

MD Program Health Promoting Learning & Work Environment (HPLWE) Sub-Committee Terms of Reference

Office of Accountability:	Associate Dean, MD Program, Faculty of Medicine & Dentistry
Office of Administrative Responsibility:	MD Program
Approver:	MD Curriculum & Program Committee (MDCPC)
Scope:	Compliance with this MD Program policy extends to all members of the MD Program community.

Overview

The learning environment plays an important role in the educational experiences of medical students at the University of Alberta. It is the responsibility of the MD Program and the Faculty of Medicine & Dentistry (FoMD), as well as our clinical affiliates, to ensure that physically, psychologically, and culturally safe work and learning environments are embedded into the educational experiences that provide students with the requisite knowledge, skills, and attitudes to prepare them for the next stages of their training.

The role of the MD Program Health Promoting Learning & Work Environment (HPLWE) Committee is to ensure that medical students have access to healthy learning environments and the adoption of Okanagan Charter strategic directions. The MD Program is committed to supporting psychologically and physically accessible and safe spaces that are compliant with all accreditation requirements as determined by the [Committee on Accreditation of Canadian Medical Schools](#) (CACMS). The following accreditation standards and elements apply to medical students' learning environments:

- 3.4 - Anti-Discrimination Policy
- 3.5 - Learning Environment
- 3.6 - Student Mistreatment
- 5.5 - Resources for clinical instruction
- 5.6 - Clinical instructional facilities/Information resources
- 5.7 - Security, student safety and disaster preparedness
- 5.9 - Information technology resources/Staff
- 5.11 - Study/Lounge/Storage space/Call rooms

Purpose

Processes to systematically review and detect problems with the learning environment include

the MD Program's internal program evaluation and quality improvement processes (e.g. course evaluations; hot spot surveys, clerkship feedback sessions), external accreditation reviews; and student surveys.

However, concerns about the learning environment may be shared with others within the FoMD using a 'no wrong door' approach. The MD Program HPLWE Committee provides another place for concerns to be raised, addressed, and evaluated jointly by MD Program, AHS, and Covenant Health representatives.

The HPLWE Committee will collaborate as needed with individuals and other committees, including:

- FoMD leadership
- FoMD HPLWE Committee
- PGME Learning Environment Working Group
- FOMD Professionalism Committee
- MD Program Quality Improvement (QI) Committee
- MD Curriculum & Program Committee (MDCPC)

Additionally, using the Okanagan Charter as a framework, the MD Program HPLWE Committee will examine and review ways to embed health promoting policy, inclusive learning & work spaces (lactation spaces, all gender bathrooms, all faith prayer spaces, accessibility for student with lower limb differences etc), support faculty/learner development around topics that influence the learning and work environment (psychological safety, hidden curriculum, EDI), and ensure we have a mechanism to review our current resources and policies to support students to thrive and maintain their identities.

Responsibilities

The MD Program HPLWE Committee will:

- a. Provide an additional venue where issues with the learning environment (including, but not limited to physical and psychological safety, as well as the physical space or facilities, in the settings where students learn) can be systematically and regularly reviewed and brought to the attention of MD Program, AHS, and Covenant Health leadership. This supplements other systematic and regular processes such as professionalism reporting, hot spot surveys, program evaluation, student surveys, etc.
- b. Review a range of data and information available to evaluate the learning environment. This can include:
 - i. regularly collected data such as student surveys, information gathered from internal and external sources
 - ii. data collected informally, such as students or others privately relaying information to the MD Program, the FoMD's Chief Wellness Officer, the Office of Advocacy and Wellbeing (OAW), and the Office of Professionalism.
- c. Develop action plans to improve the learning environment based on the data and information reviewed.
- d. Involve other individuals on an ad hoc basis (e.g. FOMD leadership, the Edmonton Zone

Medical Director, facility site chiefs of the learning sites, the Department Chairs, Clinical Zone Leads, or any other individuals necessary to improve the learning environment).

- e. Review the effectiveness of interventions in a cycle of continuous quality improvement.

Membership

The MD Program HPLWE Committee will include representatives from the MD Program, the FoMD, AHS, and Covenant Health.

- Associate Dean, MD Program (Chair)
- Chief Wellness Officer, FoMD
- Associate Dean, Professionalism, FoMD
- Assistant Dean, Program Evaluation
- Assistant Dean, Student Affairs, OAW
- AHS representatives (physician and administrative)
- Covenant Health representatives (physician and administrative)
- Student Representatives
 - Three (3) Clerkship students representing each of MSA, IMDSA, BMSA

Meetings

The MD Program HPLWE Committee will meet quarterly (every 3 months) with additional meetings scheduled on an as needed basis.

The committee will be chaired by the Associate Dean, MD Program.

Procedures

- a. An agenda will be distributed to committee members a week prior to the meeting.
- b. Minutes will the following information (names of individuals will typically be anonymized):
 - i. A list of the issues or learning sites discussed.
 - ii. The data used to inform the analysis of the problems.
 - iii. A summary of action plans that are proposed and/or have been implemented.
 - iv. The effectiveness of actions previously taken.

Accountability

The Chair of the MD Program HPLWE Committee will report to MDCPC twice annually and throughout the year to the Vice Dean, Education, FoMD.

Definitions

Physical Safety	Includes protection against biological risks such as immunization, radiation protection, respiratory protection, exposure to body fluids. It also includes protection against risks associated with physical spaces, with care provided during
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	home visits, travel and meetings with violent patients.
Psychological Safety	“A climate in which people are comfortable expressing and being themselves. More specifically, when people have psychological safety at work, they feel comfortable sharing concerns and mistakes without fear of embarrassment or retribution. They are confident that they can speak up and won't be humiliated, ignored or blamed. They know they can ask questions when they are unsure about something” (Amy Edmondson, <i>The Fearless Organization</i> , 2019).
Cultural Safety	Cultural safety analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege and racism in educational and clinical settings.
Complex Problems	A problem where simple analysis and historical knowledge don't produce a routinely predictable outcome, and introducing change can lead to unpredictability and flux.

APPROVAL HISTORY

APPROVER	STATUS	DATE
MDCPC	Approved	21 March 2024