



MD Program
UNIVERSITY OF TORONTO

2022-2023

Academic Calendar



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Message from the Associate Dean, MD Program



Dear new and returning students,

It is my pleasure to welcome you to the 2022-2023 academic year in the MD Program.

Our *Academic Calendar* contains essential information that will help you navigate your time in medical school. Included in the pages of the *Calendar*, you will find the official University of Toronto, Temerty Faculty of Medicine, and MD Program policies and procedures that govern the conduct of your medical education program. While the program does not expect you memorize the details of each policy, the *Academic Calendar* should be your primary source for information that is relevant to you and your circumstances. A good place to start is the searchable table of [Academic Regulations](#).

Additionally, the *Calendar* contains high-level overviews of the program's curriculum and courses, as well as our expectations of student and faculty behaviour. You can use the *Calendar* as a starting point for more detailed information on registration requirements, student services, and opportunities for educational enrichment.

The faculty and staff of the Temerty Medicine MD Program are committed to supporting your personal and professional growth. It is a great privilege to be part of your journey to becoming a competent, resilient, and caring physician.

Marcus Law, MD MBA MEd CCFP FCFP
Associate Dean, MD Program
Associate Professor, Department of Family and Community Medicine

Important Notices

MD Program Academic Calendar: Online Only

The MD Program Academic Calendar is published online only. In the case of any discrepancy, the online version shall apply.

While the MD Program will take reasonable steps to ensure that students are aware of registration requirements, financial and academic deadlines, program requirements and regulations, etc., students are responsible for seeking guidance from a responsible program officer if they are in any doubt. Misunderstanding, or advice received from another student will not be accepted as cause for dispensation from any regulation, deadline, or program requirement.

University Policies

As members of the University of Toronto community, students assume certain responsibilities and are guaranteed certain rights and freedoms.

The University has several policies that are approved by the Governing Council and which apply to all students. Each student must become familiar with these policies. The University will assume that he or she has done so. Three University policies which are of particular importance to MD students are:

- Standards of Professional Practice Behaviour for all Health Professional Students
- Code of Behaviour on Academic Matters
- Code of Student Conduct

All institution-wide University policies can be found on the [Governing Council website](#).

The rules and regulations of the MD Program are referenced in this Policies, Statements and Guidelines section of this Calendar. In applying to the MD Program, the student assumes certain responsibilities to the University and the Faculty and, if admitted and registered, shall be subject to all rules, regulations and policies referenced in the Calendar, as amended from time to time.

More information about students rights and responsibilities can be found on the [Office of the Vice-Provost, Students website](#).

Person I.D. (Student Number)

Each student at the University is assigned a unique identification number. The number is confidential. The University strictly controls access to Person I.D. numbers. The University assumes and expects that students will protect the confidentiality of their Person I.D. s.

Fees and Other Charges

The University reserves the right to alter the fees and other charges described or referenced in this Calendar.

Notice of Collection of Personal Information: Freedom of Information and Protection of Privacy Act (FIPPA)

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). If you have questions, please refer to www.utoronto.ca/privacy or contact the University Freedom of

Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, room 104, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

The MD Program has guidelines regarding access to MD student academic records. The MD Program's guidelines are governed by and consistent with University of Toronto *Guidelines Concerning Access to Official Student Academic Records*.

2022-2023 Key Dates and Holidays

Statutory holidays/University closures are marked with an asterisk (*). Students who observe holidays not listed may request permission for absence, in accordance with [University policy](#).

Please note: The University of Toronto, the MD Program, and its clinical partners are monitoring the COVID-19 pandemic closely. Due to circumstances beyond the MD Program's control, changes to some of the dates below may be necessary. For more detailed schedules refer to course websites in Elenra, or to the published schedules for [Foundations](#) or [Clerkship](#) on the MD Program website.

August 22, 2022	Year 3 Begins
August 23	Year 2 Begins (Mississauga Academy of Medicine)
August 24	Year 2 Begins (St. George Campus Academies)
August 29	Year 1 Begins
September 5	*Labour Day
September 12	Year 4 Begins
October 10	*Thanksgiving Day
October 24 - 28	Fall Break (Years 1 & 2)
December 17, 2022 - January 1, 2023	*Winter Break (Years 3 & 4)
December 21 - 30, 2022	*Winter Break (Years 1 & 2)
February 20, 2023	*Family Day
February 6 - 26	CaRMS Interview Break (Year 4)
March 13 - 17	March Break (Years 1 & 2)
March 4 - 12	March Break (Year 3)
April 7	*Good Friday
April 14	Year 4 Ends
May 22	*Victoria Day
May 26	Year 1 Ends
May 31	Year 2 Ends
June TBD	MD Program Convocation
July 1	*Canada Day
August 7	*August Civic Holiday
September 8, 2023	Year 3 Ends

Curriculum

Education Goals and Competencies

Education Goals

The MD Program aspires to prepare graduates who are:

- clinically competent and prepared for life-long learning through the phases of their career
- ethical decision-makers dedicated to acting in accordance with the highest standards of professionalism
- adaptive in response to the needs of patients and communities from diverse and varied populations
- engaged in integrated, team-based care in which patient needs are addressed in an equitable, individualized and holistic manner
- reflective and able to act in the face of novelty, ambiguity and complexity
- resilient and mindful of their well-being and that of their colleagues
- capable of and committed to evidence informed practices and scholarship, and a culture of continuous performance improvement

Achievement of these goals is supported by the MD Program competency framework, which is summarized below.

Competency Framework

The U of T MD Program competency framework consists of key and enabling competencies that are classified according to the seven CanMEDS roles: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional. These roles constitute the competency frameworks of both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

Learning within each of the CanMEDS roles is facilitated by pursuing the relevant key competencies listed in the chart that follows. Each of the key competencies is in turn supported by achievement of enabling competencies, which are available on our [MD Program competencies webpage](#).

Work is ongoing to ensure that the MD Program competency framework aligns with the development of AFMC Entrustable Professional Activities (EPAs) for the Transition from Medical School to Residency. The AFMC EPAs are pan-Canadian core clinical activities that all medical students should be able to perform with an indirect level of supervision (supervisor is not in the room but is available to provide assistance) on day one of residency. Each AFMC EPA maps to multiple CanMEDS roles. The MD Program has developed Foundations EPAs, which operationalize the attainment of the MD Program competencies at the point of entry to clerkship and anticipate the achievement of the AFMC EPAs by the end of clerkship. Both the competency framework and EPAs inform how the MD Program assesses that U of T medical students have demonstrated level- and context-appropriate achievement of the knowledge, skills, attitudes and activities required to progress through and graduate from the MD Program.

The key and enabling competencies that comprise the competency framework function as the MD program's education objectives (i.e. statements of the knowledge, skills, attitudes, and other attributes that medical students are expected to demonstrate upon satisfactory completion of the MD program).

Key Competencies

Role	Key competencies
Medical Expert	<ol style="list-style-type: none"> 1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centred care. 2. Perform a patient-centred clinical assessment. 3. Propose and participate (under appropriate supervision) in implementing management plans. 4. Understand and participate in continuous improvement in health care quality and patient safety. 5. Contribute to improving population health.
Communicator	<ol style="list-style-type: none"> 1. Establish professional therapeutic relationships with patients. 2. Use patient-centred skills to seek, gather, select and interpret accurate and relevant information of the clinical situation, incorporating the perspectives of patients and their families to inform management. 3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals. 4. Share health care information and plans with patients and their families while adhering to principles of confidentiality and consent. 5. Document and share written and electronic information about the medical encounter, and share this information orally, with other members of the health care team, to optimize clinical decision-making, patient safety, and privacy.
Collaborator	<ol style="list-style-type: none"> 1. Work effectively with physicians, trainees and other colleagues in the health care professions. 2. Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations. 3. Work with physicians, trainees and other colleagues in the health care professions to prevent misunderstandings, manage differences, and resolve conflicts. 4. Effectively and safely transfer care to another health care professional.
Leader	<ol style="list-style-type: none"> 1. Contribute to the improvement of health care delivery in teams, organizations and systems. 2. Engage in the stewardship of health care resources. 3. Demonstrate leadership in professional practice. 4. Manage one's time and plan one's career.
Health Advocate	<ol style="list-style-type: none"> 1. Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment. 2. Respond to the needs of the communities or patient populations they serve by advocating with them for system-level change.
Scholar	<ol style="list-style-type: none"> 1. Engage in the continuous enhancement of professional activities through ongoing learning. 2. Teach learners and other colleagues in the health care professions. 3. Integrate best available evidence into practice. 4. Contribute to the creation and dissemination of knowledge and practices applicable to health.
Professional	<ol style="list-style-type: none"> 1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards. 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care. 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation. 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care.

Student Professionalism

Overview

Being a professional is one of the key attributes of being a physician. In order to assist students in their development as future professionals, the program provides abundant instruction and feedback, both formal and informal, about professionalism. Information about the program's formal professionalism instruction is summarized in this Calendar under the Ethics & Professionalism theme. This section focuses on the assessment of students' professional behaviour as well as how critical professionalism incidents are defined and addressed.

The MD Program's [Guidelines for the Assessment of Student Professionalism](#) are informed by the University of Toronto's [Standards of Professional Practice Behaviour for all Health Professional Students](#) and the MD Program's [competency framework](#).

Assessment of student professionalism takes place through competency-based professionalism assessments, which is summarized below.

Professionalism incidents that require immediate action are addressed through critical incident reports, also summarized below.

Suspected breaches of academic integrity are addressed in accordance with the MD Program's [Academic Integrity Guidelines](#), which are informed by the University of Toronto's [Code of Behaviour on Academic Matters](#).

Professionalism Assessment

In selected teaching and learning settings where teachers are in a position to make meaningful observations about students' professional behaviour, including small group settings and clinical learning environments, supervising teachers complete competency-based student professionalism assessment forms. This assessment exercise provides an opportunity for teachers to indicate both strengths and areas for improvement with respect to professionalism. It also allows the program to monitor whether individual students are exhibiting a pattern of unprofessional behaviour, possibly across multiple courses or multiple learning contexts.

The professionalism assessment form is organized according to six professionalism domains. Each domain includes criteria that reflect specific behaviours that characterize the respective domain, as follows:

- **Altruism**
 - Demonstrates sensitivity to patients and others' needs, including taking time to comfort the sick patient
 - Listens with empathy to others
 - Prioritizes patients' interests appropriately
 - Balances group learning with his/her own
- **Duty: Reliability and Responsibility**
 - Fulfills obligations in a timely manner, including transfer of responsibility for patient care
 - Informs supervisor/colleagues when tasks are incomplete, mistakes or medical errors are made, or when faced with a conflict of interest
 - Provides appropriate reasons for lateness or absence in a timely fashion
 - Prepared for academic and clinical encounters
 - Actively participates in discussions
 - Fulfills call duties
 - Timely completion of MD Program and hospital registration requirements
- **Excellence: Self-improvement and Adaptability**
 - Accepts and provides constructive feedback
 - Incorporates feedback to make changes in behaviour
 - Recognizes own limits and seeks appropriate help
 - Prioritizes rounds, seminars and other learning events appropriately
- **Respect for Others: Relationships with Students, Faculty and Staff**
 - Maintains appropriate boundaries in work and educational settings
 - Establishes rapport with team members
 - Dresses in an appropriate manner (context specific)

- Respects donated tissue; cadavers
- Relates well to patients, colleagues, team members, laboratory staff, service, and administrative staff
- **Honour and Integrity: Upholding Student and Professional Codes of Conduct**
 - Accurately represents qualifications
 - Uses appropriate language in discussions about cases and with or about patients and colleagues
 - Behaves honestly
 - Resolves conflicts in a manner that respects the dignity of those involved
 - Maintains appropriate boundaries with patients
 - Respects confidentiality
 - Uses social media appropriately
 - Respects diversity of race, gender, religion, sexual orientation, age, disability, intelligence and socio-economic status
- **Recognize and Respond to Ethical Issues in Practice**
 - Recognizes ethical issues and dilemmas in case vignettes and in practice
 - Examines personal values in relation to challenges in educational and clinical settings
 - Applies ethical reasoning skills to case situations
 - Acts appropriately with respect to complex ethical issues
 - Understands options to respond to unprofessional and unethical behaviours of others

Teachers are asked to rank students from 1 to 5, with 5 being the highest score, for each of the six professionalism domains. The assessment of each domain is based on the criteria applicable to the student's learning activity. Teachers have the option of indicating if they were not in a position to assess one or more of the professionalism domains. Teachers are required to provide comments regarding any scores of 1 or 2, including those that are based on a critical incident (which is described in more detail below).

Professionalism Standards of Achievement

Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is also required to progress from one year level to the next and to graduate from the program, in accordance with the MD Program's *Standards for Grading and Promotion for Foundations and Clerkship*.

As stated in the MD Program's Guidelines for the Assessment of Student Professionalism, a student may be identified as not satisfactorily progressing as follows:

- One or two scores of less than 3 on any combination of the six professionalism domains, including two scores of less than 3 on the same form, will trigger a student professionalism check-in process. The check-in process is intended to ensure that students have the opportunity to discuss their performance, including consideration of comments provided on the professionalism assessment form, in a safe and confidential environment, and that they are aware of the various supports available to them.
- Three or more scores of less than 3 on any combination of the six professionalism domains, including 3 or more scores of less than 3 on the same form, which will trigger a student in professionalism difficulty review process. The student in professionalism difficulty review process may result in a focused professionalism learning plan. It may also lead to a program of remediation, which the student would be required to report to the College of Physicians and Surgeons of Ontario (CPSO) and/or other provincial/territorial physician regulating bodies, as appropriate. The review can also lead to failure to achieve credit in one or more courses, failure of a year, or dismissal from the program, in accordance with the MD Program's *Standards for Grading and Promotion for Foundations and Clerkship*.
- A critical incident report will trigger a student in professionalism difficulty review process. Critical incidents can be reported as part of a competency-based assessment or by any teacher, University staff member, or hospital staff member using the MD Program's Critical Incident Report Form. Further information about critical incidents is provided below.

The student in professionalism difficulty review process will be re-triggered in cases where a student who has successfully completed (or is in the process of completing) a focused professionalism learning plan or program of professionalism remediation subsequently receives a score of less than 3 on one of the six professionalism domains.

Procedural details regarding the student professionalism check-in process and student in professionalism difficulty review process are provided in the MD Program's Guidelines for the Assessment of Student Professionalism.

Critical Incident Reports

Critical incident reports are intended to address situations where a student has put a patient or someone else at significant risk because of their behaviour, or situations in which a student has engaged in conduct unbecoming of a physician in training. Critical incidents of unprofessional behaviour include the following:

- Failure to keep proper medical records
- Falsification of medical records
- Breach of confidentiality
- Failure to acknowledge and manage appropriately a conflict of interest
- Being disrespectful to patients and others
- Failure to be available while responsible for contributing to patient care
- Failure to provide transfer of responsibility for patient care
- Providing treatment without appropriate supervision or authorization
- Referring to oneself as, or holding oneself to be, more professionally qualified than one is
- Being under the influence of alcohol or recreational drugs while participating in patient care
- Failure to respect the rights of patients and others, including contravention of the Ontario Human Rights Code
- Assaulting a patient or others, including any act that could be construed as mental or physical abuse
- Sexual abuse of a patient, as defined by the Province of Ontario Regulated Health Professions Act Stealing or misappropriating or misusing drugs, equipment, or other property
- Violation of the Criminal Code
- Any other conduct unbecoming of a physician in training

(Please note that patients and others includes patients, families, staff, peers and others.)

Critical incidents can be reported as part of a competency-based assessment, or by any teacher, University staff member, or hospital staff member using the MD Program s [Critical Incident Report Form](#). The person reporting a critical incident will be required to identify the area(s) of concern, the source(s) of information, provide details of the incident, and provide any relevant documentation. Critical incident reports are forwarded to the Foundations Director or Clerkship Director, as appropriate. Receipt of a critical incident report will trigger the student in professionalism difficulty review process.

A substantiated critical incident report may lead to a program of remediation, which the student would be required to report to the College of Physicians and Surgeons of Ontario (CPSO) and/or other provincial/territorial physician regulating bodies, as appropriate. A substantiated critical incident can also lead to failure to achieve credit in one or more courses, failure of a year, suspension, or dismissal from the program.

The MD Program s [Student Mistreatment Protocol](#) describes the principles and procedures for peer-to-peer critical incident reports.

Professionalism Forms

- [Professionalism Check-In Reporting Form](#)
- [Student in Professionalism Difficulty Reporting Form](#)
- [Critical Incident Report Form](#)

Program, Course, and Teacher Evaluation

Overview

Medical students play an active role in the evaluation of teachers, learning events, courses, and the MD Program as a whole throughout their medical training. Requests to complete online evaluations in [MedSIS](#) are sent by e-mail.

Completing evaluation forms is not only an opportunity to provide feedback to the program or to teachers, but is also considered a professional responsibility of MD students. Students should complete evaluation forms as soon as possible following a teacher interaction or learning event. Reflecting on the activity immediately helps to ensure that data is as valid as possible.

Providing meaningful and actionable feedback is an integral part of a career in medicine, as physicians provide feedback to and receive feedback from their patients and colleagues. The MD Program takes evaluations seriously, and is committed to transparency regarding the evaluation process as well as publicizing the impact of student feedback. The MD Program Evaluation Committee has student membership and works with students to ensure an efficient and effective process. Please visit the [Office of Assessment & Evaluation](#) (OAE) webpage for regular updates and for information about Program Evaluation activities.

Course Evaluations

Course evaluation forms provide students an opportunity to communicate their feedback regarding teachers, lectures, seminars, and workshops. The OAE analyzes all evaluation data and provides summary reports to course directors and program leadership shortly after the conclusion of each course. Course directors utilize evaluation data to create a report that is reviewed by the MD Program Curriculum Committee, and to propose data-informed changes in the course for the next academic year. Evaluation data is reviewed on an ongoing basis, and wherever possible and advisable, curriculum leaders act on the data within the academic year. The OAE regularly reviews and refines course evaluation forms to improve their accessibility and usability.

Teacher Evaluations

Teacher evaluation forms provide students an opportunity to communicate their feedback regarding a specific interaction with a teacher, including faculty members, residents, and clinical fellows. Teacher evaluation forms are an important resource for teachers and the MD program as they inform faculty development activities, teaching awards, and promotion for faculty members. As future residents and physicians, medical students should view evaluation feedback as an important tool that will help them become more effective clinicians and teachers.

The confidentiality of teacher evaluations is critical for ensuring candid feedback. The identity of individual students who complete evaluations is confidential. For this reason, a teacher will only receive evaluation reports if at least three students have submitted an evaluation form for the teacher.

Assessment and Grading System

Assessment System & Grading

Students are assessed in different ways throughout the program. It is important to understand both the purpose of each assessment and the expectations for competence on each occasion. If you have any questions about an assessment, please contact your course director or supervising teacher/tutor. Assessment requirements are published on [Elentra](#) under each course page.

Transcripts and official course grades

All courses in all four years of the MD Program at the University of Toronto are transcribed as Credit (CR) , No Credit (NC) , In Progress (IPR) , or Incomplete (INC) . Course Grades are loaded onto the Repository of Student Information (ROSI), which is the official record and is used by the University to generate official transcripts.

Additional information regarding the grading system and numerical results for individual assessments may be found at: <http://www.md.utoronto.ca/student-assessment>.

Standards for the grading and promotion of students & guidelines for the assessment of students in academic difficulty

Please refer to these standards and guidelines for details on assessment grading, promotion and supporting students in academic difficulty. They are available elsewhere in the *MD Program Academic Calendar*.

Foundations

[Standards for grading and promotion of MD students Foundations \(Years 1 and 2\)](#)

[Academic Difficulty Procedural Guidelines Foundations \(Years 1 and 2\)](#)

Clerkship

[Standards for grading and promotion of MD students Clerkship \(Years 3 and 4\)](#)

[Academic Difficulty Procedural Guidelines Clerkship \(Years 3 and 4\)](#)

Board of Examiners: All academic programs in the Faculty of Medicine have a Board of Examiners, a standing committee of Faculty Council. All final decisions related to a MD student s standing and promotions are made by the Board of Examiners. To inform these decisions, the Board of Examiners receives recommendations from the Student Progress Committee for the Foundations Curriculum and from the Clerkship Director for Clerkship. The Board of Examiners consists of 13 members, including two students. The Board of Examiners is responsible for approving all course grades, and makes the ultimate decisions about student promotion, requirements to do remedial work, and dismissal from the program, e.g. for repeated failures of an entire year or egregious lapses in professionalism. Students have the right to appeal decisions made by the Board of Examiners.

Standards of achievement on each type of assessment

The methods of assessment used in the various courses are described below under Assessment Modalities. It is the responsibility of each Foundations course committee and Clerkship course committee, in consultation with component directors and/or theme leads as well as the Student Assessment and Standards Committee (SASC), to define satisfactory completion of each type of assessment required during each course.

A number of assessments receive a numerical mark while others are simply denoted as Credit (CR) or No Credit (NC). Students are directed to assessment requirements found on [Elentra](#) under each course page for details of the threshold required to satisfactorily complete each type of assessment required during the course.

Assessment Modalities

Written Assessments

Weekly feedback quizzes (Foundations only)

Short take-home quizzes delivered through Exemplify that students complete each week. While low stakes, these will help students examine how well they have learned the week's material.

Mastery exercises

Mandatory invigilated written assessments delivered online, and cover the material learnt over 2-4 weeks (for Foundations) and the entire course (for Clerkship). Each question is linked to learning objectives and/or program competencies. Students receive a feedback report which outlines the learning objectives which they performed poorly on, which should be used to guide their further studying.

Progress tests

These are comprehensive knowledge-based tests that assesses student progress towards exit-level MD Program competencies which are competencies you are expected to attain by completion of the MD Program. You don't need to study for Progress Tests. In fact, the comprehensive nature of Progress Tests is intended to discourage students from preparing specifically for a test. The best preparation for the test is to engage in the curriculum and stay up to date throughout the program. Following each test, students receive a report which is designed to inform areas for improvement and to help prepare for the Medical Council licensing exam.

Objective Structured Clinical Examination / Clerkship Objective Structured Clinical Examination (OSCE)

OSCEs are station based clinical skills examinations in which students rotate through a series of rooms. At each station, students are required to simulate a real clinical encounter with a Standardized Patient (an actor playing a patient) who is assigned a particular case, while being observed by a faculty examiner. Students are expected to complete specific tasks and, towards the end of each station, may be asked a small number of questions by the examiner. There are two OSCEs in Foundations and one in Clerkship. The Clerkship OSCE assessment blueprint will cover key areas as outlined in the Medical Council of Canada (MCC) blueprint including the dimensions of care provided by physicians (i.e. health promotion and illness prevention, acute, chronic, psychosocial) and key physician activities (assessment/diagnosis, management, communication and professional behaviours). The OSCE stations will focus on content from both the Clerkship Course Objectives and the MCC's Clinical Presentations and Diagnoses.

Professionalism Assessment Forms

In each course, students are required to demonstrate satisfactory professionalism in order to receive credit. See the [Student Professionalism](#) section for more details. Teachers or tutors assess the student against six professional domains and have the opportunity to indicate both strengths and areas for improvement.

Assignments & Projects

Written assignments & projects range in scope and purpose across the program. While the specific objectives of these assignments & projects vary, they generally do involve an assessment of the student's ability to communicate effectively in writing, including presenting their findings or argument in a logical, well organized manner.

Oral Presentations

These are a key component of assessment and in particular, during small-group learning. Students make presentations individually or in groups within settings such as Portfolio sessions, Health Science Research sessions, Case-Based Learning tutorials and during Campus Weeks.

Thematic Reflections

These are written reflections that outline how students see themselves developing in their role as medical students. These reflections must all be submitted at various points throughout the year through the OASES system.

Portfolio

Assessment in the Portfolio course addresses competencies across all of the intrinsic CanMEDS roles during the 4 years of the MD program. Portfolio includes small group meetings and individual progress review meetings. Assessment includes thematic reflections, oral presentations and progress review reports following meetings with Academy Scholars.

Practical Laboratory Assessments (Foundations only)

These are assessments that occur in the form of bell ringers and take place in the laboratories where students go to multiple stations, view a specimen or image and identify structures or answer brief questions about function.

Clinical Performance Evaluations (Clerkship only)

This is an assessment of the students overall performance for the duration of the clinical courses. The student is assessed against objectives which are linked to all of the intrinsic CanMEDS roles.

Direct Observation Assessments

Several courses include additional assessments where the student is assessed following direct observation of specified activities. Examples include clinical performance assessment/ clinical encounter cards in Foundations, and clinical examination exercises, case based discussions and observed history and physical in Clerkship.

Student Assessment Technologies

A number of systems are used to manage student assessment and are administered by the Office of Assessment and Evaluation. Please visit the [Assessment FAQ](#) page for answers to frequently asked questions.

All systems require a UTORID to access.

MedSIS (Medical Student Information System) is the online system that the MD Program uses to maintain student registration information, record and calculate student assessments by teachers, obtain student feedback on their teachers and courses, and perform course scheduling. Students can view their course schedules, review and complete evaluations and access grades.

medsis.utoronto.ca

Support: medsis@knowledge4you.com

OASES (Online Assignment Submission and Evaluation System) is an online tool for written assignments, allowing students to securely upload documents and evaluators to provide feedback. Students will use OASES to submit their portfolio reflections and other written assignments.

oases.med.utoronto.ca

Support: Contact course administrator

Exemplify is the application the MD Program utilizes for written assessments (e.g. mastery exercises and progress tests). See [MD Program assessment and evaluation technology](#) page for more information.

The Learner Chart is a one-of-a-kind application that chronicles and guides students progress throughout the MD Program. The Learner Chart will be populated with assessment information from MedSIS, OASES and ExamSoft to provide a rich and holistic view of student progress. At the same time, it allows students to upload files from documents to images that tell their unique story of how they are demonstrating competency. Academy Scholars will have access to students Learner Charts to support students in reflecting on their assessment data and encourage focused dialogue on what learning strategies students may need to take to enhance their performance, with the ultimate goal of developing a personal learning plan for each student. learnerchart.med.utoronto.ca
Support: md.progress@utoronto.ca

CPLAN is a curriculum planning tool for the Foundations curriculum only. It houses the MD Program s learning objectives and allows the Program leadership to create linkages between end of week objectives, end of subsection objectives and broader Program competencies. CPLAN is what allows the Learner Chart to architect the assessment data it receives by learning objective and CanMEDS roles. Students will not have direct access to CPLAN but will see it reflected in the Learner Chart.

Technology Requirements

All incoming MD Program students are required to have devices consistent with the specifications outlined on the ExamSoft website in order to use the written assessment delivery application (Exemplify). System requirements for Exemplify are regularly updated and posted on the [ExamSoft website](#).

Our curriculum relies on recently developed technology for the delivery of teaching, learning, and assessment activities. The technology is user-friendly and meant to enhance your learning. You will be oriented on how to engage with this technology when you join the program.

For those who may want to explore purchasing a new laptop or tablet at the University of Toronto Bookstore, please visit <http://uoftbookstore.com/> for the latest offers.

Foundations Courses - Year 1

Ontario's response to the COVID-19 pandemic continues to evolve. Changes will likely occur as the province and its municipalities adjust to new data about the virus. In these circumstances, please be advised that changes to the delivery of courses, co-curricular opportunities, programs (including clinical programs or opportunities) and services, may become necessary during the academic year. The University thanks its students, faculty, and staff for their flexibility during these challenging times as we work together to maintain the standards of excellence that are the hallmark of the MD Program, Temerty Medicine, and the University.

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Contact Information for Foundations Courses:

<http://www.md.utoronto.ca/foundations-course-directors-and-administrators>

Introduction to Medicine [MED100H]

Course Director: Dr. Anne McLeod

Course Duration: Weeks 1 through 11

ITM takes place during the first 11 weeks of the 72-week Foundations Curriculum. Each week of ITM introduces students to key concepts and foundational knowledge which they will build on throughout the two years of the Foundations curriculum.

Overall, ITM provides students with:

1. a broad introduction to the language and culture of medicine
2. a solid preparation in foundational and social sciences, and humanities for further study in later courses
3. a basis for the development of professional behaviours among students and between students and the teaching staff

Patient-centred clinical cases are used to bring together foundational disciplines relevant to the study and practice of medicine, in a manner that promotes their cognitive integration by students. Each course week has its own objectives and assessments that contribute to the overall course objectives and final assessment, as well as to student achievement of the MD program's key and enabling competencies.

Concepts, Patients & Communities 1 [MED120H]

[Students who entered prior to 2018-2019 completed MED110Y for weeks 12 through 36 in Year 1]

Course Director: Dr. Robert Goldberg

Course Duration: Weeks 12 through 25

CPC 1 takes place during weeks 12-25 of the 72-week Foundations Curriculum. CPC 1 is the first of three courses, all named Concepts Patients and Communities (1, 2 and 3 respectively) that employ the organizing structure of the human body's physiological systems to offer students an integrated approach to clinical medicine. CPC 1 includes body systems that are responsible for host defence and oxygen delivery encompassing both normal and diseased states, and is divided into 6 sections: Microbiology (2 weeks); Immunology (2 weeks); Blood (2 weeks); Dermatology (1 week); Cardiovascular (4 weeks); and Respiratory (3 weeks).

Overall, CPC 1 provides students with:

1. Integration of clinical manifestations, diagnosis, management and/or prevention of diseases of the systems described above with a focus on patient-centred clinical cases allowing students to develop clinical reasoning skills
2. Integration of the foundational, social sciences, and humanities learned throughout the CPC courses to promote the development of cognitive integration skills
3. Development of an expanding skill set of professional behaviours between students, teaching staff and patients

Patient-centred clinical cases are used to bring together foundational disciplines relevant to the study and practice of medicine, in a manner that promotes their cognitive integration by students. Each course week has its own objectives and assessments that contribute to the overall course objectives and final assessment, as well as to student achievement of the MD program s key and enabling competencies.

Concepts, Patients & Communities 2 [MED130H]

[Students who entered prior to 2018-2019 completed MED110Y for weeks 12 through 36 in Year 1]

Course Director: Dr. Ashna Bowry

Course Duration: Weeks 26 through 36

CPC 2 takes place during weeks 26-36 of the 72-week Foundations Curriculum. CPC 2 is the second of the three CPC courses that employ the organizing structure of the human body s physiological systems to offer students an integrated approach to clinical medicine. CPC 2 includes body systems that are responsible for hormone regulation, gut health and renal and genitourinary medicine in humans encompassing both normal and diseased states. It is further divided into 3 sections: Endocrinology (4 weeks); Gastroenterology (4 weeks); and Genitourinary medicine (3 weeks).

Overall, CPC 2 provides students with:

1. Integration of clinical manifestations, diagnosis, management and/or prevention of diseases of the systems described above with a focus on patient-centred clinical cases allowing students to develop clinical reasoning skills
2. Integration of the foundational, social sciences, and humanities learned throughout the CPC courses to promote the development of cognitive integration skills
3. Development of an expanding skill set of professional behaviours between students, teaching staff and patients

Patient-centred clinical cases are used to bring together foundational disciplines relevant to the study and practice of medicine, in a manner that promotes their cognitive integration by students. Each course week has its own objectives and assessments that contribute to the overall course objectives and final assessment, as well as to student achievement of the MD program s key and enabling competencies.

Foundations Courses - Year 2

Ontario's response to the COVID-19 pandemic continues to evolve. Changes will likely occur as the province and its municipalities adjust to new data about the virus. In these circumstances, please be advised that changes to the delivery of courses, co-curricular opportunities, programs (including clinical programs or opportunities) and services, may become necessary during the academic year. The University thanks its students, faculty, and staff for their flexibility during these challenging times as we work together to maintain the standards of excellence that are the hallmark of the MD Program, Temerty Medicine, and the University.

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Concepts, Patients & Communities 3 [MED200H]

[For students who entered the MD Program prior to 2018-2019, this course is known as "Concepts, Patients and Communities (CPC) 2"]

Course Director: Dr. Evelyn Rozenblyum

Course Duration: Weeks 37 through 52

CPC 3 takes place during weeks 37-52 of the 72-week Foundations Curriculum. CPC 3 is the last of the three CPC courses that employ the organizing structure of the human body's physiological systems to offer students an integrated approach to clinical medicine. CPC 3 includes body systems that are responsible for movement, sensation, cognition and behaviour in humans encompassing both normal and diseased states. It is further divided into 4 sections: Musculoskeletal (3 weeks); Neurologic (6 weeks); Psychiatric (4 weeks); and Special Senses (3 weeks).

Overall, CPC 3 provides students with:

1. Integration of clinical manifestations, diagnosis, management and/or prevention of diseases of the systems described above with a focus on patient-centred clinical cases allowing students to develop clinical reasoning skills
2. Integration of the foundational, social sciences, and humanities learned throughout the CPC courses to promote the development of cognitive integration skills
3. Development of an expanding skill set of professional behaviours between students, teaching staff and patients

Patient-centred clinical cases are used to bring together foundational disciplines relevant to the study and practice of medicine, in a manner that promotes their cognitive integration by students. Each course week has its own objectives and assessments that contribute to the overall course objectives and final assessment, as well as to student achievement of the MD program's key and enabling competencies.

Life Cycle [MED210H]

Course Director: Dr. Hosanna Au

Course Duration: Weeks 53 through 61

LC takes place during weeks 53-61 of the 72-week Foundations Curriculum. The LC course is organized by clinical disciplines as opposed to body systems, and covers the human life span including, reproduction, life stages and palliative care. This course is an opportunity to integrate and apply topics that have been previously covered in the curriculum. LC

is divided into the following sections: Gynecology and Sex and Gender Based Medicine (2 weeks); Obstetrics (2 weeks); Neonate and Infant, Child, Adolescent (3 weeks); and Geriatrics and Palliative Care (2 weeks).

Overall, LC provides students with:

1. Application of basic medical science knowledge with the clinical presentation, diagnosis, management and/or prevention of diseases in the clinical disciplines described above with an emphasis on a symptoms-based approach and the development of clinical reasoning skills
2. Integration of foundational medical science with social sciences and humanities to enhance knowledge, skills, and attitudes in providing patient- and family-centred care
3. Further development of professional attitudes and behaviours among students and between students, teaching staff, and patients

Patient-centred clinical cases are used to bring together foundational disciplines relevant to the study and practice of medicine, in a manner that promotes their cognitive integration by students. Each course week has its own objectives and assessments that contribute to the overall course objectives and final assessment, as well as to student achievement of the MD program s key and enabling competencies.

Complexity and Chronicity [MED220H]

Course Director: Dr. James Owen

Course Duration: Weeks 62 through 72

CNC takes place during the last 11 weeks of the 72-week Foundations Curriculum. CNC is the sixth course and integrates teaching around the care of complex and/or vulnerable patient populations while reinforcing and building upon challenging topics that have been previously covered in the curriculum. Important topics including the approach to surgical patients, trauma, pain management and infectious disease outbreak are also addressed.

A particular focus in this course will be on the care of individuals with multiple medical and non-medical issues, and is intended to reflect the increasingly complex real-world patient populations in clinical practice. Complexity case weeks will encourage students to think critically about approaches to complex patient presentations, preparing them for similar real-life cases during third and fourth year.

Overall, CNC provides students with:

1. Review, consolidation and integration of content from previous Foundations courses to date
2. An introduction to patient complexity and patients with multisystem concerns that cross multiple domains (physical, mental health, psychosocial or health systems challenges)
3. Skills and knowledge to prepare them for entry into clerkship and further encounters with real-world patients

Patient-centred clinical cases are used to bring together foundational disciplines relevant to the study and practice of medicine, in a manner that promotes their cognitive integration by students. Each course week has its own objectives and assessments that contribute to the overall course objectives and final assessment, as well as to student achievement of the MD program s key and enabling competencies.

