

THE LITTLE

YELLOW BOOK

FOR ACCREDITATION

2022



UNIVERSITY
OF ALBERTA

In the Fall of 2022, the medical school at the University of Alberta will undergo accreditation.

How can every learner, staff, and faculty member prepare?

What should you know about our medical school?

This Little Yellow Book is a great start.



Learn more about accreditation and access the links in this book.

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What is Accreditation?

All Canadian medical schools undergo a rigorous accreditation process every eight years. Through this process, the Committee on Accreditation of Canadian Medical Schools (CACMS) ensures that Canadian medical faculties meet the standards required for educating tomorrow's medical doctors.

From the CACMS website:

“Through accreditation, the CACMS provides assurance to medical students, graduates, the medical profession, healthcare institutions, health authorities, regulatory authorities and the public that: educational programs culminating in the award of the M.D. degree meet reasonable, generally-accepted, and appropriate national standards for educational quality, and graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training.”

Find more general information about accreditation:
CACMS (cacms-cafmc.ca)

Find information about Accreditation 2022 at the U of A:
ualberta.ca/medicine/programs/md/accreditation

Social Accountability

The Faculty of Medicine & Dentistry (FoMD) is focused on social accountability in all that we do. This focus is embedded in our strategic plan, Vision 2025, and in our mission statement:

“To serve the public with social accountability through partnerships, leadership, and innovation in education, research and health care.”



The FoMD is committed to social justice, anti-racism, and serving communities that continue to experience health inequities.

Here are just a few programs and roles that support us in honouring this commitment:

Office of Rural & Regional Health: Helps provide educational opportunities in rural and remote regions to encourage medical students to consider careers in these traditionally underserved areas

Office of Equity, Diversity and Inclusion: Identifies and promotes practices and principles that celebrate the strengths in difference and ensures equitable opportunities in employment, education and delivery of care

Indigenous Health Program: Builds partnerships with Indigenous communities to promote increased recruitment of Indigenous learners into health education and a future career in the health-care professions

Anti-Racism Commitment to Change Task Force: Led by the Assistant Dean of Equity, Diversity and Inclusion, this group has developed a substantive, action-oriented strategy to address racism, focusing on four areas: Awareness, Recognition, Reporting, and Management and Remediation

