic support and full appointments for clinical faculty at the Windsor Campus – consider impact on sustainability and future growth. (*Associated with Recommendation* #5)
- There is currently a paucity of true interprofessional education (2 or more health care professional students learning about, from and with each other) and the academic structures of the university does not lend itself well to collaboration. (*Associated with Recommendation* #6)
- Policies and procedures around reporting mistreatment is a recurring issue that has been identified. Students are not trusting of the system for fears of retaliation and impact on career opportunities, as well as concerns over timeliness and impact of outcomes. (*Associated with Recommendation #7)*
- Better facilities are needed for the small group sessions.

**Summary of the Reviewers' Recommendations and Program/Faculty Responses**

The following are the reviewers' recommendations in the order listed by the external reviewers.

| Reviewers' Recommendations | Program/Faculty Response |
|---|---|
| **Recommendation #1**<br>The office of EDI should be provided with more infrastructure support as well as clearly defined mandate of how to support priorities of the MD program. | **Program:** The School's senior administration:<br>• secured funds that allows consulting with an Indigenous physician in southwestern Ontario to aid the MD Program in efforts to decolonize the curriculum and integrate Indigenous health needs.<br>• will secure funds for the Office of EDID to support project development for students with lived experience to participate in developing content in collaboration with the Associate Dean EDID, the UME e-technology specialists and the Academy.<br>• will meet monthly to establish the timeline for embedding the principles of equity, diversity, inclusion and decolonization within the curriculum, providing an update to the Dean semi-annually on achievements to date.<br><br>**Faculty:** Schulich has committed funding to enhance support for the EDID office and to address the School's responsibility to the Truth and Reconciliation (TRC) Call to Action. The School is in the process of recruiting an Indigenous physician from Southwestern Ontario. The plan is to develop a Faculty priorities document to address responsibilities regarding TRC, assess and help integrate Indigenous health into the School curricula. |
| **Recommendation #2**<br>Consider developing a mechanism to reflect back to students how their feedback is incorporated into changes in the MD program, and transparency around these decisions. | **Program:** The Co-Chairs of the Program Evaluation Committee will summarize the aggregate feedback from each of the course evaluations annually. The format will be a "You Said, We Did" format. A rationale will be provided for student suggestions and feedback that is not actioned in a "You Said, We Heard" format.<br><br>The Vice Dean UME will provide the summary to all classes at the start of the academic year. Any issues of particular importance that merit a timelier response will be discussed at class Town Halls (2 per year per class) or with the class presidents. Feedback will be solicited from student leaders via the Hippocratic Undergraduate Medical Education Committee (HUMEC).<br><br>**Faculty:** Supports the Program's response. |
| **Recommendation #3**<br>Consider changing the format of large group sessions in the curriculum, with respect to content and mode of delivery. | **Program:** This is underway as of January 2024. All large group sessions have been or are undergoing review by the course chairs under the direction of the Director, Academy of Educators to ensure that the content and mode of delivery are aligned with the program competencies, learning objectives and the curricular philosophy. The intent of large group sessions is for these to be interactive with application of content.<br><br>The review was based on student feedback that some large group sessions were largely a repeat of previous asynchronous material. Any such large group sessions will be designated as optional. |

| | |
|---|---|
| | **Faculty:** Supports the Program's response. |
| **Recommendation #4**<br>Policies around in-person attendance should be based on principles such as-the learning of others is affected, patients are involved, or sessions involve skill acquisition that requires in person attendance. | **Program:** The MD Program will continue to monitor attendance. The Attendance and Absence Policy was revised in the spring of 2023 with implementation for the 2023-2024 academic year. The change reflected that attendance for the 6 hours of large group learning weekly was to be required (previously *expected* but listed as *optional*). The principles underlying the change reflected professional expectations including but not limited to: accountability by being present; supporting and respecting peers as medicine is a collaborative team endeavor; and demonstrating respect for the time and commitment of their faculty, amongst others. For 2024-2025, the MD Program will randomly monitor attendance once or twice per week using a sign in sheet.<br><br>**Faculty:** Supports the Program's response. |
| **Recommendation #5**<br>Attention to the Windsor Campus regarding sustainability of faculty engagement and support and further integration with postgraduate medical trainees and programs. | **Program:** The Associate Dean, Windsor has been very successful at engaging and recruiting faculty to date. With undergraduate and postgraduate medicine expansion, consideration of the adequacy of the Windsor budget (part of the Ministry Distributed Education dollars). The Dean and the CAO may take this into consideration with any renewal of the Western-Windsor Memorandum of Understanding and negotiations with the Ministry of Colleges and Universities and Ministry of Health.<br><br>**Faculty:** Supports the Program's response. |
| **Recommendation #6**<br>Interprofessional educational activities need to incorporate learners from other disciplines, not just faculty. | **Program:** All first-year students participate in an IPE day involving 600-1000 learners from a spectrum of health professions, including nursing, pharmacy, dentistry. Most of the interaction with other learners takes place during the clinical learning with longitudinal curriculum that brings many other health care professionals into the classroom.<br><br>Recognizing that the practice of medicine requires interprofessional collaborative teams, the MD Program will continue to explore opportunities to bring other health care providers, including learners, together. One new opportunity that arose from the quarterly meetings of the Vice Dean, UME and the LHSC Learners Affairs Office is IPE Grand Rounds. Beginning in September 2024, all medical students on placement at LHSC are invited to join all other heath professional learners for Collaborative Practice Rounds (currently only in person at University Hospital).<br><br>**Faculty:** Supports the Program's response. |