Clerkship Courses - Year 3

Ontario's response to the COVID-19 pandemic continues to evolve. Changes will likely occur as the province and its municipalities adjust to new data about the virus. In these circumstances, please be advised that changes to the delivery of courses, co-curricular opportunities, programs (including clinical programs or opportunities) and services, may become necessary during the academic year. The University thanks its students, faculty, and staff for their flexibility during these challenging times as we work together to maintain the standards of excellence that are the hallmark of the MD Program, Temerty Medicine, and the University.

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Contact Information for Each Clerkship Course:

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Transition to Clerkship [TTC310Y]

Course Director: Dr. Clare Hutchinson

Course Duration: 2 weeks

The three-week Transition to Clerkship (TTC) course prepares students for clerkship through a variety of learning activities which include simulations, online modules, academy and campus-based seminars and shadowing sessions, with an emphasis on intrinsic CanMeds skills (teamwork, collaboration, health advocacy) as well as specific medical expert competencies. TTC core curriculum activities consist of both large and small group interactive learning sessions, and several required online learning modules. Three Academy Days take place on each of the three Wednesdays in the course, and as well as the first Friday morning. These incorporate some registration tasks (e.g. mask-fit testing, computer systems training) along with practical skills (order writing, managing violent patients). The third-year Dermatology course also takes place within TTC.

Anesthesia [ANS310Y]

Course Director: Dr. Anita Sarmah

Course Duration: 2 weeks

The two-week Anaesthesia course is based on a 'flipped classroom' model. Students are required to complete seven e-modules where faculty is available via a discussion board. The rotation includes two days of simulation training at Sunnybrook Health Sciences Centre. The first day includes a comprehensive training on IV skills, airway management and fluid responsiveness using ultrasound. Case scenarios are used to teach ACLS protocols and communication skills during critical events in a simulated operating room. During the exit simulation day, the students rotate through preoperative, intraoperative and postoperative scenarios that reinforce the content in the e-modules and work through integrated cases that highlight module content. For clinical shifts, you are assigned to a faculty staff member in the operating room, labour floor, pre-admission clinic, or pain service where one on one teaching is provided. You assist in all aspects of anesthetic care. There is no overnight call.

Emergency Medicine [EMR310Y]

Course Director: Dr. Michelle Klaiman

Associate Course Director: Dr. Adam Kaufman

Course Duration: 4 weeks

The four-week Emergency Medicine course commences with three days of hands-on workshops and seminars utilizing simulation, skills-based teaching, and case-based interactive sessions. These sessions provide opportunities to acquire essential knowledge and skills in preparation for clinical experience, and cover topics that include medical imaging, airway management, cardiac dysrhythmias, trauma, ultrasound, toxicology, chest pain, wound management, and splinting. Students are then placed at one of the ten Emergency Departments in the Greater Toronto Area to complete 15 shifts, including up to two weekends and three overnight shifts. During the clinical experience you function as members of an interprofessional team and are assigned one or two preceptors with whom at least half their shifts occur. Each clerk spends half a shift with members of the interprofessional team. You learn to manage many types of patient problems that present to the Emergency Department, including exposure to core emergency medicine cases. There are additional opportunities to perform basic procedures (intravenous insertion, venipuncture, foley catheter insertion, NG insertion, ECG) and observe the triage process.

Family & Community Medicine [FCM310Y]

Course Director: Dr. Azadeh Moaveni

Associate Course Director: Dr. Sharonie Valin

Course Duration: 6 weeks

The six-week Family and Community Medicine course begins with centrally delivered core seminars for the first two days. Core seminars include: orientation, family violence, motivational interviewing, palliative care and geriatrics. Students will also participate in site-specific seminars and complete e-modules online. The course syllabus is online (<http://thehub.utoronto.ca/family/>).

Students then go to their respective sites to start the clinical portion of the rotation. Clinical rotations are distributed across 20 sites including large academic teaching units to rural placements, coordinated through the Rural Ontario Medical Program (ROMP). The course exposes students to various comprehensive care models and strives to have students learn in an interprofessional environment.

Internal Medicine [MED310Y]

Course Director: Dr. Luke Devine

Course Duration: 8 weeks

The eight-week Internal Medicine course begins with an interactive, case-based seminar series for one and a half days. Additional seminars occur approximately once per week for the remaining weeks. Each clerk is assigned to a single Internal Medicine Team for the entire rotation. A sub-group of students may choose a dedicated ambulatory care experience for 1-2 weeks. Over the entire length of the course, there is a graduated experience with increasing responsibility. You have the opportunity to perform the admitting history and physical examinations on patients who present to the Emergency Room, and are asked to provide a provisional diagnosis and differential diagnosis, and to construct an investigation and management plan. You also provide ongoing direct patient care for your assigned patients under supervision. Later in the rotation, you carry up to six patients and have enhanced responsibilities for patients while on call. Support is provided by other members of the team, including the attending physician and supervising residents. You are also assigned to approximately six half-days in ambulatory clinics so that you have an opportunity to learn about how care is delivered to medical patients in this setting.

Obstetrics & Gynaecology [OBS310Y]

Course Director: Dr. Dini Hui

Associate Course Director: Dr. Melanie Ornstein

Course Duration: 6 weeks

The six-week Obstetrics and Gynaecology rotation offers a variety of clinical activities related to all aspects women's health care, including rotations in labour and delivery, inpatient antenatal and postpartum units, antenatal clinics, gynaecologic ambulatory care, inpatient gynaecology units, the operating room and the emergency department. In

In addition to clinical activities, you attend daily small-group teaching seminars on a range of obstetrical and gynaecological topics. Further to the seminar series, each hospital site also conducts its own set of teaching and/or grand rounds which you are expected to attend. Students are assigned to one of eight teaching hospital sites.

Ophthalmology [OPT310Y]

Course Director: Dr. Jennifer Calafati
Associate Course Director: Dr. Cindy Lam
Course Duration: 1 week

The one-week ophthalmology course begins with a clinical skills review and orientation session. Throughout the week, you see a variety of ambulatory ophthalmology patients in eye clinics or in the offices of attending ophthalmologists. In clinic, you examine patients, which may involve taking an ophthalmic history and performing relevant ocular examinations, as well as formulating a differential diagnosis and management plan. Students may attend the operating room for a half day. You are expected to research each assigned patient's disease using appropriate texts and journals and review course topics including: cornea and anterior segment (the red eye), lens and optics, glaucoma, retina, uveitis and inflammatory diseases, neuroophthalmology, oculoplastics and orbital diseases, paediatric ophthalmology and strabismus, and ocular emergencies and trauma. In addition, all students attend seminars on paediatric ophthalmology at the [Hospital for Sick Children](#).

Otolaryngology Head & Neck Surgery [OTL310Y]

Course Director: Dr. Allan Vescan
Course Duration: 1 week

The one-week Otolaryngology course includes site-specific teaching sessions and clinical experience in outpatient clinics. The remainder of the time is spent on the wards, in the operating room, on seminars and self-directed learning with otoscopy and nasal packing simulators and online cases. The rotation includes a series of online seminars, covering common and important topics in otolaryngology including hearing loss, vertigo, epistaxis, rhinosinusitis, emergencies, and head and neck malignancies. You are also given a paediatrics otolaryngology seminar, an Otosim seminar, and an audiology lecture at the Hospital for Sick Children. Attendance in the operating room is available to students and may be arranged at their [Academy](#) with the site director at the beginning of their rotation.

Paediatrics [PAE310Y]

Course Director: Dr. Angela Punnett
Course Duration: 6 weeks

The Paediatrics course begins with a full day of orientation seminars and small group teaching sessions at SickKids. There is a second day back for Neonatology teaching half-way through the rotation. In their clinical placements, students are exposed to a combination of ambulatory and inpatient paediatrics. Students are either in a paediatric setting at a Community Hospital for 6 weeks, or at SickKids on paediatric wards or in the Emergency Department for 3 weeks and in an ambulatory Paediatric practice for 3 weeks. Additional learning resources include the Computer Assisted Learning in Pediatrics Cases (CLIPP) which offer comprehensive interactive cases that cover important core topics, web-based e-modules on core topics on Elentra and the Paeds-on-the-Go Handbook and Syllabus.

Psychiatry [PSS310Y]

Course Director: Dr. Carla Garcia
Associate Course Director: Dr. Kien Dang
Course Duration: 6 weeks

The six-week Psychiatry course begins with centralized teaching sessions that occur on the first day of each rotation. The clinical experience takes place in a variety of settings including inpatient units, psychotherapy clinics, ambulatory clinics, consultation liaison teams, and emergency settings. An integral component of the course is interviewing patients and/or standardized patients with anxiety, mood, psychosis, cognitive, and substance disorders with focus on symptomatology, diagnosis, and basic treatment principles. All clerks will have exposure to psychiatric emergencies mostly by taking night and weekend on-call not exceeding one in five, until 11 p.m. Clinical experience with children and families take place during two half-days in a child psychiatry setting under the direct supervision of a child psychiatrist. Seminars are held weekly at each hospital site and include topics such as interviewing skills and dealing with challenging personality styles.

Surgery [SRG310Y]

Course Director: Dr. Jory Simpson
Course Duration: 8 weeks

This eight-week course commences with a one-week centralized program, Prelude to Surgery, which provides an orientation and introduction to important surgical topics. The students then rotate through two three-week sub-rotations: one sub-rotation in General Surgery and the other sub-rotation in one of the other surgery specialties. The last week will comprise of attending the Central Seminars, debriefing and exam preparation sessions, and other administrative tasks. Students have input into their choice of sub-rotation specialties and are assigned to a surgeon preceptor for each of their sub-rotations. Students contribute to the admissions and daily patient care and attend the operating room and the clinic /office of their preceptor or team. The on-call schedule is one night in four. Call must be taken in General Surgery, Orthopaedics, or Neurosurgery. This provides them the opportunity to see patients in the ER as well as taking call to the ward and OR, where appropriate.

Portfolio Year 3 [PFL310Y]

Course Director: Dr. Nirit Bernhard
Associate Course Director: Dr. Lindsay Herzog
Course Duration: Year 3 Longitudinal

In third year, the Portfolio course continues to facilitate professional and personal development through guided reflection. Portfolio encourages students to develop their knowledge of the six non-Medical Expert CanMEDS roles of Collaborator, Communicator, Leader, Health Advocate, Scholar and Professional. Through self and critical reflection of their clinical experiences in third year, students will learn to navigate and integrate these core competencies into their professional identities. The various CanMEDS roles are incorporated throughout the six themed sessions which take place over the academic year. Examples of the themed topics include Patient Safety, Resilience and Wellness, Power Dynamic and the Hidden Curriculum, My First Patient Death and Humility and Uncertainty. There are two summative assessment components to the evaluation of Portfolio: the Process Component and the Written Component. The Process component consists of mandatory attendance at six small-group meetings, where the themed reflections are shared in student groups of approximately eight, with one resident (Junior Academy Scholar) and one faculty member (Academy Scholar). During the meeting, Scholars provide support in developing reflections on clinical experiences and their meaning and impact on personal and professional development. There are also two mandatory one-on-one Progress Review meetings with the Academy Scholar throughout the academic year where students have the opportunity to develop personal learning plans and reflect on the assessment data in their MD Program Learner Chart. The Written Component of the evaluation includes two progress review reports and the six thematic session reflections. Three of the assigned reflections are marked anonymously with a pass/fail grade and formative feedback based on the Portfolio Assessment Rubric. There are also two MD Program Professionalism forms completed per year.

Clerkship Objective Structured Clinical Examination (OSCE) [OSC310Y & OSC410Y]

Chief Examiner: Dr. Giovanna Sirianni

The Clerkship Objective Structured Clinical Examination (OSCE) is a transcribed assessment that occurs after the first half of clerkship is complete. The exact timing of the Clerkship OSCE will vary slightly each academic year, and will be dependent on the Year 3 Clerkship schedule.

Students will be assessed on clinical content areas that they were exposed to in the first half of clerkship. The assessment blueprint will cover key areas as outlined in the Medical Council of Canada (MCC) blueprint including the dimensions of care provided by physicians (i.e. health promotion and illness prevention, acute, chronic, psychosocial) and key physician activities (assessment/diagnosis, management, communication and professional behaviours). The OSCE stations will focus on content from both the Clerkship Course Objectives and the MCC's Clinical Presentations and Diagnoses.

Clerkship Courses - Year 4

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Electives [ELV410Y]

Course Director: Dr. Seetha Radhakrishnan

Course Duration: 15 Weeks

The 15-week electives course occurs between September and December of fourth year. Students complete a minimum of 13 weeks of electives while two weeks are designated as vacation. The electives program provides students with the opportunity to explore career possibilities, to gain experience in aspects of medicine beyond the core curriculum, and to study subjects in greater depth. Knowledge, skills, and attitudes are further developed in a clinical context selected by students. Fourth year students are expected to set up their individualized elective experiences at the University of Toronto or at other recognized sites of practice, such as other medical schools across Canada as well as in northern and non-urban practices. You may also undertake global health electives in accordance with University of Toronto regulations.

Portfolio Year 4 [PFL410Y]

Course Director: Dr. Nirit Bernhard

Associate Course Director: Dr. Lindsay Herzog

Course Duration: Longitudinal

In the fourth year of Portfolio, students solidify their foundation in critical and self-reflection through discussion and written assignments designed to consolidate their knowledge of the intrinsic CanMeds roles and their personal and professional journey into newly graduating physicians. Portfolio guides students in assessing their progress as professionals as well as provide opportunity for reflection, in preparation for the CaRMS process and transition to postgraduate training. Students and Scholars will continue with the same groups from the previous year to maintain continuity and integrity of the group and relationships. The Process component of the course consists of two mandatory small group meetings centered on themed topics including CaRMS Preparation and The physician I aspire to be, and one Progress Review Meeting with the Academy Scholar. The Written component contains each student's final Portfolio with two thematic reflections and the Progress Review Report. The written reflection and Progress Review Report are evaluated using the same format used in year 3 Portfolio. In addition, an MD Program Professionalism form will be completed at least once over the year.

Transition to Residency [TTR410Y]

Course Directors: Dr. Seetha Radhakrishnan (Selectives) and Dr. Clare Hutchinson (Central Weeks)

Course Duration: 14 Weeks

The 14-week Transition to Residency (TTR) course occurs during the final 14 weeks of the MD Program, and is designed to bring together and build upon many of the concepts students have learned about functioning as doctors. The course has two main themes: understanding the health care needs individual members of diverse groups within the Canadian population, and learning to use the health care system to meet those needs. The course is comprised of two 'campus weeks' which contain both independent and classroom based learning activities, three selective clinical placements over nine weeks, and the fusion period which brings the students back together for review of previously learned clinical material in preparation for the Medical Council of Canada Qualifying Examination (MCCQE) Part 1.

Medicine Extended Clerkship [ELV411Y]

For University of Toronto MD students who do not match to a residency program, the MD Program offers the MD Extended Clerkship, which is intended to support students to maximize their opportunities for their future career. Students who take part in the MD Extended Clerkship are required to delay graduation until June of the following year, but are eligible to pursue a more fulsome suite of elective opportunities. Students registered in the MD Extended Clerkship are bound by University of Toronto, Faculty of Medicine and MD Program policies and regulations, including those regarding professionalism and academic conduct.

Program Overview

Program Structure and Leadership

The Associate Dean, MD Program is responsible for oversight of the MD program and MD/PhD program (the latter in conjunction with Associate Dean, Physician Scientist Training Programs). A team of senior academic and administrative leaders is responsible for management of the MD and MD/PhD programs, while governance is supported by a robust committee structure that includes active participation by student leaders. Student members are selected by their classmates and hold a position on the Medical Society Executive or their Class Council.

See the MD Program website for the [MD Program leadership organizational chart](#) and [MD Program committee structure](#).

Governance and Management: Separate but Linked

Temerty Faculty of Medicine like the University of Toronto as a whole is directed through paired *governance* and *management* structures.

In general terms, *governance* can be understood as the authority and responsibility to set appropriate principles and policies for an institution in order to establish the direction of its activities. By contrast, *management* is the authority and responsibility to run the day-to-day operations of an institution in accordance with the principles and policies that have been established by governance.

In Temerty Medicine, governance is the purview of the Council of the Temerty Faculty of Medicine (commonly referred to as Faculty Council), while management is the purview of the Dean, Dr. Trevor Young, the Vice Deans and Associate Deans (which together are referred to as the [Decanal Team](#)), the CAO, and the Senior Managers. Both the governance and management structures work closely with the Faculty's Departments (via the Chairs), the Extra-Departmental Units (via the Directors), and programs (via the Vice Deans Education).

Faculty Council

[Faculty Council](#) has a broad membership base, with representation from the student body (undergraduate, graduate and postgraduate), faculty, Chairs, Deans, and administrative staff. Faculty Council reports to the University of Toronto [Governing Council](#).

Meetings of Faculty Council are held three times a year and are open to the general public. Meeting dates are posted, along with the minutes of previous meetings on the [Temerty Faculty of Medicine](#) website.

Faculty Council has a number of [standing committees](#), the memberships of which are drawn from a combination of Council members and other individuals from the Faculty of Medicine. The standing committees include Boards of Examiners for each of the health professional programs, an Appeals Committee, an Education Committee, a Continuing Professional Development Committee, a Research Committee, and two procedural bodies: an Executive Committee and Striking Committee.

Management Committees of the Dean

Several management committees are chaired by the Dean or report to him. Chief among these is the [Dean's Advisory Group](#), which provides advice and feedback to the Dean on a wide variety of issues tabled by the Dean and/or other members of the group. It consists of senior academic and administrative leaders, including the entire Decanal Team.

In addition, there are four committees of Department Chairs: the All Chairs Committee, Basic Science Chairs Committee, Clinical Science Chairs Committee, and Rehabilitation Science Chairs Committee. Together, the management committees serve as a forum for discussion and receive updates about procedural issues in the Faculty, and at the University. The committees ensure consistent operations among the portfolios. Further information about these committees can be found on the [Faculty of Medicine Councils and Committees webpage](#).

Decision-making in the MD Program

Management and governance of the MD Program is led by Dr. Marcus Law in his capacity as Associate Dean.

The MD Program **Executive Committee**, which is chaired by the Associate Dean and consists of senior academic and administrative leaders, is advisory to the Associate Dean with respect to the overall management and strategic directions of the MD Program.

The MD Program **Curriculum Committee** has overall responsibility for the design, implementation, management, evaluation, and enhancement of the MD Program. The primary goal of the committee is to assure a learning experience that allows MD students to develop the knowledge, skills and attitudes that will prepare them optimally for entry into postgraduate programs and, ultimately, into medical practice. Co-chaired by the Associate Dean and an education scientist, the committee is comprised of senior academic and administrative leaders, as well as broad representation from key stakeholder groups, including students. The committee is supported by various sub-committees - summarized below - each of which reports to the Curriculum Committee.

The MD **Program Evaluation Committee** (PEC) is responsible for the evaluation of each of the following elements of the MD Program: (1) Student attainment of the MD Program competencies, milestones and Entrustable Professional Activities (EPAs); (2) The composition and integration of the program as a whole; (3) The effectiveness of individual courses; (4) The outcomes of the program.

The **Student Assessment and Standards Committee** (SASC) is responsible for reviewing student assessment and feedback methodologies utilized by individual courses, ensuring that suitable methods of standard setting are being utilized, and making recommendations on issues of policy related to student assessment and feedback.

The **Test Committee** is responsible for managing the program's examination bank, establishing best practices in test item generation and examinations, and implementation of the program's Progress Test and the integrated OSCE.

The **Foundations Committee** and **Clerkship Committee** are responsible for enabling the coordinated and collaborative implementation of the Foundations and Clerkship curricula, respectively.

Each course in the MD Program also has a course committee. **Course committees** bring together students and teachers from the course, particularly those who are heavily involved in course content development/delivery.

See the MD Program website for the [MD Program committee structure](#) and [committee terms of reference](#).

Academies and Training Sites

The Academies

The MD Program operates on two of the University of Toronto's three campuses. On admission to the MD Program, students are assigned either to the Mississauga campus or to the St. George campus. Admitted students are then assigned to an academy associated with their campus. All campus and academy assignments are normally for the entire four years of medical school.

The academies are a unique feature of the University of Toronto MD Program. Each of our four academies FitzGerald Academy, Mississauga Academy of Medicine (MAM), Peters-Boyd Academy, and Wightman-Berris Academy is comprised of clusters of the University's affiliated hospitals and health care sites. They offer a unique combination of educational settings based on the strengths of their member hospitals while at the same time maintaining a consistent high standard of curriculum delivery. The Mississauga Academy of Medicine (MAM) is based at the University of Toronto Mississauga (UTM) campus while the University of Toronto's other three Academies (FitzGerald, Peters Boyd, and Wightman Berris) are associated with the St. George campus.

At the academies, students learn clinical skills, participate in problem-based learning, interprofessional education and conduct research in community-based partner agencies. The academies foster a smaller learning environment within a larger program and provide the hospital-based portions of the curriculum in a supportive, student-focused learning environment.

The academy model allows students to become well integrated into their clinical community. Opportunities exist, however, for all students in core clerkship rotations as well as electives and selectives to experience hospitals and ambulatory sites outside their academy.

For more information see the [Academies webpage](#) on the MD Program website.

On-Campus Teaching

A significant amount of in-class teaching in the program's Foundations (years 1 and 2) curriculum is conducted at the University of Toronto, on both the St. George and UTM campuses. Lectures and many seminars take place in the Medical Sciences Building in Toronto and the Terrence Donnelly Health Sciences Complex in Mississauga, and problem-based learning tutorials as well as some clinical skills teaching sessions also take place at UTM. Whole-class lectures which originate on the St. George campus are videoconferenced to the UTM campus, and vice-versa.

In the Clerkship (years 3 and 4), students come together for on-campus teaching at the start of Year 3 (Transition to Clerkship) and at the end of Year 4 (Transition to Residency), again for both large and small group teaching.

Clinical Teaching

Thanks to the variety of hospitals and other clinical sites that are affiliated with the University of Toronto, the MD Program is able to provide its students with rich and diverse medical training experiences. For the most part, these clinical teaching sites are located in Toronto or Mississauga, but some are elsewhere in the Greater Toronto Area (GTA). Students also have the opportunity to complete selectives, electives, and the Family & Community Medicine clerkship rotation outside of the GTA.

Most clinical teaching is provided in the academic health science centres (sometimes called teaching hospitals), but community hospitals including Trillium Health Partners in Mississauga are hosting an increasing proportion of students in all four years of study. The number and breadth of community sites is a strength of the MD Program, as they offer students a different perspective on patient care and often a different patient mix.

For further information regarding our partner hospitals and health care sites, see the [University-Affiliated Hospitals webpage](#) on the Faculty of Medicine website.

Academy or Campus Transfers

Academy Transfer Application

The MD program is committed to a strong Academy system. Academies provide an academic home for students with the intent of developing a supportive learning community for students and preceptors. On occasion an exceptional situation arises when a student may be better served at another academy. In these instances, the student may submit an Academy Transfer Application for consideration.

Eligibility for consideration of Academy Transfers:

The following criteria are eligible for consideration of Academy Transfer:

1. Accordance with the Ontario Human Rights Code
2. Personal safety issues
3. Conflict of Interest/Privacy issues
4. Proximity to specialized health care resources
5. MD-PhD Educational/Research issues

Operational Considerations:

Transfer applications will be dependent on Academy capacity, resources, and ability to meet students requested needs.

Process

Students requesting an Academy Transfer should submit an Academy Transfer Application to the Associate Dean, Learner Affairs via ola.assocdean@utoronto.ca. As outlined in the application, students must include a personal statement that addresses the specific criteria for consideration of transfer, and additional supporting documents which may include letters of support from:

- A physician or therapist
- A faculty advisor or advocate
- MD-PhD students research supervisor attesting to the ongoing research, and describing the time intensity and expected duration of the research

Applications will be reviewed by a combination of the following faculty:

- Academy Directors
- The Associate Dean, Learner Affairs
- The Associate Dean, MD Program
- Either the Foundations or Clerkship Directors

All written material submitted will be taken into consideration. The final decision will be communicated to the student, Enrollment Services, and applicable academies by a designated faculty member above.

Degree Requirements

All students, regardless of campus or academy assignment, will complete the same course of studies over four academic years, leading to the Doctor of Medicine (MD) degree. During the program, students are encouraged to take responsibility for ensuring that they make satisfactory progress toward achieving the MD Program's Key and Enabling Competencies at graduation. The MD Program facilitates each student's achievement of the Competencies by setting aside protected time for independent study, providing ongoing formative assessment, and ensuring fair and equitable criteria are used for promotion.

Requirements for the Doctor of Medicine (MD) Degree

Students must maintain registration in good standing for the duration of each of the four years of the MD program, including mask fitting and other [registration requirements](#).

To ensure their own safety and the safety of the patients they encounter during training, students in the MD Program must remain in compliance with the COFM Technical Skills Requirements, COFM Policy on Immunization, and COFM Blood Borne Pathogen Policy throughout their registration in the program, up to the time of graduation.

In order to be awarded the Doctor of Medicine (MD) degree at a convocation ceremony of the University of Toronto, the Board of Examiners must certify that each student has fulfilled the following requirements:

- Credit (CR) in all courses in years 1, 2, 3, and 4 of the MD curriculum, including the Clerkship Objective Structured Clinical Examination - OSCE (OSC410Y)
- Satisfactory completion of the required number of weeks of approved and assessed elective experiences, in compliance with AFMC and MD Program electives policies.
- Satisfactory professionalism competency, as evidenced by professionalism assessments across all four years of the program

Time to Complete the Doctor of Medicine (MD) Degree

The minimum time to complete the Doctor of Medicine (MD) degree is **4 years** from initial registration.

MD Program

All requirements for the MD program must be completed within **eight (8) full academic years** from first registration, including leaves of absence and withdrawals from the program. Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully completed all requirements of the MD program within this expected time to completion.

MD/PhD Program

All requirements for the MD/PhD program must be completed within **eleven (11) full academic years** from first registration, including leaves of absence and withdrawals from the program. Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully completed all requirements of the MD/PhD program within this expected time to completion.

Foundations Overview

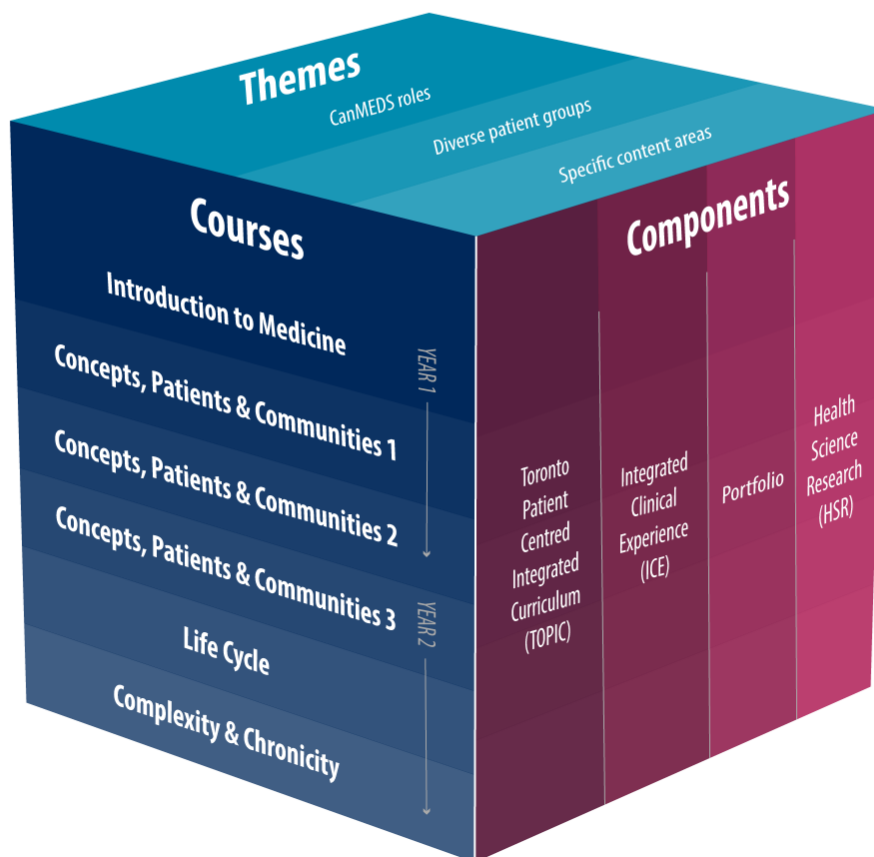
The MD Program at the University of Toronto is one of the largest undergraduate medical education programs in Canada. We are proud to support and promote the development of future academic health leaders who will contribute to our communities and improve the health of individuals and populations through the discovery, application and communication of knowledge.

The U of T MD Program, like most North American medical schools, is four years in length. The final two years are known as the Clerkship (which involves learning while working with physicians and other health care team members in the hospital and clinic). The first two years of the program - known as Foundations - take place in laboratory, classroom, clinical, and community settings and are designed to prepare students for the workplace learning that occurs in Clerkship.

Curriculum Structure



Foundations Curriculum



There are three major dimensions to the Foundations Curriculum: courses, components, and themes. An important feature of the Foundations Curriculum is that each week has the equivalent of a full day that is unscheduled, and available for self-study, and special activities such as clinical skill development.

Courses

- **Introduction to Medicine:** An introduction to the basic and social sciences relevant to medicine, to cognitive science, to clinical skills and community health
- **Concepts, Patients and Communities 1:** An instruction on health and the diagnosis and treatment of disease relevant to all of the body's systems, including a consideration of all of the major curricular themes
- **Concepts, Patients and Communities 2:** A continuation of Concepts, Patients and Communities 1
- **Concepts, Patients and Communities 3:** A continuation of Concepts, Patients and Communities 1 and 2
- **Life Cycle:** An instruction on health and disease from conception, antenatal development, birth, infancy, childhood, adolescence, aging, and for patients who are dying
- **Complexity and Chronicity:** A consolidation of the program with emphasis on chronic disease management, and complex problems with preparation for Clerkship

Components

Toronto Patient-Centred Integrated Curriculum (TOPIC): In TOPIC, content is delivered through lectures, workshops, eLearning materials, anatomy labs as well as case-based learning (CBL) sessions. In CBL, students work through a patient case in small groups of 8-10 students in two sessions each week: the first one is on their own, the second is with a tutor who is a faculty member. The majority of the faculty tutors are practicing physicians based at one of the GTA teaching or community hospitals. Over the 72 weeks, the cases introduce students to all aspects of clinical medicine. Each case describes a medical problem in a patient (or occasionally a family) and offers students the opportunity to learn material in a clinically relevant way while introducing them to the scientific and humanistic foundation for the theory and practice of medicine.

Learning about the cases is supported through carefully selected eLearning materials. Each week is introduced by a half-day during which a small number of lectures provide context for the issues addressed during the week. Another half-day consists of expert-led seminars or workshops which serve to provide further context and content. Every few weeks, there is a multi-disciplinary summary lecture to help pull it all together for students.

Many of the weeks include specific instruction on the longitudinal thematic issues (described below), such as medical ethics, leadership and collaboration with other health professionals.

Integrated Clinical Experience (ICE): ICE occupies two half-days per week. One half-day provides students with instruction in groups of six on how to take a patient's history and perform a physical examination (ICE: Clinical Skills).

The second half-day for ICE provides students with opportunities for early clinical exposure in a variety of settings, include doctors offices, hospitals, community health agencies and home care visits (ICE: Health in Community). There are also simulated patient encounters which allow students to develop an understanding of the roles of other health care professionals and gain an appreciation of patients' experiences (ICE: Medical Psychiatry). Throughout the Foundations Curriculum, students will be able to prepare for Clerkship by spending time in clinical placement shadowing opportunities (ICE: Family Medicine Longitudinal Experience; ICE: Enriching Educational Experiences).

Portfolio: Students will spend a half-day every three to four weeks in a small group with a tutor in Portfolio. Portfolio focuses on two types of activities:

- Students will reflect on their previous experiences and their experience as first- and second-year medical students and the resulting effects on their professional development.
- Guided self-assessment: students will compile their formal assessments and the student's reflections and develop an individualized learning plan related to these assessments to ensure students are staying on track, and receiving help where it is needed.

Health Science Research (HSR): HSR provides students with lecture, tutorial and eModule-based learning on two major topics:

- How to participate in health research projects.
- How to apply the findings of health research to patient care.

Themes

Curricular themes are embedded in the Foundations Curriculum. For more on the MD Program's curricular themes: <http://md.calendar.utoronto.ca/curricular-themes>

Educational Learning Modalities

The students weekly teaching and learning experience will occur using a variety of learning modalities that are selected based on the desired learning outcomes and the integrated blended learning teaching model that is used in the MD Program Foundations Curriculum. Modalities that are used to meet the learning outcomes include: (a) Independent Learning; (b) Large Group Lectures; (c) Small Group Learning/Discussions (d) Anatomy Labs; and (e) Experiential Learning.

Each of these learning modalities is described below with examples on how it is used in the MD Program Foundations Curriculum.

Independent Learning

Each week students are provided learning content that they are expected to learn on their own. This material has been specifically selected or designed to provide foundations content required to effectively engage in subsequent learning tasks during the week.

a) Pre-week preparation (PWP)

- These are online foundational resources (e.g., readings, videos, e-learning Modules, etc.) that support basic learning objectives of the week.
- Students are expected to study independently these materials and understand the content prior to the start of the weekly lectures.

b) Self-learning modules

- Certain learning outcomes that are not covered by one of the other face-to-face educational learning modality described in this document can be addressed by students on their own using any of the following predesigned self-learning modules in the form of: (a) preselected or predesigned reading; (b) e-learning Module; (c) education video; (d) or a practice exercise with answers.
- Students are expected to study these materials independently during the week in preparation for small group discussions and mastery exercises.

Large Group Lectures

During the week teaching and learning also occurs in the form of large group lectures that are video-conferenced between Medical Sciences Building at the St. George Campus and the Terrance Donnelly Health Sciences Building at Mississauga Campus. Some, but not all, of these lectures are recorded for future viewing.

a) Foundational lectures for TOPIC

- There are live lectures that are scheduled on the first day of each content week. These lectures may serve several purposes:
 - To build on material covered in the pre-week preparation
 - To serve as a broad introduction to material that will be covered in greater depth in the Case-based learning (CBL) and self-learning modules
 - To provide an opportunity to teach concepts best conveyed in a lecture format

These lectures are designed to be engaging and incorporate various active learning strategies (e.g. use of audience response system, questioning, small group dialogues, using patient or clinician panel) instead of the traditional didactic style. Lecturers may quiz the class on the PWP materials to identify learning gaps for further discussion during lectures.

This is a form of flipped-classroom the students are expected to be prepared by completing the pre-week learning (see Independent Learning description) before coming to lectures for a more engaging active learning experience.

b) Component and Theme Lectures

- These lectures, held centrally at the St. George and video-conferenced to the Mississauga campus, are led by faculty and/or content experts, including non-physicians. They will teach and interact with students on content and skills relevant to a particular component/ theme (e.g., ethics, leadership).

c) Integrated and application lectures (ISAL)

- These lectures occur at the end of every sub-section of each course and provides an opportunity for faculty to summarize key concepts, to reinforce learning points, and to teach about any challenging/difficult concepts encountered by students (e.g., during CBL or weekly feedback quizzes). Some of this review will be directed by students questions that have arisen throughout the subsection, but there is also an opportunity for students to ask questions during the ISAL.
- Sample multiple-choice questions and/or clinical cases are often used during ISAL to demonstrate the application of concepts. Patients may also be invited to discuss their lived experiences, which will help to bring the conditions taught to life and to provide students with a more comprehensive understanding of both the medical and psychosocial aspects of such conditions.
- Attendance is mandatory when patients are present. From time to time, additional material (e.g., previously not discussed case examples or slides) may be introduced in order to reinforce or clarify concepts previously taught. This material will not be assessed per se, but the learning objectives relating to these materials will be highlighted by the faculty.

