

# Welcome to the UGME Accreditation Boot Camp Part 1

**Dr. Brian Postl**

Dean, Max Rady College of Medicine

Dean, Rady Faculty of Health Sciences

Vice-Provost (Health Sciences)



# Indigenous Acknowledgment

The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation. We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to moving forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



# Series of Preparatory Events

- **UGME Accreditation Boot Camp Part 1 – November 6, 2018**
- **UGME Boot Camp Part 2 – April 2, 2019**
- **One hour preparatory meetings (on 2<sup>nd</sup> and 3<sup>rd</sup> week of April 2019)**
- **Student Town Hall on Accreditation – Thursday, April 18, 2019 (11 am to 1 pm)**



# When is the UGME Accreditation Full Site Visit?

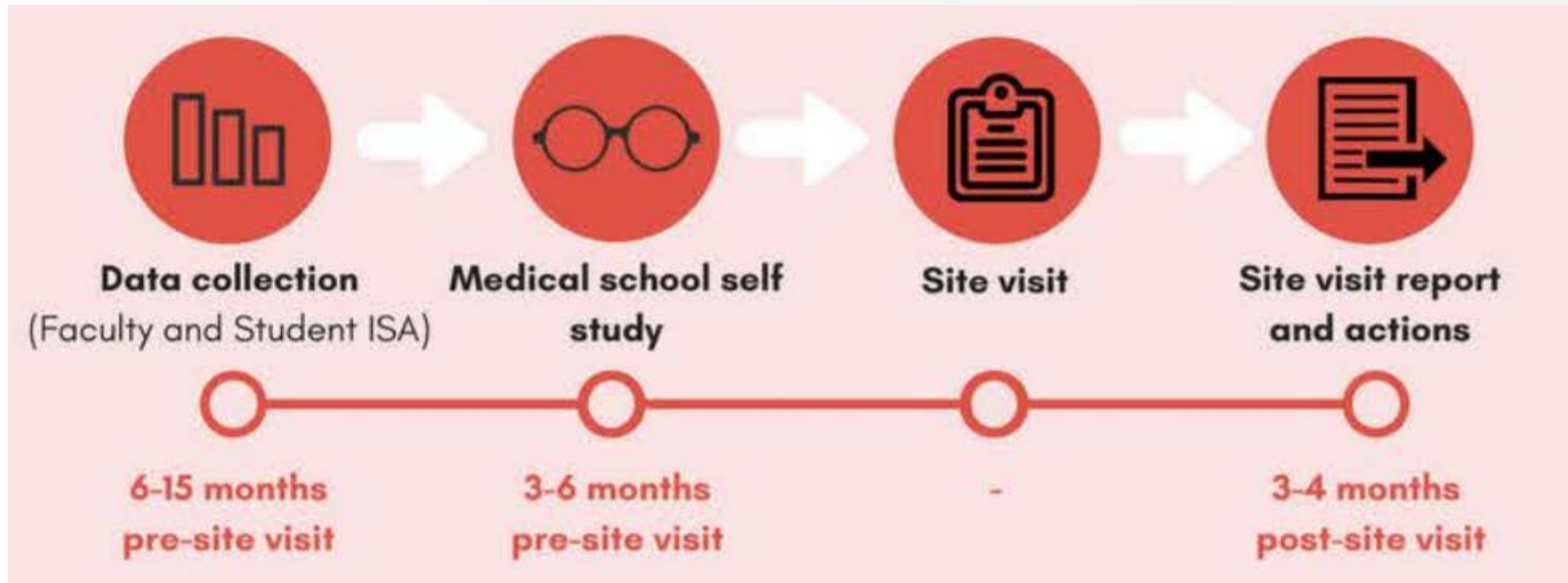
**April 28 – May 1, 2019**

## Team of Accreditors:

1. Dr. David Anderson (Chair) – Hematology, Dalhousie University
2. Dr. Karl Stobbe (Secretary) – Family Medicine, McMaster University
3. Dr. Gurdeep Parhar (Member) – Family Medicine, UBC
4. Dr. Barbara Barzansky (AMA Co-Secretary of the LCME) – Dept. of Anatomy, Medical University of South Carolina
5. Dr. Patricia Houston (Faculty Fellow) – Anesthesia, U of T
6. Dr. Wendy Stewart (Faculty Fellow) – Pediatric Neurology, Dalhousie University
7. Adam Pietrobon (CACMS Student Member: U of Ottawa)