| | |
|---|---|
| **Recommendation #7**<br>There remains a need to provide a student mistreatment reporting system that is more trusted, transparent and timely. | **Program:** The Program and the School take student mistreatment seriously and has a “no wrong door” approach for students to report mistreatment, with the Learner Experience Office (LEO) most commonly the first place of contact and advice. The process for reporting is supplemented with a flow chart. The Program continues to work with postgraduate, department chair and hospital partners for a safe and supportive learning and working environment.<br><br>Challenges in having students trust the process is acknowledged and the Program continues to communicate and explore strategies with student leaders. While the steps of the process are transparent, students are understandably frustrated when they may not have access to information and outcomes that is confidential and privileged. Furthermore, timeliness may be difficult to satisfy – as student mistreatment issues that arise may be completed in days to weeks; however, investigations are completed by Western central and the MD Program may not have access to outcomes.<br><br>Nevertheless, students are supported by both LEO and the UME Office. The Vice Dean, UME and the Assistant and Associate Dean LEO, their respective managers will meet with students providing support and as much information as they are able to.<br><br>**Faculty:** Supports the Program’s response. |

## Implementation Plan

The Implementation Plan provides a summary of the recommendations that require action and/or follow-up. In each case, the Program Leader(s), and the Dean of the Faculty is responsible for enacting and monitoring the actions noted in Implementation Plan. Of note, recommendations specific to hiring are outside the scope of this review process – proposed actions below are in support of prioritizing and planning.

| Recommendation | Proposed Action and Follow-up | Responsibility | Timeline |
|---|---|---|---|
| **Recommendation #1**<br>The office of EDI should be provided with more infrastructure support as well as clearly defined mandate of how to support priorities of the MD program. | • Recruit an Indigenous physician to support the development of a Faculty priorities document to address responsibilities regarding the TRC Call to Action as well as assess and help decolonize and integrate Indigenous health into the School curricula.<br>• Develop EDID resources in support of the mission of the School's Office of EDID, featuring lived experiences of current students.<br>• Meet monthly to establish the timeline for embedding the principles of equity, diversity, inclusion and decolonization within the curriculum; provide a semi-annual update to the Dean on outcomes. | • Dean<br>• Chief Administrative Officer<br>• Vice Dean UME<br>• Associate Dean EDID<br>• Vice Dean UME<br>• Associate Dean EDID | By July 2026 |
| **Recommendation #2**<br>Consider developing a mechanism to reflect back to students how their feedback is incorporated into changes in the MD program, and transparency around these decisions. | • Summarize the aggregate feedback from each of the course evaluations annually (with responses as to what was actioned and not actioned).<br>• Provide summary to all classes at the start of the academic year.<br>  ○ Issues needing a timelier response to be discussed at class Town Halls or with the class presidents.<br>• Solicit feedback from student leaders via the Hippocratic Undergraduate Medical Education Committee (HUMEC). | • Co-Chairs, Program Evaluation Committee<br>• Vice Dean UME | First iteration by Oct 2024 (with follow up at 2027 progress report) |
| **Recommendation #3**<br>Consider changing the format of large group sessions in the curriculum, with respect to content and mode of delivery. | • Continue reviewing large group sessions to ensure the content and mode of delivery are aligned with program competencies, learning objectives and the curricular philosophy.<br>  ○ Large group sessions that repeat previous asynchronous material will be designated as optional. | • Director, Academy of Educators | Ongoing (with follow up at 2027 progress report) |

| | | | |
|---|---|---|---|
| **Recommendation #4**<br>Policies around in-person attendance should be based on principles such as-the learning of others is affected, patients are involved, or sessions involve skill acquisition that requires in person attendance. | • Review Attendance Policy as updated in 2023-2024 following two academic cycles.<br>• Randomly monitor attendance once or twice per week using a sign in sheet, rather than continue using "Elentra" the learning management system. | • Vice Dean UME | By September 2025 |
| **Recommendation #5**<br>Attention to the Windsor Campus regarding sustainability of faculty engagement and support and further integration with postgraduate medical trainees and programs. | • Ensure consideration during renewal of the Western-Windsor Memorandum of Understanding and negotiations with the Ministry of Colleges and Universities and Ministry of Health during the appropriate budget cycle. | • Dean<br>• Chief Administrative Officer | By December 2026 |
| **Recommendation #6**<br>Interprofessional educational activities need to incorporate learners from other disciplines, not just faculty. | • Continue new practice of inviting all medical students on placement at LHSC to join all other heath professional learners for Collaborative Practice Rounds.<br>  ○ Evaluate effectiveness and impact after several iterations.<br>• Continue to explore opportunities to bring other health care providers, including learners, together. | Vice Dean UME | By September 2026 |
| **Recommendation #7**<br>There remains a need to provide a student mistreatment reporting system that is more trusted, transparent and timely. | • Continue regular communication, sharing of information and consideration of additional strategies with student leaders to add greater transparency to the systems in place (as is possible).<br>• Continue reporting annually in aggregate on the instances of Learner Mistreatment to the Curriculum Committee for discussion and, where relevant, recommendations and action items. | • Vice Dean UME<br>• Associate Dean LEO | Ongoing (with follow up at 2027 progress report) |