Small Group Learning

To support guided discovery learning a significant proportion of teaching and learning opportunities occur in small groups guided by a faculty member. Small groups may be run as tutorials, workshops, or seminars.

Tutorials

Tutorials include the following: (a) Case-based Learning (CBL) tutorials; (b) ICE: Health in the Community (HC) tutorials; (c) ICE: Clinical Skills tutorials; (d) Portfolio Tutorials; and (e) Health Sciences Research (HSR) tutorials.

a) CBL Tutorials

- CBL tutorials focus learning around a weekly patient case that is presented as a virtual patient in an online module. Student learning occurs in a group of 8-10 students who go each week through the CBL module in two face-to-face small group sessions. The first CBL tutorial is run by students on their own (student-led face-to face discussion) and the second is guided by a CBL tutor (faculty-led). Within each case, there are approximately 10-15 embedded questions that represent typical questions that a preceptor could ask during bed-side clerkship teaching and that require student learning that aligns with the weekly learning outcomes. Some of these assignment questions are to be responded to together by the group (group questions) during their first CBL session and the rest are to be prepared by each student on his or her own (independent study questions) prior to the second CBL session. The group assignment questions are designed to ensure students have grasped the fundamental building blocks of the clinical problem that is being discussed in the CBL module, and the group will have to answer and submit collaboratively developed answers to the faculty CBL tutor by the end of the student-led CBL session. The independent study questions required students to dig more deeply into specific aspects of the clinical problem. Answering of these questions may require completion of the mid-week self-learning modules and/or bringing in additional resources either from materials that have been provided for the week or new materials from the literature.
- One of the important objectives of CBL is to support discovery learning, which encourages students to engage in active learning and productive struggle and to learn the content more deeply through active participation in problem solving. The goal of discovery learning is to encourage understanding of concepts and deep learning, as opposed to just memorization and surface learning. Learning for understanding of concepts and struggling in the process to learn how to apply the learning to patients require students to think innovatively and creatively and through this process lay down the foundations upon which students can develop abilities to problem solve in clinical situations that fall outside of the usual and routine problems. This is known as adaptive expertise.

- The CBL format aims to create an understanding-oriented learning environment that fosters exploration, explanations, and mechanisms behind clinical presentations. This is in contrast to a performance-oriented learning environment that simply focuses on completing the task by identifying the correct answer. Struggle, risk-taking, and productive failure are all encouraged and supported, and do not have to wait until the faculty-led CBL session. Together, they should constitute an important facet of student-led CBL as students work through the group assignment questions. This is very much like the experience students will have working with a team of colleagues during clerkship, residency and ultimately in clinical practice.
- In addition, each CBL case will include what if scenario - questions posed by CBL tutors during faculty-led CBL. These are new questions students have not seen before. The goal of this activity is to expose students to meaningful contextual variation, as in, looking at the concepts in the CBL from a different context or angle. Asking students to apply their new knowledge to a slightly different context or scenario can consolidate their learning of the concept, and uncover any gaps in understanding, and help them transfer their learning to new contexts. Furthermore, being exposed to a new clinical scenario on the spot encourages the development of adaptive expertise. Sometimes these what if questions will be followed up with questions to help students appreciate the importance of the concept or reflect on why seeing the concept in a different context is important to their understanding.

b) ICE: Health in Community Tutorials

- These tutorials are led by a team of two academy-based tutors including one physician and an allied health professional. Tutorial groups contain 6-8 students. The ICE: HC tutorials provide an opportunity for small group discussion and reflection. Tutors will guide students through discussion of cases, videos, podcasts and articles focused on topics related to social determinants of health, health promotion, disease prevention and public health and population health. In addition, the tutorials also provide students with an opportunity to present and reflect on the field experiences

c) ICE: Clinical Skills Tutorials

- During the Clinical Skills Tutorials, students learn the clinical skills of interviewing, history-taking, physical examination, and communication, as well as how to interpret the data in a diagnostic formulation, and then document and present it. Instruction takes place at the academies in groups of five to six students facilitated by one clinical skills tutor (or occasionally two tutors) per group.
- The tutors are responsible for teaching the basic clinical skills to the students, who often initially practice the skills on each other or sometimes on standardized patients' and subsequently on real patients. The students are assigned particular tasks in each tutorial, and the tutors are responsible for observing the students performance and correcting any deficits.
- The key learning activity of each tutorial involves students interviewing and examining patients.
- Students receive feedback from their tutors throughout the courses, based on both direct observation and submitted written work.

d) Portfolio Tutorials

- There are six Portfolio sessions in each academic year to allow students reflect on, and discuss, key subjects relevant to their experiences as medical students and in developing their identity as future physicians
- Focus of the sessions as linked to the educational content and activities of their other courses
- The tutorials are facilitated by Senior Academy Scholars (faculty) and Junior Academic Scholars (residents)
- Twice a year students meet with their Senior Academy Scholars for a progress review and develop their own individualized learning plan

e) HSR Tutorials

- There are several HSR tutorials in year 2 which occur in groups of 8-10 students guided by an HSR tutor.
- Through discuss and opportunities to struggle and to apply research principles to relevant group activities students learn how to become effective consumers of research and to contribute to improving the health of patients and populations.
- When possible examples are used in HSR tutorial of articles that align with content discussed in CBL cases of the week.

Workshops

a) Skill-based workshops

- The focus of these workshops is to learn and practice a specific clinical skill within a clinical context including, when relevant, learn how to communicate about the situation to the patient and family (e.g., ECG workshops).

b) Clinical Decision Making Workshop

- The purpose is to provide active learning opportunities for students to practice clinical decision making to variety of clinical cases, as a reinforcement to what was covered in the other modalities listed above, and to build their clinical decision making skills.
- Students meet in groups of 15 or fewer at the academies or centrally with a faculty facilitator.

Seminars

- Seminars occur in groups of 12-32 students and are held either centrally at the St. George and Mississauga campuses or at the academy sites.
- Focus is on discussion of particular longitudinal theme.
- Types of seminars may include theme related topics such as, but not limited to: (a) Ethics; (b) Interprofessional Education (IPE); (c) Leader; (d) Medical Psychiatry; (e) Resilience; or f) Pharmacology.
- Seminars are led by faculty and/or content experts, including non-physicians

Anatomy Labs

- Scheduled throughout the two year curriculum, the Anatomy learning objectives are planned with the content experts of the specific weeks to fully integrate anatomy into the curriculum.
- Students are expected to prepare for the Anatomy lab with digital anatomy apps and videos, and attend anatomy labs at the two campuses to explore dissections, prosections, and anatomical models.
- Students meet in groups of 8-9 and learning session are guided by anatomy tutors
- Anatomy is assessed after each learning block using the bell-ringer format.

Experiential Learning Opportunities

Throughout Integrated Clinical Experience (ICE), there will be opportunities for experiential learning. This will include interactions with standardized patients, real patients, and role-play (simulation of a health care provider encounter). Experiential learning will allow students to develop skills (i.e., communication), receive feedback in a safe environment, overcome anxiety related to speaking in front of others, inform future career decisions, enhance students learning of clinical medicine, and gain insight into the patient experience.

The different types of experiential learning opportunities that have been integrated in the curriculum include: (a) Standardized Patient Encounters in ICE: clinical skills; (b) Real patient encounters in ICE: Clinical Skills; (c) Enriched Education Experience (EEE); and (d) Community Site Visits in ICE: HC.

Global Observerships in Foundations

Foundations students interested in pursuing a global observership must do so on their own personal time and resources as an unsanctioned activity, without the MD Program or University's authorization or formal support. Global observerships undertaken by Foundations students on their own initiative are *not* facilitated or sanctioned by the MD Program and form no part of curricular or co-curricular programming of any kind.

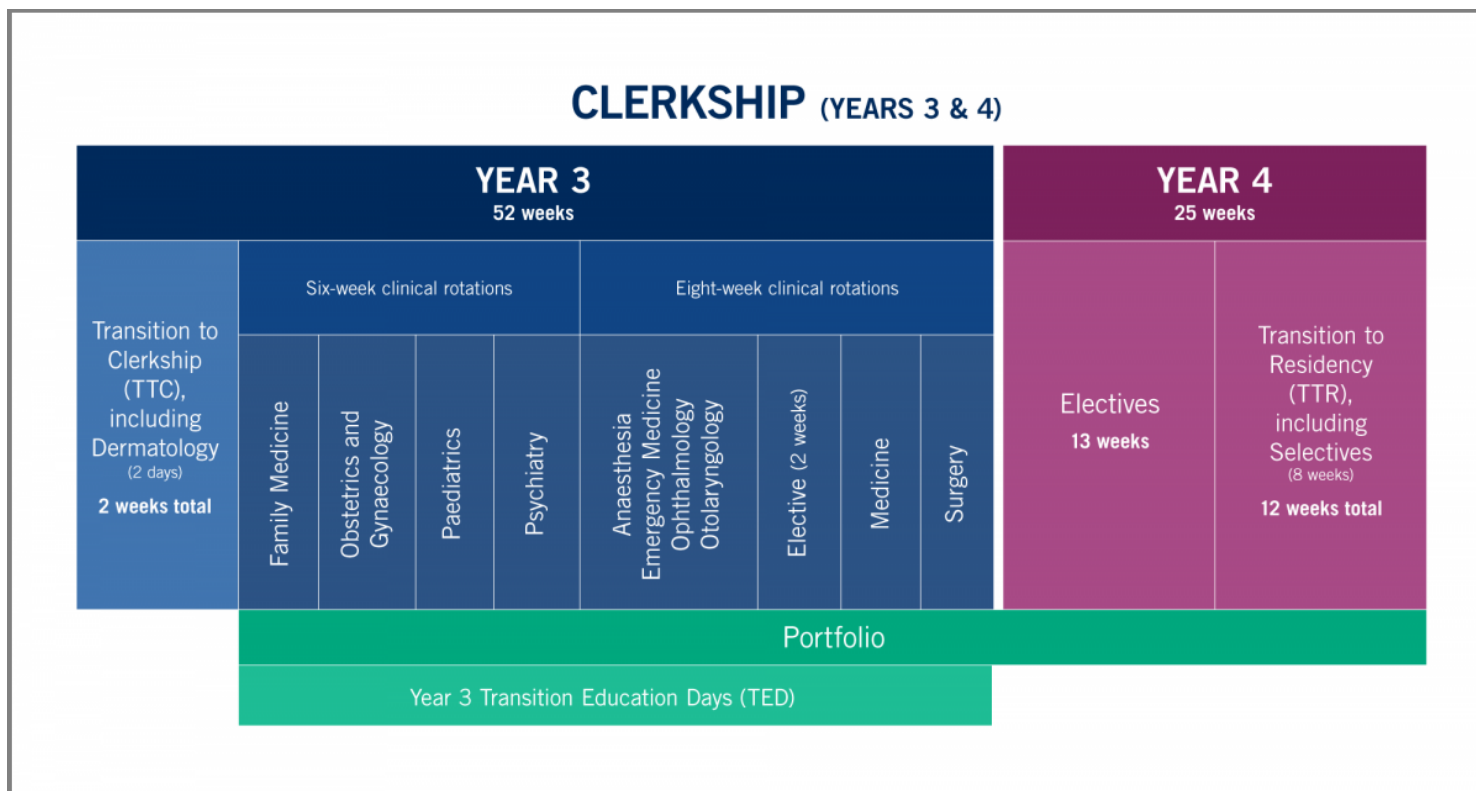
Clerkship Overview

Contact information for Clerkship Directors and Administrators:

<http://www.md.utoronto.ca/clerkship-course-directors-and-administrators>

Contact information for Academy Directors and Academy Staff:

<http://www.md.utoronto.ca/academies>



Curriculum Design

The Clerkship is 77 weeks long, and is divided into year 3 (52 weeks) and year 4 (25 weeks).

Transition to Clerkship (TTC) occurs in the first two weeks of Clerkship. This curriculum provides students with the opportunity to gain knowledge and skills that will help them to successfully move from Foundations to Clerkship. TTC focuses on developing competency in teamwork, managing and applying evidence, quality improvement and patient safety. The course also includes sessions on medical-legal aspects of professionalism, public health, and gender and cultural diversity. Also included are two full days of instruction in Dermatology, involving: viewing a large number of patients with various skin findings; seminars; time to complete online learning modules; plus a written examination. Students also attend mandatory academy sessions which include an orientation to the academy, sessions on professionalism, infection control, crisis intervention and clinical skills training.

In year 3 of Clerkship curriculum, there are two 24-week blocks, one of which includes eight weeks each of Surgery and Medicine, four weeks of Emergency Medicine, two weeks of Anesthesia, and one week each of Ophthalmology and Otolaryngology. The other 24-week block includes six weeks each of Psychiatry, Paediatrics, Obstetrics & Gynecology, and Family & Community Medicine. Each rotation includes substantial time spent learning in the context of providing care to patients, often as part of a multidisciplinary team, in a variety of settings including ambulatory clinics, hospital wards, the emergency department, the operating room, the labour and delivery suite, among others. Rotations include a variety of assessments, including clinical performance evaluations, written tests and on several of the rotations, clinical skills assessments via oral or OSCE examinations. Beginning with the 2019-2020 academic year, Year 3 also includes a 2-week home school elective.

Student assessment includes the Clerkship Objective Structured Clinical Examination (OSCE) during year 3. The OSCE stations each consist of a simulated patient encounter during which students may be required to obtain a history, perform aspects of a physical examination, interpret diagnostic tests, provide patient counselling, suggest management or provide answers to questions related to the patient encounter. Successful completion of the Clerkship OSCE is a requirement for graduation from the MD Program.

The 13-week Electives course (ELV410Y) takes place largely in the first half of year 4, where students are provided the opportunity to gain exposure to areas of expertise beyond the scope of the core Clerkship and to further enhance their training in sub-disciplines within the major specialties. Electives and Selectives in Clerkship must be organized so that by the time of graduation, each student has had an experience in a minimum of three different disciplines, each of which takes place for a minimum of two weeks. Note that a discipline is any CaRMS direct-entry program. For more on requirements and policies governing electives, refer to the [Electives](#) page.

Transition to Residency consists of the final 12 weeks of year 4. This course allows students to bring together many of the concepts they have learned about functioning as doctors and put them into practice in real world settings, where they get a chance to participate in the real work of physicians, as preparation for postgraduate training. There are two campus weeks which contain classroom-based learning activities about concepts such as understanding chronic care, medical-legal and licensure issues, complementary medicine, fitness to drive, and a number of other topics. The two-week Fusion period brings the students back together for review of clinical material through lectures which help to prepare students for the Medical Council of Canada Part 1 Examination. The Selectives cover eight weeks and promote workplace-based learning, where students have increased (graded) responsibility under supervision, and allow the students to bring together many different areas of knowledge and skill in the care of patients or populations, as they get ready for the increased responsibility of their postgraduate programs. Selectives also serve as a resource for students to complete specific self-directed learning activities for course credit, and also include an evaluation performed by their supervisor(s). Students should experience how the competencies of Communication, Collaboration, Advocacy, Leader, Professionalism and Scholar all work together in real clinical activity. Finally, students should be able to interact with multiple disciplines (physician specialties, other health care professions) over patient care issues to develop a more holistic understanding of those issues.

Students are required to complete at least four weeks of the Selectives in a community setting, and at least one of the Selectives in either a Medicine or Surgery based area. It is possible that a single Selective can satisfy both requirements. Students may use one of their Selectives to satisfy the requirement for three CaRMS direct-entry electives.

During Clerkship, students participate in the Portfolio course which has been designed to facilitate students professional development through guided reflection, focused on all their activities in the clinical phase of their journey and how they relate to the six intrinsic CanMEDS roles of Collaborator, Communicator, Leader, Health Advocate, Scholar and Professional. The goal of the course is to promote greater professional self-awareness in each of these roles, as students enter the clinical world. In year 3, students attend six mandatory small group meetings throughout the academic year. Students meet in small groups of up to eight, with one resident (Junior Academy Scholar) and one faculty member (Academy Scholar) to support them in reflecting on their experiences in the clinical setting, and the resulting effects on their professional development. Students will create portfolio submissions throughout the year for eventual inclusion in the final portfolio. There are also two mandatory one-on-one Progress Review meetings with the Academy Scholar to develop personal learning plans and reflect on the assessment data in their MD Program Learner Chart. In the fourth year of Portfolio, students and Scholars will continue with the same groups from the previous year to maintain continuity and integrity of the group and relationships. Students solidify their foundation in critical and self-reflection through discussion at two mandatory small group meetings and written assignments designed to consolidate their knowledge of the intrinsic CanMeds roles and their personal and professional journey into newly graduating physicians. Portfolio guides students in assessing their progress as professionals as well as provide opportunity for reflection, in preparation for the CaRMS process and transition to postgraduate training.

Case Logs

All year 3 clinical clerks are required to log the required experiences defined in each core clerkship rotation using an online system called Case Logs . Case Logs are entered and monitored in MedSIS. Each course has defined its required patient encounters (the patients presenting problems or diagnoses) and procedures that all students must log as part of the rotation. In order to achieve credit in any core clerkship rotation, students must complete, in full, all requirements on the encounter and procedure list. Details of the logging and review process are described in the policy [Required clinical experiences in the core clerkship rotations: Responsibilities of students, faculty, and MD Program curriculum leaders](#) . An orientation to Case Logs is provided in the Transition to Clerkship (TTC310) course. Additional information is available on the TTC course website in Elenra.

Clinical Responsibilities of Clerks

It is to be understood that a clinical clerk is an undergraduate medical student and not a physician registered under the Regulated Health Professions Act (RHPA). Clerks will wear name tags, clearly identifying them by name, and as a senior medical student, and they must not be addressed or introduced to patients as Dr. to avoid any misrepresentation by patients or hospital staff.

Each student shall be under the supervision of a physician registered under the RHPA who is a member of a medical or resident staff of a hospital or who is a designated preceptor. **Final responsibility for medical acts performed by clinical clerks rests with the clinical teacher or preceptor.**

Recommendations for the scope of activities:

- Documentation of a patient's history, physical examination and diagnosis. This must be reviewed and countersigned by either the attending physician, or another physician registered under the RHPA who is responsible for the care of the patient, if it is to become part of the official record in the patient's chart. Similarly, progress notes must also be countersigned.
- Orders concerning the investigation or treatment of a patient may be written under the supervision or direction of a physician registered under the RHPA. Before these orders can be put into effect, the supervising registered physician must either 1) immediately countersign the order or 2) verbally confirm them with the healthcare personnel (usually nursing staff) responsible for their enactment. All orders must be countersigned within 24 hours.
- Orders for medication or investigations are to be clearly and legibly signed with the signature of the clinical clerk followed by the annotation "cc". Students should make a practice of printing their name below their signature.
- Guided by the principles of graded responsibility, medical students engaged in clinical activities may carry out controlled acts, according to the RHPA, under direct or remote supervision, depending on the student's level of competence. *In the latter case, these acts must be restricted to previously agreed upon arrangements with the registered physician who is responsible for the care of the patient.*
- A clinical clerk is not permitted to submit prescriptions to a pharmacist unless they are countersigned by a registered physician.

For more information, please visit the College of Physicians & Surgeons of Ontario's [Policy on Professional Responsibilities in Medical Education](#).

Electives

Electives provide students with the opportunity to explore career possibilities, gain experience in aspects of medicine beyond the core Clerkship rotations, and study disciplines in greater depth. In May or June of Year 3, students have the option to complete a two-week home school (U of T) elective that counts toward the MD Program elective requirements. At the beginning of Year 4, 14 weeks between September to December are allocated to completion of elective experiences. Students must register for electives in accordance with the program's registration procedures and requirements.

An orientation to selecting electives is provided in Transition to Clerkship (TTC310) at the beginning of Year 3.

MD Program elective requirements:

- Students must successfully complete at least 13 weeks in electives.
- All elective experiences must be at least two weeks in length. (See below for guidelines regarding the length of international electives and selectives.)
- In accordance with the [AFMC National Electives Policy](#), student electives cannot exceed a maximum of eight weeks in any single entry-level discipline or in research.
- A single entry-level discipline is defined as any CaRMS direct-entry program. Electives in subspecialties that are part of a PGY-3 (R3) match (such as the subspecialties in Internal Medicine and Pediatrics) do not count towards the eight-week maximum in an entry-level discipline.
- Electives that involve clinical research count as research as long as all encounters with patients (e.g., history-taking, physical examinations, explanations regarding treatments) are purely related to research and are not part of the patient's care. An elective that includes any clinical activities will count towards the eight-week maximum in the clinical entry-level discipline.
- Selective experiences do not count towards the eight-week maximum in an entry-level discipline.
- Students must successfully complete elective experiences in a minimum of three entry-level disciplines. Selective experiences count toward fulfillment of this three-discipline requirement.

Guidelines regarding the Length of International Electives and Selectives

- Electives: The minimum length of time for electives to the United States is two weeks. The minimum length for electives outside of Canada and the United States is three weeks.
- Selectives: The minimum length of time for selectives in high-income countries (as defined by the [World Bank classification](#)) is four weeks. The minimum length of selectives in low or middle-income countries or at distant geographic locations is eight weeks. Exceptions regarding selective duration may be made at the Course Director's discretion.

Electives Catalogue and Registration System

For details on electives, refer to the Electives (ELV410) webpage: <http://www.md.utoronto.ca/electives>

An online catalogue of elective experiences offered by University of Toronto faculty members, as well as electives registered by previous clerkship students, is available within MedSIS: <http://MedSIS.utoronto.ca/electives/>

Registration for electives with University of Toronto faculty is also conducted within MedSIS.

Registration for electives outside of the University of Toronto, but within Canada must be conducted through the AFMC National Portal: <http://www.afmcstudentportal.ca>

Questions regarding electives registration should be directed to the Electives course staff: <http://www.md.utoronto.ca/clerkship-course-directors-and-administrators>

Curricular Themes

Multiple curricular themes that support longitudinal, integrated teaching in areas that cut across the curriculum are taught throughout all four years of the MD Program. These thematic areas are coordinated by designated faculty leads, with teaching carried out by a variety of teachers. Themes are grouped into three major categories:

- related to priority population groups
- related to CanMEDS roles
- related to specific content areas

The MD Program's current curricular themes are:

- Black Health
- Clinical Skills
- Collaborator / interprofessional education
- Ethics & Professionalism
- Geriatrics / Care of the Elderly
- Health Advocacy
- Health Humanities
- Indigenous Health
- Leader
- 2SLGBTQIA+ Health Education
- Pharmacology
- Medical Imaging / Diagnostic Radiology
- Medical Psychiatry
- Public Health
- Quality, Value, Safety

Descriptions of these themes are published at: <https://md.utoronto.ca/node/21>

Contact Information for Faculty Theme Leads and Theme Coordinators: <http://www.md.utoronto.ca/theme-leads-coordinators>

Research Opportunities

The University of Toronto has the most extensive biomedical and health research resources in Canada and among the best in the world. Medical students are encouraged to explore their interest in research through opportunities organized within the MD Program and through other initiatives offered by individual Departments and Hospital Research Institutes affiliated with the University. The majority of such opportunities are offered during the summer, when first and second year students in particular are able to devote large blocks of time to research projects.

Comprehensive Research Experience for Medical Students (CREMS)

CREMS is an umbrella program that allows interested medical students to gain extracurricular research experience in various structured sub programs without interrupting their medical studies. CREMS aims to provide participating students with an opportunity to:

- explore their research interests
- gain valuable hands- on research experience
- prepare for a clinical career with a good research foundation and understanding of biomedical research
- consider a career as a clinician- scientist

For a complete description of the CREMS program, please see: <http://md.utoronto.ca/research>

Graduate Diploma in Health Research (GDipHR)

The purpose of the GDipHR is to provide selected first year medical students an opportunity to participate in the continuum of research from idea creation to data collection to scientific publication and/or presentation at a scholarly meeting via a consecutive 20-month longitudinal research program. Students will also be exposed in course work to a broad range of research concepts, topics, methodologies and applications to health care.

For a complete description of the GDipHR program, please see: <https://md.utoronto.ca/graduate-diploma-health-research-0>

Other Extra-Curricular Research Opportunities

In addition to research under the umbrella of the CREMS programs, students may participate in other research opportunities made available by individual University Departments and Institutes or by hospitals. These include pure research programs as well as combined research/clinical experiences such as the Department of Paediatrics PeRCS (Pediatric Research and Clinical Summer) program. Please note that the application procedures, funding practices, expected time commitment, and eligibility restrictions are at the discretion of the sponsoring Department or institution.

The MD/PhD Program

The goal of the MD/PhD program is to generate physician scientists who are prepared, highly competitive, and productive. Students enrolled in this program complete all requirements of the four- year MD Program and also fulfill the expectations set by the School of Graduate studies for all PhD candidates. MD/PhD students complete year 1 or both year 1 and 2 as full-time students in the MD Program, exit full time medical studies to pursue the PhD generally for four to five years, depending on the research topic and the outcome of their investigations and return to complete the remaining components of the MD degree after the PhD thesis has been written.

The program is described in full at: <http://md.utoronto.ca/mdphd>

In -Course Admission to the MD/PhD Program

Most MD/PhD students apply and are admitted to the joint degree as part of their application to medical school. However, the MD/PhD Admissions Committee also welcomes applications from students currently in the Foundations years who wish to convert from the regular MD stream to the MD/PhD. Potential applicants may wish to meet with the Director of the MD/PhD Program / Associate Dean Physician Scientist Training, Dr. Norman Rosenblum, during the application process.

Details on the process are available in the [Admissions](#) section of the MD/PhD Program website.

Research in the MD/PhD Program

MD/PhD students may pursue research in any field related to medicine. The Program is eager to support research training across the breadth of disciplines extending across biomedical science, clinical research, population health, and health policy and services. The research projects of current MD/PhD students are described on the MD/PhD website, along with short profiles of the students themselves.

Students in the combined program participate in a bi weekly seminar series for the entire duration of their studies, and also meet periodically with the Director.

Additional Educational Opportunities

MD - Master of Business Administration Combined Degree Program

The MD-MBA (Full-Time) Combined Degree Program (MD-MBA FT CDP) is offered jointly by the Faculty of Medicine and the Rotman School of Management. The MD-MBA FT CDP is intended for a small number of medical students who have an interest in becoming health sector leaders with management competencies. Graduates of the combined degree program will be well positioned to act as the health-care executives of tomorrow, in both the public and private sectors. The MBA FT coursework, combined with the MD Program curriculum, will prepare students for significant leadership opportunities throughout their career.

Applicants to MD-MBA FT CDP must be enrolled, and in good academic standing, in Year 3 of the MD Program, and must meet the MBA admission requirements for the MD-MBA FT CDP. Medical students registered in the MD-MBA FT CDP must maintain good academic standing in the MD Program to continue in the CDP.

Students who successfully complete the MD-MBA FT CDP will be awarded both the MD and MBA degrees.

The MD-MBA FT CPD is designed such that the requirements can be completed in five years rather than the six years it would take to acquire the degrees independently, as follows:

Year	Progression/Registration	Requirements
1	Year 1 MD Program	Year 1 MD Program requirements
2	Year 2 MD Program	Year 2 MD Program requirements
3	Year 3 MD Program; Apply to MD-MBA FT CPD	Year 3 MD Program requirements
4	Year 1 MBA	Year 1 MBA FT course requirements (Students in the MD-MBA FT CPD granted credit for RSM 1165H Leveraging Diverse Teams; RSM 1380H Applied Management: Placement; one MBA Year 2 0.5 FCE elective)
5	Year 4 MD Program Year 2 MBA	Year 4 MD Program requirements Year 2 MBA FT course requirements (Students in the MD-MBA FT CPD granted credit for RSM 1160H Business Ethics)

The MD-MBA FT CPD path to completion summarized above requires completion of MBA courses in the summer of Year 4.

Further details about the MD-MBA Combined Degree Program is available on the [Rotman School of Management website](#) and in the [School of Graduate Studies \(SGS\) Calendar](#).

Master of Science (MSc) in Health Policy Management and Evaluation - System Leadership and Innovation

The Master of Science (MSc) concentration in System Leadership and Innovation (SLI) has been developed and approved by the Institute for Health Policy Management and Evaluation (IHPME), the Dalla Lana School of Public Health, and the University of Toronto School of Graduate Studies. The degree is available to both medical students and residents. The degree details can be found on the [Institute of Health Policy, Management and Evaluation website](#).

The SLI concentration allows medical students and residents to obtain a non-thesis MSc with a focus on the key aspects of physician leadership for system innovation, including leadership and motivation, strategic thinking and planning, research methods for evaluating health system innovation and policy analysis, and techniques for system change. The part-time format allows MD students to complete the program and receive a separate MSc credential without having to step away from the MD Program.

The scheduling for the SLI courses and practicums is designed to fit the demands and workflow of medical school and will allow medical students to complete the MSc SLI the same year that they complete their MD Program. In order to complete the MSc SLI degree in four years students must pay MSc. tuition and complete degree credits in years 1, 2 and 4 of medical school and complete practica and courses in the summer between first and second year, the summer between second and third year, and during the selective block at the end of fourth year.

Master of Engineering (MEng) in Biomedical Engineering

Offered by the Institute of Biomaterials and Biomedical Engineering (IBBME), the [MEng in Biomedical Engineering](#) is a professional graduate degree program that focuses on the design, development and commercialization of biomedical devices. It is most suitable for students interested in an industry-based career. Students may also enrol in an MD-oriented version of this program, which can be completed on a part-time basis. MD students can apply to this part time option in the fall term of Year 1 of the MD Program, with the MEng course work starting in the winter term of Year 1.

The MEng curriculum consists of courses structured into three pillars (biomedical engineering technology, biomedical sciences, and commercialization & entrepreneurship) and an internship. All students in the MEng have the opportunity to take on design challenges and meet the growing demands of this industry through the internship.

Graduate Diploma in Health Research (GDipHR)

First-year medical students have the opportunity to conduct a research project mentored by a University of Toronto faculty member through the Graduate Diploma in Health Research (GDipHR), which is offered by the Institute of Medical Science in the Faculty of Medicine. The Diploma is designed for future physicians who are interested in contributing to health-related studies in their careers and those wanting to pursue leadership roles in health research. For medical students who have not had any previous research experience, the Diploma provides graduate-level training and an additional University credential without prolonging the time required to receive the MD degree. For medical students who completed graduate research training before starting the MD program, the GDipHR enables them to remain current in research and explore new areas and approaches while completing their MD in the standard four academic years.

Computing for Medicine Certificate Program

The MD Program is pleased to offer incoming students the opportunity to participate in a three-phased not-for-credit Certificate Program, *Computing for Medicine (C4M)*, coordinated jointly between the Faculty of Medicine (Dr. Marcus Law) and the Department of Computer Science (Professor Marzyeh Ghassemi). This program is a 20-month-long commitment offered to first year medical students at the University of Toronto. Students must be in good academic standing throughout the duration of the program. A one-time fee is required for this certificate, to be paid in full upon acceptance to the program. In January 2018, C4M was formally classified as a Category 3 not-for-credit certificate, which enables medical students to include it on their CVs as a University approved extra-curricular experience.

Service-Learning Opportunities

<http://www.md.utoronto.ca/service-learning>

The Community Affairs portfolio of the Medical Society organizes medical student involvement in 26 programs in the community, most of which are focused on providing assistance to marginalized and disadvantaged populations, children, and the elderly.

Community of Support (COS)

The Community of Support (COS) is a collaborative and longitudinal initiative that support students face systemic barriers on their journey to medical school, Occupational Therapy, Physical Therapy or graduate life science programs. Being a mentor in the Community of Support provides mentors with opportunities to interact directly with prospective students and provide support in the following areas:

- Speaking to groups of prospective students about your journey to your profession
- Providing experiential opportunities (enrichment courses, shadowing, leadership, research and volunteer opportunities)
- Support at each stage of the application process i) MCAT preparation, ii) 1-1 support with program application, and iii) school-specific interview preparation

FRANCO Doc Shadowing Experiences

Office of Learner Affairs, along with the U of T Medicine Communaut Francaise / French club (student group) and Réseau franco-santé du Sud de l'Ontario, are working together on the AFMC Franco Doc initiative to increase French usage amongst future physicians by organizing and supporting clinical and experiential activities in French and Bilingual environments.

In addition, on occasion, the committee may be able to help learners who wish to take part in clinical placement in francophone and Bilingual clinical settings. Interested students should contact Ike Okafor Senior Officer, Service Learning and Diversity Outreach at ike.okafor@utoronto.ca

Application to Postgraduate Training

Postgraduate Training (Residency)

The MD Program represents the first stage of a career- long process of medical education. The MD Program curriculum is intended to provide students with a diversity of opportunities to explore their career options and also emphasizes life long learning and problem- solving skills that will serve medical trainees as they move through undergraduate medical education into residency and independent practice.

Choosing a residency program is a significant step for medical students, and the MD Program provides assistance in a number of ways. Both the [Office of Learner Affairs \(OLA\)](#) and the [Academies](#) offer confidential appointments to provide guidance to prepare students, and group information sessions are also available. Interest groups supported by various Clinical Departments are also an excellent source of information.

The process of application to postgraduate training is managed nationally by the [Canadian Residency Matching Service \(CaRMS\)](#). In order to participate in the CaRMS process, applicants must have a medical degree or be in their last year of a degree from an appropriately accredited institution. Further, to be eligible for residency positions at the University of Toronto and other medical schools in Canada, applicants must be a Canadian citizen or have permanent resident status.

In the autumn of fourth year of the MD Program, students submit to CaRMS a list of the postgraduate training programs for which they wish to be considered. The programs review the applications, and then offer interviews to their preferred candidates. The MD Program provides a three -week break in January of fourth year to enable students to attend these interviews.

The residency match is intended to ensure that graduates are placed in a program that is aligned with their preferred career path as well as meeting the needs of the residency program. Following the interview period, both students and residency programs submit rankings to CaRMS, and these lists are both used to determine the optimal placement or match of every student across the country. CaRMS then notifies applicants of the results in March of the fourth year of the MD Program. Typically, the vast majority of University of Toronto students do match, but any unmatched candidates are able to enter a second round of matching, which is completed in April.

University of Toronto graduates historically perform very strongly in the CaRMS match for Canadian residency programs. However, the residency matching process is increasingly competitive across the country, and it is strongly advised that students avail themselves of all the [career planning resources](#) offered to them.

MD Extended Clerkship

For University of Toronto MD students who do not match to a residency program, the MD Program offers the MD Extended Clerkship, which is intended to support students to maximize their opportunities for their future career. Students who take part in the MD Extended Clerkship are required to delay graduation until June of the following year, but are be eligible to pursue a more fulsome suite of elective opportunities. Students registered in the MD Extended Clerkship are bound by University of Toronto, Faculty of Medicine and MD Program policies and regulations, including those regarding professionalism and academic conduct.

Student Representation and Student Government

Student Membership on MD Program Committees

As key partners in education, medical students are an integral part of decision-making processes in the MD Program. As such, they should be represented as full voting members on almost every MD Program committee, with the exception of those that are focused primarily on student progress decisions or on administrative issues. For example, exceptions include the Executive Committee, the Academy Directors Committee, the MedSIS Steering Committee, and the Student Progress Committee. This policy does not preclude committees from holding in camera meetings without student representation in order to examine individual student records or other sensitive data. This policy also does not preclude committees from establishing ad hoc, task-oriented sub-committees or working groups that do not have student representation, although student inclusion should be encouraged.

