

**UGME REPORT TO FACULTY EXECUTIVE COUNCIL  
LCME ACCREDITATION 2009 – 2011**

---

### **IMPORTANT DATES**

- **Consultation Visit – March 1 & 2, 2010 – focused visit requested by the Dean & UGME**
- **The Dean's Update Report to LCME – May 2010 (Dean Sandham's last report as Dean)**
- **Students' Final Survey Report – June 2010**
- **Mock Accreditation Survey – October - November 2010**
- **Self Study & Documentation to LCME – January 2011**
- **Full Survey Visit – April 3- 6, 2011**

### **LCME STANDARDS SUBCOMMITTEES & CHAIRPERSONS**

There are 126 standard statements under five categories, each with an associated database to be completed in preparation for the survey. Chairpersons of the Subcommittees are:

1. Institutional Setting (IS) – Dr. Brock Wright, Associate Dean, Clinical Affairs
2. Educational Program for the M.D. Degree (ED) – Dr. Chris Christodoulou, Undergrad Coordinator/Asst Professor, Anaesthesia
3. Medical Students (MS) – Dr. Kristel van Ineveld – Assistant Dean, Student Affairs
4. Faculty (FA) – Dr. Murray Enns, Head, Psychiatry, Faculty of Medicine & WRHA and Ms. Beth Beaupre, Executive Director, Joint Operating Division
5. Educational Resources (ER) – Mr. Keith McConnell, Director of Operations

### **LCME ACCREDITATION SELF STUDY**

The Faculty's Task Force and its subcommittees are responsible for conducting a self study, determining the objectives of the self-study (purposes, studies, reports, and issues), setting the timetable for the completion of activities and preparing the final self-study report. Task Force co-chairs are Dr. Diane Biehl, Faculty Lead, UGME Accreditation and Dr. Bruce Martin, Associate Dean, UGME.

At the completion of the Self Study, the Faculty will:

1. Identify and document measureable improvements in the areas cited in the last accreditation survey of 2004, i.e. ED-2, ED-24, ED-30, ED-33, ED-46 and MS-8.
2. Study specific issues:
  - 2.1 Compile outcome data on graduate performance during and after medical school to document achievement of program objectives and satisfaction with training (ED#46)
  - 2.2 Implement consistent training and evaluation of residents teaching medical students, across all programs (ED#24)
  - 2.3 Institute curriculum review and evaluation and establish as an ongoing process (ED-33)
3. Identify any new areas of concern in other standards.
4. Identify and recognize Faculty strengths which demonstrate compliance with standards
  - 4.1 Provide regular information to faculty and staff in several venues on the progress of evaluating our compliance with all standards.
  - 4.2 Report regularly via MedLines and Website on Faculty strengths
  - 4.3 Identify templates and mentors within departments meeting the standards to assist other departments working towards compliance
5. Receive feedback from the Manitoba Medical Students Association (MMSA) Student Survey Reports of October 2009 and June 2010 and integrate recommendations into workplan of SubCommittees.
6. Facilitate reporting by Dean of Medicine to LCME in May 2010 on progress since last survey as part of his transition report as outgoing Dean.

**UGME REPORT TO FACULTY EXECUTIVE COUNCIL  
LCME ACCREDITATION 2009 – 2011**

---

**II. At the completion of the Self Study, the Faculty will (continued):**

7. Move to a formative accreditation process with timelines and identified responsibility to more fully integrate the standards into the daily activities of the Faculty and reduce flurry of activity in preparation for accreditation surveys:
  - 7.1 Incorporate accreditation into staff and faculty job descriptions, departmental responsibilities and performance reviews
  - 7.2 Incorporate accreditation information into staff, faculty and student orientation
  - 7.3 Formalize a process for regular, ongoing data collection, (i.e. what data will be collected regularly, how, where, when and by whom); plan for review and interpretation of the data and for reporting by and to appropriate faculty committees
  - 7.4 Formalize the process for utilizing outcome data collected to support and stimulate ongoing curriculum review and renewal with regular timelines and responsibility identified
  - 7.5 Review Faculty committees' terms of reference and ensure a regular reporting of UGME and PGME accreditation standards revisions and required action is a standing agenda item, for continuous compliance
  - 7.6 Formalize the regular reporting by Faculty committees of compliance with UGME and PGME to the Faculty's Core Accreditation Task Force (which will remain following the 2011 accreditation survey), and to Faculty Executive Council.

**CONSULTATION VISIT – March 1 - 2, 2010**

Secretaries Attending: Dr. Linda Peterson, Committee on Accreditation of Canadian Medical Schools (CACMS) and Dr. Dan Hunt, Liaison Committee on Medical Education (LCME).