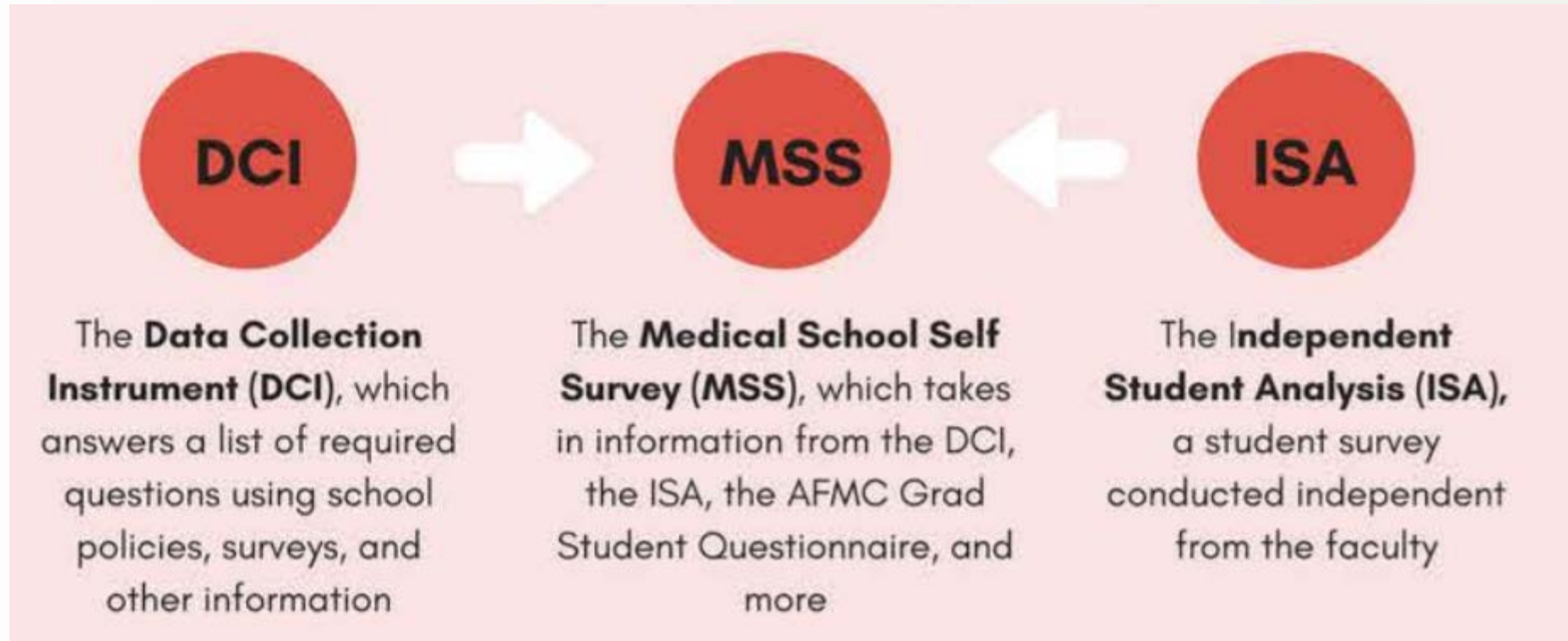


# Steps involved in accreditation:



The images are downloaded from <https://www.cfms.org/what-we-do/education/accreditation.html>, created by Tharsika Thangarasa and Alyssa Archibald

# What documents are submitted?



The images are downloaded from <https://www.cfms.org/what-we-do/education/accreditation.html>, created by Tharsika Thangarasa and Alyssa Archibald



# Max Rady College of Medicine

## Mission:

To serve the health-care 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.

## Strategic Planning 5 Pillars

TEACHING EXCELLENCE AND RELEVANCE to meet the health-care requirements of Manitobans.

INNOVATION & RESEARCH to advance scientific achievement, as well as develop and attract high-calibre researchers

SOCIAL ACCOUNTABILITY to address the differing needs of various Manitoba communities

WORKPLACE & LEARNING ENVIRONMENT to provide a safe and equitable setting in which to foster respectful and productive relationships

INDIGENOUS RESPECT & ACHIEVEMENT



# Max Rady College of Medicine in numbers

- # Academic Staff : 1,879
  - Full time faculty (basic science and clinical): 724
  - Nil salaried : 1,155
- # Teaching Hours (direct contact teaching hours) : 28,659 hours
- # Support staff : Nearly 400
- # Medical Students : 455
- # Academic Departments : 27
- # Graduate Students : 330
- # Residency Programs (includes Post-Doctoral Programs) : 68
- # Residents and Fellows : 663