Focus on Social Accountability in the MD Program

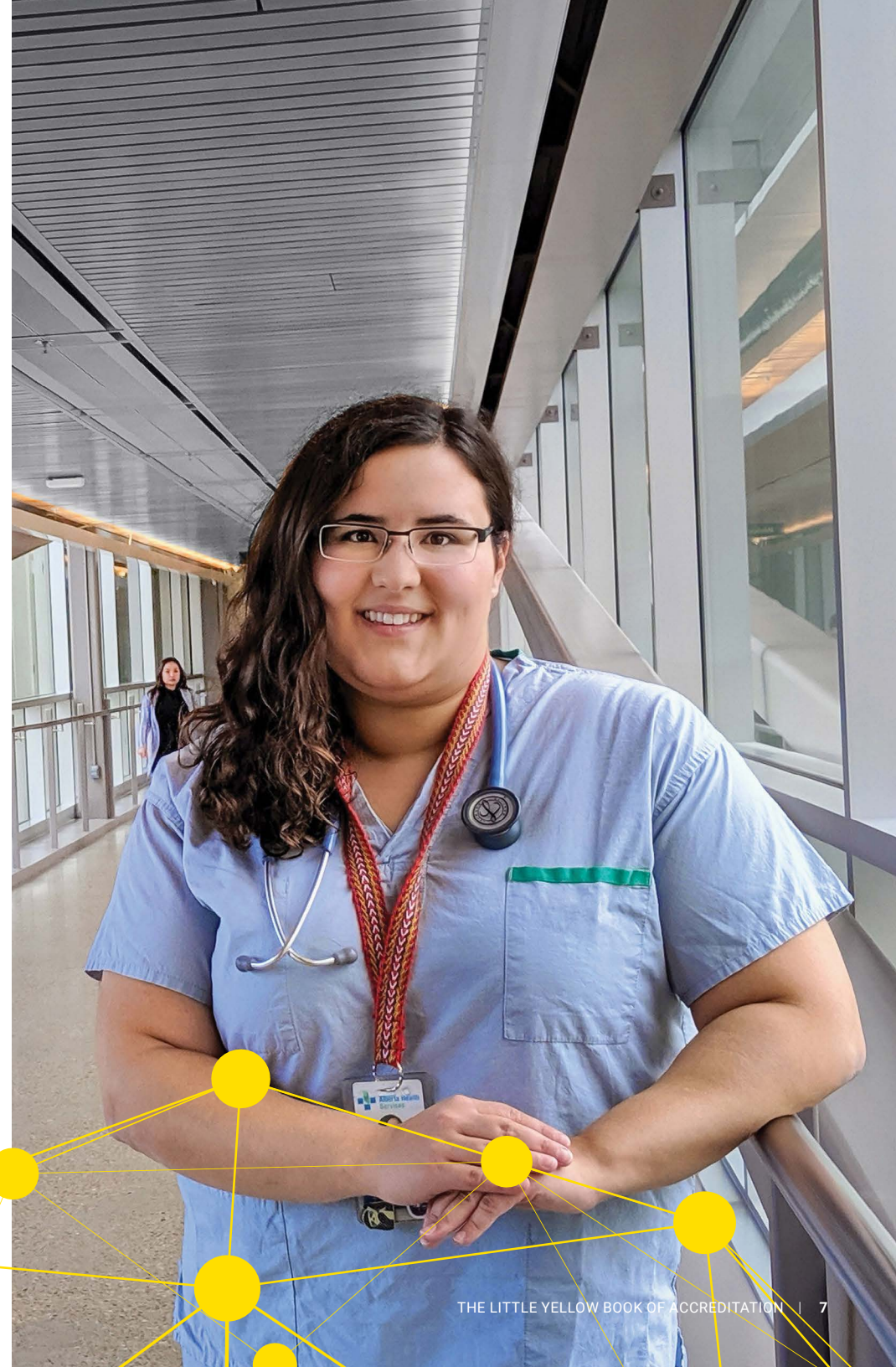
Social Accountability Lead, MD Program: Works alongside communities with priority health concerns and develops the relationships and processes necessary to guide the MD Program in its social accountability mandate

Black Health Lead, MD Program: Works to increase Black physician representation in several areas, including preceptors for lectures, as well as longitudinal clinical experiences, physical exam sessions and clerkship experiences

Advisory Council on Social Accountability, MD Program: Promotes the mission, vision, and strategic plan for the Faculty of Medicine & Dentistry, as it relates to social accountability, within the MD Program

MD AIDE Program: Launched and offered by student volunteers, this program offers free MCAT and interview preparation to students facing financial barriers and students from underrepresented backgrounds.

In addition to what is offered by the FoMD and MD Program, medical students take an active leadership role within the Medical Students' Association, Indigenous Medical and Dental Students' Association, Black Medical Students' Association, and several other clubs that champion equity, diversity, inclusion and build relationships with the communities we serve.



Addressing Mistreatment



We have a “**no wrong door approach**” to reporting of mistreatment and commit to acting to address all concerns, while protecting the safety and dignity of all involved. If at any time our members – including learners, staff, and faculty members – experience or witness mistreatment, and are seeking help, there are several offices and groups that offer support and advocacy.

- **The MD Program**
- **The Office of Advocacy and Wellbeing**
- **The Office of Professionalism**
- **Academic Departments**
- **The Chief Wellness Officer**

Mistreatment includes bullying, harassment, discrimination, or any other behaviour that contributes to an unsafe learning environment. There is no place for mistreatment in the FoMD. We have policies that define mistreatment, mechanisms to respond and act promptly, and a commitment to actively prevent it.



