



ACCREDITATION 2019

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UGME



UGME Boot Camp Part 1

Fact Sheets

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Social Accountability, Service Learning, Pipeline Programs

Submitted by: Dr. Ian Whetter, Karen Cook, Office of Community Engagement

Social Accountability

Articulated in the Max Rady College of Medicine mission statement:

“To serve the healthcare needs of the people of Manitoba and beyond, improving the health of populations and patient care through partnerships, leadership and innovation in medical education, research, clinical practice and community engagement.”

Governance: Dean, RFHS, established a Social Accountability Committee in February 2018. 3 (three) meetings held, ToR established. Committee is advisory to Dean and has representation from all 5 (five) colleges and Integrated Health Program, with 6 community members. Creating inventory of Social Accountability activities across all 5 (five) colleges, establishing Social Accountability priorities.

Admissions: The Max Rady College of Medicine recognizes that in order to meet its social accountability mission and meaningfully serve the complex and diverse health care needs of Canadians there must be enhanced diversity of registrants. Diversity domains considered broadly include ethnicity and religion, gender and sexual orientation, geographic origin, socioeconomic status and rural attributes.

Attributes within each domain may contribute to a numerical coefficient for modification of the composite score for ranking of candidates for interview and admission

Curricular content: Specific lectures in Population Health course related to Social Accountability and Service Learning. Specific attention to community-engaged learning, having community members with lived experience teach our students both on campus and in community sites. Several hours of related content addressing priority health needs of specific populations in Population Health Course.

Outreach: Service Learning activities CanU REACH and Biomedical Youth Programs involve medical students in inspiring and engaging inner-city and northern middle and high school students to consider further education in health sciences.

Outcomes: Through the RFHS Social Accountability committee and the AFMC Social Accountability Network work is ongoing to establish measurable outcomes for Social Accountability. Early indicators measured include diversity of student population, evaluation of student and community experience with service learning, and monitoring of practice location of graduates to determine if they are choosing to serve in underserved locations.

Service Learning

Service Learning – “a structured learning experience that combines community service with preparation and reflection” (CACMS, 2017).

Program: In 2016-2017, Service Learning became a required curricular component for first year medical students (Class of 2020). As of 2017-2018, Service Learning is now a required curricular component for all pre-clerkship undergraduate medical students.

Since 2017, ~220 students completing service learning hours at 36 community organizations.

First year students are required to complete 24 hours of service learning & second year students are required to complete 22 hours.

Community sites are selected based on their ability to provide exposure to the broader social determinants of health, not necessarily to develop students’ clinical skills. Examples of sites include: organizations addressing food insecurity, access to youth recreation and after school programming.

Preparation, Reflection and Evaluation: Students have a pre-experience lecture in Social Accountability and Service Learning. In the first year, they have an intro reflective exercise, followed by two “Check-in” exercises, with a final reflective paper. Second year, has the two “Check-in” exercises with a final community collaborative project proposal. Performance in Service Learning activity and evaluations contributes to Pop Health mark.

Outcomes: We have an annual survey of students who have completed Service Learning. We are currently conducting an evaluation of the experience of community organizations.

Pipeline Programs

Inspire, engage, connect and support middle, high school and undergraduate students from diverse backgrounds on a trajectory toward a career in health sciences.

ACTIVITIES:

Canu REACH: After School Program (gr. 7-9); 70 participants over 14-week period; ~80-100 RFHS student facilitators

Biomedical Youth Program:

Winnipeg Summer Science Camp : Grades 4-12. Partnership with ACCESS and Office of Rural & Northern Health (ORNH) to bring ~15 students from northern communities to week-long camp

Northern Summer Science Camp: Partnership with Frontier School Division & First Nations Schools in the north to provide week-long, health science camp to students, grades 7-10

Participants showing strong interest in the health sciences are connected to ACCESS & ORNH to support their completion of high school and readiness for admission into a post-secondary health program.

Discovery Days: co-hosted by RFHS & Canadian Medical Hall of Fame, provides grades 11 & 12 students the opportunity to speak with award-winning faculty members, take part in workshops & get sense of what health professionals do.

Recreation: Basketball Programs for youth surrounding Bannatyne community.

Health Careers in a Box: Working with Manitoba Health Care Providers Network to develop portable education kits for students in RFHS to take on educational electives in rural and remote communities to encourage youth from those communities to consider a career in the health sciences. Students from these communities that express an interest in a health career will be connected to proactive support and mentorship to pursue that goal.

Coordination and evaluation: Currently, preparing to hire Pipeline Coordinator and Evaluator to monitor activities and evaluate performance of pipeline programming.

Indigenous Achievements

Submitted by: Dr. Catherine Cook, Vice Dean Indigenous, RFHS

Leadership

Ongomiizwin – Indigenous Institute of Health and Healing was approved by Senate in 2017 and is situated in the Rady Faculty of Health Sciences. The Institute is an amalgamation of three centers situated in the former Faculty of Medicine – the J. A. Hilde Northern Medical Unit, the Manitoba First Nations Center for Aboriginal Health Research and the Center for Aboriginal Health Education. Ongomiizwin faculty and staff support the Rady Faculty Colleges in the development of policies that support equity for Indigenous students and staff in Admissions, Progress, Research, Workplace and Learning Environment; Curriculum development in academic and clinical learning environments; and leadership development for Indigenous faculty staff and students and leadership in Indigenous Health. Ongomiizwin Health Services has responsibility to the federal and provincial government for the delivery of insured health services in First Nations communities, and coordinates all academic and clinical training of medical students, inter-professional teams, and medical residents in the clinical sites in First Nations and Inuit communities. Ongomiizwin Research is a centre of research excellence, committed to building and maintaining productive and respectful partnership-based relationships with First Nations, Metis, Inuit and Indigenous communities, to recruiting Indigenous students and scholars, to providing effective support and mentorship, and to sharing and building knowledge internationally.