# Max Rady College of Medicine - Teaching Hours

Type of Teaching	Number of Instructor Hours
<b>Preclerkship</b>	5250
<b>Clinical Skills</b>	3370
<b>Clerkship</b>	3120
<b>AHD UGME</b>	1862
Core Curriculum PGME	130
AHD PGME	12496
Rotations PGME	33480480
CPD	211
MPAS	1305
NP Hours	240
Basic Science Teaching (direct contact)	3795
Basic Science Teaching (graduate supervision)	73931
Total (direct contact teaching hours)	28659



# Diversity of our students (class 2022 cohort)

<b>Family History:</b>		
<b>24</b>	The number of individuals who are the <b>first generation of their family attending college</b> or university.	<b>22%</b>
<b>1</b>	The number of individuals who were admitted to Canada with <b>refugee status</b> , or whose family were admitted with refugee status.	<b>1%</b>
<b>Economic Information:</b>		
<b>41</b>	The number of individuals who were raised in a family with <b>an annual household income below the median</b> for Canada (household income less than \$75,000).	<b>37%</b>
<b>21</b>	The number of individuals who worked in their teen years in order to contribute to family income.	<b>19%</b>
<b>Other Sociocultural Determinants:</b>		
<b>47</b>	The number of individuals who consider themselves to be members of a <b>visible minority</b> .	<b>43%</b>
<b>9</b>	The number of individuals who identify as <b>First Nations, Metis, Inuit or other North American Indigenous ancestry</b> .	<b>8%</b>
<b>30</b>	The number of individuals whose <b>primary language is other than English or French</b> .	<b>27%</b>
<b>5</b>	The number of individuals who have a participation or activity limitation that has an impact on their day-to-day life Or, worded differently, the number of individuals <b>living with a disability</b> .	<b>4.5%</b>



## Key Initiatives:

- Health Clinic
- Daycare
- Food Service Expansion
- Student Lounge
- Anti-racism program
- Hired Diversity Practice Lead
- Diversity in student admissions
- Social accountability – involvement with Habitat for Humanity
- Transformation Team to Shared Health Services



# Social Accountability

## (School Identified Outcome Measure)

- Establish RFHS Social Accountability Committee
- Provide clinical care to underserved populations while exposing students to team-based, collaborative health care delivery to vulnerable populations
- Increase the number of students from priority populations including Indigenous, LGBT2SQ+, Rural, Newcomers and Refugees
- Outreach to inner-city youth to educate them about the health sciences and expose them to careers in the health professions
- Increase diversity and improve science literacy among under-represented populations in the inner city of which Bannatyne campus is a part
- Expose medical students to broad range of clinical and community exposures
- Provide safe, affordable housing for a family in need
- Raise awareness and develop skills for advocacy with communities facing poverty and homelessness
- Raise awareness and develop skills for advocacy with communities facing food insecurity