Tools and mechanisms in place to report and prevent mistreatment include:

Professionalism
website & reporting

Anti-Racism
policy & reporting

Online reporting
of professionalism concerns

Evaluations
of courses, teachers, and learners

Hot-spot
surveys



MD Program

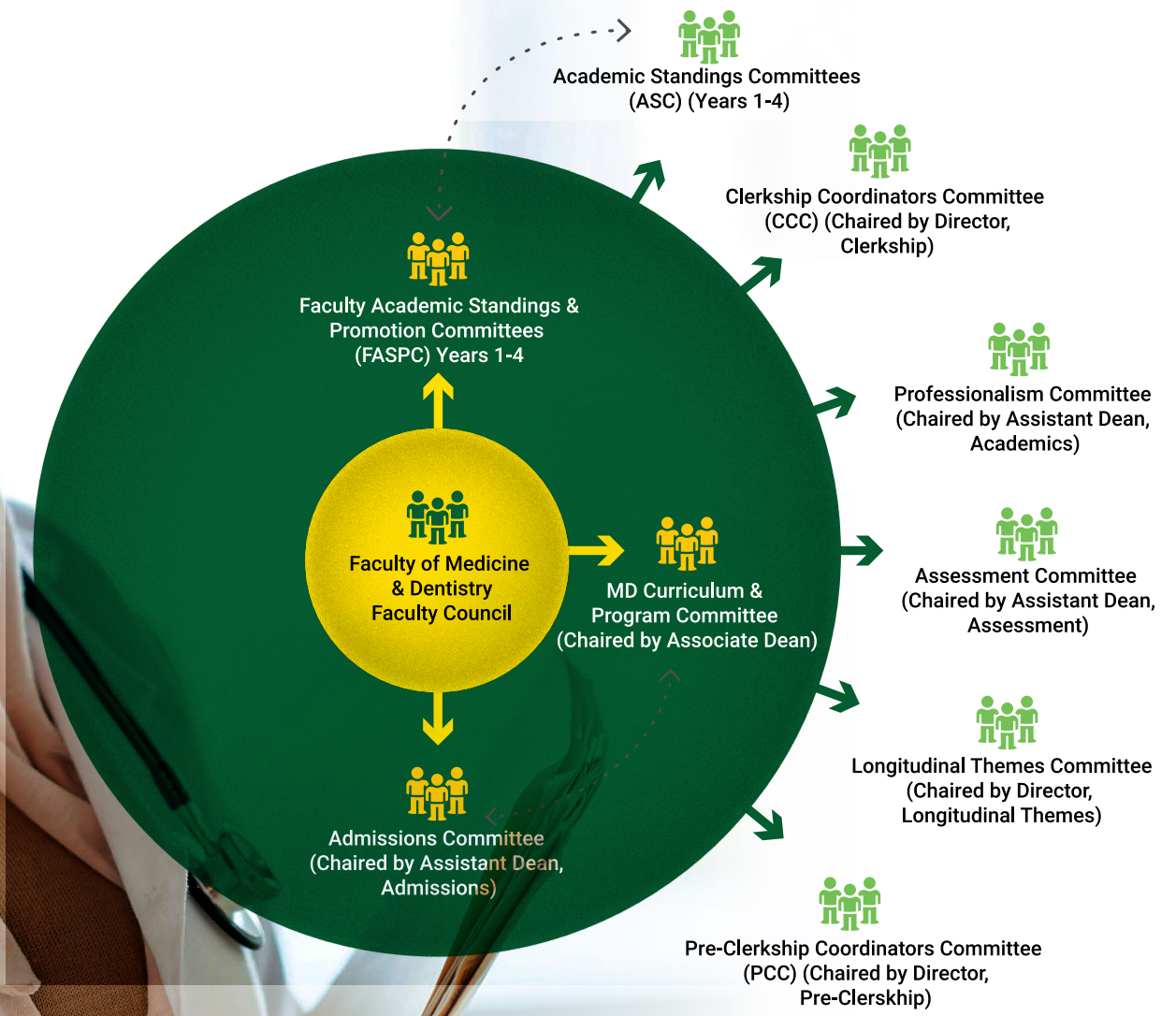
The medical education program (MD Program) delivers a comprehensive education program leading to the degree of Doctor of Medicine (MD). The MD Curriculum & Program Committee (MDCPC) oversees all aspects of the MD Program, including:

- Assessment
- Curriculum Delivery and Management
- Academic Affairs and Academic Standings
- Learning Support
- Program Evaluation and Quality Improvement
- Learning Science

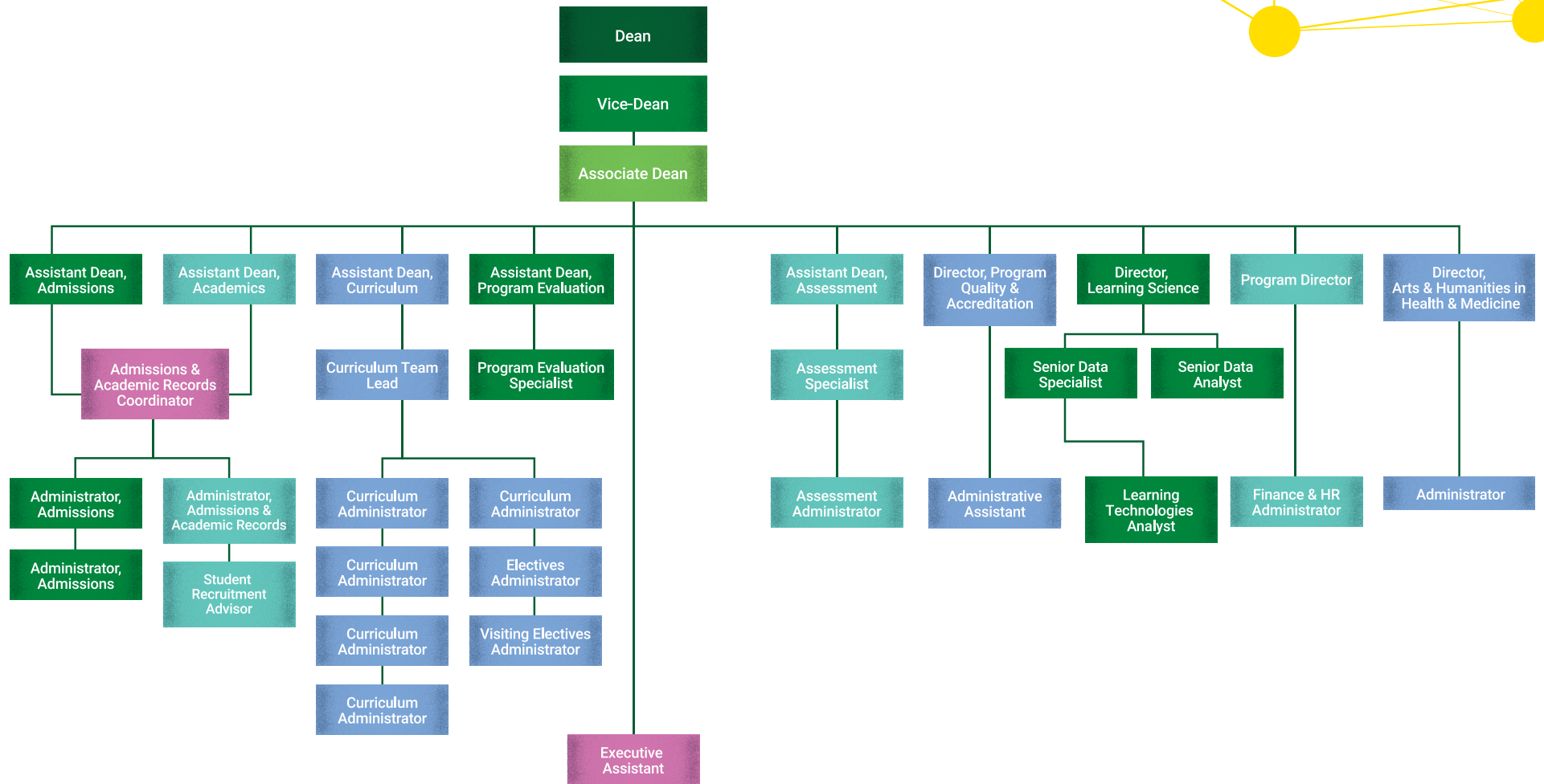
The medical school, which includes the MD Program and all the resources and supports needed to deliver it, includes the following:

- Admissions
- Office of Professionalism
- Office of Advocacy & Wellbeing
- Office of Equity, Diversity, and Inclusion
- Resident physicians
- Indigenous Health Program
- Academic departments
- Basic Science & Clinical
- Office of Rural & Regional Health
- Social Accountability

Governance Structure



Organizational Chart



MD Program Strategic Plan (2022-27)

Six key focus areas of the five-year strategic plan:

Social Accountability

People Come First

Generalism and Adaptive Practice

Health-promoting Learning and Work Environments

Responsive Curriculum

Educational Technology

OUR VISION:

With our communities, inspired through learning, serving society.

OUR MISSION:

Our medical school develops diverse, competent, and compassionate physician leaders to serve the health needs of Alberta, northern communities and Canada through adaptive innovation and social accountability.

OUR VALUES:

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

You can find the detailed plan at:

ualberta.ca/medicine/programs/md/strategic-plan

Course and Clerkship Coordinators: What do they do?

Course and Clerkship Coordinators are appointed by the Associate Dean, MD Program in consultation with, and approval from, the Department Chair.



Coordinators are responsible for:

- Stewardship (careful administration) of a specific course or clerkship.
- Developing appropriate learning strategies so that students meet required learning objectives.
- Ensuring appropriate student assessments and evaluations are completed as required by the policies of the MD Program.

All course and clerkship coordinators are members of the Pre-Clerkship/Clerkship Coordinators Committees.

Curriculum Oversight

The MD Curriculum & Program Committee (MDCPC) has the authority to oversee the overall design, management, and evaluation of a coherent and coordinated curriculum.

Reporting to the MDCPC, the **Curriculum Management Unit (CMU)** is responsible for:

- Overall design, management, integration, and enhancement of a coherent and coordinated medical curriculum, aided by a functional *curriculum map*.
- Ensuring that all teaching sessions in the MD curriculum link to the program level objectives of the MD Program (the competencies required of graduates).
- Providing oversight of the **Curriculum Working Groups**, held every other year for expert review on the content, format and learning objectives of each course.

Curriculum Working Groups include course/clerkship coordinators, generalists, specialists, basic science representatives, learners, and other stakeholders. Together, they are responsible for providing curricular review as part of a systematic, comprehensive program evaluation, which includes course and clerkship review process.

These working groups:

- Assess content areas.
- Review objectives, assessments, and evaluations to ensure horizontal and vertical alignment of the curriculum with **program level objectives (see following section)**.
- Make recommendations for changes, which are presented to and approved by MDCPC.

All course objectives are tagged within the curriculum map so that stakeholders can discover where and when they are taught. The program level objectives drive the course and clerkship objectives and working groups ensure that these objectives are aligned.



Program Level Objectives

MD Program level objectives prepare students for successful transition to residency and beyond, to develop competent, socially accountable, and compassionate physician leaders prepared to serve their communities. The PLOs give backbone to our entire curriculum through course and session level objectives.

