

FINAL ASSESSMENT REPORT
Evaluation of Undergraduate Programs
Department of Undergraduate Medical Education (UGME)
Faculty of Medicine
Cycle: 2022-2023
Date: December 14, 2023

I. Programs

- Undergraduate Medical Education Program

II. Evaluation Process (Outline of the visit)

- This Final Assessment Report on the above programs was prepared from the following documents: 1) the self-study report produced by the academic unit; 2) the report of the external evaluation following the virtual visit; 3) the responses prepared by the Vice-Dean, Undergraduate Medical Education, Alan Chaput, and a response by Bernard Jasmin, Dean of the Faculty of Medicine.
- The site visit took place on May 31, 2023, covering Undergraduate Programs and was conducted by the following external evaluators: 1) Parvathy Nair, University of British Columbia and 2) Lee Toner, Northern Ontario School of Medicine University
- During the site visit, the external evaluators met with the Vice-Provost, Academic Affairs, Aline Germain-Rutherford, the Dean of the Faculty of Medicine, Bernard Jasmin, the Vice-Dean, Undergraduate Medical Education, Alan Chaput, leaders of the Undergraduate Program, members of the support staff, regular professors and students.

III. Summary of Reports on the Quality of Programs

Strengths

- Curriculum is well aligned with learning objectives, teaching and evaluation methods, and the norms of the discipline.
- Objectives are related to the CanMEDS roles.
- Program objectives and competencies are organized around eight curriculum roles and the content is grouped under five pillars.
- Over 6500 specific learning objectives mapped to program objectives and individual sessions. The learning objectives serve as a template for assessment of student learning.
- There have been efforts to incorporate an Entrustable Professional Activities (EPA) course.
- Curriculum Renewal Project has a goal to horizontally and vertically integrate curriculum content which aligns with one of the pillars of the strategic plan ("More Agile") and the changing needs of the medical profession.
- French and English streams are distinctive features.
- Francophone students from outside of Ontario and Quebec can be admitted through the CNFS (Consortium National de Formation en Santé) program to help meet the needs of Francophone populations in the rest of Canada.
- International connections with Kuwait and Shanghai reflect the global reach of the program.
- Respectful and encouraging learning environment, which can be a challenge at other schools.
- Participation in research activities is quite high.

- Mentorship program is a strength.
- Students report they feel adequately prepared in caring for diverse populations, and they value their clerkship rotation experiences and the respectful learning environment.
- Feedback in the clerkship years is both detailed and timely.
- Overall, students reported they were very satisfied with the medical education program.
- 90% of the students reported feeling well prepared for residency.

Challenges

- Transition to competency-based medical education and the implementation of the new Entrustable Professional Activities (EPA) course have presented challenges. The unit has decided to “re-imagine” the EPA course and target it at the clerkship level as opposed to the first-year level.
- The Curriculum Renewal Project was meant to update the curriculum and enhance the horizontal and vertical integration of curricular content across all four years of the MD program.
 - ❖ “Paused” until 2026 due to lack of financial and human resources required for implementation.
 - ❖ Implementation will require additional information technology support given the current status of the administrative workflow (email, excel files).
 - ❖ Faculty development will also be a challenge to address.
- The Strategic plan and mandate of uOttawa are broad, with a global reach, and purported to support innovation, transformative learning and connectivity. The uOttawa MD (UME) Program does not have adequate financial and human resources to support these transformative efforts.
- Equity of experiences between French and English streams has been a challenge.
 - ❖ Recruitment of Francophone teachers more difficult due to the opening of McGill’s Gatineau UME (Undergraduate Medical Education) program.
 - ❖ Differences between French and English streams in interviewing skills curriculum and clinical rotation evaluations.
- Long-term viability of relationships with partners in Shanghai and Kuwait may be threatened by global political factors.
 - ❖ May not be seen as socially responsible or ethically sound given deterioration in international relations and concerns around human rights practices in these countries.
 - ❖ Threat to the sustainability of the Ottawa-Shanghai School of Medicine is especially problematic as this partnership is an income stream for the Faculty of Medicine.
- May be advisable to move more core experiences to year 4, as student study time is a concern on some of the core clerkship rotations in year 3.
- Web-based curricular materials components are consistently rated lower by students in program evaluation reports.
 - Although student participation in research is quite high, there is only limited formal exposure to research in the curriculum.
 - Year 4 focuses mainly on electives and transition to residency but could include other specific clinical and non-clinical experiences to solidify learning and demonstrate achievement of learning outcomes.