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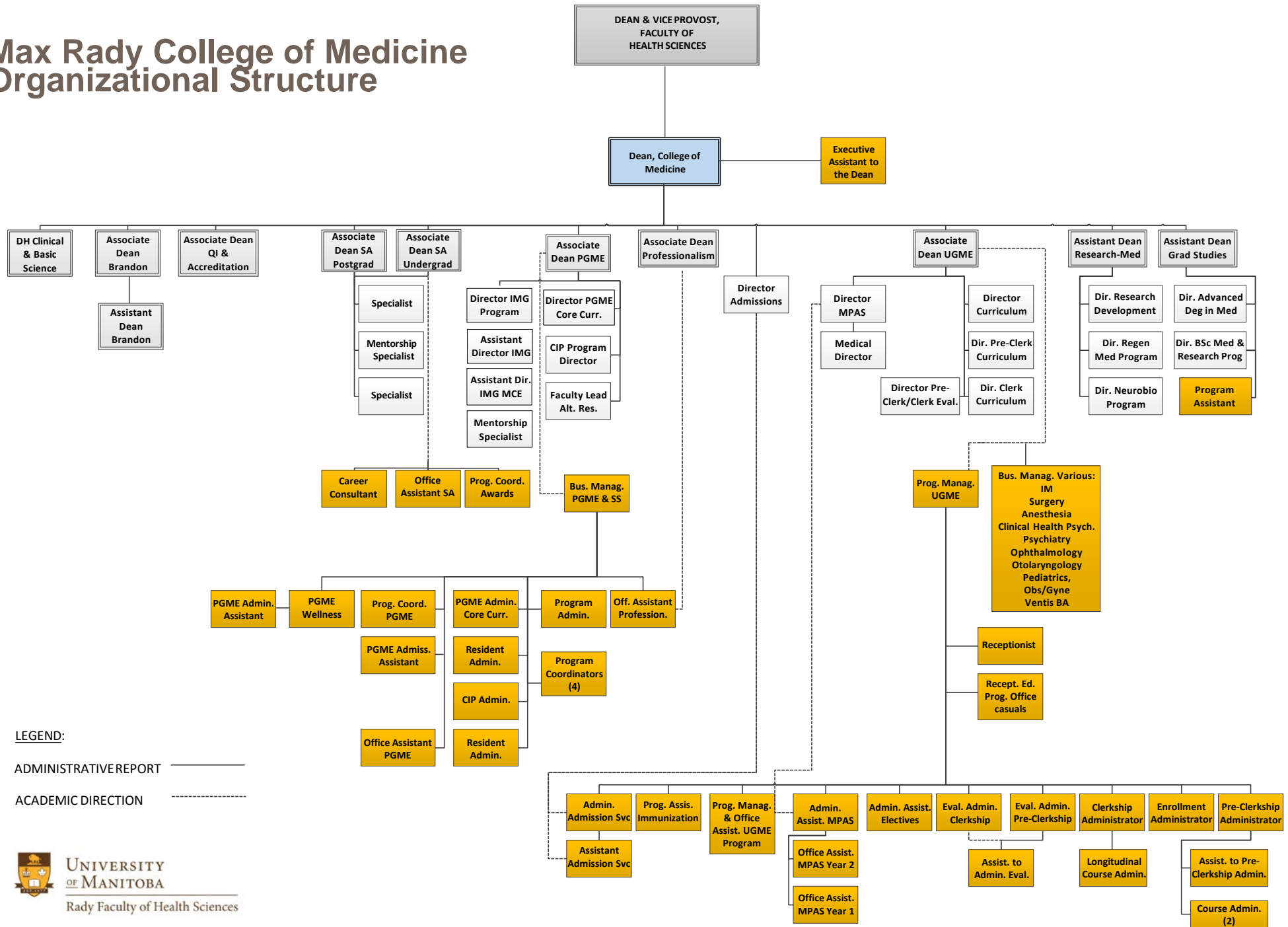
# Social Accountability

## (School Identified Outcome Measure)

- Raise awareness and develop skills to care and advocate with newcomer and refugee communities
- Provide local youth with opportunities to participate in recreational activities throughout the summer
- Introduce Med 1 students to the work and lifestyle of a rural physician
- Introduce RFHS students to the community agencies in the neighborhood and the community we serve
- Students engage in the longitudinal Indigenous Health course
- Students engage in the longitudinal LGBT2SQ+ Health course
- RFHS will create an environment that is safe and supportive for students that come from under-represented and under-served communities
- RFHS will work to establish a Diversity Faculty and Leadership team that is representative of the populations we serve



# Max Rady College of Medicine Organizational Structure



**LEGEND:**

ADMINISTRATIVE REPORT ———

ACADEMIC DIRECTION - - - - -

# Summary of Health System Changes

- **WRHA Hospital Consolidation**

- Phase 1 consolidation began in October 2017

Misericordia Urgent Care Centre (UCC) was closed and Victoria General Hospital Emergency Department (ED) was converted to an UCC.

- Phase 2 is planned for June - October 2019

Complete closure of Concordia ED and the conversion of Seven Oaks ED to UCC.

- **Shared Health**

- The clinical leadership role of the Department Heads will transition to Shared Health and they will have medical oversight of clinical services provided across the province

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# Summary of Health System Changes

- The dual University/Shared Health medical leads will co-chair provincial clinical teams that are responsible for provincial clinical and preventive services planning, and participate on the Integrated Leadership Team that is responsible for developing and overseeing the implementation of an integrated provincial plan. The WRHA Phase One and Two clinical consolidation plans are part of the broader provincial clinical and preventive services plan.