Here they are, based on the CanMEDS framework:

Medical Expert

Communicator

Collaborator

Leader

Health Advocate

Scholar

Professional



Medical Expert

The medical graduate will:

- Conduct a complete history and physical exam targeted to a patient's clinical situation.
- Demonstrate clinical decision-making skills that acknowledge patient values and principles of patient-centred care.
- Apply basic knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management with emphasis on common and life-threatening illnesses across the age spectrum.
- Interpret common investigations.
- Generate a meaningful differential diagnosis and select appropriate therapy with emphasis on prioritization of common, chronic and urgent clinical presentations.
- Demonstrate appropriate use of selected procedural skills.
- Apply information technology in patient care effectively.



Communicator

The medical graduate will:

- Demonstrate effective communication skills to develop a therapeutic relationship with diverse patients and families, including building trust and rapport, recognizing personal bias, and considering patients' beliefs, values and cultures, especially in difficult situations.
- Apply principles of trauma-informed care and culturally safe principles to guide communication.
- Discuss disease management with patients and families, engaging patients in shared decision-making.
- Summarize clinical encounters in oral or written presentation in a clear, accurate, and timely manner.



Collaborator

The medical graduate will:

- Collaborate as part of the health-care team to support interdisciplinary care.
- Participate in respectful strategies that promote conflict resolution and negotiation in the context of the learning setting, patient care and/or team functioning.
- Reflect on, and provide feedback in an appropriate and timely manner in their learning and practice.

Leader

The medical graduate will:

- Describe the principles of effective leadership in the context of different roles.
- Summarize principles of quality improvement in health care.
- Apply principles of resource stewardship in patient care.

Health Advocate

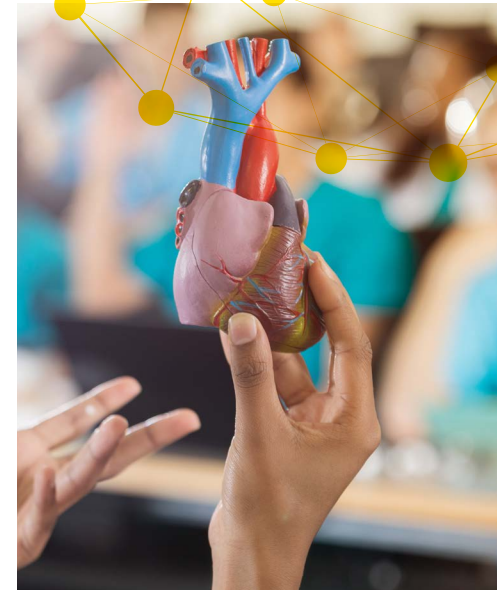
The medical graduate will:

- Incorporate individual, interpersonal, familial, cultural, societal, and environmental determinants of health and illness across a diverse population into patient-centered care.
- Identify the priority health needs of the communities in which they serve.
- Apply principles of allyship, anti-racism and anti-oppression in advocating for individual patients as well as advocacy within the health-care system.
- Recognize patient safety issues and contribute to their resolution.
- Discuss health promotion and disease prevention with patients and families.

Scholar

The medical graduate will:

- Explain basic science and clinical research principles.
- Describe the scientific principles underlying evidence-informed approaches to health maintenance, preventive screening, therapeutic, rehabilitative, and palliative interventions.
- Demonstrate critical reflection and inquiry to adaptive practice and self-directed, life-long learning.



Professional

The medical graduate will:

- Exemplify appropriate professional behaviour (as defined by the CMA and CPSA Code of Ethics), including awareness of personal wellness and limitations.
- Evaluate priorities to achieve a balance of professional and personal commitments.
- Discuss ethical and legal principles as they apply to medical practice.