- CACMS accreditation report in 2018 identified element 1.1.1 Social Accountability as “unsatisfactory.”
 - ❖ Need to identify the health needs of the populations served by the program.
 - ❖ Progress is being made in this area as outlined in the “Social Accountability Working Group Report” that was part of the Curriculum Renewal Project.
- Challenges exist regarding faculty engagement, integration into the curriculum, and concerns about implementation with respect to educational technology resources and financial limitations.
- Concerns raised by students:
 - ❖ Lack of access to parking on clinical campuses.
 - ❖ Financial aid services and debt management support is an area for improvement and may be related to the location of the financial aid office away from the medical school principal sites.
 - ❖ Need for expanded financial support for students – e.g., bursaries.

IV. Opportunities for Program Improvement

The external evaluators’ recommendations are contained in the Unit’s Response and Action Plan, in the appendix.

V. Summary and Assessment of the Proposed Action Plan¹

The External Reviewer’s recommendations were addressed by program leadership via an action plan that was considered by the Senate Committee on the Evaluation of Undergraduate Programs (SCEUP) at its meeting of December 14, 2023.

The program leadership agreed with all recommendations of the external evaluation. The actions to be taken and the timetable are clearly defined and have been endorsed by the Dean's Office. The SCEUP is satisfied with the program leadership’s response.

VI. Conclusion

The review exercise confirmed the strength and stability of the programs offered and identified recommendations for their ongoing improvement. The members of the Committee would like to thank the external evaluators for their detailed assessment, as well as all the stakeholders involved in this cyclical program review process.

VII. Schedule and Timelines

A progress report that outlines the completed actions and subsequent results will be submitted to the evaluation committee by June 15, 2027.

The next cyclical review will take place in no more than eight years, in 2030-2031. The self-study brief must be submitted no later than June 15, 2030.

¹ See the Appendix for the Unit Response and Action plan.

Unit Response and Action Plan

Faculty:

- Faculty of Medicine

Department:

- Undergraduate Medical Education (UGME)

Programs evaluated:

- Undergraduate Medical Education Program

Cyclical review period:

- 2022-2023

Date:

- October 20, 2023

General comments:

On August 18, 2023, UGME and the MD program were made aware of the External Review Report produced in the context of the cyclical program evaluation. We were extremely pleased with the positive evaluation of our undergraduate program. Given that UGME has committed to providing an outstanding educational, training and research experience, we were gratified to see that the external reviewers found that our MD program was of quality, that student satisfaction was high and that no major issues with the program, the learning objectives, courses or management of the programs were discovered. The report makes seven recommendations, five of which are considered high priority. We take all the recommendations seriously and feel confident that by addressing them, our program will be even stronger. The recommendations and our responses are included below.

Recommendation 1: Increase financial resources to support the Undergraduate Program in Medical Education of the Faculty of Medicine.

Unit response:

UGME has experienced several challenges when it comes to obtaining operational resources such as IT technologies and infrastructure to support administrative needs for program delivery. Despite the need for more resources, UGME has been able to deliver a quality program for MD students. Regular meetings and discussions with UGME leadership and Central Campus are planned to determine what additional resources can be made available for UGME.

Decanal response:

Measures for addressing this recommendation have been in development for quite some time by encouraging discussions with Central Campus on how to enhance funds and budget for UGME. The recent expansion of UGME (14 additional entry positions added in 2023) and the additional number of students admitted to the MD program in upcoming years is expected to generate additional funds for UGME. Efforts are being made for UGME to receive 100% of expansion funds related to these extra positions, including a one-time start up government fund. Enhancing funding for UGME will also be possible through other initiatives including an enrichment year program for VISA trainees who have already obtained their MD, filling admission spots for Kuwaiti students and potentially unfreezing tuition fees.

Priority Level*: 1 - Urgent

Actions to be undertaken:

UGME will continue to engage in discussions and meetings with Central Campus with regards to funding opportunities and possibilities for increasing fund distribution to UGME. In addition, with the expansion of UGME in upcoming years, MD leadership will remain involved in province-wide discussions to lobby the government for additional funding to support existing student cohorts and for expansion positions.