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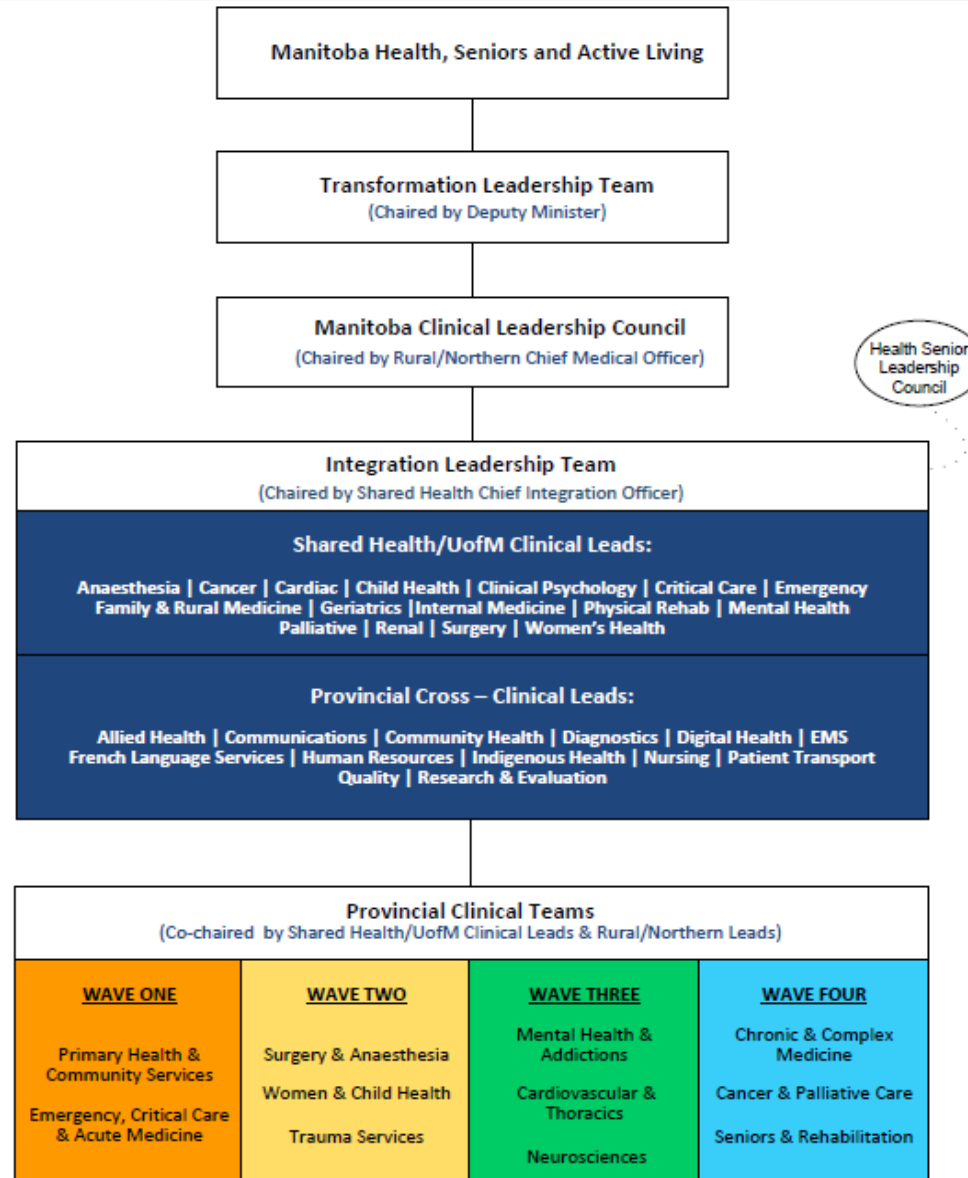


# Summary of Health System Changes

- **Close links with U of M will be maintained and enhanced:**
  - The Master Affiliation Agreement, and subsidiary agreements between the University of Manitoba and WRHA is being replaced with a new affiliation agreement between the University of Manitoba and Shared Health (representing the provincial health system). A Joint Council will be co-chaired by the Dean of the Faculty and the CEO of Shared Health and a Medicine sub-committee will be co-chaired by the Dean of the College of Medicine and the CMO of Shared Health.
  - Dean Postl is an active member of the Transformation Leadership Team (TLT), that is chaired by the Deputy Minister of Health
  - Dr. Peter Nickerson, Associate Dean Faculty of Health Sciences, is a member of the Shared Health Manitoba Clinical Leadership Council (MCLC)



# Shared Health – Clinical Governance Structure



# Thank you for attending the Boot Camp!

## See you at the next session!

Any questions or concerns, please direct it to [Ricardo.Soriano@umanitoba.ca](mailto:Ricardo.Soriano@umanitoba.ca)

For more information, please click on the new UGME Accreditation website below:

[http://umanitoba.ca/faculties/health\\_sciences/medicine/accreditation/index.html](http://umanitoba.ca/faculties/health_sciences/medicine/accreditation/index.html)