This consult visit of March 2010 will be a follow up to the April 2008 consultation visit. We will discuss the progress made in a number of the standards areas. Specifically, the Faculty will ask Drs. Peterson and Hunt to review progress towards compliance with standards and provide feedback regarding:

1. OPAL system, implemented to date, including curriculum delivery, mapping to objectives, and surveys and evaluations components.
2. Collection of outcome data on medical students i.e. survey work initiated by the Dean and Dr. Martin with Dr. Malathi Raghavan
3. Resident teaching - training and evaluation of residents for teaching of medical students in all venues
4. Any other current issues of concern identified by Self Study Task Force.
5. Admission Process Review and outcome – the Proposal to the Senate Committee on Admissions from the Faculty of Medicine Recommending Revised Admissions Criteria for the Undergraduate Medical Education Program to be provided in advance for information
6. Decanal transition planning

**MMSA INTERIM STUDENT SURVEY, NOVEMBER 2009**

The first iteration of the required student run accreditation survey was undertaken in the Spring of 2009, developed with representation from each student year. Several surveys were used as references, including the samples provided by LCME/CACMS. An interim report was completed on November 2, 2009 and distributed to the student body, accreditation committees and curriculum committees.

The response rate was 64% for the entire student body. This varied from 54% (50/94) for the class of 2009, 58% (59/103) class of 2010, 82% (81/99) class of 2011, to 76% (84/110) for the class of 2012.

The second iteration of the survey will be divided into two parts with the first being administered in October 2009 to clerkship students and November 2009 for pre-clerkship students, and the second in the Spring of 2010, to all students. A final report will be compiled and submitted to LCME/CACMS when this survey and its analysis are complete anticipated for June of 2010.

**UGME REPORT TO FACULTY EXECUTIVE COUNCIL  
LCME ACCREDITATION 2009 – 2011**

---

## **MMSA INTERIM REPORT - Executive Summary**

As a whole, students were satisfied with the overall quality of their education at the University of Manitoba Faculty of Medicine. It should be noted however, that satisfaction rates were significantly lower in pre-clerkship students versus those in clerkship.

Students were pleased with a significant number of pre-clerkship courses and clinical rotations. Noteworthy areas were the pre-clerkship cardiovascular, respiratory, and nephrology courses as well as the internal medicine, emergency medicine, family medicine, and psychiatry clerkship rotations. Each of these areas garnered greater than 80% overall satisfaction amongst students.

Students identified specific areas of concern, both in the educational program and the facilities and services provided. Within the curriculum, two areas given alarmingly poor reviews were the pre-clerkship musculoskeletal and introduction to clerkship courses; both of these elements achieved less than 20% satisfaction amongst students. Also of note is the pre-clerkship clinical skills course, which had numerous areas of major concern.

Of slightly less, but still significant, concern were the pre-clerkship population health, human development, otolaryngology, ophthalmology, dermatology and history of medicine courses as well as the clerkship pediatrics and otolaryngology rotations and community health sciences component.

Regarding the facilities and services offered, a lack of study space at the Bannatyne campus was a major issue. Students also identified a lack of locker and dressing room facilities, particularly at non-Health Science Centre teaching sites. Furthermore, the high rates of ambivalence regarding student mistreatment policies and career counseling services suggested either a minority of students accessed these services, students lacked knowledge of available services or there was an overall lack of services.

This report addresses not only the strengths and weaknesses of the University of Manitoba, Faculty of Medicine, but also provides recommendations for improvement. The student accreditation committee feels that as it currently stands, the Faculty of Medicine would be found non-compliant or partially compliant in a number of LCME standards. Areas identified from the student survey include, but are not limited to: IS-11 and 16, ED-12, 24, 31, 33, 36 and 47, MS-18, 19, 23, 27, 30, and 37, FA-2, and ER-7. It is our hope that this report, in conjunction with the curriculum renewal and accreditation processes, will allow the Faculty to identify and address these concerns in a timely fashion prior to the formal accreditation process. It is the committee's sincere hope that this report will lead to positive changes and a superior quality of medical education at the University of Manitoba, Faculty of Medicine.

## **NEXT STEPS**

1. Distribute MMSA report to all Accreditation Subcommittees and Faculty Stakeholders (e.g. UGME Curriculum Committees, Department Heads, Deanery and integrate recommendations into the work of the Subcommittees.
2. Initiate **Curriculum Renewal Coordinator** position – incumbent, Dr. Keevin Bernstein, Professor, of Internal Medicine, Nephrology, UGME Kidney Course Director. Under the direct supervision of the Associate Dean UGME, will champion and lead the curriculum renewal process; provide direction and leadership to the Curriculum Coordinators for Med I, Med II and Clerkship; review and where appropriate propose changes to the institutional objectives of the MD Undergraduate Program, and thereafter review and propose changes to the objectives of individual courses and clerkships to be consistent with the overarching institutional objectives. Develop a set of enabling strategies to underlie change and an implementation process. Develop a plan to move forward on the outcomes of the curriculum review and renewal process and for ongoing, formative curriculum review and renewal. Consult with the MMSA, and incorporate their recommendations, as appropriate.

Dr. Bernstein to provide interim report/plan to Drs. Dean Sandham and Bruce Martin by March 2010.