For their part, all student committee members, whether elected or appointed to their position, are expected to recognize and actualize the representative nature of their roles. Hence, they are expected to solicit broad feedback from their peers on the topics before the committee, and to facilitate dissemination of committee discussion points and decisions to the student body. At the same time, student members should not view themselves, nor be viewed, purely as advocates for their fellow students. Rather, they are full members of the committees on which they serve and as such their responsibility like the responsibility of every other member is to assist in making sound recommendations and decisions for the improvement of the MD Program as a whole.

As much as possible, scheduling of committee meetings will avoid conflicting with scheduled class time and examinations, recognizing that this will sometimes be unavoidable especially in the case of Clerkship students and committees that do not have a long-standing, fixed position in the monthly schedule. In general, attendance at meetings should take priority over routine educational activity, provided that students notify any clinical or small- group teachers in advance, and arrange to make up any critical activities in a timely fashion. If such notification is provided, no student shall be penalized for attending a faculty committee of which they are a member or invited speaker.

MedSoc

The Medical Society, commonly known as *MedSoc*, is the representative body of medical students at the University of Toronto. Further information, including the Medical Society Constitution and Medical Society By-laws as well as information about medical student clubs and advocacy campaigns, is available on the [MedSoc website](#).

Sharing Your Perspective

Outside of official student representative positions, there are many opportunities for all students to make their opinions known. The Faculty and MD Program leadership welcome the diversity of student viewpoints, and encourage students to be active in decision-making of the medical school through any of the following means:

Fireside Chats

Four to six times during the school year, the Dean of the Faculty of Medicine, Dr. Trevor Young, hosts the Fireside Dinner with the Dean program better known as Fireside Chats which provide a group of approximately 20 students with the opportunity to meet with the Dean, Vice Dean Medical Education, Dr. Patricia Houston, and one or two other senior members of the Faculty of Medicine in an informal setting. The Fireside Dinner with the Dean program is organized by two student representatives and the Vice Dean, Medical Education. The students are randomly selected for each Chat, and every student receives an invitation over the course of their undergraduate medical studies; hence, there is no application or sign-up process for the program. In addition to getting to know the Dean and the other faculty members, the students at each such event take the opportunity to discuss any issues of concern to them.

Town Hall Meetings

Town hall meetings for students may be organized by students and/or the MD Program leadership whenever issues of particular complexity or importance require broad discussion, consultation, and opportunities for questions to be asked.

Teacher and Course Evaluations

Students have the opportunity to evaluate virtually every learning activity in the MD Program, as well as every course as a whole. These evaluations are generally completed electronically on MedSIS and occasionally on paper. Evaluation data and comments from students are considered very carefully by course directors, and therefore students are strongly encouraged to provide feedback in this manner.

Feedback to Student Representatives

Every course and committee in the MD Program has one or more student representatives, with the exception of the three small, senior operational committees. While students are encouraged to approach program leaders directly with any concerns or ideas they may have, they can also relay their opinions via the appropriate student representatives. This communication may happen directly or through questionnaires or other approaches adopted by the student representatives.

Likewise, the student representatives are responsible for sharing updates from the committees on which they serve with their classmates.

Open-Door Approach

All of the members of the MD Program leadership are keen to hear feedback or discuss any issues of interest or concern with students. This includes the Vice Dean, Medical Education, the Associate Dean Health Professions Student Affairs, the Director, MD Admissions & Student Finances, the Academy Directors, the Foundations and Clerkship Directors, and the course directors and thematic faculty leads. Their contact information is available on the MD Program website:

<http://md.utoronto.ca/contact>

You may wish to convey your thoughts in an e-mail or request an appointment with any of these individuals, depending on the nature of your feedback.

If you have a concern with a particular individual (e.g. a teacher), it is generally preferable to attempt to resolve the issue as close as possible to the source. However, if for whatever reason this is not possible or desirable, you are welcome to speak with the MD Program leader of your choosing.

If your concern is specifically related to an incident of student mistreatment or major unprofessionalism (regardless of who appears to be responsible for the incident), the program urges you to report the incident as soon as possible. The student assistance section of the MD Program website (md.utoronto.ca/student-assistance) or and the *Student Mistreatment Protocol* can help you determine whom to contact and what will happen next.

Admissions and Registration

Admissions

The University of Toronto's MD Program selects candidates who demonstrate the potential to become Canada's future health care leaders.

We are looking for students from diverse backgrounds. It doesn't matter what subject you studied at university or the level of your degree studies, you are encouraged to apply. We treat all university programs equally in the evaluation process and there are no quotas or age limits. We are looking for candidates with strong backgrounds in social sciences, humanities, physical sciences and life sciences. You should also demonstrate excellence in non-academic areas, such as community involvement, reliability, responsibility, perseverance, creativity and leadership.

Detailed and up-to-date information regarding admission to the MD Program is available on the [Admissions](#) section of the MD Program website.

Requirements for Admission

Detailed information on our requirements is available through the following pages:

- [academic requirements](#)
- [non-academic requirements](#)

IMPORTANT NOTE: The MD Program at the University of Toronto does not accept or provide advanced standing to applicants who are current undergraduate medical students in other medical schools, or who have completed one or more years of undergraduate medical education at another medical school. Transfers are not allowed.

The University of Toronto abides by the Council of Ontario Faculties of Medicine policy *Essential Skills and Abilities Required for Entry to a Medical Degree Program*. This policy details the various technical standards, skills and abilities necessary for MD degree candidates to succeed in postgraduate medical training and independent practice in Canada.

Application Process

An overview of the application process is available at <http://applymd.utoronto.ca/> Details about the steps involved in the application process are available on the following pages:

- [how to apply](#)
- [interviewing](#)
- [campus assignment](#)
- [accepting your offer](#)

Indigenous applicants

Recognizing the commitment to social responsibility in the Faculty's mission, the MD Program implemented the [Indigenous Student Application Program](#) (ISAP) to increase the number of Indigenous (First Nations, Inuit, and Métis) medical students at the University of Toronto (U of T). Members of the Indigenous community take part in admission file review and interview processes, including faculty, physicians, residents, medical students and members of the public, with the hope of creating an inclusive and safe admissions environment for our applicants.

Black applicants

The [Black Student Application Program](#) (BSAP) is an optional application stream for Black applicants who self-identify as Black African, Black Caribbean, Black North American, multi-racial students who have and identify with their Black ancestry, etc. The aim of this application program is to increase and support Black medical student representation at the

University of Toronto. Through BSAP we hope to break down some of the barriers that might impede black students from applying and nurture an inclusive environment that is welcoming to all.

International applicants

International applicants will be considered for one of our supernumerary, non-funded seats. Applicants applying through the International stream will be subject to the same minimum [academic](#) and [non-academic](#) requirements as domestic applicants, and must submit admissions materials as per the core MD admissions process. Further information can be found on the [international and US applicants](#) webpage.

Student Representation on the MD Admissions Committee

The Admissions Committee for the MD Program is chaired by the Director, MD Admissions and Student Finances, and is accountable to Faculty Council. The Committee is responsible for approving decisions throughout the admissions process, for ongoing evaluation of admissions policies and procedures, and for ensuring that the entire admissions process reflects the Faculty's academic plan, missions and goals. The Committee holds final authority for all decisions concerning offers of admission to or notices of rejection from the MD Program.

The student voice is an important component of the admissions process. Each year, two current MD students are appointed to sit on the Admissions Committee upon nomination by the Medical Student Society. Interested students are encouraged to speak to the MedSoc Executive or their class presidents for more information.

Registration Requirements and Enrolment Services

Enrolment Services, Undergraduate Medical Education (UME ES)

<http://www.md.utoronto.ca/enrolment-services>

Medical Sciences Building, Room 2124

1 King's College Circle

Toronto ON M5S 1A8

UME ES handles all grading results and transcripts, and generates the Medical Student Performance Record each year for year 4 students applying for residency programs. It also collects police record checks and immunization records, among other aspects of registration requirements. Enrolment Services coordinates all aspects of the Doctor of Medicine convocation in the spring of each year.

UME ES staff are available to provide students with information and advice on all faculty and university policies and regulations.

Among other services offered by UME ES, students can obtain proof of registration or letters of good standing to use in securing a line of credit with a financial institution, for observerships, or when applying for electives at other institutions.

UME Enrolment Services also provides credentialing services to graduates of the MD Program by completing and/or endorsing documentation relating to confirmation of education, confirmation of degree, or Dean's letters of support.

The Faculty Registrar is a Commissioner of Oaths and provides this service when documents for students or graduates require this level of verification.

Registration Requirements (New and Returning Students)

For details on each of the following requirements, and the required forms, see:

<http://md.utoronto.ca/registration-requirements-requests>

COFM Essential Skills and Abilities Required for Entry to a Medical Degree Program Policy

Students entering first year must read the Council of Ontario Faculties of Medicine (COFM) [Essential Skills and Abilities Required for Entry to a Medical Degree Program](#) policy before enrolment in the MD Program.

First Aid and CPR

Students entering first year are required to complete a course in Standard First Aid and a CPR Level C Basic Rescuer course before enrolment in the MD Program. The agency used to provide the training must be recognized by the Workplace Safety and Insurance Board (WSIB). To verify the eligibility of a provider, please contact the agencies to determine their status.

Immunization

The University of Toronto adheres to the Council of Ontario Faculties of Medicine (COFM) [Immunization and Screening](#) and [Blood Borne Virus](#) Policies. Students are required to be fully immunized and to demonstrate proof of immunity before they enter the clinical setting, under Regulation 965 of the Ontario Public Hospitals Act.

First-year students in the MD Program must submit evidence on required forms of test and/or vaccination results for tuberculosis, Hepatitis B, measles, mumps, rubella, varicella, diphtheria, tetanus, acellular pertussis, polio, and influenza.

Returning students in the MD Program must submit evidence on required forms of test and/or vaccination results for tuberculosis and influenza.

Students who do not submit the above records are at risk of being suspended from clinical training until proper documentation is submitted to UME Enrolment Services.

Medical Identification Number for Canada (MINC)

Students entering first year are required sign up for a Medical Identification Number for Canada (MINC) by the end of September each year. MINC is a unique identifier assigned to individuals entering the Canadian medical education or practice system, and is used during the following administrative processes: electives registration, Canadian Resident Matching Service (CaRMS) matches, and other transfer/registration with Canadian medical regulatory authorities.

Police Record Check

First-year students: Students are required to complete a Police Record Check and Vulnerable Sector Screening, and submit two original copies of the Report as part of the registration process in their first academic year.

Returning students: All returning students must fill out a Criminal Record Disclosure and Consent Form to be returned to UME Enrolment Services.

E- Learning Modules

First-year students will be required to complete the following e-learning modules by September 15th of each year.

These modules currently include:

- Hand Hygiene,
- Prevent Slips, Trips and Falls,
- Privacy,
- Sharps Safety,
- Worker Health and Safety Awareness module,
- Working Together: The Code and the Accessibility for Ontarians with Disabilities Act (AODA) module,
- Workplace Hazardous Materials Information System (WHMIS), and
- Workplace Violence and Harassment

Proof of completion will be required of all students.

Third-year students: Students will be required to complete the following e-learning modules by September 15th of each year.

- Hand Hygiene
- Privacy,
- Sharps Safety,
- Workplace Hazardous Materials Information System (WHMIS), and
- Workplace Violence and Harassment

Proof of completion will be required of all students.

Workplace Safety and Insurance Board (WSIB) Registration

Medical students are eligible for Workplace Safety and Insurance Board (WSIB) coverage through a Ministry of Training, Colleges and Universities Student WSIB program in collaboration with the WSIB. A declaration form is circulated

electronically by UME Enrolment Services each year, and must be submitted by all students in first year. Registration in the WSIB program lasts for the duration of the MD Program.

Note: This coverage applies only to official clinical placements, sanctioned by the Faculty of Medicine, including core activities during Foundations, Clerkship placements, and approved electives and selectives. Students are **not** covered through the WSIB for any self- initiated observerships, including the EEE Program or any other clinical activities not approved in advance by the MD Program, e.g. electives arranged directly with supervisors and/or outside of the AFMC Electives Portal.

For more information about what to do in the event of a clinical workplace injury, please refer to the flowchart in the student assistance section of the MD Program website ([http://md.utoronto.ca/student assistance](http://md.utoronto.ca/student%20assistance)) or review the *Protocol for incidents of medical student workplace injury and exposure to infectious disease in clinical settings*.

Tuition, Fees and Funding

Please also see *Services & Assistance for Students* > [Student Financial Assistance](#) for information on accessing financial aid and counselling related to debt management.

Fees for the 2022- 2023 Academic Year

Each student enrolled in the medical course and proceeding to the degree of Doctor of Medicine must pay annual fees to the Student Accounts Office. Specific dates for fee payment and registration will be sent to all students by UME Enrolment Services.

Current fees for domestic and international students, as well as refund schedules, are available on the University of Toronto Student Accounts Fees page: <https://studentaccount.utoronto.ca/tuition-fees/current-fall-winter-fee-refund-schedules/>

The Faculty of Medicine is committed to the University of Toronto [Policy on Student Financial Support](#), which states that each student will have access (through a system of grants and loans) to the resources necessary to meet his or her needs.

For a description of fees, a sample first-year budget, and a sample first-year funding scenario, please visit the Finances and Awards page on the MD Program website: <http://www.md.utoronto.ca/current-fees>

Please contact [Student Financial Services](#) in the UME Enrolment Services Office if you have any questions or have specific concerns regarding your personal situation.

Disability Insurance

Students who receive financial aid are required to purchase disability coverage and provide proof of coverage.

All students in the MD Program are strongly encouraged to obtain disability insurance in order to have insurance coverage in the event of illness or injury.

Disability insurance can be obtained from various providers. Information is available during Orientation Week and on the [Student Financial Services website](#).

Academic Records and Personal Information

Titles with the following notations indicate documents from external sources. Links to websites hosting the policy documents are provided, along with short descriptive text:

* indicates a policy of the Governing Council of the University of Toronto

^ indicates a policy of the Faculty Council of the Temerty Faculty of Medicine

Access to student academic records

This policy statement includes the following five sections:

1. Notice of Collection of Personal Information
2. Definition of Student Academic Records
3. Access to Student Academic Records
4. Refusal of Access to Student Academic Records
5. Principles Regarding the Use of Student Information by MD Program Leadership, Teaching Staff and Committee Members

1. Notice of Collection of Personal Information

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, safety, financial assistance and awards, graduation and university advancement, and reporting to government agencies for statistical purposes. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act* (FIPPA). If you have questions, please contact the University of Toronto Freedom of Information and Protection of Privacy Office.

2. Definition of Student Academic Records

Student academic records are defined as being information relating to a student's admission to and academic performance at this University. Student academic records include information contained in an original transcript, in electronically stored records, and in the "official student academic record" as maintained within the Office of Enrolment Services in the Faculty of Medicine. The official records contain information relating to a student's academic performance, including:

- Application for admission and supporting documentation
- Registration and fees information
- Copy of statement of results for each course and year
- Elective evaluations
- Record of failures and results of supplemental examinations and Boards of Examiners' decisions
- Narrative evaluations of a student's academic performance used to judge his/her progress through an academic program
- Results of any petitions and appeals filed by the student
- Medical information relative to a student's academic performance which has been furnished at the request of or with the consent of the student concerned
- Personal information which is required in the administration of academic records such as name, address, telephone number, citizenship, social insurance number

Not included in the student's official record are letters of reference to hospitals or other individuals or institutions written by faculty members and others at the request of the student.

3. Access to Student Academic Records

Overview

Access to MD Program student academic records is governed by and consistent with University of Toronto *Guidelines Concerning Access to Official Student Academic Records*, which ensures that:

- Students are allowed as great a degree of access to their academic records as is academically justifiable and administratively feasible.
- A student's rights to privacy in relation to his/her academic records is safeguarded as far as both internal University access and external public access is concerned.
- Academic records of students are ultimately the property of the University and they are maintained under the custodial responsibility of the Faculty of Medicine.

By acting in accordance with the University of Toronto *Guidelines Concerning Access to Official Student Academic Records*, the MD Program supports appropriate access to, and privacy of, official student academic records consistent with its commitment to the requirements of Freedom of Information and Protection of Privacy Act (FIPPA).

Access by Faculty and Staff

Members of the MD Program leadership and teaching staff as well as Faculty of Medicine administrative staff shall have access to portions of student academic records, relevant to the performance of their duties. This includes access to portions of student academic records by official Faculty of Medicine and MD Program committees, as needed for purposes related to the performance of their duties.

To ensure that access to student academic records is granted on a need-to-know basis, in accordance with FIPPA and the University of Toronto *Guidelines Concerning Access to Official Student Academic Records*, the Vice Dean, MD Program and Director of Enrolment Services and Faculty Registrar are jointly responsible for approving access to student academic records.

Access to medical information in a student's academic record (i.e. relevant to their academic performance which has been furnished at the request or with the consent of the student concerned) shall be granted to members of the MD Program's teaching and administrative staff only with the prior express consent of the student.

Access by Students

Any current student wishing to see his/her academic record as defined above, with the exception of that portion of the record which deals with his/her application for admission to the MD Program, may do so by arranging an appointment with the Faculty Registrar.

A current student has the right to challenge the accuracy of those materials to which he/she has access in his/her academic records and to have his/her student academic record supplemented with comments as long as the sources of such comments are identified and the official student academic record remains within the custody of the Faculty of Medicine. Reference to such comments will not necessarily appear on official academic reports such as the transcript or the grade report.

Access by Others

Access to student academic records by recognized University of Toronto campus organizations and advancement offices is governed by the University of Toronto *Guidelines Concerning Access to Official Student Academic Records*.

By registration, a student gives implicit consent for the following information to be made freely available to all enquiries: The academic division(s) and the session(s) in which a student is or has been registered, and the degree(s) received and date(s) of convocation.

Any other information contained in the academic record of a student may be released to other persons and agencies only with the student's prior expressed written consent, or on the presentation of a court order, or in accordance with the requirements of professional licensing or certification bodies, or the Ministry of Colleges and Universities for an annual enrolment audit, or otherwise under compulsion of law.

General statistical material drawn from academic records not disclosing the identities of students may be released for research and information purposes by the Faculty of Medicine.

4. Refusal of Access to Student Academic Records

The MD Program reserves the right to withhold access to statements of results, official transcripts, diplomas and/or degree certifications of students, alumni and former students who have outstanding debts or obligations to the University in accordance with the University of Toronto *Policy on Academic Sanctions for Students Who have Outstanding University Obligations*.

5. Principles Regarding the Use of Student Information by MD Program Leadership, Teaching Staff and Committee Members

In fulfilling their responsibilities, MD Program leadership, teaching staff and committee members as well as Faculty of Medicine administrative staff may have access to portions of student academic records, relevant to the performance of their duties. In order to safeguard information about students and teachers, and prevent it from being used for unauthorized purposes, the MD Program has established the following two principles, consistent with University of Toronto *Guidelines Concerning Access to Official Student Academic Records*.

i. Non-disclosure of personal information

Personal information about individual students must not be disclosed to individuals or groups who do not have the authority to access this data. The only exceptions are when the disclosure is required by official University business, by University policy, or by law.

The sharing of individual student grades or assessment results by individuals with institutions outside of the University of Toronto or with residency selection committees, both verbally or in writing, does *not* constitute official University business, and is therefore strictly prohibited. More specifically, letters of reference or external award nominations written by individual MD Program leaders or teachers for students must not contain individual student grades or assessment results. Letters of reference for use in the CaRMS match must not report individual student grades or quote clinical assessments. The MD Program routinely issues to CaRMS both official transcripts, which indicate whether credit has been obtained in a particular course, and official Medical School Performance Records (MSPR), which indicate clinical competencies attained on clerkship rotations.

ii. Separation of MD Program leadership, academic coaching and student progress/competency committee roles from other decision-making positions

The MD Program wishes to avoid conflict of roles that could lead to unintentional misuse of sensitive, personal student information. MD Program leaders and individuals in academic coaching and student progress/competency committee roles may be in a conflict of interest if in addition to their role in the MD Program they also hold other decision-making or advisory positions vis- -vis MD Program students within the MD Program or external to it. These roles include but are not limited to: Vice Dean, MD Program; Vice Dean, Health Professions Student Affairs; Academy Directors; Foundations and Clerkship Directors; Course Directors; Component Directors; Theme Leads; Academy Scholars; academic coaches; and, Student Progress Committee members.

Examples of conflicts include:

A. A conflict might arise if a MD Program leader or individual in an academic coaching or student progress/competency committee role were also:

- i. a member of a Resident Selection Committee or participant in a resident selection interview or file review process
- ii. a member of the MD Program Board of Examiners (unless specified ex officio)
- iii. a member of the Faculty of Medicine Board of Undergraduate Medical Assessors (unless specified ex officio)
- iv. a member of the Faculty of Medicine Appeals Committee
- v. a member of the Governing Council Academic Appeals Committee

B. Because of the potential for conflict, a person should not be both:

- i. an Academy Director and a course director
- ii. an Associate Dean and a course director

(The preceding are examples only and not a complete list of possible conflicts.)

All potential conflicts must be declared as soon as known to the Vice Dean, MD Program, and also, if pertaining to resident selection, the Associate Dean, PGME¹, who will determine the appropriate course of action. Every attempt should be made to avoid assuming or continuing in a role that constitutes a conflict of interest as defined above, and the individual in conflict may be required to step down from one of the conflicting positions. In those instances where a conflict cannot be avoided (e.g. in very small residency programs), the individual must declare the conflict of interest to the participants in the relevant process and refrain from disclosing confidential information in contravention of the principles outlined in this document. Those responsible for overseeing resident selection processes (e.g., selection committee chairs) must ensure that potential conflicts are managed appropriately and that inappropriately disclosed information is not included in selection decisions.

¹If the Associate Dean, PGME is perceived to have a conflict of roles, this conflict should be discussed with the Dean of the Faculty of Medicine, who will determine the course of action to follow.

Guidelines concerning access to official student academic records *

The University of Toronto supports appropriate access to, and privacy of, official student academic records consistent with its commitment to the requirements of Freedom of Information and Protection of Privacy Act (FIPPA). The **Guidelines Concerning Access to Official Student Academic Records** are intended to outline university-wide procedures and criteria for access, privacy, custody, and retention of the academic records of students of academic divisions of the University in order to ensure clarity and consistency of practice.

Statement on confidentiality and use of data in the undergraduate/postgraduate medicine information systems ^

The ***Principles governing the use of Personal information in Undergraduate Medical Education*** outlines two principles adopted in the MD Program for the safeguarding of data, the non-disclosure of information and the separation of MD leadership roles with other decision-making positions, i.e. conflict of roles.

Statement on protection of personal health information ^

The **Statement on Protection of Personal Health Information** sets out requirements to ensure that personal health information in our affiliated teaching sites' custody is properly protected.

Academic Regulations

Academic Regulations

Policies, statements and guidelines relevant to the MD Program and that apply to all University of Toronto medical students are available below.

These Academic Regulations are organized into five categories. A keyword search is available. Students, faculty and staff are responsible for being aware of the relevant policies if and when a situation arises that requires familiarity with their content.

Titles with the following notations indicate documents from external sources. Links to websites hosting the policy documents are provided, along with short descriptive text:

* indicates a policy of the Governing Council of the University of Toronto

^ indicates a policy of the Faculty Council of the Temerty Faculty of Medicine

indicates a policy of an agency external to the University of Toronto

Academic Integrity

Code of behaviour on academic matters *

Students are responsible for being aware of all aspects of the University of Toronto's [Code of Behaviour on Academic Matters](#), including understanding what constitutes a breach of academic integrity.

Please note that **possession of an unauthorized aid on your person during an assessment** is a breach of academic integrity, with the potential for academic penalties. **This includes cell phones or other electronic devices, even if they are turned off.** Given that it is generally impossible to determine if a device has been used inappropriately when found in a student's possession at the time of an assessment, action will always be taken when this occurs.

Further information and resources, including perils and pitfalls, strategies, and consequences, are available on the University's [academic integrity webpage](#).

MD Program Academic Integrity Guidelines

The MD Program's academic integrity guidelines are informed by the University of Toronto's [Code of Behaviour on Academic Matters](#). Suspected breaches of academic integrity by MD students are addressed in accordance with the flow chart below.

Please note that the College of Physicians and Surgeons of Ontario (CPSO) and/or other provincial/territorial physician regulating bodies as well as the Canadian Resident Matching Service (CaRMS) have reporting requirements with respect to academic integrity, particularly in cases where a suspected breach of academic honesty during medical school has undergone a University-level investigation, inquiry or proceeding (i.e. by a University Tribunal, as set out in the University of Toronto's [Code of Behaviour on Academic Matters](#)).

[MD Program Academic Integrity Guidelines PDF](#)

* In this context, meeting with the student on a without prejudice basis means that nothing the student says in the meeting with the Course Director (or designate) may be used as evidence against the student should the matter go to a University Tribunal hearing. The Course Director's account of the meeting can, however, be used to facilitate resolution at the level of the Curriculum Director or Associate Dean.

** In this context, meeting with the student on a with prejudice basis means that anything the student says in the meeting with the Curriculum Director or Associate Dean may be used as evidence against the student should the matter go to a University Tribunal hearing.

According to the Code of Behaviour on Academic Matters, Where a proctor or invigilator, who is not a faculty member, has reason to believe that an academic offence has been committed by a student at an examination or test, the proctor or invigilator shall so inform the student's dean or department chair [relevant Course Director or Curriculum Director, as appropriate, for the MD Program], as the case may be, who shall proceed as if he or she were an instructor [Course Director], by analogy to the other provisions of this section. [C.i.(a) Divisional Procedures, 14]

In the case of alleged offences not covered by the procedures above and not involving the submission of academic work, such as those concerning forgery or uttering, and in cases involving cancellation, recall or suspension of a degree, diploma or certificate, the procedure shall be regulated by analogy to the other procedures set out in this section. [C.i.(a) Divisional Procedures, 15]

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Academic Standards and Promotion

Standards for grading and promotion of MD students Foundations (Years 1 and 2)

Introduction

These *Standards* serve as an adjunct to the University Assessment and Grading Practices Policy and describe the practices of the MD program with regard to determining student grading and promotion in Foundations (Years 1 and 2). They are complemented by the MD Program s Academic difficulty procedural guidelines and Student professionalism guidelines.

Standards

1. *Authority of the Board of Examiners:* All final decisions related to a MD student s standing and promotion are made by the Board of Examiners, a standing committee of the Council of the Faculty of Medicine. To inform these decisions, the Board of Examiners receives recommendations from the Student Progress Committee and/or Faculty Lead, Ethics & Professionalism.
2. *Individual assessment marks and course grades:*
 - a. *Individual assessment marks:* Marks for individual assessments are not subject to any formal approval, but rather serve as the basis for decisions about overall course standing. Individual assessment marks do not appear on transcripts or other documentation provided by the MD Program to external individuals or organizations.
 - b. *Provisional (unofficial) course grades:* Course grades communicated through MedSIS or other means constitute an unofficial record; they are reserved exclusively for internal use and do not appear on transcripts or other documentation provided to external individuals or organizations. Provisional course grades in MedSIS are subsequently forwarded to the Board of Examiners to confirm academic standing (see Sections 7 and 8.) The program may calculate numerical grades for the purpose of informing the adjudication of academic awards.
 - c. *Official course grades:* Upon approval of the Board of Examiners, course grades are loaded into the Repository of Student Information (ROSI), which is the official record and is used by the University to generate official transcripts. MD program course grades are transcribed as Credit (CR) , No Credit (NC) , In Progress (IPR) or Incomplete (INC) .
3. *Standards of achievement on each type of assessment, other than professionalism:* Each course in the Foundations Curriculum is composed of components and longitudinal themes. It is the responsibility of each Foundations course committee, in consultation with the relevant component directors and theme leads as well as the Student Assessment and Standards Committee (SASC), to define satisfactory completion of each type of

assessment required during their course. This section does not apply to the assessment of professionalism, which is addressed in the MD Program s *Student professionalism guidelines*. Specifically:

- a. *Assessment methods*: Course committees are responsible, in consultation with the relevant component directors and theme leads, for establishing the assessment methods to be used in the course. These assessment methods are subject to periodic review by the Student Assessment and Standards Committee (SASC) and/or Evaluation Committee. Changes to assessment methods must be brought to the attention of the Foundations Director, in accordance with the MD Program s *Guidelines and protocol for making curricular changes*.
 - b. *Definition of satisfactory progress* : For every marked assessment in a course, course committees are responsible, in consultation with the relevant component directors and theme leads, for defining the numerical and/or completion threshold for satisfactory progress on that assessment and for establishing assessment methods to measure achievement of that threshold. Course committees are also responsible, in consultation with the relevant component directors and theme leads, for identifying any mandatory non-marked learning activities that are required for successful completion of the course. Both marked and non-marked assessments on which a satisfactory progress is achieved will be recorded as Satisfactory Progress .
 - c. *Communication to students*: Course committees are responsible for articulating all assessment methods for their course, including the standards of achievement for the course as a whole (see Section 6), in a course outline provided to students no later than the first day of the course. Any changes to the assessment methods after they have been made know to students must take place in accordance with the *University Assessment and Grading Practices Policy*.
4. *Definition and application of Focused Learning Plans*: Students who have not satisfactorily achieved the threshold standard for any course assessment and are required to formulate a Focused Learning Plan, as described in the *Academic difficulty procedural guidelines*, will be assigned a provisional MedSIS course grade of Partial Progress . If the Focused Learning Plan is satisfactorily completed, the student s provisional MedSIS course grade will be changed from Partial Progress to Satisfactory Progress . In the event that the Focused Learning Plan has not been satisfactorily completed, see Section 8.b below.
 5. *Professionalism*: Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is required to progress from one year level to the next and to graduate from the program. Assessment of professionalism takes place through competency-based professionalism assessments. Professionalism incidents that require immediate action are addressed through critical incident reports. The MD Program s professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the *Student professionalism guidelines*.
 6. *Standards of achievement in a course as a whole*: In order to received credit for a course, students must:
 - a. satisfactorily complete all marked assessments for each of the components and longitudinal themes that constitute the course, AND
 - b. perform satisfactorily on any non-marked learning activities in that course, including but not limited to professionalism and logging of clinical experiences in courses where this is relevant.
 7. *Definition of provisional course grades in MedSIS*: Provisional course grades differ in some respects from the final grades awarded by the Board of Examiners. Specifically:
 - a. *Satisfactory Progress* is used to denote that all requirements in the course are being met. Credit for the course will be recommended to the Board of Examiners at the end of the academic year pending satisfactory completion of all course assessments, including those for all longitudinal components and themes that constitute a course, and barring the availability of new information that calls into question the student s successful performance in the course, as described in Section 8.
 - b. *Partial Progress* is used to denote that a student has not yet demonstrated satisfactory progress in one or more longitudinal components and themes that constitute a course, and has been required to formulate a Focused Learning Plan. Upon achievement of satisfactory progress on their Focused Learning Plan, the student s provisional course grade in MedSIS will be changed from Partial Progress to Satisfactory Progress. Partial Progress is an interim, internal notation that does not appear on official documentation.
 - c. *Unsatisfactory Progress* is used to denote that a student has not been successful in completing the course due to any of the reasons in Section 6 and/or if formal remediation or probation has been assigned by the Board of Examiners. For students placed on remediation or probation, a grade of No Credit (NC) will be assigned to the initial course attempt(s) requiring remediation/probation, regardless of the outcome of the remediation/probation on the subsequent attempt(s). Following remediation or probation, the final course grade recommendation to the Board of Examiners for the subsequent attempt will depend on the student s history of academic difficulty, as described in Section 8. Unsatisfactory Progress is an interim, internal notation that does not appear on official documentation.
 - d. *CR (Credit)* is used to denote that all requirements in the course have been met. This is the grade that will be recommended to the Board of Examiners at the end of the academic year, barring the availability of new information that calls into question the student s successful performance in the course, as described in Section 8.

- e. *NC (No Credit)* is used to denote that a student has not been successful in completing the course due to any of the reasons in Section 6. The recommendation to the Board of Examiners will depend on the student's history of academic difficulty, as described in Section 8.
 - f. *INC (Incomplete)* is used to denote that a student has not completed/submitted certain requirements of the course (marked or non-marked assessments), as arranged with the appropriate curriculum leader(s). Upon completion of the assessments, a provisional MedSIS course grade and final grade recommendation will be determined.
8. *Principles governing recommendations to the Board of Examiners:* The Student Progress Committee and Faculty Lead, Ethics & Professionalism will be guided by the following principles in making their recommendations to the Board of Examiners:
- a. *Successful completion of a course:* A grade of Credit (CR) in a course will be recommended to the Board of Examiners if a student:
 - i. has satisfactorily completed all marked assessments for each of the components and longitudinal themes that constitute the course, AND
 - ii. has performed satisfactorily on any non-marked learning activities in that course, including but not limited to professionalism and logging of clinical experiences in courses where this is relevant.
 - b. *Remediation:* A program of formal remediation will normally be recommended to the Board of Examiners if a student:
 - i. has not satisfactorily completed all marked assessments for each of the components and longitudinal themes that constitute the course, OR
 - ii. has not performed satisfactorily on any non-marked learning activities of the course, including but not limited to professionalism and logging of clinical experiences in courses where this is relevant, OR
 - iii. has not demonstrated satisfactory progress on their Focused Learning Plan, as described in Section 4.

A program of formal remediation normally includes failure of one or more courses and delay in promotion to the next year or level of medical training, and re-registration in the same level of the program and repetition of those courses when they are next offered the following year. At the discretion of the Student Progress Committee, a recommendation may be made for a student to repeat all of the courses in the academic year.

In cases where a program of formal remediation is recommended to and approved by the Board of Examiners, a grade of No Credit (NC) will be assigned to the initial course attempt(s) requiring remediation, regardless of the outcome of the remediation on the subsequent attempt(s). If the remedial program is successfully completed, the student will be assigned credit for the subsequent course attempt(s), subject to the approval of the Board.

If the remedial program is not successfully completed, dismissal from the program will normally be recommended to the Board of Examiners. In exceptional circumstances, the Student Progress Committee may recommend probation rather than dismissal. See 8.c below for more details regarding probation.

- c. *Dismissal:* Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully completed remediation, as defined above, and/or has:
 - i. not achieved credit in one or more courses on the second attempt (including unsuccessful remediation as the second attempt), as confirmed by the Board of Examiners, OR
 - ii. has failed a year (as defined above) on two separate occasions over the course of the program, as confirmed by the Board of Examiners.

In cases where dismissal from the program or probation is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

- d. *Promotion:* Each course in the Foundations Curriculum is considered a developmental milestone in the achievement of those competencies necessary to progress to the next level of medical training. Recommendations regarding promotion to the next stage of training will be made at the end of each academic year. Promotion from one year to the next will be recommended to the Board of Examiners if a student has achieved Credit in all courses, including successful completion of longitudinal components and themes, by the end of the academic year.

- e. *Graduation*: Graduation at the next Convocation of the MD program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit for every program course and requirement, including the specified amount of approved and assessed elective time.
- 9. *Deviations from normal practice*: Where the word normally is used in relation to recommendations to the Board of Examiners, the Student Progress Committee and Faculty Lead, Ethics & Professionalism may choose to deviate from the recommendation that is indicated in these Standards. In such cases, a rationale must be provided to the Board of Examiners for the deviation, and the Board of Examiners will take both the recommendation and the rationale under consideration.
- 10. *Appeals*: Students may appeal to decisions made by the Board of Examiners to the Appeals Committee, which is a standing committee of the Council of the Faculty of Medicine.