Ongomiizwin faculty take a lead role in the Implementation of the Truth and Reconciliation Action Plan for the Rady Faculty of Health Sciences. The Implementation Committee, chaired by Dr. Marcia Anderson, reports to the Council of Deans of the Colleges of the Rady Faculty of Health Sciences. The TRC Action Plan has five themes – 1) Honouring Traditional Knowledge Systems and Practices 2) Safe Learning Environments and Professionalism 3) Student Support, Mentorship and Retention 4) Education across the Spectrum 5) Closing the Gap in Admissions. The Implementation Committee is represented by all Colleges.

Decision Making

Ongomiizwin Membership Committee and Membership Executive Committee, chaired by Dr. Catherine Cook, Head of Ongomiizwin, includes membership from all three areas and the Executive Committee also includes Community Leadership representation. The Committee provides support for continued community engagement and identifies and supports any potential partnerships for the Ongomiizwin and First Nations, Metis or Inuit organizations.

Ongomiizwin Senior Leadership Committee, chaired by Dr. Catherine Cook, Head of Ongomiizwin and Vice Dean, Indigenous approves or makes final decisions on operations for the Institute, including the coordination of academic and clinical rotations through Ongomiizwin Health Services. Physician Recruitment requires significant effort and this is coordinated through Ongomiizwin Health Services.

This Committee also tables any potential policy gaps or barriers to access for Indigenous students, staff or faculty; and these issues are elevated for discussion and decision at the Dean's Council meetings.

Curriculum and Curriculum Development

Curriculum and curriculum development for the longitudinal course in Indigenous Health is the responsibility of the UGME of the College of Medicine, and currently is jointly managed by Ongomiizwin and the Department of Community Health Sciences. The faculty and staff delivering the course across the pre-clerkship, TTC and clerkship are members of the Ongomiizwin Academic Staff; Course Director, Dr. Barry Lavalley and Curriculum Development Coordinator, Linda Diffey. Scheduling and maintenance of the online course materials is supported by Eliya Ichihashi, the Longitudinal Course Coordinator. Course development and delivery are dependent on an extensive team of clinical and non-clinical faculty who have experience working in the context of Indigenous Health. Peer mentorship is encouraged and reinforced through a workshop series facilitated by a performance coach, Dr. Jason Brooks. Anti-Indigenous racism remains prevalent in Canada, in Manitoba and in the health care learning and work environment; and is particularly challenging when encountered in a clinical health teaching forum, as this creates an unsafe work / learning environment for Indigenous people – faculty, staff and students. Efforts to establish processes to ensure cultural safety in health care learning and clinical environments are underway with support from Professionalism, Student Services, and the Office of Human Rights and Conflict Management.

Diversity/Pipeline Programs and Partnerships

Submitted by: Dr. Martha Ainslie, Chair, RFHS EDI Committee

Janesca Kydd, Legal Counsel, Max Rady College of Medicine

Valerie Williams, Diversity and Inclusion Facilitator

What Does This Element Entail?

1. Diversity categories and statistics for students, faculty and academic leadership.
2. Policies and practices to achieve mission-appropriate diversity outcomes, including recruitment and retention strategies.
3. Information on pipeline programs.

Five Main Concerns from Spring 2018 Mock Accreditation

1. The status of the revision of the medical school's diversity and inclusion policy is unknown.
2. Department chairs were unaware of the four focus areas of diversity.
3. Currently, diversity of department heads is limited (only three women are department heads).
4. A standardized approach to recruitment and retention of diverse faculty and senior leadership across departments is needed. Should be focused, systematic and sustained.
5. A requirement that the final candidate pool include diverse candidates should be established for both faculty and senior academic and educational leadership.

Our Summary Responses

1. **Max Rady College of Medicine EDI Policy:**

http://umanitoba.ca/faculties/health_sciences/media/Equity-Diversity-and-Inclusion-policy-August-21-2018.pdf - Approved August 2018:

Contains definitions, of Equity, Diversity and Inclusion (EDI), and a description of our four focus areas of diversity: "Historically Under-Represented Groups" means the four designated groups pursuant to the Employment Equity Act: women, Indigenous peoples, persons with disabilities, and members of racialized communities, as well as other historically under-represented groups such as LBGT2SQ+¹

2. **Our Focus Diversity Categories:**

From the EDI Policy: "Historically Under-Represented Groups" – Think of the acronym "WIDeR", which stands for: **Women, Indigenous peoples, Disabled persons, Racialized persons**. Also for a "wider" and more inclusive perspective!

¹ "LBGT2SQ+" is an acronym describing sexual and gender minority communities namely the lesbian, gay, bisexual, transgender, two-spirit, queer and questioning community. The "+" recognizes the diversity of identities and represents many more sexual orientations and gender identities not captured within the acronym.

3. Diversity of Department Heads is Limited in terms of Female Representation

But female physicians act in other academic leadership roles such as vice-deans, associate deans, curriculum chairs and directors of required learning experiences. Department Heads should also speak to representation in general in their department of Historically Under-Represented Groups.

4. A Standardized Approach to Recruitment and Retention of Diverse Faculty and Senior Leadership is Needed

- This is now addressed by our EDI Policy, which:
- Addresses faculty and staff selection, hiring, training, development and mentorship. For example, Section 4.3 notes that systemic ways must be implemented to ensure women and other Historically Under-Represented Groups achieve leadership positions within the College.
- Requires that leaders are knowledgeable about EDI issues in their areas and are actively introducing strategies to deal with them.
- Informs the College's "Career Development and Performance Feedback" policy.
- Informs the College's, "Department Heads Responsibilities" policy.