Curriculum



The MD Program is divided into two distinct stages:

PRE-CLERKSHIP

Years 1 & 2

11 courses

- Foundations of Medicine
- Endocrinology and Metabolism
- Cardiovascular
- Pulmonary
- Renal
- Gastroenterology and Nutrition
- Reproductive Medicine and Urology
- Musculoskeletal System
- Psychiatry
- Neurosciences and Organs of Special Senses
- Oncology

CLERKSHIP

Years 3 & 4

10 required clinical experiences

- Family Medicine
- Surgery, General and Subspecialty
- Medicine, General and Subspecialty
- Pediatrics
- Obstetrics and Gynecology
- Psychiatry
- Emergency
- Geriatrics

← LONGITUDINAL THEMES →

Longitudinal Themes

This longitudinal course runs across all four years of the medical school curriculum and complements the medical expert portion of the MD Program by helping medical students develop the other CanMEDs roles (communicator, collaborator, leader, health advocate, scholar, professional). Some themes are integrated into courses and clerkships, including:

- Social accountability
 - Indigenous Health
 - Black Health
 - Reproductive & Sexual Health
- Evidence-based medicine
- Ethics
- Patient safety
- Health systems
- Public health and preventive medicine
- Interprofessional education

Students also participate in stand-alone longitudinal themes including:

- Clinical skills (communication skills and physical exam skills)
- Patient Immersion Experience (PIE)
- Physician Discussion Group (PDG)
- Students in Service (SIS)
- Longitudinal Clinical Experience (LCE)



Rural Exposure

YEAR 3

All students complete a minimum of four weeks in rural communities during their Family Medicine clerkship.

The following options are also available for further rural exposure:

YEAR 2

Gastroenterology & Nutrition course in a rural community, through the Pre-Clinical Networked Medical Education (PNME) program

YEAR 3

Integrated Community Clerkship for the entire third year (longitudinal) in a rural or remote setting

YEAR 4

Core rotations in Grande Prairie, Alberta

Student Assessment

We are required to ensure that all courses and clerkships return final grades in a timely fashion (by accreditation standards, this is within six weeks of the end of the course or clerkship). This is monitored monthly by the MD Program through the Assessment Committee.

The routine provision of **narrative assessment** is also required as part of the student assessment in all courses and clerkships.

Formative feedback must also be provided to all students early enough during each required learning experience* to allow sufficient time for remediation.

All students must be observed doing a history and physical examination in each clerkship rotation. This is monitored through the Entrustable Professional Activity (EPA) form #1.

** Required learning experiences = all mandatory (core) courses and clerkships*



Evaluation and student feedback

Program Evaluation Framework

As part of the systematic, comprehensive evaluation of the MD Program and curriculum, the Program Evaluation Framework collects data from a variety of sources to determine the extent to which the program and the curriculum are meeting its objectives.

This framework provides a systematic approach to the evaluation of the MD Program and its curriculum, helps to inform continuous quality improvement, and supports accreditation. It outlines:

- overall approach to program evaluation and quality improvement
- the role of the Program Evaluation Unit in the implementation of strategy
- the sources of data, timelines, and implementation plans

Student feedback

Student feedback is critical for the MD Program and its instructors. The Program Evaluation Unit within the MD Program oversees the provision and use of student feedback as part of a robust plan that guides the evaluation of the curriculum and the program.

Student feedback is collected in a variety of ways, including forms that evaluate courses, clerkships, individual sessions, small groups, and individual preceptors. All of this feedback is collected, analyzed, and shared with the program, course/clerkship coordinators, and individual preceptors.

Student feedback is reviewed and acted upon through a series of processes, including:

- annual review meetings
- bi-annual course/clerkship review working groups
- (when necessary) meetings between the associate dean, MD program, an individual preceptor, and/or that individual's department chair

Scheduled Time in Courses and Clerkships

Pre-Clerkship Scheduled Time Policy:

The standard scheduling format for pre-clerkship courses follows the **MD Program's '11-5-5-6' rule**. This rule limits the amount of scheduled time for pre-clerkship learners in a given week. The weekly curricular schedule will also include a minimum of 10 hours of unscheduled time (in a 40-hour week), to be used at the student's discretion for self-directed learning or other activities.



Clerkship Duty Hours Policy: The 26 Hour Rule

24 hours of active clinical duties
+ 2 hours for handover of care





**UNIVERSITY
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Undergraduate Medical Education

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ualberta.ca/medicine/programs/md/accreditation