Assigned to:

Decanal Team

Timeline:

12 months

Curriculum change? No

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)

Recommendation 2: Develop and support more formal teaching in research.
<p>Unit response:</p> <p>UGME recognizes that there is a need to review its current research curriculum to add new and modify existing formal teaching sessions focused on research and research methods.</p> <p>The current Evidence-Based Medicine (EBM)/Epidemiology curriculum has a lot of redundancy preventing in-depth exploration of important concepts including: appraisal of systematic reviews, appraisal of guidelines, shared decision making, use of secondary sources of literature, appraisal, and utility of qualitative research, dealing with uncertainty (variability of individual patients, populations where there is no data). Content is also delivered exclusively in Pre-Clerkship and students do not have the opportunity of applying their EBM skills to the clinical environment.</p>
<p>Decanal response:</p> <p>UGME recognizes a need to modify and add to its formal teaching opportunities in research. The curriculum renewal project, which is expected to resume in upcoming months and begin its implementation for the 2026 academic year, will look at expanding our current research-focused curriculum.</p>
Priority Level*: 2 - Important
<p>Actions to be undertaken:</p> <p>As part of the curriculum renewal project, a Society, Individual and Medicine (SIM) working group was formed and reviewed the Evidence-Based Medicine curriculum. A new orientation to the EBM sessions currently offered has been proposed for implementation. The next step will be for UGME to review and develop the learning objectives and content for the proposed sessions and have them approved by our UGME committees.</p>
<p>Assigned to:</p> <p>Assistant Dean, Curriculum Assistant Dean, Student Evaluation and Curriculum Implementation Director, Social Medicine Curriculum Content Review Committee Undergraduate Curriculum Committee</p>
<p>Timeline:</p> <p>18 months to review/finalize recommendations and implementation plan (Fall 2024-Winter 2025) Initial implementation of recommendations and research curriculum (Fall 2026)</p>
Curriculum change? Yes

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)

Recommendation 3: Implement recommendations from the Social Accountability Working Group report into curriculum.

Unit response:

The Faculty of Medicine's 2020-2025 strategic plan includes a mandate to integrate social accountability throughout the learning and research continuum. In response to this mandate, in 2020, the Faculty established an Office of Social Accountability under the direction of a new Associate Dean, Social Accountability. This Office oversees social accountability in UGME and across the faculty. Initiatives to address this recommendation have already begun and a working group on social accountability was created as part of the UGME curriculum renewal project.

The social accountability working group was tasked with developing a set of recommendations regarding innovative ways the Faculty of Medicine can enhance social accountability including strategies, processes and opportunities to:

1. Conduct an audit of the social accountability curriculum.
2. Construct a definition (or vision) of a University of Ottawa graduate who can respond to the current and future health needs and challenges in society.
3. Define the components of an integrated social accountability program in UGME.
4. Recommend strategies for social accountability implementation across the pre-clerkship and clerkship curricula.

Decanal response:

UGME recognizes a need to modify and add to its existing curricula by incorporating a greater emphasis on social accountability. The curriculum renewal project, which is expected to resume in upcoming months and begin its implementation for the 2026 academic year, will see the implementation of social accountability recommendations formed by the Social Accountability working group.

Priority Level*: 2 - Important

Actions to be undertaken:

The next step for the Faculty will be to review and finalize the recommendations produced from the working group to determine how to effectively implement them. UGME will then develop learning objectives and content for the sessions and have them approved by our curricular committees.

Assigned to:

Associate Dean, Social Accountability
Director, Social Medicine
Assistant Dean, Curriculum
Assistant Dean, Student Evaluation and Curriculum Implementation
Curriculum Content Review Committee
Undergraduate Curriculum Committee

Timeline:

18 months to review/finalize recommendations and implementation plan (Fall 2024-Winter 2025)
Initial implementation of recommendations and sessions (Fall 2026)

Curriculum change? Yes

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)

Recommendation 4: uOttawa central leadership to engage MD Program leadership more effectively in financial and resource decisions affecting the UME program.

Unit response:

UGME will continue to experience challenges related to resources until additional resources needed to fully support the program are obtained. UGME and Central Campus leadership are looking into ways for UGME to obtain additional support to assure MD program delivery.

Decanal response:

Strategies for addressing this recommendation are in development with members of the Provost's Office and Central Campus to discuss funding opportunities for UGME. As UGME expands, additional resources and funding will have to be made available to support the program.

Priority Level*: 2 - Important

Actions to be undertaken:

The Dean and UGME program leadership will set up a yearly meeting with the Provost and Central Campus to discuss appropriate resourcing for the program as it continues to expand. The Dean and leadership team will also engage in bi-annual meetings with the Vice-Provost, the Deputy Provost and Clinical Chairs to determine the resources needed to support UGME.

Assigned to:

Decanal Team

Timeline:

6 months (Spring 2024)

Curriculum change? No

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)

Recommendation 5: Update educational and information technology infrastructure to support administrative efficiencies and digitally enabled curriculum delivery.

Unit response:

The Faculty has acknowledged a need to better integrate technology to support administrative needs and curriculum delivery.