For Faculty Recruitment specifically, the EDI Policy requires (per section 4.2), at a minimum:

- Those who participate in human resources decisions (e.g., in hiring, and performance management), will be required to improve their EDI competencies through professional development and/or learning opportunities.
- Surveys are to be regularly conducted to measure progress in terms of Historically Under-Represented Groups within the faculty and senior academic and educational leadership.
- Best practices must be developed for promoting EDI at each stage of planning for, recruiting, hiring and retaining diverse faculty and staff and will actively implement inclusive hiring practices.

Recruitment Workshop for Chairs & Other Members of Search Committees:

The Provost's office and Human Resources offers workshops for academic search committees. This workshop is designed for academic administrators, administrative assistants and other faculty members who anticipate serving on search committees and is required for chairs of search committees. This information session addresses requirements and procedures related to the search and appointment of academic staff. Topics include duties and responsibilities for chairs as they pertain to the Policies on Academic Recruitment and Inclusive Hiring Practices.

EDI Practices & Activities – For Retention and Support of Learners and Faculty:

Further examples of practices and activities by which the RFHS, the College and its various departments are embracing EDI:

- The RFHS EDI Committee has been established to act as the main discussion and advisory board of the RFHS in relations to issues of EDI.
- The RFHS recently hired an EDI Lead who will facilitate EDI initiatives.
- The RFHS created a new committee on Women in Science;
- An Anti-racism working group has been established;

- Ongomiizwin, the RFHS Indigenous Institute of Health and Healing, plays a critical role in RFHS Indigenous issues;
- Office of Community Engagement plays a key role in collaborations with community organizations;
- Partnership with Manitoba Healthcare Providers Network (formerly Office of Rural and Northern Health) encourages students from rural and northern Manitoba to pursue a career in rural or northern healthcare;
- Office of Academic Affairs offers support to faculty members on promotion and leadership;
- Department of Internal Medicine recently appointed a female physician to role of Associate Head, Diversity and Professionalism;
- Department of Family Medicine recently appointed an Indigenous female physician to newly created position of Indigenous Health Lead;
- Department of Anesthesia recently created a position of Director of Medical Leadership Development;
- Department of Obstetrics and Gynecology created an Envisioning Committee which embraces EDI;
- Department of Clinical Health Psychology's Grand Rounds includes events related to EDI such as the Psychology of Effective Leadership, Unconscious Bias and Professionalism in the Learning Environment. (This least session is being organized with the participation of the College's Office of Professionalism and the University's Office of Human Rights and Conflict Management).

5. Final Candidate Pool for Faculty and Senior Academic Leadership Should Include Diverse Candidates.

Per the EDI Policy and the University's Academic Appointments Policy, and practices recommended by the Provost's and Human Resources offices: Search Committees are required to provide the College Dean with all information involved in the search process including a completed Summary of Search Form which highlights the candidate pool diversity. After the search is completed, a recommendation on the order of preferred candidates for the appointment is forwarded to the Dean.

Final Note: Student Retention, Support and Pipelines. This is a strong area. It was not an area of concern during mock accreditation (save for knowledge on our four focus areas of diversity). Many EDI Initiatives are in place for students for both recruitment and retention, including EDI Committee, Women in Science Committee, EDI Director and Practice Lead, Anti-Racism Working Group, Ongomiizwin, Office of Community Engagement, Partnership with Manitoba Healthcare Providers Network, UGME Student Affairs, Services for Students at Bannatyne Campus, College's Office of Professionalism, Student Advocacy Services, and Student Accessibility Services.

Student Services/ Student Affairs

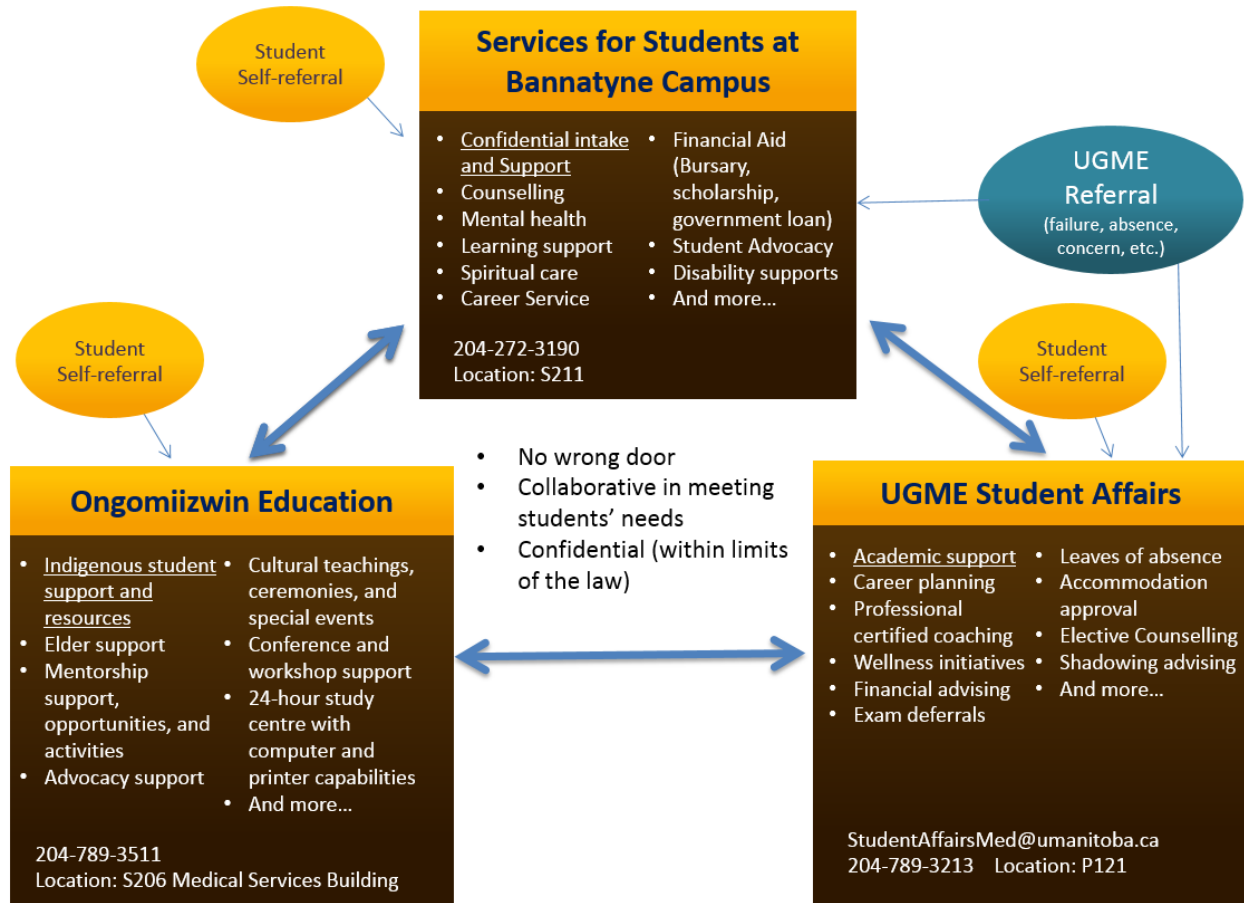
Submitted by: Dr. Aviva Goldberg, Associate Dean, UGME Student Affairs