Standards for grading and promotion of MD students Clerkship (Years 3 and 4)

Introduction

These *Standards* serve as an adjunct to the *University Assessment and Grading Practices Policy* and describe the practices of the MD program with regard to determining student grading and promotion in Clerkship (Years 3 and 4) and also apply to students registered in the MD Extended Clerkship. They are complemented by the MD Programs *Academic difficulty procedural guidelines* and *Student professionalism guidelines*.

Standards

1. *Authority of the Board of Examiners*: All decisions related to a MD student s grading and promotion are ultimately made by the Board of Examiners, a standing committee of the Council of the Faculty of Medicine. To inform these decisions, the Board of Examiners receives recommendations from the Clerkship Director (or designate) and/or and Faculty Lead, Ethics & Professionalism.
2. *Individual assessment marks and course grades*:
 - a. *Individual assessment marks*: Marks for individual assessments are not subject to any formal approval, but rather serve as the basis for decisions about overall course standing. Individual assessment marks do not appear on transcripts or other documentation provided by the MD Program to external individuals or organizations.
 - b. *Provisional (unofficial) course grades*: Course grades communicated through MedSIS or other means constitute an unofficial record; they are reserved exclusively for internal use and do not appear on transcripts or other documentation provided to external individuals or organizations. Provisional course grades are subsequently recommended to the Board of Examiners (see Sections 7 and 8).
 - c. *Official course grades*: Upon approval of the Board of Examiners, course grades are loaded into the Repository of Student Information (ROSI), which is the official record and is used by the University to generate official transcripts. MD program course grades are transcribed as Credit (CR) , No Credit (NC) , In Progress (IPR) or Incomplete (INC).
3. *Standards of achievement on each type of assessment, other than professionalism*: It is the responsibility of each Clerkship course committee, in consultation with the relevant theme leads as well as the Student Assessment and Standards Committee (SASC), to define satisfactory completion of each type of assessment required during their course, in accordance with guidelines articulated below. (This section does not apply to the assessment of professionalism, which is addressed in the MD Program s *Student professionalism guidelines*.) Specifically:
 - a. *Assessment methods*: Course committees are responsible for establishing the assessment methods to be used in the course. These assessment methods are subject to periodic review by the Student Assessment and Standards Committee (SASC) and/or Program Evaluation Committee. Changes to assessment methods must be brought to the attention of the Clerkship Director, in accordance with the MD Program s *Guidelines for making curricular changes*.
 - b. *Standards of achievement on assessments - Definition of definition of satisfactory performance or pass* : For mastery exams and oral exams in all Clerkship courses, this threshold is 60%. For other marked assessments (excluding final clinical evaluations), this threshold is normally 60%, as determined by the course committee. For the clerkship OSCE, the numeric threshold is set according to the borderline regression method. Assessments on which a pass is achieved will be recorded as CR (Credit). Assessments on which unsatisfactory performance, or a fail is achieved will be recorded as NC (No Credit).
 - c. *Definition of satisfactory completion for final clinical evaluations*: An overall assessment of meets expectations or above on each final clinical evaluation in a course is required to achieve satisfactory completion of the clinical evaluation for that course. An overall assessment below meets expectations on

any final clinical evaluation in a course is considered unsatisfactory performance or a fail . The overall assessment of final clinical evaluations requires a holistic judgement and does not represent an average of individual assessments.

- d. *Definition of an incomplete mandatory non-marked learning activity:* Course committees are also responsible for identifying any mandatory non-marked learning activities (e.g. required encounters and procedures in the core clinical clerkship courses) that are required for successful completion of the course. Incomplete non-marked learning activities will be recorded as INC (Incomplete).
 - e. *Definition of successful completion of the Clerkship OSCE:* The standard for successful completion of the Clerkship OSCE is determined by the MD Program using a borderline regression method. The Clerkship OSCE is sequential in nature. A student who does not achieve standard on the first Clerkship OSCE attempt will be required to successfully complete a supplementary OSCE prior to promotion to Year 4 (see section 7.e). The supplementary OSCE expectations will be communicated to the student. If the supplementary OSCE is satisfactory, according to the standard set by the borderline regression method, the student will be assigned credit (CR) for the Clerkship OSCE. If the supplementary OSCE attempt is unsuccessful, a recommendation to the Board of Examiners will normally be made for NC in the course.
 - f. *Communication to students:* Course committees are responsible for articulating the assessment methods and standards of achievement for their course in a course outline provided to students no later than the first day of the course. Any changes to the assessment methods after they have been made known to students must take place in accordance with the University Assessment and Grading Practices Policy.
4. *Professionalism:* Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is required to graduate from the program. Assessment of professionalism takes place through competency-based professionalism assessments. Professionalism incidents that require immediate action are addressed through critical incident reports. The MD Program s professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the Student professionalism guidelines.
 5. *Standards of achievement in a course as a whole:*
 - a. *Determination of achievement:* It is the responsibility of each course committee to define satisfactory completion of their course as a whole. Specifically:
 - i. *Additional expectations for marked assessments:* For each Clerkship rotation, there is a requirement to achieve 60% on each mastery exam and oral exam, as applicable to the specific rotation.
 - ii. *Clinical evaluations:* An overall assessment of meets expectations or above on each final clinical evaluation in a course is required to achieve satisfactory completion of the clinical evaluation for that course.
 - iii. *Mandatory non-marked learning activities:* By their nature, mandatory non-marked learning activities are required in order to complete the course.
 - iv. *Professionalism:* See Section 5 above.
 6. *Definition of provisional course grades:* Provisional course grades differ in some respects from the final grades awarded by the Board of Examiners. Specifically:
 - a. *CR (Credit)* is used to denote that all requirements in the course have been met. This is the grade that will be recommended to the Board of Examiners, barring the availability of new information that calls into question the student s successful performance in the course, as described in Section 8.
 - b. *NC (No Credit)* is used to denote that a student has not been successful in completing the course due to any of the reasons in Section 6a. The recommendation to the Board of Examiners will depend on the student s history of academic difficulty, as described in Section 8. If formal remediation or probation is assigned by the Board of Examiners, an interim notation of NGA will be assigned to the course (see below).
 - c. *NGA (No Grade Available)* is used to denote that a student has been assigned formal remediation or probation that is pending completion. If remediation is successfully completed, the student will be assigned credit for the courses requiring remediation, subject to the approval of the Board. If probation is successfully completed, a grade of No Credit (NC) will be assigned to the course attempts requiring probation, regardless of the outcome of the probation on the subsequent attempts; the student will be assigned credit for the subsequent course attempts, subject to the approval of the Board.
 7. *Principles governing recommendations to the Board of Examiners:* The Clerkship Director (or designate) and Faculty Lead, Ethics & Professionalism will be guided by the following principles in making their recommendations to the Board of Examiners:
 - a. *Successful completion of a course:* A grade of Credit (CR) in a course will be recommended to the Board of Examiners if a student:
 - i. has achieved 60% on each written mastery exam and oral exam required for the course, AND
 - ii. has achieved an overall assessment of meets expectations or above on each final clinical evaluation required for the course, AND
 - iii. has satisfactorily completed, as determined by the course, any marked assessments required for the course in addition to mastery exams and oral exams, AND

- iv. has performed satisfactorily on any non-marked learning activities in that course, including but not limited to professionalism, logging of clinical experiences and completion of required number of Entrustable Professional Activities (EPAs), in courses where this is relevant.
- b. *Remediation*: A program of formal remediation will normally be recommended to the Board of Examiners if a student:
 - i. has not achieved at least 60% on each written mastery exam and oral exam required for the course, OR
 - ii. has not achieved an overall assessment of meets expectations or above on each final clinical evaluation required for the course, OR
 - iii. has not performed satisfactorily on any non-marked learning activities of the course, including but not limited to logging of clinical experiences or completion of required number of Entrustable Professional Activities (EPAs), in courses where this is relevant, by the time of the Board's meeting.

In cases where a program of formal remediation is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

If remediation is approved by the Board of Examiners, credit for the course will not be assigned unless and until the remedial program is successfully completed. If the remedial program is successfully completed, the student will be assigned credit for the course, subject to the approval of the Board.

If the remedial program is not successfully completed, failure in the course and probation will normally be recommended to the Board of Examiners. Probation will also normally be recommended to the Board of Examiners in cases where a student has not achieved credit on the first attempt in two or more courses in the same level of the program.

- c. *Probation*: Probation will normally be recommended to the Board of Examiners if a student has:
 - i. not achieved a satisfactory score, as established in advance, on a program of formal remediation previously imposed by the Board of Examiners, OR
 - ii. not achieved credit on the first attempt in two or more courses (totaling at least 12 weeks in curriculum, or equivalent) in the same level of the program, as confirmed by the Board of Examiners.

Probation normally includes failure of the courses in question and delay in promotion to the next year or level of medical training, and re-registration in the same level of the program and repetition of those courses when they are next offered the following year. At the discretion of the Clerkship Director and/or course director(s), a recommendation may be made for a student to repeat all of the courses in the academic year in question or only the course(s) in which they experienced academic difficulty.

In cases where probation is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

If probation is approved by the Board of Examiners, a grade of No Credit (NC) will be assigned to the course attempts requiring probation, regardless of the outcome of the probation on the subsequent attempts. If probation is successfully completed, the student will be assigned credit for the subsequent course attempts, subject to the approval of the Board.

If probation is not successfully completed, failure in the repeated course(s) and dismissal from the program will normally be recommended to the Board of Examiners.

- d. *Dismissal*: Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully completed probation, as defined above, and/or has:
 - i. not achieved credit in one or more courses on his/her second attempt (failed repetition), as confirmed by the Board of Examiners, OR
 - ii. been required to re-register in the same level of the program on two separate occasions over the course of the program, as confirmed by the Board of Examiners.

In cases where dismissal from the program is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

- e. *Promotion*: Promotion from Year 3 to Year 4 will be recommended to the Board of Examiners if a student has achieved Credit in all Year 3 courses. Recommendations regarding promotion from Year 3 to Year 4 will be made no later than 60 days after the end of the Year 3 academic year. The timing of recommendations for promotion will be informed by applicant timelines for the first iteration of the residency match process. Students who have not been promoted from Year 3 to Year 4 may not be allowed to enrol in or complete Year 4 course or program requirements.
 - f. *Graduation*: Graduation at the next Convocation of the MD program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit for every program course and requirement, including the specified amount of approved and assessed elective time. Graduation from the MD Program also requires successful completion of the Clerkship OSCE, in accordance with the standard for successful completion determined by the Program.
8. *Deviations from normal practice*: Where the word normally is used in relation to recommendations to the Board of Examiners, the Clerkship Director, individual course directors, and Faculty Lead, Ethics & Professionalism may choose to deviate from the recommendation that is indicated in these *Standards*. In such cases, a rationale must be provided to the Board of Examiners for the deviation, and the Board of Examiners will take both the recommendation and the rationale under consideration.
 9. *Appeals*: Students may appeal to decisions made by the Board of Examiners to the Appeals Committee, which is a standing committee of the Council of the Faculty of Medicine.

Date of original adoption: 10 February 2012

Date of last review: 12 July 2022

Guidelines for the assessment of MD students in academic difficulty Foundations (Years 1 and 2)

1. Introduction

Academic difficulty is a comprehensive term used to refer to all students who are identified as demonstrating less than satisfactory progress in the MD Program. These *Guidelines* are intended to support and ensure student achievement of course objectives and program competencies, with the ultimate goal being promotion through and graduation from the MD Program. For the purpose of these *Guidelines*, less than satisfactory progress in a course may be recorded as either Partial Progress or Unsatisfactory Progress, in accordance with the MD Program's *Standards for grading and promotion*.

2. Mechanisms for identifying partial progress and unsatisfactory progress

There are two formal mechanisms for identifying Partial Progress and Unsatisfactory Progress in Years 1 and 2 of the MD Program, as follows:

- i. *Based on marked assessments and non-marked learning activities*: Each Foundations course includes a series of multipoint assessments. Each assessment includes a threshold standard that defines satisfactory progress. In order to receive credit for a course, a student must satisfactorily complete all marked assessments for all of the components and longitudinal themes that constitute the course, and must perform satisfactorily on all non-marked learning activities for that course. The threshold standards for each type of assessment in a course are provided in the course outline. A student who does not achieve the threshold standard for an assessment type or the course as a whole will be identified as being in academic difficulty. Procedures to address partial and unsatisfactory progress based on assessment results (excluding professionalism assessments) are provided in Section 3.
- ii. *Based on professionalism assessments and critical incident reports*: Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is required to progress from one year level to the next and

to graduate from the program. Assessment of professionalism takes place through competency-based professionalism assessments. Professionalism incidents that require immediate action are addressed through critical incident reports. The MD Program's professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the *Student professionalism guidelines*.

In addition to the formal mechanisms for identifying Partial Progress and Unsatisfactory Progress outlined above, the program is committed to the early, informal identification of students whose progression is not optimal. These informal mechanisms may include assessment-related observations by tutors, including Academy Scholars, as well as conversations between students and tutors, Academy Scholars and/or administrative staff. The purpose of early, informal identification is to ensure that such students have the opportunity to discuss their performance with the appropriate curriculum leader(s) and/or administrative staff in a safe and confidential environment, and that they are aware of the various supports available to them.

3. Procedures to address partial and unsatisfactory progress based on assessment results

(excluding professionalism assessments and critical incident reports)

Note: With respect to the following procedures to address partial and unsatisfactory progress based on assessment results, references to Foundations Director and Director of Student Assessment should be read to include or delegate, as determined by the program. Recommendations to the Board of the Examiners from the Student Progress Committee will be made to the Board on the committee's behalf by the Foundations Director and/or Director of Student Assessment delegate, as determined by the program.

In the event that the Student Progress Committee decides that a student is not satisfactorily progressing given their performance on a Focused Learning Plan or formal program of remediation:

a. Student Meeting

Following the initial identification of Partial Progress based on assessment results (excluding professionalism assessments and critical incident reports), a Student Meeting will be held, as follows:

- i. The student will meet with the Foundations Director or delegate, as determined by the program.
- ii. The student will be informed orally and/or in writing that they have not been satisfactorily progressing, that the Board of Examiners *may* be informed of this fact, and that their performance *may* be discussed at a meeting of the Board of Examiners.
- iii. The student may be required to meet with the Associate Dean, Health Professions Student Affairs or delegate for the purpose of exploring health-related or personal reasons for their less than satisfactory progress and potential supports needed.
- iv. The Foundations Director will consult, as necessary, with other curriculum leaders to determine next steps, including the identification of any additional learning activities, assessments and/or academic supports that are appropriate to the situation, as well as the time period for completion and review of next steps.
- v. The student will be informed of next steps, which will be included in a Focused Learning Plan, as described in 3.b.

b. Focused Learning Plan (Partial Progress)

Following the Student Meeting and determination of next steps:

- i. The student will, with guidance, formulate a Focused Learning Plan to reflect the identified next steps, including the time period for completion and review.
- ii. The Foundations Director will review and either approve *or* not approve the student's Focused Learning Plan. To facilitate this review, the Foundations Director may consult with other curriculum leaders.
 - a. If the student's updated Focused Learning Plan is approved, the Foundations Director will inform the student and the Focused Learning Plan will be entered in the student's Learner Chart by the Director of Student Assessment or delegate, as determined by the program.
 - b. If the student's Focused Learning Plan is not approved, the Foundations Director will inform the student, and a meeting with the student will take place to discuss next steps. Based on feedback from the Foundations Director, the student will update their Focused Learning Plan, which will be reviewed and either approved *or* not approved by the Foundations Director.

- iii. After the time period specified in the Focused Learning Plan, the Foundations Director will review the student's progress, which may include consultation with other appropriate curriculum leaders. The outcome of this review will be a progress update submitted by the Foundations Director to the Student Progress Committee.
 - iv. The Student Progress Committee will review the student's progress, including consideration of the student's Focused Learning Plan, and decide whether the student is satisfactorily progressing.
 - a. If the Student Progress Committee decides that the student is satisfactorily progressing, the student will be informed by the Foundations Director and/or Director of Student Assessment that their Focused Learning Plan has been successfully completed and that they are satisfactorily progressing.
 - b. If the Student Progress Committee decides that the student is not satisfactorily progressing, a formal remediation process will be initiated, as described in 3.c.
 - v. In cases where a program of formal remediation is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.
- c. Remediation or Probation (Unsatisfactory Progress)**
- i. The student will be required to meet with the Foundations Director or delegate, as determined by the program.
 - ii. The student will be informed both orally and in writing by the Foundations Director that they are not satisfactorily progressing according to the terms of their Focused Learning Plan or formal program of remediation, that the Board of Examiners will be informed of this fact, and that their performance will be discussed at a meeting of the Board of Examiners. Students will also be informed of the consequences of not successfully completing the required remediation or probation requirements, as set out in the MD Program's *Standards for grading and promotion*. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners in the event that their performance is being reviewed by the Board.
 - iii. The student may be required to meet with the Associate Dean, Health Professions Student Affairs or delegate for the purpose of exploring health-related or personal reasons for their unsatisfactory progress and potential supports needed.
 - iv. The Foundations Director, in consultation with other curriculum leaders, and subject to the approval of the Board of Examiners, is responsible for the design and content of a formal program of remediation or probation requirements. A program of formal remediation or probation requirements may include the repetition of one or more courses when they are next offered the following year, which may require a delay in promotion to the next year or level of medical training. The Foundations Director will recommend to the Board of Examiners the level of performance expected in supplemental assessments. Specific performance criteria that may differ from those normally used in a course or for a component may be required for successful completion of remedial work or probation requirements. The timing and duration of the remediation or probation will be dependent on the specific course(s)/component(s) in question.
 - v. Following the specified time period for completion, the Student Progress Committee will review the student's progress and decide if the student has successfully completed the formal program of remediation or probation requirements.
 - a. If the Student Progress Committee decides that the student has successfully completed the formal program of remediation or probation requirements, the Student Progress Committee will recommend to the Board of Examiners that the student be granted Credit for the course, in accordance with the MD Program's *Standards for grading and promotion*.
 - b. If the Student Progress Committee decides that the student has not successfully completed the formal program of remediation or probation requirements, the recommendation to the Board of Examiners from the Student Progress Committee will be governed by the MD Program's *Standards for grading and promotion*. In such cases, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.
 - vi. The Board of Examiners will make the final determination regarding successful completion of the remediation or probation requirements. Students may appeal to decisions made by the Board of Examiners to the Appeals Committee, which is a standing committee of the Council of the Faculty of Medicine.

Procedures to address unsatisfactory progress based on professionalism assessments and critical incident reports

The MD Program's professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the *Student professionalism guidelines*.

Date of original adoption: 12 July 2016

Date of last amendment: 12 July 2016, 20 June 2017, 11 June 2019, 07 July 2020

Guidelines for the assessment of MD students in academic difficulty Clerkship (Years 3 and 4)

1. Introduction

Academic difficulty is a comprehensive term used to refer to all students who are identified as demonstrating performance below expectations in the MD Program. These *Guidelines* are intended to support and ensure student achievement of course objectives and program competencies, with the ultimate goal being promotion through and graduation from the MD Program.

2. Mechanisms for identifying performance below expectations

There are two formal mechanisms for identifying performance below expectations in Years 3 and 4 of the MD Program, as follows:

- i. *Based on marked assessments, final clinical evaluations, and/or non-marked learning activities:* In order to achieve credit in a Clerkship course, rotation or OSCE, a student must achieve the minimum grade and other performance requirements, as defined by the course or Program and in accordance with in the MD Program s *Standards for grading and promotion*. A student who does not achieve the grade and/or performance requirements for an assessment or the course as a whole will be identified as being in academic difficulty. Procedures to address unsatisfactory progress provided in Section 3.
- ii. *Based on professionalism assessments and critical incident reports:* Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is required to graduate from the program. Assessment of professionalism takes place through competency-based professionalism assessments. Professionalism incidents that require immediate action are addressed through critical incident reports. The MD Program s professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the *Student professionalism guidelines*.

3. Procedures to address performance below expectations in clerkship

(excluding professionalism assessments and critical incident reports)

Unsatisfactory performance based on marked assessments, final clinical evaluations, non-marked learning activities, or on a program of formal remediation (Remediation and Probation procedures)

Following the identification of unsatisfactory performance based on marked assessments, final clinical evaluations, non-marked learning activities, and/ or on a program of formal remediation:

- i. The student will be required to meet with the Year 3 or Year 4 Clerkship Director or delegate, as determined by the program.
- ii. The student will be informed both orally and in writing by the Year 3 or Year 4 Clerkship Director that their performance is below expectations, that the Board of Examiners will be informed of this fact, and that their performance will be discussed at a meeting of the Board of Examiners. Students will also be informed of the consequences of not successfully completing the required remediation or probation requirements, as set out in the MD Program s Standards for grading and promotion. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners in the event that their performance is being reviewed by the Board.
- iii. The student may be required to meet with the Associate Dean, Learner Affairs or delegate for the purpose of exploring health-related or personal reasons for their unsatisfactory progress and potential supports needed.
- iv. Subject to the approval of the Board of Examiners, the course director is responsible, in consultation with the appropriate curriculum leaders, for the design and content of the remedial work or probation requirements, including the level of performance expected of the student to demonstrate that they have met the standard for successful completion of the course. Specific performance criteria that may differ from those normally used in a

course may be required for successful completion of remedial work or probation requirements. The timing and duration of the remediation or probation will be dependent on the specific course in question and will be determined by the course director in consultation with the student, course committee, and Year 3 or Year 4 Clerkship Director. A program of formal remediation or probation may include the repetition of one or more courses when they are next offered the following year, which may require a delay in promotion to the next year or level of medical training or graduation from the program.

- v. Following the specified time period for completion, the course director will review the student's progress and decide, in consultation with the Year 3 or Year 4 Clerkship Director, if the student has successfully completed the formal program of remediation or probation requirements.
 1. If the course director decides that the student has successfully completed the formal program of remediation or probation requirements, a recommendation will be made to the Board of Examiners, in accordance with the MD Program's Standards for grading and promotion. If remediation is successfully completed, the student will be assigned credit for the courses requiring remediation, subject to the approval of the Board. If probation is successfully completed, a grade of No Credit (NC) will be assigned to the course attempts requiring probation, regardless of the outcome of the probation on the subsequent attempts; the student will be assigned credit for the subsequent course attempts, subject to the approval of the Board.
 2. If the course director decides that the student has not successfully completed the formal program of remediation or probation requirements, the recommendation to the Board of Examiners will be governed by the MD Program's Standards for grading and promotion. In such cases, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.
- vi. The Board of Examiners will make the final determination regarding successful completion of the remediation or probation requirements. Students may appeal decisions made by the Board of Examiners to the Appeals Committee, which is a standing committee of the Council of the Faculty of Medicine.

4. Procedures to address performance below expectations based on professionalism assessments and critical incident reports

The MD Program's professionalism standards of achievement and procedures to address unsatisfactory progress with respect to professionalism are described in the [*Student professionalism guideline*](#).

Date of original adoption: 7 December 2010

Date of last amendment: 12 July 2022

Regulations for student attendance and guidelines for absences from mandatory activities (MD Program)

A high rate of attendance is key to the success of medical students, given the competency-based, experiential nature of medical training and the central role played by highly interactive small-group modes of instruction at the University of Toronto. However, there are instances which may necessitate medical students requiring time away from the MD Program, as defined below. These regulations and guidelines permit and support absences from mandatory learning activities in order for students to seek needed health care services.

These regulations and guidelines describe reasons for health-related and other types of absences that are normally acceptable and corresponding procedures that are intended to:

- be clear, user friendly and implementable with available resources
- minimize disruption to student learning and patient care
- enable consistent and equitable decision-making
- maintain the educational integrity of the MD Program's goals, objectives and competencies
- facilitate the early identification, in a safe and confidential manner, of students who may require support
- ensure students are empowered to succeed in their progress through the program

Absences from mandatory learning activities fall into two categories:

- a. unplanned absences (absences that arise due to unforeseen and often emergent circumstances)

- b. planned absences (absences that arise due to known or anticipated circumstances)

Changes to rotation call schedules are *not* considered planned absences. Students who would like to request a change to their call schedule should contact the relevant Clerkship course director and Clerkship course administrator.

A prolonged absence or series of absences that affects the ability of a student to complete a course or curricular component within its normal timeframe or a reasonably extended timeframe (as defined by the relevant curriculum leaders) may be more effectively addressed and supported by a Leave of Absence (LOA), defined as an official, temporary withdrawal from studies. Further details regarding LOAs are included in the program's [Regulations and guidelines for leaves of absence from the MD Program](#).

Submission of a [U of T Verification of Illness \(VOI\) Form](#) is *required* for health-related absences from assessments or for health-related absences of more than two consecutive days of mandatory learning sessions. The completed U of T VOI form must be submitted normally no more than five business days after the last day of the unplanned absence. Depending upon the type or duration of the absence, or the number of prior absences, students may be required to submit other supporting documentation.

For both planned and unplanned absences:

- Course and Component Directors (or their delegates) are responsible for determining if deferred/make-up work or assessment is required, and communicating next steps to the student.
- Students are responsible for covering material and knowing the content from any missed sessions and, if applicable, completing any deferred/make-up work or assessments.

Please note that the following are considered *unprofessional behaviour* that may be reflected in a student's professionalism assessment:

- Failure to attend a mandatory learning activity for an urgent/emergent reason (unplanned absence) without providing notification within a reasonable timeframe
- Failure to attend a mandatory learning activity for a reason that was known or anticipated, or can reasonably be expected to have been known or anticipated, but for which a planned absence request was not submitted
- Disregarding the decision of a MD Program leader regarding a planned absence request

Mandatory Learning Activities

Foundations (Years 1 and 2)	Clerkship (Years 3 and 4)
<ul style="list-style-type: none"> ○ All scheduled assessments and their corresponding activities 	
<p><i>(as indicated in MedSIS)</i></p> <ul style="list-style-type: none"> ○ All small group tutorials and workshops, including but not limited to Case-based Learning (CBL), Clinical Skills, Health in Community, Ethics & Professionalism, Health Science Research (HSR), and Portfolio ○ All service-learning community visits ○ All Family Medicine Longitudinal Experience (FMLE) sessions ○ All Interprofessional Education (IPE) sessions ○ All Anatomy sessions ○ Some lectures, especially those that involve themes or guest panels 	<ul style="list-style-type: none"> ○ All clinical activities ○ All learning sessions, including clerkship seminars, core Interprofessional Education (IPE) sessions, Portfolio sessions, and local (site-specific) teaching sessions

Unplanned Absences

Unplanned absences are absences that arise due to unforeseen and often emergent circumstances, including for:

- Self-care
- Illness/injury/personal crisis
- Family emergency
- Funeral/memorial service
- Travel/transportation emergencies (i.e., accidents, subway breakdowns)

Notification Procedures (Unplanned Absences)

Students are responsible for using the MD Program s unplanned absence notification form to submit notification of an unplanned absence as soon as possible after attending to the immediate needs arising from the situation.

In the event that the student believes that an extended absence of three or more days may be required, this should be conveyed in the notification, and will normally require submission of supporting documentation after the immediate needs arising from the situation have been attended to. If the matter is sensitive, the student may elect to first consult with the Associate Dean, Health Professions Student Affairs (HPSA) or a counsellor in the Office of Health Professions Student Affairs to determine appropriate notification procedures.

Please see Appendix A for an Unplanned Absence Notification Procedures Flowchart.

Planned Absences

Planned absences are absences that arise due to known or anticipated circumstances and require prior approval by the Course or Component Director. Students should not assume that approval will be granted for planned absences and are strongly advised *not* to commit to any plans before receiving confirmation of approval from the Course or Component Director(s) (or delegate).

Notification Procedures (Planned Absences)

Students are responsible for using the MD Program s planned absence request form to submit planned absence requests in a timely manner, as follows:

- For Clerkship clinical rotations, at least 30 days prior to the start date of the rotation in which the missed activity(ies) are scheduled to take place.
- For all other Clerkship courses and all Foundations courses, at least 30 days prior to the activity(ies) to be missed.

If the planned absence request is approved, the student is responsible for informing the immediate education supervisors of the activities they will be absent from. If the matter is sensitive, the student may elect to first consult with the Associate Dean, Learner Affairs or a counsellor in the Office of Health Professions Student Affairs to determine appropriate notification procedures.

Please see Appendix B for a Planned Absence Request Procedures Flowchart.

Information and Decision-making Guidelines (Planned Absences)

In general, the following factors will be taken into consideration regarding planned absence requests:

- Reason for the absence
- Duration and type of learning activities to be missed, including their relative importance or uniqueness in the curriculum
- Student s academic record, including professionalism
- Student s attendance record/absence history

For more details regarding *common reasons for planned absences*, including corresponding information requirements and typical decision outcomes, see Table 1 (Foundations) and Table 2 (Clerkship) below.

Planned absence requests for reasons other than those included in Table 1 and Table 2 will be considered on a case-by-case basis, but will normally not be approved.

Absence Monitoring (Check-in Meetings)

The MD Program is committed to monitoring absences from mandatory learning activities in order to help ensure that the program is able to provide an accurate assessment of a student's progress through the program and that students are well positioned and supported to succeed in achieving course learning objectives and program competencies. A check-in meeting may be required of a student who has a recurrent or problematic absence history, typically defined as (but not limited to) the following:

- four or more full day equivalent self-care unplanned absences in an academic year, *or*
- eight or more full day equivalent unplanned and/or planned absences in an academic year,
- two or more unplanned and/or planned absences on days on which assessments are scheduled in an academic year, *or*
- two or more deferred assessments in an academic year.

In such cases, the Assistant Registrar, Registration & Student Success will review the student's absence history, where appropriate, to determine next steps, including if a check-in meeting is warranted.

If warranted, the student will be invited to a check-in meeting with the Assistant Registrar, Registration & Student Success, which is intended to:

- provide students an opportunity to discuss their absences in a safe and confidential environment,
- help ensure they are aware of the various supports available to them, and
- determine if the student is able to complete a course or curricular component within its normal timeframe or a reasonably extended timeframe (as determined by the relevant curriculum leaders).

The MD Program's *Regulations and guidelines for leaves of absence from the MD Program* will help inform next steps in cases where a student is unable to complete a course or curricular component within its normal timeframe or a reasonably extended timeframe and may benefit from a LOA.

Tables and Appendices

- [Table 1: Planned Absence Information Requirements and Typical Decision Outcomes: Foundations \(Years 1 & 2\)](#)
- [Table 2: Planned Absence Information Requirements and Typical Decision Outcomes: Clerkship \(Years 3 & 4\)](#)
- [Appendix A: Unplanned Absence Notification Procedures Flowchart](#)
- [Appendix B: Planned Absence Request Procedures Flowchart](#)

Date of original adoption: 20 September 2011

Date of last amendment: 08 December 2020

Regulations and guidelines for leaves of absence from the MD Program

Definition

A leave of absence from the MD Program constitutes an official, temporary withdrawal from studies, and is recorded on the student's transcript.

There are two types of leave: (1) for personal reasons and (2) for academic enrichment.

Personal leaves of absence

Requests for personal leaves of absence are considered on a case-by-case basis by the Director, Undergraduate Learner Affairs, Office of Learner Affairs (OLA), possibly in consultation with other MD Program leaders. Full disclosure of the reasons for the request is expected, and supporting documentation will be required.

Personal leaves of absence will normally be granted for a maximum of one full academic year at a time.

Leaves of absence for academic enrichment

Leaves of absence to pursue academic programming that complements the MD Program may be granted to students with an excellent academic record, normally with no identified weaknesses.

Leaves of absence for academic enrichment will normally be granted for a maximum of two full academic years.

Students who are considering an application for leave of absence for academic enrichment must meet with the Director, Undergraduate Learner Affairs to discuss academic and career implications. They must also discuss with the Registrar matters relating to financial aid, tuition and registration.

Students must submit an application for a leave of absence for academic enrichment to the Associate Dean, MD Program no later than February 1 of the calendar year they wish their leave to begin. As part of their application, students must include a clearly set-out plan and articulated objectives for the proposed leave, including how it complements the MD Program, as well as plans for re-entry into the MD Program.

If the requested leave of absence for academic enrichment is granted, the Associate Dean, MD Program will provide a Letter of Approval which summarizes the conditions under which the leave was granted and the expected re-entry date. This letter will be copied to the student's record, the Foundations or Clerkship Director (as appropriate), and the relevant Academy Director.

Re-entry into the MD Program following a leave of absence

Students who are granted a leave are not registered as medical students for the duration of the leave. When they re-enter the program, they will be subject to the current fee schedule.

Credit is retained for all courses that had been fully completed prior to the leave. Students returning from a leave are generally subject to the current curriculum, although certain modifications may be made to reflect any major curricular changes introduced during their absence.

Students who are on leave, whether for personal reasons or academic enrichment, are expected to contact the Director, Undergraduate Learner Affairs and Registrar at least two months before their intended return to the MD Program so that preparations for their re-entry can commence.

Students returning from a leave of absence may also be required to participate in supplemental clinical skills training to ensure their academic success and the well-being of patients.

Date of original adoption: 20 September 2011

Date of last amendment: 14 July 2016

Required clinical experiences in the core clerkship rotations - responsibilities of students, faculty, and MD Program curriculum leaders

A. Principles

1. Educational value

The logging of clinical procedures and encounters in core clerkship rotations has important educational value for students, teachers, and course directors

- a. Students benefit from logging because it allows them to confirm that they have in fact encountered all of the core problems and performed all of the core procedures that the program has deemed essential for completion of the MD degree.

- b. Every participant in the clerkship education process benefits from logging because it allows the program to confirm that all clinical sites provide equivalent experiences and that all students meet the minimum expectations with regard to patients seen and procedures performed

2. Real patients

The MD Program emphasizes the importance of student interaction with real patients to help support achievement and assessment of the program's key and enabling competencies. For this reason, the required encounters and procedures lists are designed to be achievable exclusively through experiences with real patients. However, simulated experiences may be permitted in some cases to remedy gaps, as described below

3. Course component

Logging of clinical encounters and procedures is a mandatory, Credit/Non-credit component of every core clerkship rotation that is greater than or equal to one week in length. A student will not receive credit in a course until such time as the list is completed

4. Academic integrity

The principle of academic integrity applies to logging just as it applies to all other course components. Therefore, any falsification of data will be considered a breach of academic integrity, subject to disciplinary action according to University and MD Program policies and procedures

B. Description of the course lists of required encounters and procedures

Every core clerkship course maintains and publishes a list of required encounters and procedures. These lists are reviewed annually by each course and updated as required, with central oversight by the Clerkship Director. Updates must be reviewed/approved by the Clerkship Committee and Curriculum Committee

The lists are publicized on the course websites on Elentra and on the Case Logs tab on MedSIS. At the start of each rotation, students are expected to familiarize themselves with the list of required encounters and procedures for that course, including the required number of each encounter and procedure and the level of student involvement required, as described below.