As part of the Faculty's curriculum renewal project, a working group focused on education technology was formed in 2020. Individuals recruited represented expertise in teaching technologies in general education and specific teaching technologies used in health professions education. Medical student representatives were also part of this working group to provide the perspectives of modern learners. Representatives were recruited from the Teaching and Learning Support Service (TLSS), who provided the working group with up-to-date university-wide administrative, student and faculty insights regarding education technology.

The education technology working group worked to identify platforms that could enable achievement of UGME competencies and program objectives, develop a strategy for a robust technological support system, and expand simulation-based teaching and assessment strategies. This working group was responsible for developing a set of recommendations that considered the following:

1. A vision for how technology or technological innovations (for example virtual reality, games, multi-media) can support the UGME Program's educational mission and program objectives.
2. The value, role and requirements for a learning management system to support and enable teaching (including virtual), interactive small group or self-directed e-learning and formative assessment.
3. Strategies required to create and implement a robust education technology support system.
4. A framework or road map to monitor for technology renewal.
5. Equity in terms of functionality of technology to support learning and assessment in both Anglophone and Francophone streams of the MD Program.

Decanal response:

UGME has been engaged in ongoing discussions with TLSS and Central Campus to protect IT assets and funds at UGME and explore opportunities to receive additional funding to further develop technologies used at UGME, as well as seeking additional IT resources to support the program.

Priority Level*: 2 - Important

Actions to be undertaken:

The next step for UGME will be to continue to collaborate with TLSS to identify platforms that are available or in-development that can either complement our existing platforms or better meet the needs of UGME. Meetings are also ongoing with the TLSS to present new and diverse technologies that may be used by UGME. For instance, UGME has been working with the TLSS team to be prioritized when it comes to obtaining SharePoint and is expected to be among the first faculties to have permission to use the platform by Summer 2024.

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)

Assigned to:

Decanal Team

TLSS

Timeline:

18 months to review/finalize recommendations and implementation plan (Fall 2024-Winter 2025)

Initial implementation of recommendations (Fall 2026)

Curriculum change? No

Recommendation 6: Reassess relationships with international partners.
<p>Unit response: UGME recognizes a need to reassess relationships with its international partners. Given that UGME has struggled with obtaining resources to assist with program operations and delivery, looking at internationalization as a way to generate revenue may provide UGME with additional support.</p>
<p>Decanal response: International partnerships with UGME are determined by a Faculty of Medicine committee to ensure that both partners can mutually benefit and enhance their educational missions and programs. Efforts are being made to review the internationalization of UGME for the purpose of revenue generation. Additional initiatives are in development to provide expose current MD students to global health opportunities. All discussions and internationalization initiatives are conducted with input from central campus leadership.</p>
Priority Level*: 3 - Advised
<p>Actions to be undertaken: The UGME leadership will continue to monitor and meet with the Faculty of Medicine internationalization committee on a regular basis to review existing partnerships and discuss the possibility of revenue generation through internationalization of the program. The Dean’s office will also meet with the Executive Leadership Team to discuss opportunities for providing students with global health exposure.</p>
<p>Assigned to: Decanal Team</p>
<p>Timeline: 3 years</p>
Curriculum change? Yes

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)

Recommendation 7: Renew facilities at Roger Guindon Hall.
<p>Unit response: Plans to renew facilities at UGME are already in development, with some spaces (i.e., cafeteria, student lounges) already undergoing updated. The additional funds secured by the Faculty to invest in renewing facilities at RGN will undoubtedly make the spaces more welcoming and aesthetically pleasing for students, faculty and administration.</p>
<p>Decanal response: Facilities at RGN will undergo significant changes in the next year. With the Faculty of Health Sciences leaving RGN, there will be fewer constraints with regards to room and space availability to support UGME. UGME will receive funds directly from the Faculty of Medicine and Central Campus to renovate existing and newly acquired rooms and spaces. The Faculty has also invested in renovating the cafeteria at RGN which is now open. This space adds additional seating, food options and other student lounge spaces.</p>
Priority Level*: 3 - Advised
<p>Actions to be undertaken: The Decanal Team at UGME will continue to monitor and engage in meetings on a regular basis with Central Campus and UGME Leaders to seek funding to support the program and protect funds to support infrastructure development.</p>
<p>Assigned to: Decanal Team</p>
<p>Timeline: 12 months</p>
Curriculum change? No

* PRIORITY LEVEL: 1. URGENT-IMMEDIATE ACTION REQUIRED 2. IMPORTANT-ACTION REQUIRED WITHIN 18 MONTHS (MAXIMUM)
3. ADVISED: DEVELOPMENT AND STRATEGY-ACTION TO BE DISCUSSED AND MUST BE IN PLACE BY MID-CYCLE (WITHIN 4 YEARS)