Dr. Sally Longstaffe, Senior Lead, UGME Student Affairs

Leah Deane, MSW RSW; Services for Students at Bannatyne Campus

Dr. Kurt Skakum, Subcommittee Chair Standard 11&12

Collaborative Student Support



Academic Advising

- How students with academic difficulties are identified to UGME Student Affairs of students:
 - Students self-referral
 - referral from other services (e.g. SS@BC)
 - Systematically by UGME Progress Committee; Evaluation administrators notify Student Affairs and Director of Remediation regarding students on monitored/probationary status

Definitions:

- Monitored Status:

Pre-clerkship: course mark between 60.0-62.9%

Clerkship: failure on 1 NBME or borderline pass on FITER

- Probationary Status: failure of a course or module, failure on CCE, failure on 1 FITER, or failure on 2 NBME exams, failure of one course integral to professionalism or population health

- The Director of Remediation and staff of Student Affairs all sit on the UGME Progress Committee.
- The Director of Remediation assesses and arranges necessary additional remedial academic experiences or resources for students who are on Probationary Status.
- Conflict of Interest in academic/career/personal advising is not an issue as those involved in support of students are not part of their academic assessments
- Records of UGME Student Affairs and of SS@BC are stored securely and separately from academic files
- Resources/contact for academic issues:
 - Associate Dean, UGME Student Affairs: Dr. Aviva Goldberg AGoldberg@hsc.mb.ca
 - Senior Academic advisor, UGME Student Affairs: Dr. Sally Longstaffe SLongstaffe@hsc.mb.ca
 - Director of Remediation, UGME: Dr. Adelia Yu Adelicia.Yu@umanitoba.ca
 - Instructor, Academic Learning Centre: Jim Honeyford Jim.Honeyford@umanitoba.ca
 - Resident NBME tutors: Dr. Amit Bharj amit.bharj@gmail.com, Dr. Phoebe Thiessen phoebethiessen@gmail.com
 - Peer tutors paid by UGME are available for students in pre-clerkship having exam difficulty
 - Exam Accommodation for students with disability: Jamie Penner Jamie.Penner1@umanitoba.ca

Career Advising

- Career advising is offered in multiple ways including a new career planning curriculum, one-to-one appointments offered to all students. The curricular content include, but are not limited to: self-reflective assignments; exploration of personal values, attributes, interests and personality; exploration of specialties (including competitiveness and personal fit); shadowing advising; electives counselling; developing a CV and personal letters; assistance with applying through the CaRMS process and preparation for CaRMS interview. Career Fairs are held once a year in pre-clerkship years.
- Career advising is also part of discussions with students in UGME Student Affairs and arises in discussions with staff in Services for Students at Bannatyne Campus and Ongomiizwin Education.
- Contact for career advising:
 - Associate Dean, UGME Student Affairs: Dr. Aviva Goldberg AGoldberg@hsc.mb.ca
 - Senior Academic advisor, UGME Student Affairs: Dr. Sally Longstaffe SLongstaffe@hsc.mb.ca
 - Professional Certified Coach: Jim McLaren Jim.Mclaren@umanitoba.ca
 - Career Consultant, SS@BC: Kate Yee Kate.Yee@umanitoba.ca

Financial Advising/Support

- Bursaries have been increased.
- Emergency Fund is being initiated.
- The appointment of Financial Counsellor, Student Affairs was increased from 0.1 to 0.4 EFT. The Financial Counsellor has been offering mandatory/optional financial curriculum and meetings with students one on one. Students are informed of availability of the financial counsellor and financial awards/bursaries at multiple points.
- Financial related resources/contact:
 - Financial Counsellor, Student Affairs: Dan Torbiak Daniel.Torbiak@umanitoba.ca
 - UGME Bursaries and Awards Coordinator: Jen Parker AwardsUGME@umanitoba.ca
 - Financial Aid & Awards, SS@BC: Office S211, 204-272-3190
 - Disability insurance: Students can access this through Doctors Manitoba