1. Encounters

Encounters are defined as meaningful involvement in a patient's care. For example, taking a history, performing relevant physical examination manoeuvres, and taking part in discussion of investigation and management are considered encounters

2. Procedures

Procedures have a pre-specified level of minimum involvement that must be achieved in order to be logged. These expectations are clearly articulated as part of the list of required procedures. The levels are

- a. The student observed the procedure
- b. The student performed the procedure with assistance or assisted someone else
- c. The student performed the procedure independently

3. Number

In most but not all cases, only one encounter or procedure per item listed is required. Students are not expected to log every patient, but must meet the requirements for logging (including quantity) specified by each course

4. Settings

The expected setting for each procedure and encounter is generally implicit, given that the lists are course-based and courses typically have specific settings. In cases where more specificity is required, it is included in the name of the procedure or encounter. Where context specificity is not important, encounters/ procedures are annotated on the case logs list as achievable in more than one course (e.g. Well care of the newborn in Pediatrics or Family Medicine)

C. Process for reporting and review

1. Mid-rotation

As part of the formal interim feedback conversation, it is mandatory for students to review their Case Logs Student Activity Report with their preceptor/site-supervisor, except in the case of courses with a duration of one week or less. (Courses of one week or less are deemed too short to require mid-rotation meetings.) It is a student's responsibility to present the report to their preceptor/site supervisor

Students are expected to have a dialogue with their preceptor/supervisor regarding the report. This portion of the mid-rotation feedback conversation has two main purposes

- To discuss the key learning points of the experiences that have been logged by the students to date
- To establish a plan for subsequent clinical experiences to remedy any gaps in order to complete all the required encounters and procedures by the end of the rotation. This is documented on the Interim Feedback Form

2. End-of-rotation

The Course Director reviews each student's record to ensure all encounters/procedures have been completed, and assigns a grade of Credit/No credit.

3. Incomplete requirements

As stated above in A. Principles, the expectation is that the required clinical encounters and procedures are preferentially experienced through interaction with real patients. Some encounters and procedures will be identified in each course as Must be real because they are critical common patient encounters that cannot be adequately replaced by simulation. Even for other required encounters and procedures, simulations should only be used to remedy gaps, such as when a given experience with a real patient is unavailable (e.g., in the case of seasonal illness or certain less common presentations)

In the event of an incomplete Case Logs Activity Report, students will be required to work with the course director expeditiously to make an action plan, with follow-up from the course director, to remedy any remaining gaps. In some cases, an encounter/procedure may be achieved on a future rotation and left blank until achieved. Upon completion of a Case Logs Activity Report, Credit for the component will be awarded. Note: All gaps in all courses must be completed within six weeks of the end of the Year 3 clerkship in order for all clerkship courses to be considered complete with credit earned

4. Central monitoring

The Clerkship Director will monitor overall completion rates in every course at regular intervals to identify any trends of concern requiring action

Individual students who are persistently unable to complete the required lists in multiple courses may be considered to exhibit academic difficulty, in which case the appropriate interventions will be applied, in accordance with the [Guidelines for the assessment of MD students in academic difficulty Clerkship](#)

Student Assessment

Assessment and grading practices policy *

The University's Assessment and Grading Practices Policy sets out the principles and key elements that should characterize the assessment and grading of student work in for credit programming at the University of Toronto.

Full details are available from the [University of Toronto Governing Council page for this policy](#).

MD Program Assessment Rules and Regulations

Note: This MD Program *Assessment Rules and Regulations* policy document includes information previously included in the following two policy documents: MD Program *Examination and Mastery Exercise Rules and Regulations* and MD Program *Standards for Student Review and Challenge of Examination and Assessment Outcomes*.

Contents

This document is comprised of the following sections:

- A. General regulations on taking assessments as scheduled
- B. Rules for the conduct of written assessments
- C. Rules for the conduct of OSCEs
- D. Calculation re-check of an assessment or course
- E. Re-mark of a written assessment
- F. Access to completed assessments

A. General regulations on taking assessments as scheduled

Students are required to be present at the assessment room for in person invigilation or virtually for electronically proctored assessments as scheduled. However, illness or personal circumstances may interfere with a student's ability to adequately prepare for or complete an assessment as scheduled. In these circumstances, students should contact the appropriate course director as soon as the problem becomes apparent. In the case of an absence from an assessment due to illness, students should obtain a completed U of T Verification of Illness (VOI) Form. Further details about how to submit notification and any required supporting documentation for an unplanned absence can be found on the MD program's school absences webpage. It is the responsibility of the relevant course and/or curriculum director to determine whether the circumstances warrant a deferral.

Students who cannot complete an assessment as scheduled due to a religious obligation should submit a planned absence request in accordance with the procedures and deadlines included in the MD Program *Regulations for student attendance and guidelines for absences from mandatory activities*. According to those *Regulations*, religious observance planned absence requests from assessments are normally approved, while other types of planned absence requests from assessment are normally *not* approved.

B. Rules for the conduct of written assessments

1. Arrive on time: For assessments completed through in person invigilation at designated locations and electronically proctored (e-proctored), students must be present at the assessment and download the assessment at least fifteen (15) minutes before the scheduled start time of the assessment. Students may be directed to be present earlier than fifteen (15) minutes for some assessments.
2. Late arrival procedures: For in person invigilated assessments completed at designated locations, students who arrive late will be permitted to enter the room and complete the assessment, but will not be allowed additional time. Students who are ten (10) or more minutes late for a Foundations mastery exercise will be directed to a separate back-up room to complete the exercise. Students who are late for a Clerkship mastery exercise will complete the mastery exercise in the assessment room. Students who are repeatedly late are responsible for contacting the Foundations or Clerkship Director to discuss their circumstances. For e-proctored assessments, students who attempt to log into the assessment late and find that their assessment download has been deleted will not be allowed additional time. In such instances, students will need to contact the administrator who will provide them with a new assessment download for the remaining duration of the assessment.
3. What to bring to assessments completed through in person invigilation at designated locations: Students should bring photo identification (T-card) and are required to display it at the request of the invigilator/examiner. For computer-based assessments, students are responsible for bringing their own device (computer or tablet). For paper-based assessments, students are responsible for bringing their own pens and pencils. Students are responsible for bringing a watch to monitor the time throughout the assessment, which must be placed on their desk during the assessment. Students are not permitted to use cell phones or smart watches as timekeeping devices during an assessment.
4. Scent- and nut-free area: For assessments completed through in person invigilation at designated locations, students should refrain from wearing scent (i.e. perfume, cologne) and from bringing food items containing nuts or traces of nuts to the assessment. Students who arrive wearing scent may not be permitted into the assessment location. Students who arrive with a food item that contains nuts or traces of nuts will not be permitted to bring it into the assessment location.

5. What *not* to bring to the assessment desk/table: No materials or aids should be brought to the assessment desk/table unless explicitly authorized by the program/invigilator/examiner. This includes but is not limited to paper and pen for notetaking, cell phones, textbooks, electronic earphones and headphones, and other devices (e.g., iPad, tablet, smart watch) which are strictly prohibited. For e-proctored assessments, the use of non-electronic ear plugs to cancel noise are permitted. If using such ear plugs, the student must show them to the camera one at a time before inserting them into their ears at the start of the assessment. For assessments completed through in person invigilation, bags and books are to be deposited in areas designated by the invigilator/examiner and are not to be taken to the assessment desk/table. For e-proctored assessments, the assessment desk/table must be free of any unauthorized materials or aids for the duration of the assessment. All electronic devices are to be turned off and must remain in the designated area or away from the desk/table for e-proctored assessments. Under the terms of the University of Toronto *Code of Behaviour on Academic Matters*, possession by a student of unauthorized materials/aids during their assessment is a breach of academic integrity, with the potential for academic penalty. This includes cell phones, smart watches or other electronic devices, even if they are turned off. The University is not responsible for personal property left at the assessment location.
6. Assigned seating for assessments completed through in person invigilation at designated locations: The invigilator/examiner has the authority to assign seats to students in the assessment room. No person will be allowed in an assessment room during an assessment except the students completing the assessment and those supervising the assessment.
7. Behaviour during assessments: No materials or aids should be used during any assessment unless explicitly authorized by the program/invigilator/examiner. This includes but is not limited to paper and pen for notetaking, cell phones, textbooks, electronic earphones and headphones, and other devices (e.g., iPad, tablet, smart watch) which are strictly prohibited. For e-proctored assessments, the use of non-electronic ear plugs to cancel noise are permitted. If using such ear plugs, the student must show them to the camera one at a time before inserting them into their ears at the start of the assessment. Students who use or view any unauthorized materials or aids while their assessment is in progress, who assist or obtain assistance from other candidates or from any unauthorized source, or who communicate with one another in any manner whatsoever during the assessment are liable for academic penalties under the terms of the University of Toronto *Code of Behaviour on Academic Matters*.
8. Irregularities/errors/ambiguities in assessment materials: Irregularities/errors/ambiguities relating to wording, spelling, punctuation, numbers or notations will normally be referred to the course director in writing within 24 hours of the assessment.
9. Leaving the room during the assessment: For assessments completed through in person invigilation at designated locations, students may leave the assessment room no earlier than thirty (30) minutes after the start of the assessment, and under supervision. Candidates shall remain seated at their desks during the final ten (10) minutes of each assessment, even if they have completed the assessment. For e-proctored assessments, students are encouraged to use the washroom before the assessment. A short washroom break may be unavoidable and is thus allowed. The videos will be flagged for review when this occurs.
10. At the conclusion of assessments: At the conclusion of an assessment, all writing shall cease. For paper-based assessments, the invigilator/examiner may seize the papers of students who fail to observe this requirement. For computer-based assessments, the invigilator/examiner will make a note of students who fail to observe this requirement. Failure to observe this requirement may result in a penalty imposed under the terms of the University of Toronto *Code of Behaviour on Academic Matters*. For computer-based in person invigilated assessments, students may leave the assessment room only after an invigilator/examiner has ensured that the assessment has been uploaded.
11. After the assessment: For assessments completed through in person invigilation at designated locations, assessment books and other material issued for the assessment shall not be removed from the assessment room except by authority of the invigilator/examiner. For all assessments, the sharing of assessment questions in any format or by any means is considered a breach of academic integrity under the terms of the University of Toronto *Code of Behaviour on Academic Matters*.

C. Rules for the conduct of OSCEs

1. Arrive on time: Students must normally arrive at the in person examination site or virtual site at least thirty (30) minutes before the scheduled starting time of the examination. Students may be directed to arrive earlier than thirty (30) minutes for some examinations.
2. Late arrival procedures: It is at the discretion of the examiner whether a student who arrives late will be allowed to participate in the examination and whether additional time beyond the scheduled examination time will be allowed.
3. What to bring to the in person examination: Students should bring photo identification, lab coat, stethoscope, watch with a second hand, clipboard, and pens and pencils. Failure to do so may prevent the student from completing the examination. If additional equipment is required, this will be communicated to students before the OSCE.
4. What to bring to the virtual examination: Students should bring photo identification, blank paper, and a pen or pencil. Students should wear proper attire (e.g. business casual attire).

5. Scent- and nut-free area: At the in person examination site, students should refrain from wearing scent (i.e. perfume, cologne) and from bringing food items containing nuts or traces of nuts to the examination. Students who arrive wearing scent may not be permitted into the examination location. Students who arrive with a food item that contains nuts or traces of nuts will not be permitted to bring it into the examination location.
6. What *not* to bring to the in person examination: No materials or aids should be brought to the examination location unless explicitly authorized by the examiner. Bags and books are to be deposited in areas designated by the examiner. All electronic devices are to be turned off and must remain in the designated area. Under the terms of the University of Toronto *Code of Behaviour on Academic Matters*, possession by a student of unauthorized materials/aids during their assessment is a breach of academic integrity, with the potential for academic penalty. This includes cell phones or other electronic devices, even if they are turned off. The University is not responsible for personal property left at the examination location.
7. What *not* to bring to the virtual examination: No additional electronic devices aside from the device being used to access the virtual platform. Electronic note taking or the recording of the examination is strictly prohibited.
8. Behaviour during the examination: Each student will proceed through the sequence of stations as assigned by the examiner. Students are responsible for ensuring that all information is written legibly for in person examinations.
9. Professionalism: Where standardized patients are used in the course of an examination, students will extend the same respect and professional courtesy as that which is appropriate for any clinical interaction. Students shall not otherwise engage in behaviour that is disruptive to the examination process. Characterization of behaviour as disruptive and expulsion of a disruptive student from the examination site will be at the discretion of the examiner. Students are expected to behave in compliance with and are subject to penalties under the terms of the MD Program *Guidelines for the Assessment of Student Professionalism*.
10. Conflict of interest: In cases where there is a conflict of interest (including a conflict of clinical and educational roles) during an examination, either the student or examiner may stop the station and notify staff immediately. The student will be reassigned to a different examiner/standardized patient when time allows.
11. Irregularities: If a student feels that their performance has been compromised as a result of an irregularity in the conduct of the examination, they must report the irregularity to the examiner prior to leaving the examination site.
12. During and after the examination period: Students shall not discuss any part of the examination with another student for the duration of the exam period. The administration period of the examination includes all sessions of the examination that are conducted for separate groups of candidates and that may occur on separate days. No portion of the examination shall be retained by a student after the conclusion of the examination unless explicitly authorized by the examiner. Students are expected to behave in compliance with and are subject to penalties under the terms of the University of Toronto *Code of Behaviour on Academic Matters*.
13. During virtual examinations: Students must ensure that their video remains on and that their audio is unmuted. Students are not permitted to record the examination or use virtual backgrounds.

D. Calculation re-check of an assessment or course

If a student is concerned that the calculation of a mark or grade for an assessment or course was incorrect, they may request a calculation re-check, which will focus solely on the addition of marks or grades within an assessment or course. Such requests must be submitted in writing to the relevant course director, copied to the Student Progress Analyst (md.progress@utoronto.ca) for Foundations courses or course administrator for Clerkship courses, no later than five business days after a mark or grade for an assessment or course was made available to the student. If possible, the student should indicate the location of the possible miscalculation.

The course director will ensure that a calculation re-check is completed and the outcome communicated to the student in a timely manner, normally within two weeks from receipt of the written request. Completion of the re-check may take longer depending upon the availability of relevant faculty members and administrative staff.

A calculation re-check may result in a raised mark, lowered mark, or no change. By requesting a calculation re-check, a student agrees to accept the outcome of the re-check. Appeals to the outcome of a calculation re-check are governed by the Faculty of Medicine Appeal Guidelines, including acceptable grounds for appeals.

E. Re-mark of a written assessment

The option to request a re-mark applies only to written assessments that include short answer questions (SAQs) and/or other narrative components. Multiple choice questions (MCQs) and Clinical Decision Making items (CDMs) are not eligible for re-mark requests. A high standard of psychometric performance is upheld for items included in written assessments and each course director undertakes a systematic post-test analysis of the performance of each item, which identifies any problematic questions.

A student may request a re-mark for a written assessment with a SAQ/narrative component (not MCQ or CDM) that they believe has been incorrectly marked in its substance. In the event that a student needs to view their completed assessment in order to determine the location and nature of the suspected substantive mis-mark and provide an informed statement in support of a re-mark request, they may request to view the completed assessment. Section F includes information regarding access to past and completed assessments.

- Re-mark request procedures:
 - Students must submit in writing a re-mark request to the relevant course director (copied to the course administrator) no later than four weeks after the assessment mark has been made available to the student.
 - The request must identify the written assessment and portion(s) of the written assessment that the student would like re-remarked.
 - The request must include a statement in support of the re-mark. This statement should demonstrate that the answers provided in the assessment are substantially correct by citing specific instances of disagreement, supported by documentary evidence from course materials. The student must do more than simply assert that they disagree with the marking or that they deserve more marks.
- Re-mark rules and regulations:
 - The course director will ensure that the assessment is re-marked, normally by the individual initially responsible for marking, the individual who has academic oversight of the marking of the assessment in question, or a course-specific assessment subcommittee.
 - The re-mark will be informed by the statement of support provided by the student. It will also be re-marked in a manner consistent with the rest of the class and, if applicable, the assessment rubric.
 - The course director will ensure that the outcome of the re-mark is communicated to the student, normally within four weeks from receipt of the re-mark request. Completion of the re-mark may take longer depending upon the availability of relevant faculty members.
 - A re-mark may result in a raised mark, lowered mark, or no change. By requesting a re-mark, a student agrees to accept the outcome of the re-mark.
 - Appeals to the outcome of a re-mark are governed by the Faculty of Medicine Appeal Guidelines, including acceptable grounds for appeals articulated in those guidelines.
 - If, as a result of a re-mark, an answer key, scoring system, or other aspect of an assessment are found to require alteration, all affected students will be promptly notified, as appropriate.

F. Access to completed assessments

Access to all MD Program assessments is restricted, meaning that medical students may not request or obtain copies of completed assessments. The following procedures, rules and regulations for viewing completed written assessments are intended to maintain the integrity of the MD Program's question banks.

Medical students may request a supervised viewing of a written assessment that they have completed in order to determine the location and nature of a suspected mis-mark and provide an informed statement in support of a request for a re-mark.

- Procedures to request a supervised viewing of a completed written assessment:
 - Students must submit in writing a request to the relevant course director (copied to the course administrator) no later than two weeks after the assessment mark has been made available to the student. The timing of the viewing will be informed by adherence to the rules articulated below.
- Viewing rule and regulations:
 - The viewing will take place in a location determined by the course director or delegate.
 - The viewing must be supervised by the course director or delegate.
 - The student will bring their signed photo identification and provide it to the supervisor, if requested.
 - If a student is reviewing multiple written assessments, they must be reviewed one at a time.
 - The viewing of a single written assessment will not exceed 30 minutes.
 - The student may not be accompanied by anyone else during the viewing.
 - All belongings must be placed at the side of the room or under the table. Nothing, including writing/notetaking implements or cell phones, is allowed on the viewing table.
 - Students may not consult books or notes, nor take notes or photographs, during the viewing.
 - Answer keys and/or marking rubrics will *not* be provided to the student.
 - The course director or delegate is under no obligation to provide feedback to the student during or in response to the viewing, except in the context of a request for a re-mark.

Date of last amendment: 12 October 2021

Standards for formative and narrative assessment and feedback

Preamble

These standards apply to all required learning experiences, defined as required and transcribed courses and clerkship rotations.

The Foundations Director and Clerkship Director are responsible for ensuring that processes are in place to enable and support the provision and monitoring of formative and narrative assessment and feedback in accordance with the following standards.

Standards for formative assessment and feedback

These standards are informed by and should be implemented in accordance with the expectations and requirements of CACMS accreditation element 9.7, Timely Formative Assessment and Feedback.

Formative assessment and feedback provided to students should be grounded in the objectives of the required learning experience in order assist students in achieving those objectives.

- In all required learning experiences of four weeks or longer, every student must receive formal formative feedback by at least the mid-point of the learning experience.
- Clerkship clinical rotations with distinct sub-rotations should preferably provide mid-rotation feedback at the mid-point of each sub-rotation, but may instead provide this feedback at the mid-point of the rotation as a whole.
- For required learning experiences of less than four weeks, students should where possible be provided with timely formative feedback or alternate means by which a student can assess their progress in the experience.
- For half- or year-long required learning experiences, every student must receive formal formative feedback approximately every six weeks.

Standards for narrative feedback

These standards are informed by and should be implemented in accordance with the expectations and requirements of CACMS accreditation element 9.5, Narrative Feedback.

For all required learning experiences, a narrative description of a medical student's performance, including his or her non-cognitive achievement, should be included as an assessment component whenever teacher-student interaction permits this form of assessment.

Date of original adoption: 15 November 2011

Date of last amendment: 11 December 2018

Standards for timely completion of student assessment and release of marks

These standards are informed by and should be implemented in accordance with the expectations and requirements of CACMS accreditation element 9.8, Fair and Timely Summative Assessment.

These standards apply to all required learning experiences, defined as required and transcribed courses and clerkship rotations.

For all required learning experiences, each student component assessment (evaluation forms, examination results, etc.) must be released to the students *within six weeks* of the assessment completion of the activity to be assessed. Earlier release is encouraged. Individual adherence to this deadline is to be monitored by the course director. Regardless of whether the course director elects to delegate this task to an administrative assistant, the overall responsibility for compliance remains with the course director.

The final grade in each course is to be recorded within the appropriate student information system(s), as determined by the MD Program, and must be made available to students *no later than six weeks* following the end of the required learning experience. Earlier release is encouraged. In exceptional circumstances, an individual student's assessments and/or final course grade may be delayed; in this situation, the student must be notified of the reasons for delay. Under no circumstances should the release of assessments or grades to an entire class or group of students be delayed beyond the timeframes named above.

Students should be advised of sub-standard performance as soon as this information is available, in advance of the deadlines noted above where possible.

Teachers or course directors who persistently fail to meet the six-week assessment and/or final grade deadline will be brought to the attention of their Department Chair and/or the Associate Dean, MD Program by the Foundations Director, Clerkship Director, and/or MD Program Office of Evaluations and Assessments.

Note: The Christmas/New Year holiday period when the University of Toronto is closed does not count towards the six week timeline for the release of assessments and final course grades describe above.

Date of original adoption: 19 April 2011

Date of last amendment: 12 March 2019

Temerty Faculty of Medicine Appeals Guidelines ^

The Temerty Faculty of Medicine Appeals Committee procedures and guidelines for appeals are contained within the [Terms of Reference and Guidelines for Procedure](#) of that body.

MSPR Guidelines

Introduction

A Medical Student Performance Record (MSPR) is produced for each University of Toronto (U of T) medical student in support of the Canadian Residency Matching Service (CaRMS) application requirements.

The U of T MSPR components are summarized below. These components are informed by and consistent with a MSPR template endorsed by the Association of Faculties of Medicine of Canada. Explanatory notes are provided to ensure clarity and transparency about specific components, where necessary. Information regarding the U of T MD Program curriculum will be made available on the MSPR via hyperlinks.

Also included below are MSPR production and dissemination guidelines. The use of MD Program student academic records for the purposes of MSPR production and dissemination is governed by and consistent with University of Toronto [Guidelines Concerning Access to Official Student Academic Records](#) and MD Program [Access to Student Academic Records](#). By acting in accordance with those *Guidelines*, the MD Program supports and is in compliance with appropriate access to, and privacy of, official student academic records consistent with the [Freedom of Information and Protection of Privacy Act](#) (FIPPA).

MSPR Components

The U of T MSPR is comprised of the following components:

1. Identifying Information

- Student Name
- University of Toronto Student Number
- Date of Issuance
- Academic year in which student enrolled in Year 3 of the MD Program

2. Academic History

- Date of first registration in the MD Program
- Time to complete program (Example: leaves, extensions or repeated years)
 - This sub-section is intended to enable medical schools to contextualize extensions, leaves, gaps or breaks due to unsatisfactory academic performance as well as those that are non-academic in nature. The identification of repeated years due to unsatisfactory academic performance is governed by the MD Program's Standards for Grading and Promotion. Privacy of students personal information, including with respect to non-academic extensions or leaves due to illness or injury is protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Protection Act (PHIPA).
- Information on prior, current or expected enrollment or graduation in dual, joint or conjoint degree programs
 - Only dual, joint or conjoint degree programs formally associated with the U of T MD Program in accordance with the U of T Quality Assurance Framework will be identified in this sub-section. Information about academic programs pursued in addition to the MD Program that are not formally associated with the MD Program will be reflected the student's transcript.
- Description of any repeated courses
 - This sub-section is intended to enable medical schools to provide context, including supportive commentary, in cases where a repeated course is indicated on the student's transcript. The identification of repeated courses is governed by the MD Program's Standards for Grading and Promotion.
- Description of any academic misconduct in medical school that the student has been found guilty of that is currently part of their academic record
 - The identification of academic misconduct is governed by the University of Toronto Code of Behaviour on Academic Matters and MD Program Academic Integrity Guidelines.

3. Academic Progress

- Professional Performance

This section will indicate if a student's professionalism performance in the MD Program meets expectations or does not meet expectations, in accordance with the MD Program Student Professionalism Guidelines. For the purposes of the MSPR, students who have successfully completed a Focused Professionalism Learning Plan or Professionalism Remediation have met the program's professionalism expectations.

- Preclinical Curriculum
 - This section will indicate if the student has successfully complete the MD Program's Foundations curriculum. It will not include grades or other performance indicators for each Foundations course as that information is provided on student transcripts.
- Clerkship Courses
 - Student performance for each clerkship course will be represented on the MSPR by Credit/No Credit along with narrative comments from the strengths section of the student's final clinical assessment forms. Further details regarding the inclusion of narrative comments on the MSPR are included below under MSPR Production and Dissemination Guidelines.
- Electives
 - Student performance for each elective completed by the time the MSPR is produced will be represented on the MSPR by Credit/No Credit along with narrative comments from the strengths section of the student's final clinical assessment forms. Further details regarding the inclusion of narrative comments on the MSPR are included below under MSPR Production and Dissemination Guidelines.

MSPR Production and Dissemination Guidelines

MSPRs are normally produced and disseminated in the Fall term of students Year 4 in the MD Program. Specific production and dissemination processes and dates are determined by Enrolment Services Undergraduate Medical Education (UME), informed by applicant timelines for the first iteration of the Canadian residency match process.

Student academic records are the source of information for production of the MSPR. These student academic records include information contained in University transcripts, in electronically stored records such as final clinical assessment forms, and in the "official student academic record" as maintained within UME Enrolment Services in the Temerty Faculty of Medicine.

Narrative Comments

Narrative comments for clerkship courses and completed electives will be drawn solely from the strengths section of students final clinical assessment forms. Narrative comments on the MSPR will *not* include comments from interim feedback forms or from any source other than final clinical assessment forms.

With the exception of corrections to grammar or spelling, the comments drawn from the strengths section of students final clinical assessment forms will be included verbatim on the MSPR. As part of the final clinical assessment form for MD Program courses, the strengths comments will not be edited, adapted or expanded upon to advantage their use in the MSPR.

Consent, including presumed consent, by students for inclusion on the MSPR of narrative comments from the strengths section of clinical assessment forms is provided as follows:

- Following completion of each clerkship course and elective, students will receive notification to review their clinical assessment form, including narrative comments, to confirm that the clinical assessment form accurately reflects their performance.
- Students will have two weeks from the date of notification to indicate their agreement or disagreement.
- If a student agrees with the clinical assessment form, or does not reply to the notification within two weeks, they will have provided consent to include on the MSPR comments from the strengths section of the evaluation form(s) for the course or elective in question.
- If a student disagrees that their clinical assessment form accurately reflects their performance in the course, they will meet with the course director and/or Clerkship Director to discuss their concerns, including any comments from the strengths section of the form that the student believes are not *factual* and *accurate*. This is not an opportunity to advocate for the addition of comments; the comments on final clinical evaluation forms are based on preceptors workplace-based observations throughout the rotation or elective. Following such discussion, the course director and/or Clerkship director will determine if the comments on the clinical assessment form are *factual* and *accurate*. Comments on the evaluation form that are deemed by the course director and/or Clerkship Director to be *factual* and *accurate* will not be changed on or removed from the evaluation form, and will be included on the student s MSPR, as outlined above. There is no further route to appeal with respect to inclusion of narrative comments on a student s MSPR.

For courses in which a student has completed remediation, the narrative comments from the strengths section of original clinical evaluation form will be included on the MSPR.

For repeated courses, in which the initial course attempt appears on the student s transcript as No Credit (NC), the narrative comments from the strengths section of both the initial course attempt and repeated attempt(s) will be included on the MSPR.

Date of original adoption: 13 April 2021

Policy on scheduling of classes and examinations and other accommodations for religious observances *

The University of Toronto welcomes and includes students, staff and faculty from a broadly diverse range of communities and backgrounds. The University community comprises one of the most diverse campus populations anywhere. Students, staff and faculty have a wide range of backgrounds, cultural traditions and spiritual beliefs. With reference to the University s commitment to human rights as articulated in the [Statement on Human Rights](#) and in accordance with the accommodation principles of the Ontario [Human Rights Code](#), the [Policy on Scheduling of Classes and Examinations and Other Accommodations for Religious Observances](#) is concerned with accommodations for students with respect to observances of religious holy days.

Policy on the student evaluation of teaching in courses *

The purpose of the **Policy on the Student Evaluation of Teaching in Courses** is to outline the principles and parameters that guide the evaluation of courses at the University of Toronto. The specifics of how the course evaluation process will be structured and administered in particular contexts will be outlined in the *Provostial Guidelines for the Student Evaluation of Teaching in Courses*. The Provostial Guidelines and the course evaluation policy, in addition to divisional guidelines on course evaluation, form an institutional framework for the evaluation of courses.

Guidelines for teacher and course evaluations

Overview

The MD Program relies on various sources of information to provide feedback on the quality of the program as a whole, on individual components including courses, and on individual teachers. This feedback enables evidence-based, continuous quality improvement of the program and student experience. It is also a core element of a faculty member's teaching dossier, which is used for promotion and related purposes. One of the chief sources of such feedback is data obtained from students via teacher assessments and course evaluations.

Curriculum leaders should work with student course representatives to ensure that the importance of timely evaluation completion is well understood. Course directors should communicate their evaluation expectations to students at the beginning of the course and at subsequent points as necessary.

Principles

1. One of the most powerful and effective tools used to assess the quality and effectiveness of the MD Program curriculum and its teachers is constructive student feedback.
2. Students in the MD Program are in training to enter a profession that relies to a considerable extent on collegial critique for self-improvement. Giving effective feedback and responding to feedback are competencies essential for effective self-regulation.
3. The MD Program endeavours to educate medical students in a manner that fosters the development of competencies essential for effective self-regulation.
4. Students are essential partners in the education program and should contribute to the planning and implementation of a reasonable, required program of course evaluation and teacher assessment.
5. The time required to complete assessments of teachers and evaluation of courses should be minimized by ensuring:
 - a. That the process of completion of forms be as easy as possible, including:
 - i. That the forms be concise and only include essential information.
 - ii. That whenever possible, dedicated time be set aside during school hours for students to complete course evaluations and teacher assessments.
 - iii. That the forms be available for completion on a variety of technological platforms.
 - b. That the number of students required to complete the forms be determined with regard to statistical principles.
 - c. That reminders to complete any forms be limited to no more than once per week.

Expectations

1. In light of the preceding principles, students are to evaluate all activities, faculty teaching events and faculty/residents interactions where they have substantial contact. The minimum number of clinical teacher assessments should be no less than three. In courses where there is substantial contact with residents it is also expected that students will complete no less than three resident assessments. Students are also expected to complete all end of course evaluations.
2. Students are expected to complete all evaluations forms upon receipt of the request and will receive reminders every two weeks. Evaluations forms must be submitted prior to a cut-off of 15 days from the time of receipt of the original request. The cut-off date is intended to ensure that feedback data remains valid, is not unduly influenced by recall bias, and is available in a timely manner to facilitate quality improvement activities.
3. Completion of course evaluation and teacher assessment forms will be monitored by the central MD Program administration. Clerkship students who have not completed the end of course evaluation will not have electronic access to assessments completed on MedSIS pertaining to their own performance until they have submitted the

required evaluations in that course. If a student does not meet this requirement (completing end of course evaluation) they may still access their own assessment by scheduling a meeting with the course director at which time they should be prepared to discuss why they have not completed their evaluations as requested.

4. If students encounter a technical difficulty that hinders the completion of an evaluation form, it is their responsibility to bring this problem to the attention of the course administrator, course director, or technical staff in a timely manner.

Standards for the timely release of teacher assessment scores and feedback

The MD Program places great value on the commitment of the many teachers who contribute to the education of our students. In recognition of their efforts, student assessment of teacher effectiveness scores and other formal feedback will be made available to teachers within two months of the end of the course (in Foundations) and within two months of the end of the academic year (in Clerkship). The MD Program will facilitate the provision of each teacher's student assessment of teacher effectiveness scores to the relevant University Department Chair(s).

Teacher assessment data will, however, only be released when a minimum of three assessments have been received for a given teacher for each learning activity in order to protect the confidentiality of the students who provided the feedback.

Courses that run for a prolonged period of time (particularly the entire length of the academic year) and courses with multiple rotations are encouraged to share interim or informal feedback earlier when this can be done without compromising student anonymity.

Failure to meet the two-month deadline will be brought to the attention of the Foundations Director or Clerkship Director as appropriate, and if necessary the Associate Dean, MD Program and/or the relevant Department Chair.

Standards for the use of teacher assessment scores and feedback

Student assessment of teacher effectiveness scores and other evaluation feedback about individual teachers must not be disclosed to those outside of the MD Program, nor to individuals within the MD Program, who do not have the authority to access that data. The only exceptions are when the disclosure is required by official MD Program business, by University policy, or by law.

Letters of reference or external award nominations written by MD Program leaders for teachers must not contain student assessment of teacher effectiveness scores or student comments retrieved from evaluation forms without the specific consent of the teacher.

Individuals aware of inappropriate disclosure of teacher assessment information outside of the MD Program should inform the Associate Dean, MD Program as soon as possible.

Teacher assessment appeals process

MD Program teachers have the right to request an appeal of their teacher assessments. Included below are guidelines for appeal requests and the adjudication appeal requests, including the reporting process.

Appellant Responsibilities:

1. Appeal requests are to be directed to the attention of the Evaluation Scientist, Office of Assessment and Evaluation, MD Program by email (md.oae@utoronto.ca) and copied to the appellant's Clinical Chief and Departmental Chair/Divisional Head, and the Course Director.
2. Appeal requests must be submitted no more than one year after the release of the assessments in question.
3. Notices of such requests are to provide a rationale for such request.

Process & Reporting:

1. Teacher assessment records are compiled by the Office of Assessment and Evaluation for review by an ad hoc three member Appeals Committee, which is chaired by a Senior Educator appointed by the Associate Dean, MD Program and includes both a faculty and student representative. This committee convenes as required.

2. Reviews are limited to appeal requests submitted by the deadline indicated above, and which pertain to teaching within the immediately preceding academic year unless more than one year of data was required in order to reach an aggregate of three assessments.
3. If successful, the outcome of the appeal will include the elimination of the assessment in question.
4. All outcomes are considered final and are reported to the appellant and copied to the appellants respective Clinical Chief and Departmental Chair /Divisional Head as either supported or denied.
5. Students will not normally be notified when an appeal is made, nor will they be notified regarding the outcome of the appeal.
6. A summary of all appeals and their outcomes will be provided to the Associate Dean, MD Program.

Standards & Guiding Principles:

In order to ensure uniformity and fairness, the committee relies on standards in its adjudication process that may include:

1. Face validity:
 - a. A presentation of reasonably refuting evidence.
 - b. Undue influence of a statistically atypical assessment(s).
 - c. Whether an evaluation(s) is (are) program or teacher oriented.
 - d. Obvious transposition of scale ratings.
2. For assessments in question, additional considerations may include:
 - a. Whether there is evidence supporting apparent retribution by a student.
 - b. Whether or not a student(s) has (have) substantiated their ratings in narrative form.
 - c. Whether the degree of contact between teacher and student is reasonable for purposes of rendering an assessment of teaching effectiveness.

In circumstances where arguments for and against upholding an appeal are balanced, the resolution will be to favour the appellant.

System error teacher assessment appeals process

Instances may arise where a Course or Component Director identifies that a teacher received a low or incorrect assessment as a result of a system error beyond the teachers control. Examples of a system error include receiving low ratings as a result of miskey issues (ratings do not correspond with comments), or being assessed for the incorrect teaching activity. Included below are guidelines for appeal requests and the adjudication of appeal requests, including the reporting process.

Course or Component Director Appellant Responsibilities:

1. The Course or Component Director who has identified the low or incorrect assessment will formally notify the Office of Assessment and Evaluation (md.oae@utoronto.ca). There is no need to copy in the Clinical Chief and Departmental Chair/Divisional Head for the teacher in question.
2. Appeals requests must be submitted no more than one year after the release of the assessment in question.
3. The submission should include: i) the name of the teacher who received the low assessment, ii) the name and date of the session, and iii) a description of the system error.