Student Health Care / Immunization Program

- Students are taught about procedures after accidental exposure in Med 1 orientation. Repeated instructions are given each year.
- Immunization status guidelines for students follow national guidelines. Students have an option of hepatitis A immunization through the Immunization program
- Resources for Student Health Care
 - St James Medical Clinic (non-emergent episodic health care, Tel: 204-774-1868 Address: 1600 Portage Avenue) gives priority access to medical students. (Dean Postl and Dr. Aaron Chiu advocated for this.)
 - Rady Faculty of Health Sciences Immunization Program (Office: P127 Tel: 204-480-1305)
 - Several walk-in clinics in the campus surrounding area (They can be identified on MyRightCare <http://www.myrightcare.ca/> a Winnipeg Regional Health Authority (WRHA) service.)
 - A new Bannatyne campus clinic will open in year 2019
 - University Health Services at Fort Garry Campus Tel: 204-474-8411, Address: 104 university Centre

Services for Students at Bannatyne Campus (SS@BC)

Services for Students at Bannatyne Campus (SS@BC) offers confidential, unbiased and independent triage and counselling as well as services to help promote well-being. Services are free of charge to all students in the Rady Faculty of Health Sciences. SS@BC is separate and distinct from any academic program and exists solely to promote and support students' personal and academic success. SS@BC offers a single point of entrance to a wide range of services which are available on request with more urgent situations handled on a priority basis.

Students may access SS@BC directly through confidential contact with the Confidential Intake and Triage Specialists on a walk-in basis, by email or telephone. The Intake Specialist works with the Coordinator in a stepped-care model to provide timely and integrated support to address students' needs. Confidentiality is enhanced by having a single physical space for all the integrated services, so a student accessing the SS@BC door is not identified as seeking out services that may be perceived as stigmatizing (e.g. mental health)

In early 2017, Dr. Postl generously funded a second counsellor position which doubled the capacity for counselling services. We have now extended the counselling hours into the evening to accommodate busy student schedules. At the same time, Susan Gottheil, Vice-Provost of Students, funded a full-time Career Consult, dedicated to the Rady Faculty of Health Sciences. In response to feedback from students, we have now extended hours for career advising, offering evening and weekend appointments, brought in supplemental staff from the Fort Garry Campus to assist with CaRMS preparation, and made video teleconferencing appointments available for students out of town.

SS@BC services include:

- **Academic Learning Skills:** provides support for writing, researching and learning. Areas of focus include support with memory, concentration, time management and organizational skills, general study skills and exam preparation. Also provide writing support for multilingual learners. All services are offered through one-on-one meetings, workshops, and online resources.
- **Accessibility Accommodations:** Offer academic accommodations and supports based on individual needs (e.g. Extra time or private space for writing exams).
 - ****Must be recommended by a verified health professional as well as maintain the academic standards of each program**
- **Student Advocacy:** provides confidential services for receiving student complaints, and serves as a general information source regarding student rights and responsibilities. Students are assisted in the resolutions of concerns arising from actions or decisions taken by the university, and advised of policies and procedures to follow

- **Career Services:** works with all RFHS students and residents by offering both online and in-person services to support career decision making, job search, and to assist in developing a career plan. Career Services can help students learn how to make informed career decisions, explore career possibilities, understand effective job search strategies, and create a résumé/CV and cover letter.
- **Confidential Intake and Triage Specialist:** provides centralized, confidential, person-centered intake procedures for students and residents seeking any of the support services offered through Services for Students at Bannatyne Campus. This includes triage of students and residents in distress and immediate crisis intervention, stabilization, and support. Based on your assessed needs, the Intake Specialist will facilitate referrals to the appropriate service for follow-up.
- **Financial Aid and Awards:** administers bursaries and awards, signs student loan documents, defer tuition if funding is delayed. Administer needs-based programs such as emergency loans, food bank, etc.
- **International Advising:** assists students with adjustment to life in Canada and with personal matters during their stay in Winnipeg. They can provide guidance on immigration regulations as they relate to studies in Canada, Study Permit extensions and changes, Temporary Resident Visa applications, and more.
- **Spiritual Care:** provides services on campus to help students and residents cope with loss, crises, and transitions by assessing and addressing how their spirituality (values and beliefs that contribute to a sense of purpose, meaning, and identity) provides resilience. The coordinator's method of care is attentive to and respectful of the uniqueness of values and life-styles, including religious affinities, which shape individual's identity.
- **Student Counselling:** offers free and confidential individual counselling and consultation services to all RFHS students and residents as well as Inner City Social Work students. As well, counsellors are available to lead workshops on a variety of topics such as managing stress and anticipatory anxiety. First appointments are available weekdays and evening appointments are available for continuing clients.
- **Student Mental Health Services:** Students with more serious mental health challenges may be referred through SS@BC to the Student Mental Health Service (SMHS) for consultation and treatment as appropriate. SMHS is staffed by a team of psychiatrists, a nurse therapist, and a consulting Clinical Psychologist. Students may receive consultations or assessments for both diagnostic and therapeutic reasons. Students may also access Attention Deficit or Cognitive/Learning Disability assessments through this service.

Student Support Coordinator: provides leadership to the SS@BC team and meets privately and confidentially with students to assess their needs and determines how best to address them. The Coordinator works in close collaboration with other staff at SS@BC in a stepped-care treatment model intended to provide timely and integrated care to address students' needs. Main priorities for the coordinator include case management, crisis response, referrals to additional supports, office oversight and planning.

Indigenous Institute Of Health and Healing

Ongomiizwin | Clearing a Path for Generations to Come

Who Are We?

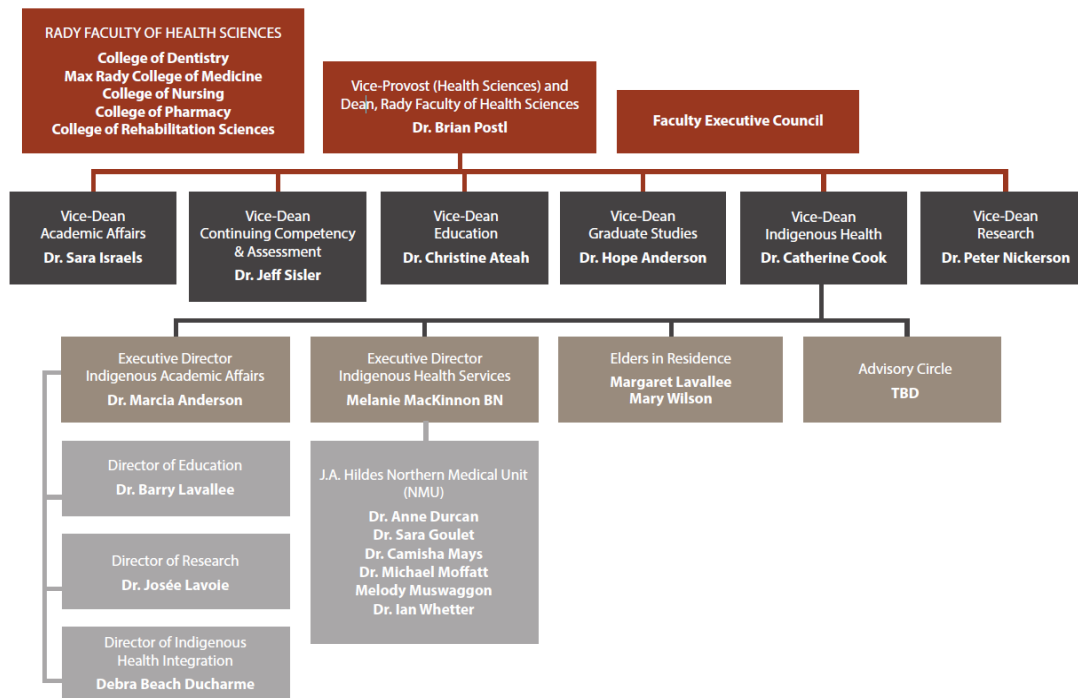
The Indigenous Institute of Health and Healing was approved by the University of Manitoba Senate April 5, 2017 and officially launched June 2, 2017.

Dr. Brian Postl, Dean, Rady Faculty of Health Sciences and Vice-Provost (Health Sciences) initiated the planning process with Dr. Catherine Cook, Vice-Dean, Indigenous Health, Rady Faculty of Health Sciences.

The Institute, the largest Indigenous education and health unit in Canada, is supported by Indigenous and non-Indigenous health-care leaders as outlined in the organizational structure.

In these early days of development, Ongomiizwin leadership welcomes our stakeholders' insight and guidance to build authentic relationships and create pathways to Indigenous achievement and wellness together.

ORGANIZATIONAL STRUCTURE



Learning Environment

Submitted by: Dr. Michael West, Associate Dean, Professionalism

Jackie Gruber, Human Rights & Conflict Management Officer

The learning environment is evaluated in several ways. Students respond to a standardized questionnaire about their clerkship experience following each clinical rotation that allows them to report their level of satisfaction and any instances of mistreatment. If they wish to make a formal complaint, they may contact the Associate Dean (AD) Student Affairs/UGME or the AD Professionalism directly and follow-up will be arranged. The complaint will be reviewed by the AD Student Affairs/UGME and/or AD Professionalism and concerns addressed to the Department Head, Program Director and Clinical Clerkship Director.

The Max Rady College of Medicine has implemented various strategies to enhance the positive and mitigate the negative influences on student development. The Professionalism course enhances the development of each student's professional identity. In the pre-clerkship years, this course teaches learners the impact of the learning environment and explicitly identifies professional expectations in areas including boundaries, professionalism online, conflicts of interest, and responding to adverse events. Throughout the clerkship years, professionalism topics are taught and students meet regularly in small groups to discuss the learning environment; identifying positive and negative influences.

The Office of Professionalism proactively coordinates assessments of the learning environments in teaching programs. Department heads, Program Directors, Clinical Clerkship Directors, Faculty, Staff, Residents and Medical students are interviewed by the AD Professionalism and the Office of Human Rights and Conflict Management Officer. The studies are reported to the Dean of Medicine, Associate and Vice Deans, Deans Council members, Department Heads and Program Directors.

Strengths and weaknesses of the programs are shared with other programs, providing examples of issues shared in common and how to address them in order to maintain healthy learning environments. These studies have resulted in not only critiques, but also instances of praise for exceptional program leaders and teachers. Learners have an important contribution to the learning environment assessments. Topics include faculty engagement, program responsiveness to feedback, positive aspects of rotations, and concerns such as mistreatment related to the learning environment.

In addition to the clerkship clinical rotation reports above, there is an electronic report form accessed through the Speak Up button, appearing on homepages throughout the College. This is a convenient and confidential means to report issues. The Speak Up button allows anyone to confidentially report an incident of mistreatment, whether experienced or witnessed by the person. The level of involvement of the complainant depends upon the level of involvement they are comfortable with. Anonymous complaints are addressed. It is not possible to give the complainant any feedback when the complaint is anonymous. If a complainant chooses not to be anonymous, their report will be highly confidential, reviewed only by the AD Professionalism. Such reports are reviewed within a strictly defined time period. The information gathered is presented to the Dean.

There is also a “**Keep it up**” button which catalogues positive experiences by learners.

The Rady Faculty of Health Sciences Prevention of Learner Mistreatment Policy provides definitions for Staff, Faculty and Learners concerning mistreatment and records a spectrum of behaviors that they should be recognize. This information is given to incoming Learners, Faculty, and Staff on College websites and during orientations for Learners. In addition, there is a special presentation at the beginning of third year Medicine, transition to clerkship, when Student mistreatment and prevention of mistreatment are reviewed and emphasized. The Dean sends a letter regarding the policy and procedures annually to all Department Heads, the Chief Medical Officer of the Winnipeg Regional Health Authority (WRHA), Faculty & Staff of the Max Rady College of Medicine, the Manitoba Medical Students Association (MMSA) members, and the Professional Association of Residents and Interns Manitoba (PARIM). The Dean’s letter reminds all of the zero-tolerance policy and the mechanisms for reporting.