Process & Reporting:

1. Teacher assessment records related to the teacher who has received the low or incorrect assessment are compiled by the Office of Assessment and Evaluation. The records are analyzed alongside the submitted material by the Office of Assessment and Evaluation Program Evaluation Director, Senior Analyst, and Manager, to verify that the low or incorrect assessment resulted from a system error.
2. If the outcome of the appeal is determined to be a system error, the assessment in question will be eliminated.
3. All outcomes are considered final and are reported to the Course or Component Director who submitted the appeal and the teacher whose performance will be revised.
4. Students will not normally be notified when the appeal is made, nor will they be notified regarding the appeal's outcome.
5. A summary of the appeal case and the submitted documentation will be kept as part of the Office of Assessment and Evaluation records. Data from system error appeals will be analyzed regularly to identify areas that could be refined.

Date of original adoption: 13 August 2013
Date of last amendment: 31 January 2022

Student Conduct and Professionalism

Code of student conduct *

The University of Toronto's Governing Council has approved the ***Code of Student Conduct***, which includes details on the purpose of the *Code*, possible offences addressed by the *Code*, procedures for addressing violations, possible sanctions to be imposed, and the maintenance of records of non-academic disciplinary proceedings.

All MD Program students, faculty, and staff are expected to be familiar with the *Code of Student Conduct*, and to consult the Governing Council website as needed.

Standards of professional practice behaviour for all health professional students *

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

The ***Standards of Professional Practice Behaviour for all Health Professional Students*** express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training in the Temerty Faculty of Medicine.

Guidelines for students working part-time as health professionals

The Council of Ontario Faculties of Medicine (COFM) ***Guidelines for Students Working Part-time as Health Professionals*** were created to advise learners who wish to undertake a clinical rotation in a patient care environment they may presently or previously be employed as a health care provider

Ontario Schools of Medicine undergraduate medical education programs enroll medical students who have registration and/or previous employment in other areas of health care. To support financial obligations as students, undergraduate medical learners may seek temporary or seasonal employment in their registered health professional roles. These roles may overlap with learning in clinical environments. This guideline will direct decision making for a select group of students involved in clinical learning at a health care facility where they are/have been employed (full or part time) as a health care worker.

Guidelines for appropriate use of internet, electronic networking and other media ^

The ***Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media*** apply to all medical trainees registered at the Temerty Faculty of Medicine at the University of Toronto, including undergraduate and postgraduate students, fellows, clinical research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

Guidelines for the Assessment of Student Professionalism

Application

Effective 2017-18, these *Guidelines* apply to all students registered in the MD Program.

Overview

Being a professional is one of the key attributes of being a physician. These guidelines for the assessment of MD student professionalism are informed by the University of Toronto's *Standards of Professional Practice Behaviour for all Health Professional Students* and the MD Program's competency framework.

Assessment of student professionalism takes place through competency-based professionalism assessments and critical incident reports, as described below.

Suspected breaches of academic integrity are investigated and addressed in accordance with the MD Program's *Academic Integrity Guidelines*.

Competency-based Professionalism Assessments

In selected teaching and learning settings where teachers are in a position to make meaningful observations about students' professional behaviour, including small group settings and clinical learning environments, supervising teachers complete competency-based student professionalism assessment forms. This assessment exercise provides an opportunity for teachers to indicate both strengths and areas for improvement with respect to professionalism. It also allows the program to monitor whether individual students are exhibiting a pattern of unprofessional behaviour, possibly across multiple courses or multiple learning contexts.

The professionalism assessment form is organized according to six professionalism domains. Each domain includes criteria that reflect specific behaviours that characterize the respective domain, as follows:

- Altruism
 - Demonstrates sensitivity to patients and others' needs, including taking time to comfort the sick patient
 - Listens with empathy to others
 - Prioritizes patients' interests appropriately
 - Balances group learning with his/her own
- Duty: Reliability and Responsibility
 - Fulfills obligations in a timely manner, including transfer of responsibility for patient care
 - Informs supervisor/colleagues when tasks are incomplete, mistakes or medical errors are made, or when faced with a conflict of interest
 - Provides appropriate reasons for lateness or absence in a timely fashion
 - Prepared for academic and clinical encounters
 - Actively participates in discussions
 - Fulfills call duties
 - Timely completion of MD Program and hospital registration requirements
- Excellence: Self-improvement and Adaptability
 - Accepts and provides constructive feedback
 - Incorporates feedback to make changes in behaviour
 - Recognizes own limits and seeks appropriate help
 - Prioritizes rounds, seminars and other learning events appropriately
- Respect for Others: Relationships with Students, Faculty and Staff
 - Maintains appropriate boundaries in work and educational settings
 - Establishes rapport with team members
 - Dresses in an appropriate manner (context specific)
 - Respects donated tissue; cadavers
 - Relates well to patients, colleagues, team members, laboratory staff, service, and administrative staff
- Honour and Integrity: Upholding Student and Professional Codes of Conduct
 - Accurately represents qualifications
 - Uses appropriate language in discussions about cases and with or about patients and colleagues
 - Behaves honestly
 - Resolves conflicts in a manner that respects the dignity of those involved

- Maintains appropriate boundaries with patients
- Respects confidentiality
- Uses social media appropriately
- Respects diversity of race, gender, religion, sexual orientation, age, disability, intelligence and socio-economic status
- Recognize and Respond to Ethical Issues in Practice
 - Recognizes ethical issues and dilemmas in case vignettes and in practice
 - Examines personal values in relation to challenges in educational and clinical settings
 - Applies ethical reasoning skills to case situations
 - Acts appropriately with respect to complex ethical issues
 - Understands options to respond to unprofessional and unethical behaviours of others

Teachers are asked to rank students from 1 to 5, with 5 being the highest score, for each of the six professionalism domains. The assessment of each domain is based on the criteria applicable to the student's learning activity. Teachers have the option of indicating if they were not in a position to assess one or more of the professionalism domains. Teachers are required to provide comments regarding any scores of 1 or 2, including those that are based on a critical incident (details regarding critical incident reports provided below).

Professionalism Standards of Achievement

Satisfactory professionalism competency is a requirement to achieve credit in every course, and assessment of professionalism competency is included in every course. Satisfactory professionalism competency is also required to progress from one year level to the next and to graduate from the program, in accordance with the MD Program's *Standards for Grading and Promotion* for [Foundations](#) and [Clerkship](#).

A student may be identified as not satisfactorily progressing as follows:

- One or two scores of less than 3 on any combination of the six professionalism domains, including two scores of less than 3 on the same form, will trigger a student professionalism check-in process (see below for details).
- Three or more scores of less than 3 on any combination of the six professionalism domains, including 3 or more scores of less than 3 on the same form, will trigger a student in professionalism difficulty review process (see below for details).
- A critical incident report will trigger the student in professionalism difficulty review process (see below for details).

The student in professionalism difficulty review process will be re-triggered in cases where a student who has successfully completed (or is in the process of completing) a focused professionalism learning plan or program of professionalism remediation subsequently receives a score of less than 3 on one of the six professionalism domains.

Critical Incident Reports

Critical incident reports are intended to address situations where a student has put a patient or someone else at significant risk because of their behaviour, or situations in which a student has engaged in conduct unbecoming of a physician in training. Critical incidents of unprofessional behaviour include the following:

- Failure to keep proper medical records
- Falsification of medical records
- Breach of confidentiality
- Failure to acknowledge and manage appropriately a conflict of interest
- Being disrespectful to patients and others
- Failure to be available while responsible for contributing to patient care
- Failure to provide transfer of responsibility for patient care
- Providing treatment without appropriate supervision or authorization
- Referring to oneself as, or holding oneself to be, more professionally qualified than one is
- Being under the influence of alcohol or recreational drugs while participating in patient care
- Failure to respect the rights of patients and others, including contravention of the Ontario *Human Rights Code*
- Assaulting a patient or others, including any act that could be construed as mental or physical abuse
- Sexual abuse of a patient, as defined by the Province of Ontario *Regulated Health Professions Act*
- Stealing or misappropriating or misusing drugs, equipment, or other property
- Violation of the Criminal Code

- Any other conduct unbecoming of a physician in training

Please note that patients and others includes patients, families, staff, peers and others.

Critical incidents can be reported as part of a competency-based assessment, or by any teacher, medical student or other learner, University staff member, or hospital staff member using the MD Program s Critical Incident Report Form or MD Program Event Disclosure Form. Completed critical incident report forms should be forwarded to the Foundations Director, Clerkship Director or Associate Dean, Health Professions Student Affairs. Receipt of a notification that a critical incident has occurred will initiate the student in professionalism difficulty review process, which is described below.

A substantiated critical incident report may lead to a program of remediation, which the student would be required to report to the College of Physicians and Surgeons of Ontario (CPSO) and/or other provincial/territorial physician regulating bodies, as appropriate. A substantiated critical incident can also lead to failure to achieve credit in one or more courses, failure of a year, suspension, or dismissal from the program.

Student Professionalism Check-in Process

One or two scores of less than 3 on any combination of the six professionalism domains, including two scores of less than 3 on the same form, will trigger the student professionalism check-in process. The check-in process is intended to ensure that students have the opportunity to discuss their performance, including consideration of comments provided on the professionalism assessment form, in a safe and confidential environment, and that they are aware of the various supports available to them.

The check-in procedures are as follows:

- i. The student is contacted in writing by and required to meet with the course or component director of the course or component in which the score of less than 3 was received. The course/component director may consult with the Foundations Director, Clerkship Director and/or other curriculum leaders prior to or following the check-in.
- ii. The check-in process normally results in one of three outcomes:
 - a. No voluntary professionalism activities are suggested by the course/component director. A record of the discussion is created by the course/component Director, reviewed by the student, and retained in the student file.
 - b. Voluntary professionalism activities are suggested by the course/component director. A record of the discussion is created by the course/component director, reviewed by the student, and retained in the student file.
 - c. The course/component director forwards the matter to the relevant curriculum (Foundations or Clerkship) director for further review. This action is taken only in exceptional circumstances, where the course/component director considers the professionalism issue serious enough to warrant further review. A record of the discussion is created by the course/component director, reviewed by the student, and forwarded to the relevant curriculum director. The student will meet with the curriculum director in accordance with the student in professionalism difficulty review process, described below.

See Appendix A for a check-in process flow chart.

Student in Professionalism Difficulty Review Process

The student in professionalism difficulty review process will be triggered if a student receives:

- Three or more scores of less than 3 on any combination of the six professionalism assessment domains, including 3 or more scores of less than 3 on the same form
- A critical incident report

A course or component director may decide to initiate the student in professionalism difficulty review process as the outcome of a check-in meeting. This action is taken only in exceptional circumstances, where the course/component director considers the professionalism issue serious enough to warrant further review.

The student in professionalism review process may lead to a program of remediation, which the student would be required to report to the College of Physicians and Surgeons of Ontario (CPSO) and/or other provincial/territorial physician regulating bodies, as appropriate. The review can also lead to failure to achieve credit in one or more courses, failure of a

year, or dismissal from the program, in accordance with the MD Program's *Standards for Grading and Promotion for Foundations and Clerkship*.

The student in professionalism difficulty review procedures are as follows:

A. Student Meeting

- i. The student is contacted in writing by and required to meet with the relevant curriculum director (i.e. Foundations Director or Clerkship Director), or delegate, to discuss the professionalism issues identified in the professionalism assessments and/or critical incident report. The student viewpoint as well as input from the course/component director and other curriculum leaders, as appropriate, will be considered during the meeting.
- ii. Reviews that involve a critical incident report will normally result in one of two outcomes:
 - a. The critical incident is *not* substantiated by the curriculum director, in which case no further action is required.
 - b. The critical incident is substantiated by curriculum director, in which case the review process proceeds.
- iii. The curriculum director, in consultation with the Faculty Lead, Ethics & Professionalism and other curriculum leaders, as appropriate, will determine next steps. The student's record of professionalism (including their professionalism assessments, substantiated critical incidents reports, and previous programs of professionalism remediation) and severity of the incidents (critical or otherwise) will inform next steps. The student's perspective and other background information will also be taken into account. Next steps will involve one of four outcomes:
 - a. No further action required
 - b. Focused Professionalism Learning Plan (See section B below)
 - c. Professionalism Remediation (See section C below)
 - d. Academic sanctions (See section D below)
- iv. The student may be required to meet with the Associate Dean, Health Professions Student Affairs or delegate for the purpose of exploring health-related or personal reasons for their unsatisfactory progress and potential supports needed.

B. Focused Professionalism Learning Plan

- i. The student will meet with the Faculty Lead, Ethics & Professionalism to develop a Focused Professionalism Learning Plan, including specific performance criteria that reflect the specific professionalism concern(s) at issue and time period for completion. The Faculty Lead has ultimate responsibility for approval of the learning plan details and timelines, in consultation with the student.
- ii. Following the time period specified for completion of the learning plan, the Faculty Lead will review the student's progress. The review may include consultation with relevant curriculum leaders. The outcome of this review will be a report provided by the Faculty Lead to the Foundations or Clerkship student progress committee.
- iii. The Foundations or Clerkship student progress committee will review the student's professionalism progress and decide whether the student is satisfactorily progressing in professionalism:
 - a. If the student progress committee decides that the student is satisfactorily progressing in professionalism, the student will be informed by the Faculty Lead that their learning plan has been successfully completed. A record of the learning plan, including its successful completion, will be retained in the student file.
 - b. If the student progress committee decides that the student is not satisfactorily progressing, a recommendation for professionalism remediation will normally be recommended, as described in section C below.
- iv. In cases where professionalism remediation is recommended to the Board of Examiners, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

C. Professionalism Remediation

- i. Professionalism remediation may be recommended following unsuccessful completion of a Focused Professionalism Learning Plan or as an immediate outcome of the student meeting.
- ii. The student will be informed in writing by the relevant curriculum director or delegate that they are not satisfactorily progressing in professionalism, and that a recommendation for professionalism remediation will be made to the Board of Examiners. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners.
- iii. If the recommendation for formal professionalism remediation is approved by the Board of Examiners, a provincial MedSIS course grade of Unsatisfactory Progress (for Foundations) or Conditional (for Clerkship) will be assigned.
- iv. The Faculty Lead, Ethics & Professionalism will meet with the student and determine the appropriate program of remediation, including specific performance criteria that reflect the specific professionalism concern(s) at issue

and time period for completion. Remediation may include repetition of a course(s), a year, and/or suspension from the program. Students will also be informed of the consequences of not successfully completing the required remediation, including in relation to the MD Program s *Standards for grading and promotion*.

- v. Following the time period specified for completion of the professionalism remediation, the Faculty Lead will review the student s progress. The review may include consultation with relevant curriculum leaders. The outcome of this review will be a report provided by the Faculty Lead to the Foundations or Clerkship student progress committee.
- vi. The Foundations or Clerkship student progress committee will review the student s professionalism progress and decide whether the student is satisfactorily progressing in professionalism:
 - a. If the student progress committee decides that the student is satisfactorily progressing in professionalism, the student will be informed by the Faculty Lead that their professionalism remediation has been successfully completed. A record of the program of remediation, including its successful completion, will be retained in the student file.
 - b. If the student progress committee decides that the student is not satisfactorily progressing, a recommendation will be forwarded to the Board of Examiners. This recommendation will normally include academic sanctions, in accordance with the MD Program s *Standards for Grading and Promotion for Foundations and Clerkship*. In such cases, the student should be provided with timely notice of the recommendation, disclosure of the evidence on which the recommendation is based (i.e. the reasons for the recommendation), and an opportunity to provide a response to the Board of Examiners.

D. Academic Sanctions

- i. Academic sanctions are normally recommended following unsuccessful completion of a program of professionalism remediation, in accordance with the MD Program s *Standards for Grading and Promotion for Foundations and Clerkship*. In exceptional circumstances, the outcome of a student meeting involving a substantiated critical incident report may be the immediate recommendation for academic sanctions. Academic sanctions may include failure to achieve credit in one or more courses, being placed on probation (with specified performance requirements and consequences for not successfully completing those requirements), failure of a year, suspension, or dismissal from the program.
- ii. The student will be informed in writing by the relevant curriculum director or delegate that they are not satisfactorily progressing in professionalism, and that a recommendation for academic sanctions will be made to the Board of Examiners. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners.

See Appendix A for a student in professionalism difficulty process flow chart.

[Appendix A: MD Program Student Professionalism Check-in Process PDF](#)

Guidelines and procedures for physical examination of students by peers and tutors

Purpose

The purpose of this document is to provide a student-centred approach to consent for physical examination of students by peers and tutors that is respectful of students privacy and to provide a clear procedure for negotiating adverse events

Scope

This document applies to all students and faculty involved in the teaching and learning of clinical skills in the MD Program curriculum. In this document, the term peers refers to MD Program students

Guideline

1. Examining peers is part of the Foundations Curriculum clinical skills training in the MD Program
2. Students and tutors may examine head, neck, and limbs typically exposed with T-shirts and shorts. Abdomen and chest (anterior and posterior) exposed by removal of top layer of clothing may only be examined with students explicit consent and in accordance with appropriate draping procedures as found in the Examination of the Patient section in week 12 of ICE Clinical Skills syllabus

3. Students and tutors will not be expected to examine breasts, the genitals or rectal area
4. Students must obtain verbal consent from peers to be examined before each instance of physical examination. Any concerns regarding consenting to peer exam in general should be discussed with the Clinical Skills Director, Foundations Director or Associate Dean, Health Professions Student Affairs (HPSA) at the beginning of the academic year
5. Students may withdraw verbal consent to be examined at any time. Students are not required to disclose their reasons for withdrawing consent
6. Students may decline to give consent to be examined by tutors and peers. Students are not required to disclose their reasons for refusing consent
7. Students who refuse or withdraw consent for any component of the physical exam may discuss this decision with either their tutor, Clinical Skills Director, Foundations Director or Associate Dean, HPSA. All parties will handle this discussion sensitively and confidentially
8. Students may opt to pre-select partners from within the group with whom they are comfortable
9. Tutors must not coerce students into consenting to be examined. They should only invite students to volunteer for demonstration purposes who have previously given consent. Any instances of perceived coercion or discomfort should be discussed with the Foundations Director and/or Associate Dean, HPSA. Tutors will have access to ongoing faculty development opportunities to ensure they have clear, ongoing understanding of these guidelines
10. Tutors shall not take a refusal into account when considering the student's academic performance
11. In the event that peer participation for physical examination is not possible within the student's group, other avenues to ensure that student learning is not compromised will be implemented (i.e. combining groups, use of standardized patients, etc)
12. In the event of discovery of a suspicious finding, inappropriate behaviour, or a breach in confidentiality, tutors and students will follow the adverse event procedures outlined below

Adverse Events Procedure

A. Discovery of a suspicious finding

During physical examination of students by peers and tutors it is possible that a new suspicious finding may be discovered, for example, discovery of a mass, a heart murmur, or elevated blood pressure. The goal is to enable the student to obtain timely medical attention

The following steps will be taken

- i. The examining student confidentially informs the examined student of the suspicious finding
- ii. The examining student determines whether the student is already aware of the suspicious finding
- iii. Both students confidentially inform their tutor
- iv. The tutor asks permission to perform the same physical examination
- v. If the tutor confirms the suspicious finding, the tutor recommends that the student seeks medical advice
- vi. The tutor reminds both students of the duty of the examining student to maintain confidentiality regarding the incident

B. Inappropriate behaviour

Inappropriate behaviour, such as inappropriate use of medical equipment, offensive language, or physical abuse may occur during physical examination of students by peers and tutors. Tutors may directly witness inappropriate behaviour or be alerted to it by a student. The consequence for inappropriate behaviour will vary and will be determined on a case-by-case basis

The following steps will be taken

- i. The tutor speaks to the student(s) behaving inappropriately
- ii. The tutor informs the student that their behaviour is inappropriate and may be a breach of University or Faculty policy or standard
- iii. For serious breaches of behaviour, the tutor contacts the course director regarding the incident
- iv. The course director checks applicable policies and standards regarding the incident and takes required actions
- v. If a student has potentially been harmed by the inappropriate behavior, the tutor ensures that he or she seeks appropriate care (i.e. counseling)

C. Breach in confidentiality

Confidential information about a student may be revealed during history taking or physical examination. For example, students may reveal a history of medical issues, or physical examination may reveal surgical scars. It is possible in these situations that a breach in confidentiality may occur despite students being taught about the importance of confidentiality

NOTE: Some students may willingly provide specific consent to have their physical findings used for the instruction of others, which would not breach confidentiality

The following steps will be taken in the case of a breach in confidentiality

- i. The tutor takes the student(s) who breached confidentiality aside to speak with them
- ii. The tutor informs the student(s) that sharing confidential information without consent is unacceptable and a breach of standards
- iii. The tutor contacts the local site coordinator and course director regarding the incident
- iv. The course director checks applicable policies and standards regarding the incident and takes required actions
- v. The tutor ensures the student whose confidentiality has been breached is informed and, if required, seeks appropriate care (i.e. counseling)

Date of original adoption: 12 April 2016

Date of last amendment: 12 March 2019

University-Mandated Leave of Absence Policy *

The University is committed to providing students with the opportunity to pursue their educational goals. It is also committed to maintaining a safe environment for study and work. Pursuant to the University's commitment to providing supports and accommodations for students and its obligation under the Ontario Human Rights Code, the University provides accommodative resources through a number of services, each involving specialized attention by experienced and qualified staff to the specific needs of students.

In certain circumstances, the potential application of the *Code of Student Conduct* will not be suitable, since it entails a disciplinary approach. Similarly, it may not be consistent with the duty to accommodate to merely let the student confront significant negative academic consequences in these situations. The **University-Mandated Leave of Absence Policy**, therefore, sets out additional options to better reflect the needs and the situation of the student.

Wellness and Learning Environment

Student Mistreatment Protocol

Important: This Protocol is NOT for emergency use.

Students concerned about impending harm to themselves or others should call 911 or seek immediate assistance from onsite security or other authorities. Students should make a subsequent disclosure/report as described in this Protocol, only after safety is ensured.

A. Preamble: Purpose and Scope

The MD Program places the utmost importance on the safety and well-being of students, including their ability to learn in an environment of professionalism, collegiality, civility and respect.

All members of the MD Program community have a joint responsibility to protect the integrity of the learning environment and a right to appropriate treatment and response when the environment is compromised.

The purpose of this Protocol is to articulate procedures for University of Toronto medical students to disclose/report mistreatment that they have experienced or witnessed. This Protocol is informed and governed by the University of Toronto, Faculty of Medicine, regulatory body and government statements, policies, protocols, codes and standards listed

in Appendix A. This Protocol does not supersede powers and procedures set out in other policies of the University, the Faculty of Medicine or hospitals. Where an existing University or Faculty policy applies, the procedure described in that document will be followed. Likewise, if a University or Faculty office or a clinical institution has jurisdiction in a given situation, its authority will be respected.

B. Categorization and Definitions of Mistreatment

The Association of American Medical Colleges (AAMC) defines mistreatment within the medical education context as intentional or unintentional behaviour that shows disrespect for the dignity of others and interferes with the learning process. Mistreatment can involve a single incident or a pattern of behaviour, and can range from subtle gestures and/or comments to egregious actions. Any behaviour involving mistreatment of another person compromises the learning environment.

The Faculty of Medicine recognizes as harmful all of the behaviours and actions that are deemed unacceptable under one or more of the statements, policies, protocols, codes and standards referenced below and listed in Appendix A.

Mistreatment includes micro-aggressions, which are often unintentional, but experienced as a pattern of, snubs, slights, put-downs, and gestures that demean or humiliate individuals based on their belonging to a group, particularly those identified by gender, race/ethnicity, sexual orientation, immigration status, and/or socioeconomic class.

For the purposes of this Protocol, mistreatment is categorized as follows:

- i. Unprofessional behaviour
- ii. Discrimination and discriminatory harassment
- iii. Sexual violence and sexual harassment

Behaviours that fall under the discrimination and discriminatory harassment and sexual violence and sexual harassment categories are considered unprofessional. However, they are presented as discrete mistreatment categories since they are defined and addressed through specific policy documents, as summarized below.

The examples provided below are not exhaustive and are not intended to represent the spectrum of behaviours that may be considered mistreatment.

Any student who experiences or witnesses behaviour that they perceive or suspect as being mistreatment can and should disclose/report the concerning behaviour, as outlined below in Section D Disclosure/Reporting Procedures, in order to make an informed decision about next steps.

The MD Program encourages all members of the Faculty of Medicine Community, including students, to practice allyship by disclosing/reporting mistreatment witnessed in the learning environment, even if not experienced directly.

i. Unprofessional behavior

Key documents with respect to identifying and addressing behaviours that are considered unprofessional include but are not limited to:

- [CPSO Physician Behaviour in the Professional Environment and Guidebook for Managing Disruptive Physician Behaviour](#)
- [CPSO Professional Responsibilities in Undergraduate Medical Education](#)
- [Faculty of Medicine Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
- [University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students](#)
- [MD Program Guidelines for the Assessment of Student Professionalism](#)

Selected examples of unprofessional behavior (I am a medical student who experienced or witnessed someone being):

- required to perform personal services
- publically humiliated, implicitly (e.g. eye rolling) or explicitly
- subjected to recurring outbursts of anger (e.g. shouting, throwing objects)
- subjected to disparaging remarks about the character or patient care of another physician/health professional/learner

- inhibited by a person in authority from providing appropriate feedback/evaluation, including disclosures or reports of mistreatment
- subjected to retaliation in response to a disclosure, report and/or investigation of mistreatment
- threatened with physical harm
- physically harmed

ii. Discrimination and discriminatory harassment

According to the University of Toronto Statement on Prohibited Discrimination and Discriminatory Harassment, it is the responsibility of every member of the University community to respect [] the University's institutional commitment and obligation to provide a learning and working environment free from prohibited discrimination and harassment. This commitment and obligation is grounded in the Ontario Human Rights Code.

Discrimination refers to unequal treatment based on the following protected grounds: ancestry, citizenship, colour, disability, ethnic origin, religion/faith/belief system, family status, gender expression, gender identity, marital status, place of origin, race, sex (including pregnancy), and sexual orientation. Discrimination can be direct or indirect, subtle or overt.

Medical students also have the right to freedom from discriminatory harassment, which refers to comments or conduct based on any of the protected grounds identified in the Ontario Human Rights Code that ought reasonably be known to be unwelcome.

The University of Toronto Statement on Prohibited Discrimination and Discriminatory Harassment states that offensive or threatening comments or behaviour which create a poisoned environment in the workplace or in the provision of services [including education] or accommodation, whether or not amounting to harassment, may violate the right to equal treatment without discrimination.

Selected examples of discrimination and discriminatory harassment (I am a medical student who experienced or witnessed someone being):

- subjected to offensive remarks/names related to or based on race, ethnicity, gender, sexual orientation, religion or any of the other protected grounds identified in the Ontario Human Rights Code
- denied opportunities for training or rewards based on any of the protected grounds identified in the Ontario Human Rights Code
- received lower evaluations/grades based on any of the protected grounds identified in the Ontario Human Rights Code
- denied and/or subjected to critical, dismissive or demeaning remarks about approved academic accommodations (e.g. time to perform a smudging ceremony, pray, commemorate religious observance)
- not provided with reasonable academic accommodations based on disability

iii. Sexual violence and sexual harassment

According to the University of Toronto Policy on Sexual Violence and Sexual Harassment:

Sexual violence includes any sexual act or act targeting a person's sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person's consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, and sexual exploitation.

Sexual harassment includes but is not limited to engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome. It also includes any sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome. Reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance, where the reprisal is made or threatened by a person in a position to confer, grant or deny a benefit or advancement to the person is also sexual harassment.

Selected examples of sexual violence and sexual harassment (I am a medical student who experienced or witnessed someone being):

- subjected to offensive sexist remarks/names
- subjected to sex-related comments about my/someone's physical appearance or actions
- subjected to unwanted sexual advances

- asked to exchange sexual favours for grades or other rewards
- inhibited by a person in authority from reporting unwelcome sexual comments or unwanted sexual advances

C. Disclosure/Reporting Principles

Implementation of mechanisms for medical students to disclose/report mistreatment is informed by the following mutually-related principles:

- Student safety, well-being and support: The first priority is on student safety, well-being and support. The experience of any kind of mistreatment may be extremely stressful. Throughout the disclosure/reporting process, utmost care will be taken to minimize further harm or stress to the student, to limit the number of times a student has to share their story, and to protect the student from retaliation. Students who disclose/report mistreatment should have appropriate physical, emotional and psychological supports. Where appropriate, educational leadership will endeavor to modify the learning environment such that a student will not have to have direct contact with the individual responsible for the concerning behaviour and that other meaningful changes are made to support a student's safety and wellbeing.
- Distinction between disclosure and reporting: The University, in various contexts, distinguishes between disclosures and reporting. Disclosure is when a complainant conveys information about the conduct of an individual to the University, or seeks information about options. Reporting is when a complainant conveys information about the conduct of an individual to the University with the intention that the University formally reviews and potentially acts upon the information, which could result in remedial or disciplinary action taken against the individual responsible for concerning behaviour. The decision to disclose and the decision to report are separate decisions made by the student, except in cases where the Faculty of Medicine and/or affiliated health care institution is required to take steps, including out of health or safety concerns, as required by law or university regulation.
- Designated points of trusted contact: Students will have designated points of trusted contact to disclose/report mistreatment they experienced or witnessed. These designated points of contact will include individuals who are not in an evaluative role, who can provide students with advice and guidance regarding possible next steps, and who are in a position to, as appropriate, facilitate and support steps to investigate and address the concerning behaviour.
- Confidentiality and anonymous disclosures/reports: All parties must maintain confidentiality to the extent possible. Only those who need to be involved to review the matter, to respond or are requested to provide personal support, should be informed about the disclosure or report. If a student identifies themselves to the University, but does not wish to be named to the individual who is the subject of the disclosure or report, the student should be made aware:
 - that there are circumstances where the University may need to disclose their identity in extenuating circumstances (i.e. including health or safety concerns, regulatory or legal obligations);
 - that it may be possible for the individual to identify them based on their description of the underlying incident(s);
 - that the individual may have a limited ability to respond to an unidentified or anonymous disclosure or report;
 - that the University may be limited in the scope of its review, if the individual has not had a meaningful chance to respond to the disclosure or report;
 - that the University may be limited in the sanctions that it can impose against the individual.

Students will also have the option to disclose/report mistreatment anonymously (i.e. without the requirement that they provide their identity), with the understanding that the ability to respond to such disclosures/reports is limited. When deciding whether to proceed with a review of an anonymous disclosure or report, the University may consider whether the issues underlying the disclosure or report are egregious and if there is sufficient information to enable the review. If the University decides to proceed with an anonymous disclosure or report, the student(s) who submitted the disclosure/report will not be known and so will be unable to participate in the review process or receive information about its outcome.

- Good faith disclosure/reporting: The University may choose not to review a disclosure or report if it determines that the disclosure or report is frivolous, has been made in bad faith, or there is insufficient information to proceed. Disclosures/reports that are frivolous or made in bad faith may be subject to disciplinary action, in accordance with the appropriate statements, policies, protocols, codes and standards.

D. Disclosure/Reporting Procedures

If a student feels comfortable, willing, and judges that it is safe to do so, they may choose to approach the individual responsible for the concerning behaviour and communicate their concerns with the goal of ending the behaviour. This approach recognizes the important role of collegial conversation in the MD Program community, and emphasizes the principle of addressing problems locally wherever possible. However, if such a conversation is inappropriate in the circumstances (e.g., it has previously been ineffective, or if more support is required due to a significant power imbalance) then a student may disclose their concerns to trusted MD Program leader, teacher, or staff member with whom they feel comfortable. It will be the choice of the student to make a disclosure or formal report, ideally following discussion with a designated MD Program leader as outlined below.

i. Who to Contact: Designated MD Program Leaders

For the purposes of this Protocol, the term designated MD Program leader refers to the following individuals, who are officially designated to receive and discuss disclosures/reports from medical students regarding any behaviour experienced or witnessed that a student perceives or suspects as being mistreatment. These designated MD Program leaders include the:

- Director, Learner Experience
- Associate Dean, Health Professions Student Affairs (HPSA)
- Academy Directors

As detailed below under How to Disclose/Report, students have the option to provide information anonymously (i.e. without the requirement that they provide their identity) to a designated MD Program leader regarding mistreatment they have experienced or witnessed, with the understanding that doing so is subject to the limitations outlined above under Confidentiality. Contact information for the designated MD Program leaders is provided on the MD Program [Student mistreatment webpage](#).

Individuals who are not a designated MD Program leader who nevertheless receive a mistreatment disclosure are advised not to attempt or agree to intercede in such an incident by making contact with anyone, without the assistance of a designated MD Program leader. If a student chooses to disclose an incident of mistreatment to an individual other than a Designated MD Program Leader, the individual receiving the submission should:

- make the student aware of this Protocol.
- clearly inform the student of any limitations on their authority or ability to respond.
- inform the student that the preferred approach to dealing with incidents of mistreatment is to contact a designated MD Program leader. This approach helps ensure that the student has access to suitable support, that the applicable University, Faculty, and hospital policies are followed, that investigations or other actions can be undertaken, and that the MD Program is able to monitor the learning environment effectively.
- obtain the student's permission regarding the sharing of any potentially identifying information, including completion of an Disclosure Form and/or contacting a designated MD Program leader on behalf of the student.

Special note regarding disclosures made in the context of an educational experience

There are certain occasions in the MD Program curriculum, such as Portfolio group sessions, during which students share personal experiences related to their training with the expectation that those experiences will be kept confidential. Teachers who learn of mistreatment in the course of a curricular session are encouraged to privately and discreetly approach the student who described the behaviour to make sure they are aware of options available to them to disclose and/or report the behaviour. Students should be informed that no action can be taken based on what was said in class. If the student wishes to discuss the matter, including the option to pursue it further, then the procedure described below should be followed.

ii. How to Disclose/Report

The MD Program [Disclosure Form](#) (DF) is an online tool that medical students can use to provide information to a designated MD Program leader regarding any behaviour experienced or witnessed that the student perceives or suspects as being mistreatment. The MD Program, via a designated MD Program leader, will strive to contact the student within three business days of receipt of a DF to initiate a discussion regarding the behaviour, possible next steps and supports. Students have the option submit a DF anonymously (i.e. without the requirement that they provide their identity), with the understanding that doing so is subject to the limitations outlined above under Confidentiality.

Designated MD Program leaders can also be contacted through more traditional communication, such as email, telephone, and in-person communication. Written submissions (including by e-mail) should be clearly dated and labelled Confidential disclosure for the attention of Dr. to ensure priority review. Contact information for the designated MD Program leaders, as well as other supports, is provided on the MD Program [Student mistreatment webpage](#).

Since the DF facilitates tracking of harmful incidents, students should be aware that even if they use another option, they may be asked to complete a DF. Alternatively, the designated MD Program leader may complete a DF in consultation with the student, preserving confidentiality as applicable, to ensure there is a record of the student's recollection of the experience.

Medical students also have the option of providing information regarding experienced or witnessed mistreatment on course and teacher evaluation forms. While every effort is made to review evaluation forms in a timely manner, students should not assume that course or teacher evaluations will be actioned in the same manner as a report of learner mistreatment.

The MD Program [Guidelines for the assessment of student professionalism](#) enables teachers, University staff members and hospital staff members to report unprofessional behaviour by medical students, including towards fellow medical students.