The Prevention of Learner Mistreatment Policy describes the policy and procedure for investigating a report of mistreatment. The “Respectful Workplace and Learning Environment” and the “Sexual Assault” policies and the “The Respectful Workplace and Learning Environment and Sexual Assault (RWLE/SA) Procedures” provide mechanisms for consideration of complaints of harassment, discrimination, sexual assault and reprisal, for either informal resolution of concerns regarding the work and learning environment or for the formal investigation of an alleged breach. Complaints are made through the Human Rights and Conflict Management Officer (HRCMO) and/or the AD Professionalism.

Learners may approach members of the teaching Faculty, trusted colleagues, a Program Director, Department Head and the AD of Student Affairs UGME directly. The AD Professionalism has an open-door policy.

The College has worked to make a Learner’s reporting of harassment and intimidation as streamlined as possible, advertising the policies and procedures widely and providing ready access to members of the Dean’s office who will promptly and confidentially address such complaints. Educational programs are provided by the AD Professionalism and the Human Rights and Conflict Management Officer.

Several educational sessions have been presented through the year. Target audiences are senior faculty and administrative staff. Vignettes outline examples of the outcomes of previous investigations that are anonymized and presented to illustrate actual interventions and outcomes.

ISA 2018 survey data shows the majority of respondents in years 1-4 (93%, 85%, 82% and 82% for years 1, 2, 3, and 4 respectively) agree/strongly agree that the medical school fosters a learning environment in which all individuals are treated with respect.

The 2018 ISA survey data shows that the majority of respondents (91%, 87%, 84%, and 90% for years 1, 2, 3, and 4 respectively) agree/strongly agree that the medical school (and its clinical affiliates for years 3 and 4) fosters a learning environment that is conducive to learning and to the professional development of medical students.

AFMC GQ (2018) data shows that 100% of graduates are aware of school policies regarding the mistreatment of medical students, including abuse and harassment. This number is improved from AFMC GQ (2017). ISA 2018 data shows that most of the first- and second-year medical students (57% and 59% respectively) and the majority of third- and fourth-year students (93% and 94% respectively) are aware of the policies regarding mistreatment; improved from last year.

AFMC GQ (2018) shows that 92.2% of graduates are aware of the procedures to report harassment or abuse. This number is improved from AFMC GQ (2017). ISA 2018 data shows most of the first- and second-year medical students (56% and 67% respectively) and the majority of third- and fourth-year students (98% and 97% respectively) know how to report mistreatment; improved in all years since the 2017 ISA. There is greater awareness of reporting mechanism in the clinical years (Year 3 and 4).

ISA 2018 data shows a decline in the level of student harassment and abuse for first- and fourth-year students but not second- and third-year students, where the levels are slightly higher than last year. The incidence of personally experienced mistreatment decreased from 9.5% to .01 % for year 1 and 26.2% to 15% for year 4. There were modest increases from 9.3% to 11% and 13.7% to 14% for Years 2 and 3 respectively.

AFMC GQ (2018) data shows that 52% of graduates experienced some form of mistreatment (47% in 2017).

Curricular Governance and content

Submitted by: Dr. Maury Pinsk, Director of Curriculum, UGME

Decision Making

1. Curriculum Executive Committee, chaired by Dr. Ira Ripstein, Associate Dean UGME, makes all final decisions on changes to content and delivery of the UGME curriculum. This includes changing objectives at the course and session levels. Membership on the committee is broad-based and includes members of the faculty involved in curriculum delivery and development in both Pre-clerkship and Clerkship as well as students.
2. Curriculum Executive Committee can innovate changes to the curriculum, but also receives recommendations on changes to content and delivery of the UGME curriculum from many sources – including session leaders and clerkship directors (through their respective committee chairs of the Pre-clerkship Curriculum Committee and Clerkship Curriculum Committee), and from leadership in the College and Faculty. In the latter case, College Council, for example, may change the vision or mission of the College impacting the curriculum, but cannot dictate exactly how curriculum will be changed or by whom to meet the new vision or mission of the College.

Monitoring

1. Changes or innovations that are approved by Curriculum Executive Committee are passed to a new committee – Curriculum Implementation Committee. This committee monitors the implementation of approved changes, and reports back to Curriculum Executive when implementation is complete or when there are obstacles to completing implementation. The committee meets monthly, and is chaired by the Director of Curriculum, Dr. Maury Pinsk.
2. Curriculum Implementation Committee monitors curriculum a few ways:
 - a. Through assessment of changes to the curriculum on the curriculum map. This includes assessment of integration of themes, and that objectives progress in skillset development over time. It also involves ensuring the curriculum content is sequenced appropriately.
 - b. Through assessment of annual course reviews / rotation reviews provided by the Pre-clerkship Curriculum Committee and Clerkship Curriculum Committee. This provides an assessment of curriculum efficacy (i.e.: that students are learning what they are supposed to learn) by examining performance on assessments and student satisfaction.

Through assessment of in-depth course reviews provided by the Program Evaluation Committee. This provides an assessment over a 4 year time frame, examining trends, and incorporates broader assessments of efficacy such as MCCQEI performance and CaRMS matching.

Longitudinal Clerkship

Submitted by: Dr. Charles Penner, Associate Dean, Brandon Satellite Program

Brandon Longitudinal Clerkship LInC

1. Start date October 2017
2. Approved by the Clerkship Curriculum Committee and the then Clerkship Executive Committee in 2016.
3. Principles of LInC
 - a. Continuity in Preceptors
 - b. Continuity in Patients
 - c. Integration of Learning
4. Hybrid model consisting of a weekly day with a family medicine preceptor with one to two week mini-blocks for each specialty discipline
5. Evaluation system is the same in terms of MITERs and FITERs but with additional Mini-CEXs and additional ITERs to ensure feedback early in Clerkship.
6. Target four students per year
7. First year (2017/18) and second year (2018/19) – one student each year

Undergraduate Medical Education Policies

Submitted by: Dr. Jim Butler, Director Clerkship Curriculum, UGME

Links to all policies

University of Manitoba:

<http://umanitoba.ca/admin/governance/571.html>

Rady Faculty of Health Sciences:

http://umanitoba.ca/faculties/health_sciences/9441.html

Max Rady College of Medicine:

http://umanitoba.ca/faculties/health_sciences/medicine/policies_procedures.html

UGME Policies

- 1. Accidental Exposure to Infectious Environmental Hazards**
http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Accidental_Exposure_to_Infectious_and_Environmental_Hazards_Final.pdf
- 2. Essential Skills and Abilities (Technical Standards) for Admission, Promotion and Graduation in the MD Program**
[http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Essential_Skills_Abilities_for_Admissions_Promotion_Graduation\(1\).pdf](http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Essential_Skills_Abilities_for_Admissions_Promotion_Graduation(1).pdf)
- 3. Student Attendance**
http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Student_Attendance_Final.pdf
- 4. Curricular Time in Pre-clerkship and Clerkship Academic Teaching**
http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Curricular_Time_Policy_Final.pdf
- 5. Clerkship Duty Hours**
http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Clerkship_Duty_Hours_Final.pdf

6. Electives

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Electives_Final.pdf

7. Narrative Assessment

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Narrative_Assessment_Policy_Final_August_2018.pdf

8. MITER/FITER/ECP

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/MITER_FITER_ECP_Policy_and_Procedures-6.16.17.pdf

9. Promotion and Failure

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Promotion_and_Failure_Policy_Final_August_2018.pdf

10. Medical Student Performance Report

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/MSPR-6.16.17.pdf

11. Remediation

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Remediation_Policy-6.16.17.pdf

12. UGME Student Appeals

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/UGME_Student_Appeals_Final_Aug_2018.pdf

Rady Faculty of Health Sciences Policies

Submitted by: Marcia Langan, RFHS Director, Planning and Priorities

Governance

- Bicameral System:
 - Academic Structure (Department Councils; College Council; Faculty Council; Senate);
 - Administrative Structure (Deanery/Department Heads; Dean; Vice-President/Provost; President).

Departments/Department Head Responsibilities

- Departments – Organization and Structure Policy (UofM)
- Heads of Departments Policy (UofM)
- Department Head Responsibilities (regarding Faculty Members) Policy (Medicine)
- Career Development and Performance Feedback Policy (Medicine)
- Academic Affairs website (RFHS)

Conflicts of Interest

- Conflict of Interest Policy (UofM) and Disclosure Form
- Gifts and Gratuities Offered to University Employees Policy (UofM)
- Interactions with Health-Related Industries Policy (Medicine)
- Conflict of Interest in Student Academic Assessment or Advancement Policy (UGME)

Work and Learning Environment

- Respectful Work and Learning Environment Policy (UofM)
- Sexual Assault Policy (UofM)
- RWLE and Sexual Assault Procedure (UofM)
- Prevention of Learner Mistreatment Policy (Medicine)
- Equity, Diversity and Inclusion Policy (Medicine)
- Accessibility Policy and Student Accessibility Procedure (UofM)
- Conscience-Based Exemptions Policy (Medicine)
- Supervision of Learners (engaged in Clinical Activities) Policy (Medicine)

Environmental

- Health and Safety Policy and Procedures (UofM)
- Emergency Management Program and Emergency Response Plan (UofM)
- Immune Status Program Policy (UGME) – in revision
- Medical Learners with Bloodborne Pathogens Policy (Medicine) – in revision
- Accidental Exposure to Infectious and Environmental Hazards Policy (UGME) – in revision

The full listing/links to all policies

University of Manitoba:

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Rady Faculty of Health Sciences:

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Max Rady College of Medicine:

http://umanitoba.ca/faculties/health_sciences/medicine/policies_procedures.html

UGME Policies:

http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/policies.html

Operations/ Institutional Findings

Submitted by: Raman Dhaliwal, RFHS Director of Administration/Operations

Areas requiring improvement

- Small group study space
- Relaxation space
- Storage space at clinical sites
- NBME examination facilities
- Dissatisfaction with plastics rotation
- Student dissatisfaction with Wi-Fi at clinical sites
- Students do not feel safe on or around campus

Initiatives to address areas requiring improvement

- Small classrooms on campus converted to afterhours study space
- Lounge added in basement of Brodie
- Lockers offered to St. Boniface Hospital
- Number of electives students capped at 2
- HSC core network infrastructure to improve WiFi- complete December 2018
- Campus hours have been reduced. All exterior doors close at 5pm except the main Brodie Centre doors which close at 8pm. Enhanced security in Brodie atrium due to doors being open later.
- Expanded safe walk boundaries
- Safe ride for students, faculty and staff
- CCTV upgrade -60 additional security cameras both inside and outside our campus including parking lots
- U of M Security to participate on Winnipeg Police Department and HSC joint security planning meeting
- Security staffing on campus increased/Assistant Director on site
- Video messaging to students on safe walk/safe ride- positive up



Entrada

- New learning management system for UGME to replace Opal
- Consortium of 15 Universities- share costs
- No more livestreaming/ 6 hour delay in posting recordings/ robust curriculum mapping tool