E. Next Steps Following a Disclosure/Report

1. All Disclosure Forms or written submissions to a designated MD Program leader will be personally reviewed as soon as possible by the designated MD Program leader, who will strive to contact the student within three business days receipt of the submission to initiate a discussion (if the student provided their identity on submission).
2. At the outset of the initial discussion, the designated MD Program leader should inform the student:
 - about the supports that are available to them, ensuring that best efforts are made to prioritize the complainant's psychological, social, and physical safety;
 - about the distinction between disclosure and reporting (and gauge the complainant's intent);
 - that there could be rare egregious circumstances triggering the University's obligation to act on a complaint, independent of the complainant's intent to disclose vs. report (e.g., CPSO mandatory reporting, health/safety risk, other requirements at law);
 - about the restrictions associated with confidentiality and anonymity (outlined above);
 - that the University will not tolerate retribution or reprisal towards complainants.
3. At the initial and/or subsequent discussion(s), the designated MD Program leader should:
 - seek to clarify the details of the behaviour, including the need for discussion with other individuals.
 - discuss the severity of the behaviour. In some instances, the student who disclosed the behaviour and designated MD Program leader may conclude that the behaviour does not in fact require any further follow-up.
 - provide the student with information and guidance about University and Faculty policies, and what procedures arising from those policies will guide the response.
 - determine the student's willingness for other specific individuals to be made aware of the behaviour in order to address the situation. (These individuals must be identified to the student.)
 - determine the student's interest in proceeding with an investigation into the behaviour. Taking direction from the student, this may include a delay in action being taken to preserve anonymity and minimize risk of retaliatory behavior by the respondent, unless immediate action is required by law or university regulation.
 - consult with individuals in relevant positions on a need-to-know basis and act as the student's support and liaison with the other offices or individuals who become involved in the case. The relevant offices, individuals and policies/procedures are contingent upon the type(s) of behaviour experienced/witnessed and the role(s) (e.g. faculty, medical student, resident, patient) of the individual(s) responsible for the concerning behaviour.
 - with the student's consent, facilitate conversations among relevant parties and provide support in relation to reporting requirements and investigative procedures, as appropriate.
 - keep a summary of discussions and how the behaviour was addressed on file;
 - refer concerns that must be addressed through an alternative process (e.g., sexual harassment, criminal behaviour, research misconduct, referral to CPSO) to the appropriate body and/or advise the learner accordingly.
4. While a reporting student has the right at any time to withdraw from further participation in any investigation or other action, the University may elect to proceed with a review without participation of the complainant (e.g., where the issue is egregious, or demonstrates a pattern of behaviour, if the conduct raises health and safety risks, or if there are potential CPSO reporting requirement, e.g., competence issue). In such a case, the student

may not be advised of subsequent developments in the matter. The student retains to the right to appropriate supportive follow-up independent of his or her participation in an investigation or action, but similarly has the right to request that the designated MD Program leader cease monitoring or facilitating supportive follow-up (e.g., counselling or medical care).

F. Institutional Responsibility: Tracking, Analyzing, and Addressing Trends

The Associate Dean, Health Professions Student Affairs is responsible for oversight of this Protocol, and holds primary responsibility for the tracking of mistreatment disclosures/reports by medical students. The Associate Dean, MD Program and the Associate Dean, HPSA are jointly responsible for actively addressing concerning rates or trends mistreatment in collaboration with partners such as curriculum leaders, University departments, clinical affiliates, the decanal team, and others.

The Associate Dean, HPSA will coordinate the production of an annual report that summarizes concerning rates or trends regarding mistreatment disclosed and/or reported by medical students, including steps taken to address concerning behaviours. Any data included in the report will be conveyed in aggregate only and in such a way that endeavours to ensure that none of the individuals involved are identifiable. The Associate Dean, MD Program is responsible for determining the appropriate breadth of dissemination of the Associate Dean's reports.

Appendix A

Relevant Statements, Policies, Protocols, Codes and Standards

- Ontario Human Rights Code
- Canadian Charter of Rights and Freedoms
- University of Toronto:
 - Statement on Human Rights
 - Statement on Prohibited Discrimination and Discriminatory Harassment
 - Policy on Sexual Violence and Sexual Harassment
 - Protocol with Health Care Institutions: Sexual Violence and Sexual Harassment Complaints involving Faculty Members and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies
 - Code of Student Conduct
 - Standards of Professional Practice Behaviour for all Health Professional Students
 - Policy with Respect to Workplace Harassment
 - Policy with Respect to Workplace Violence
 - Policy on Conflict of Interest and Close Personal Relations
- Faculty of Medicine:
 - Standards of Professional Behaviour for Clinical (MD) Faculty
 - Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education
- MD Program:
 - Guidelines for the Assessment of Student Professionalism
- College of Physicians and Surgeons of Ontario (CPSO):
 - [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
 - [Physician Behaviour in the Professional Environment](#)
 - [Professional Responsibilities in Postgraduate Medical Education](#)
 - [Professional Responsibilities in Undergraduate Medical Education](#)
- Canadian Medical Association (CMA)
 - CMA Code of Ethics and Professionalism
- Hospitals and research institutes affiliated with the University of Toronto:

Consult the policies on conduct of the appropriate affiliated hospital or research institute

Date of original adoption: 21 September 2011

Date of last amendment: 17 March 2020

Statement on prohibited discrimination and discriminatory harassment *

The University aspires to achieve an environment free of prohibited discrimination and harassment and to ensure respect for the core values of freedom of speech, academic freedom and freedom of research. The purpose of the **Statement on Prohibited Discrimination and Discriminatory Harassment** is to promote a greater awareness of the rights and responsibilities entailed by these aspirations and to describe the manner in which the University deals with prohibited physical and verbal harassment (apart from harassment based on sex or on sexual orientation, which are dealt with in **Policy and Procedures: Sexual Harassment**).

The approach taken in the *Statement* is to reiterate the University's commitment to the rights of freedom from prohibited discrimination and harassment and to the rights of freedom of expression and inquiry, to recognize that the task of implementing and respecting those values within the unique environment of the University is a delicate one that precludes the use of blunt instruments, and to describe the responsibilities of various members of the University community and the institutional arrangements available to fulfill the commitment to a working and learning environment free from prohibited discrimination and harassment.

Policy on sexual violence and sexual harassment *

The Governing Council's **Policy on Sexual Violence and Sexual Harassment** applies to all Members of the University Community. All Members of the University Community will be offered appropriate support with respect to issues of Sexual Violence, regardless of their role in the University or the role of the person against whom an allegation is made. A companion guide is available to provide more information about this Policy to students.

Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies ^

The University of Toronto, independent Research Institutions, Health Care Institutions and Teaching Agencies in which University faculty members, students (including trainees) and staff may work and study, have their own separate policies and procedures covering sexual violence, including sexual harassment or assault. The **Sexual Violence and Sexual Harassment Complaints involving Faculty Members and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies** protocol does not change or replace those policies. Instead, it provides a process for deciding, in a particular case involving members of the University community working in an independent Research Institution, Health Care Institution or Teaching Agency, which institution will take responsibility for the case and, therefore, which procedure should be followed. It also provides for the relevant institution to keep the other informed to the extent appropriate to enable each institution to meet its own obligations to faculty members, employees, and students or otherwise at law. In some cases the responsibility for dealing with a case will most appropriately be shared by the University and the relevant independent Research Institution, Health Care Institution or Teaching Agency.

Guidelines regarding infectious diseases and occupational health for applicants to and learners of the Temerty Faculty of Medicine academic programs ^

The **Guidelines Regarding Infectious Diseases and Occupational Health for Applicants to and Learners of the Faculty of Medicine Academic Programs** are intended to minimize the risk and impact of infectious diseases that may pose a threat to learners and those with whom they may come into contact. The document is intended to address educational requirements on methods of prevention, to outline procedures for care and treatment after exposure, and to outline the effects of infectious and environmental disease or disability on learning activities.

Respiratory Protection Policy ("Mask Fit") and Procedures for University of Toronto Faculty of Medicine Undergraduate Students ^

The *Respiratory Protection Policy and Procedures for University of Toronto Faculty of Medicine Undergraduate Students* describes the "Mask Fit Policy" for MD students and procedures to follow should a trainee be exposed to an airborne infectious agent.

Protocol for incidents of medical student workplace injury and exposure to infectious disease in clinical settings

Overview

The University of Toronto MD Program is committed to promoting medical student safety and to facilitating appropriate support for students who become injured or potentially exposed to infectious disease in the course of their studies or training. The clinical sites affiliated with the University of Toronto are likewise committed to risk reduction among medical students and to the timely and effective management of incidents of medical student injury or potential exposure that occur on their premises. The Academy anchor hospitals play a special role in providing follow-up care to students of that Academy who incur such an injury or potential exposure at another site. Together, the MD Program, the Academies, and all the clinical affiliates ensure that medical students receive the assistance they require in the aftermath of an injury or potential exposure to infectious disease.

This *Protocol* defines the roles and responsibilities of every party involved in the handling of incidents of injury and potential exposure, and is comprised of the following parts:

Part A: Financial Responsibility

Part B: Administrative Responsibilities

Part C: Detailed Protocol

- a. Responsibilities of students
- b. Responsibilities of supervising physicians
- c. Responsibilities of health professionals who provide initial care
- d. Responsibilities of follow-up health care providers
- e. Responsibilities of Academy Directors
- f. Responsibilities of U of T WSIB Administrator
- g. Responsibilities of Associate Dean, Health Professions Student Affairs

Appendix 1: Protocol Flowchart

Part A: Financial Responsibility

Medical students are eligible for Workplace Safety Insurance Board (WSIB) coverage of claims while on unpaid placements required by their program of study. Private insurance is provided should the unpaid placement required by the MD Program take place within a site that is not covered by WSIB. The Ministry of Advanced Education and Skills Development (MAESD) ensures that students on work placements receive WSIB for placement sites that have WSIB coverage and private insurance for sites that are not covered by WSIB for injuries or disease incurred while fulfilling the requirements of their placement. WSIB insurance does not cover any self-initiated observership, informal shadowing or other clinical activities outside of the MD Program that are not eligible for the MAESD coverage.

In addition, all medical students at the University of Toronto are strongly encouraged to purchase disability insurance in every year of the MD Program. Through this insurance, costs that are incurred due to incidents that occur during activities other than required clinical training may be covered. Furthermore, private disability insurance may in some cases provide additional and/or broader financial support for incidents that are also covered by the WSIB. Students are encouraged to educate themselves about their disability insurance options to determine the plan and provider that best meet their needs.

All costs stemming from injury or exposure to infectious disease that are not borne by the WSIB or private insurance shall be borne by the student.

Part B: Administrative Responsibilities

A claim to the Workplace Safety and Insurance Board (WSIB) or private insurer should be made in all cases in which post-exposure prophylaxis (PEP) has been initiated or whenever other costs are incurred by the site of initial treatment, the site of follow-up treatment, and/or the student, following an incident that occurred in the course of required clinical training.

A claim may also be warranted in other situations where medical treatment or modified duties are required. The WSIB Administrator at the University of Toronto can provide advice if there is uncertainty as to whether to proceed with paperwork.

Please note that Ministry of Advanced Education and Skills Development (MAESD) may incur a fine for claims submitted to the WSIB later than three business days after the incident. Timeliness is therefore essential.

The responsibility to complete documentation in support of a claim rests with a variety of parties. The student's Academy Director is responsible for liaising with all parties to ensure timely completion of the documentation and to facilitate communication among the parties as necessary.

For clarity, the following documentation is typically required from each party:

- The student:
 - a. After receiving treatment and ensuring an appropriate incident report form or equivalent (as per Section c(1)) has been completed, the student should inform his/her Academy Director of the incident.
 - b. Documentation may be requested directly by the WSIB after the claim (if any) has been submitted by the University of Toronto WSIB Administrator; there is not generally any documentation for the student to complete beforehand.
- Faculty Registrar:
 - a. Written confirmation that the student's injury or exposure occurred during the course of a legitimate, unpaid placement that represented part of the student's academic program.
 - b. A copy of the affected student's signed Student Declaration of Understanding regarding WSIB and private insurance coverage through the MAESD.
 - c. A copy of the MAESD Letter of Authorization to Represent Employer, with the top portion completed by the Registrar on behalf of the University.
- Representative at the site of the incident:

(Note: If an incident occurs at an Academy hospital, the Academy Director may act as the representative of the hospital for the purposes of incident documentation, if this is deemed appropriate by the hospital leadership.)

- a. The bottom half of the MAESD Letter of Authorization to Represent Employer obtained from the Faculty Registrar (see above).
 - b. For sites *with* WSIB coverage: a U of T Accident Report Form, if none was completed at the time of the incident. The University will make this form available to all affiliated sites.
 - c. For sites *without* WSIB coverage: an private insurer Accident Report Form. The University will make this form available to all affiliated sites.
- Occupational Health staff or other representative at the site(s) of treatment:
 - a. All records related to the incident and the treatment provided to the student.
 - WSIB Administrator at the University of Toronto
 - a. Consolidated submission.

Part C: Detailed Protocol

a. Responsibilities of STUDENTS who are injured or potentially exposed to infectious disease in a clinical setting

i. Immediately following the incident, the student is expected to:

1. Inform his/her supervising physician or other teacher of the incident to ensure that patient care can be transferred as appropriate.
2. Request that steps be taken to seek consent from the patient to draw a sample, in the case of potential exposure to infectious disease (e.g. a needle-stick injury).
3. Seek immediate treatment (within a maximum of two hours) from one of the following:
 - a. The Occupational Health Unit or site-specific equivalent if one is present where the incident occurred, and it is during office hours. (Students should be informed of this at the commencement of each rotation. In some cases, this will be defined as the Emergency Department.)
 - b. The site's off-hours substitute for the Occupational Health Unit or equivalent if the incident occurred outside of office hours.
 - c. The local Emergency Department if the incident occurred somewhere in the community.
4. Inform the health care provider who attends to the incident of his/her status as a medical student at the University of Toronto. If the incident has occurred in a hospital setting, the student should present his/her identification badge.
5. Request that a workplace incident report be filled. If the incident has occurred in the community and care is sought at a local Emergency Department where a workplace incident report may not be available, an alternative document indicating the nature of the incident and the medical treatment that was administered should be completed.
6. Obtain a copy of all incident reports and other paperwork.

ii. subsequent to receiving initial treatment, the student is expected to:

1. Report any incident of injury or exposure to his/her Academy Director as soon as possible, regardless of where the incident took place.
2. Follow the course of treatment prescribed by the site of initial care, if any.
3. Obtain follow-up care and/or support, as arranged by Academy Director.
4. Follow the course of treatment (if any) prescribed by the designated treatment site's Occupational Health Unit.
5. Comply in a timely manner with any requests to fill out paperwork related to the incident from the Academy Director, the Occupational Health Unit, the U of T WSIB Administrator, the WSIB or private insurer, the MAESD, or others.
6. If necessary, make appropriate arrangements with course directors, the Foundations/ Clerkship Director, and/or the Associate Dean, Health Professions Student Affairs for accommodations, absences, or other matters arising from the incident.

iii. In the event that treatment is unsuccessful and the student contracts an infectious disease, he/she is expected to:

1. Share this information confidentially with either his/her Academy Director or the Associate Dean, Health Professions Student Affairs, who will arrange for the Expert Panel on Infection Control to convene. The Panel will determine what measures must be enacted to safeguard patients well-being, in accordance with the Faculty of Medicine *Guidelines regarding infectious diseases and occupational health for applicants to and learners of the faculty of medicine academic programs*. Information on the student's status and health will be shared strictly on a need-to-know basis.

b. Responsibilities of SUPERVISING PHYSICIANS or other teachers when a student under their supervision is injured or potentially exposed to infectious disease in a clinical setting.

Immediately following the incident, the supervising physician is expected to:

1. Assist the student in accessing immediate care as necessary. The site-specific workplace injury protocol should be applied.
2. Facilitate the obtaining of consent for samples to be drawn from the patient, in cases of potential exposure to infectious disease.
3. If the student is unable to speak for himself/herself:
 - a. Describe the incident to the health professionals who provide initial care to the student.
 - b. Inform the health professionals who provide initial care to the student that he/she is a medical student from the University of Toronto.
 - c. Contact at least one of the student's Academy Director, course director, or site director to inform them of the incident.

c. Responsibilities of HEALTH PROFESSIONALS WHO PROVIDE IMMEDIATE TREATMENT to medical students who experience an injury or potential exposure to infectious disease

The health professionals who provide immediate treatment to a medical student who has experienced an injury or potential exposure to infectious disease are expected to:

1. Complete AT LEAST one of:
 - a. A local institutional incident report form
 - b. The U of T Accident Report Form for students
 - c. The Physician's First Report (Form 8)
 - d. An alternative record of the incident and the treatment administered, only if the other documents named above are not available
2. Provide a copy of all such forms and other documentation to the student.
3. If the immediate treatment is provided at the site of the incident, and that site is an affiliate of the University of Toronto
 - a. Report the incident to the Academy Director (if applicable) or other senior official of the hospital with designated oversight of undergraduate medical trainees.
4. If arrangements are made for follow up care to be provided elsewhere:
 - a. Provide the service or consultant designated for follow up care with sufficient details regarding the student's initial treatment and also, in the case of a potential exposure to infectious disease, non-identifying information regarding the health status and risk factors of the patient or other individual(s) involved in the incident.
5. Instruct staff to provide a copy of all incident records to the University of Toronto WSIB Administrator and/or the student's Academy Director if requested in support of an insurance claim.

d. Responsibilities of the FOLLOW-UP HEALTH CARE PROVIDER

The Academy Director will ensure that the student is connected with appropriate follow up care. The health care provider designated to provide that care is expected to:

1. Liaise with the providers of initial care, if different, to ensure that information relevant to the case is appropriately shared. Relevant information includes details of the student's initial treatment, in the case of a potential exposure to infectious disease, non-identifying information regarding the health status and risk factors of the patient or other individual(s) involved in the incident.
2. Contact the student to update him/her on the need for follow-up.
3. Initiate and/or continue whatever treatment is deemed to be necessary.
4. Complete any paperwork requested by the Academy Director, the Vice-President Education, the U of T WSIB Administrator, or others, in keeping with the Affiliation Agreement and the WSIB Agreement between the hospital and the University.

e. Responsibilities of ACADEMY DIRECTORS, in the event of a student in their Academy incurring an injury or potential exposure to infectious disease in a clinical setting.

In order to ensure immediate responsiveness to student injury or potential exposure to infectious disease, every Academy Director is responsible for maintaining an up-to-date, site-specific protocol for handling various types of such incident, as appropriate for their Academy. This protocol must include a means by which students can be readily referred for timely follow-up care with an appropriate clinician.

i. Upon being notified that a student of the Academy has been injured or potentially exposed to infectious disease, the Academy Director is expected to:

1. Make contact with the student to assess his/her needs.
2. If relevant, confirm with the student that the appropriate health care provider for follow-up care and administration of the case have been arranged.
3. If relevant, and if the student indicates that follow-up care and administration of the case have not been arranged, liaise with the Academy base hospital's Occupational Health Unit or other appropriate service to ensure that this is done.

4. Liaise with the Associate Dean, Health Professions Student Affairs to advise him/her of any additional support required for the student arising from the incident (e.g., counselling, special accommodations, advocacy, etc.)
5. Ensure that all required paperwork is completed and submitted by liaising with the appropriate parties, including Occupational Health Units and the U of T WSIB Administrator, as required. (See Part B of this *Protocol* for details.)
6. Follow-up with the student periodically to ensure that he/she receives a response regarding the claim (if applicable), to offer assistance with additional paperwork that may be required, and to verify that his/her needs arising from the incident have been met.

ii. In the event that treatment is unsuccessful and the student informs the Academy Director that he/she has contracted an infectious disease, the Academy Director is expected to:

1. Meet with the student to assess his/her needs.
2. Contact the Associate Dean, Health Professions Student Affairs, who will inform the Chair of the Expert Panel on Infection Control. Information on the student's status and health will be shared strictly on a need-to-know basis.

iii. To ensure that the University and Hospital comply with expectations regarding tracking and analysis of incidents of medical student injury, the Academy Director is expected to:

1. Maintain a complete record of every incident of injury or potential exposure to infectious disease involving a medical student from their Academy, with details minimally including:
 - a. the type of incident
 - b. the site of the incident
 - c. the student's immediate supervisor on the rotation at the time of the incident
 - d. the activity in which the student was engaged at the time of the incident
 - e. the follow-up that was received
 - f. the documents that were submitted and to whom
 - g. the student's level of study and the course
2. Report incidents as they arise through the regular Academy Directors Committee meetings.
3. Propose recommendations as warranted to reduce the number or severity of incidents, or to improve the response that students receive.

f. Responsibilities of the WSIB ADMINISTRATOR at the University of Toronto, with respect to incidents of medical student injury or potential exposure to infectious disease

i. Upon being notified that a medical student has been injured or potentially exposed to infectious disease, the WSIB administrator is expected to:

1. Confirm the required documentation with the Academy Director.
2. Review the documentation that is submitted regarding the incident.
3. Follow-up with the relevant individuals regarding any additional paperwork that is required.
4. Submit the completed documentation to either the WSIB or private insurer as appropriate.
5. Inform the Academy Director and the student that the claim has been submitted.

ii. To ensure that the University complies with expectations regarding tracking and analysis of incidents of medical student injury, the WSIB Administrator is expected to:

1. Maintain a complete record of every incident involving a medical student that is reported to the WSIB administrative office at the University of Toronto, with details minimally including:
 - a. the type of incident
 - b. the site of the incident (the Academy hospital, other hospital, non-hospital)
 - c. the date and details of the claim
 - d. the recipient of the claim (WSIB or private insurer)
2. Provide data for an annual student injury and exposure report to the Associate Dean, Health Professions Student Affairs.
3. Perform other tracking functions as required by the University, legislation, etc.

g. Responsibilities of the Associate Dean, Health Professions Student Affairs

i. If contacted by an Academy Director or a student himself/herself regarding an injury or potential exposure to infectious disease, the Associate Dean, Health Professions Student Affairs is expected to:

1. Meet with the student to determine if there are any gaps in their required or desired follow-up (medical, administrative, or well-being-related).
2. Advocate for the student if appropriate follow-up is not forthcoming in a reasonable timeframe.
3. Follow-up with the student periodically regarding the status of the claim and any newly arising support they require.
4. Liaise with the Academy Directors, other MD Program leaders, and/or others to develop solutions to problems arising from the incident. Consideration will be given to the protection of student personal health information and issues potentially pertaining to patient safety, informed by the Personal Health Information Protection Act and Freedom of Information and Protection of Privacy Act.

ii. In the event that treatment is unsuccessful and the student or the student's Academy Director informs the Associate Dean, Health Professions Student Affairs that he/she has contracted an infectious disease, the Associate Dean is expected to:

1. Meet with the student to assess his/her needs.
2. Contact the Chair of the Expert Panel on Infection Control. The Chair will determine whether the Panel should convene. If so, the Panel will determine what measures must be enacted to safeguard patients well-being, as per the Faculty of Medicine *Guidelines regarding infectious diseases and occupational health for applicants to and learners of the faculty of medicine academic programs*. Information on the student's status and health will be shared strictly on a need-to-know basis.

Appendix 1: Protocol Flowchart

Date of original adoption: 22 September 2011

Date of last amendment: 09 July 2019

Medical student health and safety supplemental guidelines - personal safety and occupational hazards

1. PURPOSE

These *Guidelines* supplements existing documents that articulate personal, occupational, and environmental health and safety guidelines and protocols that apply to medical students, including:

- *Protocol for incidents of medical student workplace injury and exposure to infectious disease in clinical settings*
- *Student Mistreatment Protocol*
- *Guidelines regarding infectious diseases and occupational health for applicants to and learners of the faculty of medicine academic programs*
- *Respiratory protection policy (mask-fit policy) and procedure for University of Toronto Faculty of Medicine undergraduate medical students*

These *Guidelines* addresses personal safety and occupational hazards related to working in the health care environment. Specifically, these *Guidelines* promotes a safe environment that minimizes the risk of injury or harm at all University of Toronto affiliated teaching sites, provides a protocol to report unsafe or hazardous training conditions, and a mechanism to take corrective action. It identifies the roles and responsibilities that the Academies, clinical sites, and clinical clerkship, and students play in supporting a safe working environment.

These *Guidelines* are informed by the University of Toronto *Health and Safety Policy* as well as accreditation Element 5.7 Security, Student Safety, and Disaster Preparedness.

2. PREAMBLE

In the course of their training, medical students may be exposed to risk of personal injury or hazardous agents. The University, its affiliated teaching sites, including hospitals, laboratories and community clinical settings, and medical students are jointly responsible for supporting a culture promoting health and safety and preventing injury and incidents. Although medical students are not employees, when students work in the health care environment, hospital occupational health and safety training, regulations and protection programs are extended to them. Accidents, incidents and environmental exposures occurring during training will be reported and administered according to the reporting policies and procedures of the University, hospital or clinical teaching location.

3. SCOPE

These *Guidelines* pertain to the following items under the categories:

Personal Safety including:

- Access to secure lockers and call rooms
- Safe travel between call facilities and clinical service location, and to private vehicle or public transportation
- Safety while working in isolated or remote situations including visiting patients in their homes or after hours
- Protection from workplace violence and harassment
- Protection of student s personal information

Occupational Hazards including:

- Hazardous workplace materials as named in the Occupational Health and Safety Act
- Radiation safety, chemical spills, and environmental exposures
- Infectious diseases that are communicable by contact, needle stick or respiratory mechanisms

4. PERSONAL SAFETY

Responsibility of the Academies, Clinical Sites and Clinical Clerkships:

- Academies, clinical sites, and clinical clerkships share in the responsibility that students are adequately oriented to personal safety risks and policies prior to starting on clinical services.
- Medical students are entitled to secure and private call rooms.
- Medical students are entitled to personal safety programs normally available to hospital staff that promote safe travel between workplace and private vehicles or public transportation.
- Clinical clerkships and clinical sites should train students in their ability to assess personal safety risks specific to each rotation or clinical setting.
- Where safety risks exist, students are not expected to see a patient in hospital, clinic or at home, during regular or after hours, without the presence of a supervisor and security personnel (as required).
- Clinical sites must endeavour to safeguard trainees personal information, other than identifying them by name when communicating with patients, staff and families.
- Medical students should obtain training on prevention, management, and reporting of workplace violence, harassment and intimidation.

Responsibility of Students:

- Students must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- Students must exercise judgment and be aware of alternate options when exposing themselves to workplace risks or during travel to and from the clinical site (i.e., driving a personal vehicle when fatigued).
- Students must use caution when offering personal information to patients, families or staff.
- Students must promptly report any safety concerns (e.g. risk of personal safety, fatigue, etc.) to their supervisor.
- Students must participate in training in the prevention and management of workplace violence, intimidation and harassment.

Reporting Protocol and Procedure for Managing Breaches of Personal Safety:

- Students who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their supervisor, the institution's security services, call Code White, or 911 where applicable.
- Students identifying a personal safety or security breach must report it to their immediate supervisor, or to the Academy Director/ Medical Education Lead, to allow a resolution of the issue at a local level, and to comply with the site reporting requirements. Students should follow the relevant protocols for the management of workplace violence, intimidation and harassment. Student confidentiality will be maintained in reporting whenever possible.
- The *Protocol for addressing incidents of discrimination, harassment, mistreatment and other unprofessional behaviour* articulates procedures for University of Toronto medical students to disclose/report incidents of student discrimination, harassment, mistreatment and other incidents of unprofessionalism that they have experienced or witnessed.
- Students in community-based practices or other non-institutional settings should discuss issues or concerns with the supervising faculty member or community-based coordinator, or bring any safety concerns to the attention of their Academy Director, Clerkship Course Director, Clerkship Director or Associate Dean, Health Professions Student Affairs.
- If the safety issue raised is not resolved at the local level, it must be reported to the Associate Dean, Health Professions Student Affairs (HPSA), who will investigate and may re-direct the issue to the relevant hospital medical education office and/or University office for resolution.
- Pending investigation and resolution of identified concerns: The Clerkship Director and/or Associate Dean, HPSA have the authority to remove students from clinical placements if a risk is seen to be unacceptable.
- As necessary and appropriate, the Associate Dean, HPSA will bring personal safety issues to the Associate Dean, MD Program; Academy Director; and hospital office responsible for safety and security, and may involve relevant University Offices for resolution or further consultation.
- The Associate Dean, HPSA may at any time investigate and act upon health and safety systems issues that come to her/his attention by any means, including internal reviews, student/faculty/staff reporting, or police/security intervention. Consideration will be given to the protection of student personal health information and issues potentially pertaining to patient safety, informed by the Personal Health Information Protection Act and Freedom of Information and Protection of Privacy Act.

5. OCCUPATIONAL HAZARDS

Academies, clinical sites, and clinical clerkships share in the responsibility that students are adequately oriented to workplace hazards and safety policies prior to starting on clinical services.

Responsibilities of the Academies, Clinical Clerkships and Clinical Site:

- The Academies, clinical clerkships and clinical sites must ensure medical students are appropriately oriented to current best practices for workplace safety guidelines.
- Training will be provided in WHMIS (Workplace Hazardous Materials Information System).
- Clerkships must have guidelines to address exposures specific to each training site (e.g. radiation safety, hazardous materials), communicate these to medical students at site-specific orientation sessions, and assess trainees for appropriate understanding prior to involvement in activities which may involve potential exposure to hazardous materials.
- Clinical sites must provide the necessary equipment to ensure medical student safety with respect to environmental or infectious exposure.

Responsibilities of the Student:

- Students must participate in required safety sessions as determined by the Academy, clerkship or clinical training site.
- Students must complete WHMIS training before working in clinical settings.
- Students must follow all of the occupational health and safety policies and procedures of the training site including, but not limited to, the appropriate use of personal protective equipment.
- Students must agree to report unsafe training conditions as per the protocol outlined below and in accordance with clinical site policies.
- Students in breach of the occupational health policies of their training site are subject to the procedures by that site consistent with the requirements of the Occupational Health and Safety Act. If attempts to resolve the situation by internal protocols are not successful, it may be brought to the attention of the training site Academy Director/Medical Education Lead.

Reporting Protocol for Workplace Hazard Exposure or Incident

A. During **daytime hours** while working at an affiliated hospital or site associated with an affiliated hospital:

1. The student should follow post exposure protocols and must go immediately to the Employee/Occupational Health Office of the institution if there are personal health risks associated with the exposure.
2. The student must complete the incident report form as required by the institution's protocol.
3. The student must report the incident to his/her immediate supervisor.

B. During **evenings or weekends** or at a training site with no Occupational Health Office:

1. The student must follow immediate post exposure protocols and if there are personal health risks associated with the exposure, go immediately to the nearest emergency room and identify him/herself as medical student at the University of Toronto and request to be seen on an urgent basis.
2. The student must report to the available supervisor, comply with the institution's protocol for completion of appropriate incident report.

COFM Blood borne pathogen policy

The Council of Ontario Faculties of Medicine (COFM) **Blood Borne Viruses Policy** sets out guidelines and recommendations around blood borne diseases for all Ontario medical students who participate in clinical activities. This includes participating in the care of patients with communicable diseases, and procedures for learners who have communicable diseases and are training in a clinical setting.

COFM Immunization policy

The Council of Ontario Faculties of Medicine (COFM) **Immunization Policy** applies to all medical learners (undergraduate medical students and postgraduate residents and fellows) attending an Ontario medical school and performing clinical activities in Ontario. Undergraduate medical learners who do not comply with the immunization policy may be excluded from clinical activities. Residents who do not comply with the immunization policy may be delayed in starting or continuing training. Ontario medical learners doing international clinical placements will require an additional assessment. A travel medicine consultation should take place at least eight weeks before their placement. Additional immunizations may be necessary depending on the location of their placement.

Policy on Crisis and Routine Emergency Preparedness and Response *

Crisis and routine emergency situations on the University of Toronto's three campuses are governed by the **Policy on Crisis and Routine Emergency Preparedness and Response**. In addition to the Policy, there exist internal and external policies and statutes that define the University's roles and responsibilities in a crisis or routine emergency situation.

Student Clinical Placements in an Emergency Situation: Guidelines for Clinical Sites (HUEC) ^

The **Guidelines for Clinical Sites on Student Placements in an Emergency Situation** is a Health-sciences wide document to assist clinical sites with decision making relative to learners and related issues in an emergency event.

Standards for call duty and student workload in the Clerkship

Maximum on-call frequency:

- The maximum on-call frequency in all clinical clerkship courses is one night in four averaged across the entire rotation duration.
- Clerks cannot be scheduled for two weekends (which includes Fridays) in a row within any block rotation or throughout the entirety of a longitudinal integrated clerkship.
- Clerks may be scheduled for call duty on the last Saturday of a block, including overnight call duty finishing on the Sunday morning.
- Clerks must not be scheduled for call duty the evening before an examination or on the last day of a six- or eight-week block (usually a Sunday), nor on the Fridays before (a) the December holiday period (Year 3), (b) the CaRMS interview period (Year 4), (c) the March Break (Year 3), (d) the extended weekend break in June (Year 3), and (e) the last rotation of the academic session (Year 3).

Maximum consecutive hours on-call: After being available for service in-hospital for twenty-four consecutive hours, clerks must be relieved of all service and educational duties until the commencement of the next working day, after ensuring adequate handover of patient care responsibilities. Such handover shall not exceed two hours, for a total of twenty-six consecutive hours in the hospital.

On-call activities that are not overnight in-house call: There are two settings where students are on call, but not overnight in the hospital.

- Some rotations include an on-call requirement that extends into the evening but is not overnight, and students are expected to be back to work the following day. In these cases, the on-call period must end by 11:00 pm. From time to time, as a result of clinical duties, a student may need to stay later than 11:00 p.m., to complete a clinical task, to complete handover, etc. If a clerk on such a rotation is required to stay on-call beyond midnight, then the on-call shift is converted to in-hospital call. If this occurs, after ensuring adequate handover of patient care responsibilities s/he must be relieved of all service and educational duties until the commencement of the next working day. Such handover shall not exceed two hours.
- Some rotations include a home-call requirement. Such call will be considered 'converted' to in-hospital call if a clerk commences work in the hospital between the hours of midnight and 6:00 am or if a clerk works in the hospital or other clinical care setting for at least 4 consecutive hours of which one hour extends beyond midnight. If a home call is converted to in-hospital call, then, after ensuring adequate handover of patient care responsibilities the following morning, the clerk must be relieved of all service and educational duties until the commencement of the next working day. Such handover shall not exceed two hours.

Students shall not be asked or expected to exceed the limits specified above under any circumstances.

Mandatory educational activities on days following on-call shifts: If a course or the Clerkship as a whole has designated certain educational activities as mandatory, then students must be relieved of their duties at midnight of the preceding day. Alternatively, such mandatory educational activities can be scheduled first-thing in the morning to enable post-call students to attend within their twenty-six hour limit.

Students do not work on weekends if not on-call: If a student is not on call or on shift, he/she shall not work on a weekend day.

Daily workload limit apart from being on-call: Across the duration of a rotation, the average number of hours per day that a student spends in total in required clinical and didactic experiences shall not exceed 12, excluding days on which the student is on-call or post-call.

On-call limits when pregnant: A medical student who is pregnant will not be required to participate in on-call duty after 27 weeks gestation, unless agreed to otherwise by the medical student.

Responsibility to monitor adherence with these standards: It is the responsibility of every site director for each clerkship course to actively monitor adherence to all aspects of this standard and to intervene immediately if any are breached.

Procedure for possible breaches: Concerns from students, teachers, or administrative staff members regarding breaches of the standard should be brought to the attention of the site director in the first instance. If the response is unsatisfactory or if a pattern of breaches emerges, the matter should next be raised with the course director for review and possible

redress. If continued non-compliance occurs at one or multiple sites after the course director has intervened, the issue should be reported to the Clerkship Director and relevant University Department Chair for immediate response.

Date of original adoption: 17 May 2011

Date of last amendment: 31 October 2017

Standards for time spent in required learning activities in the Foundations Curriculum

Standards

The Foundations curriculum runs throughout the first two years of the MD Program. The program respects the importance of enabling students to achieve an appropriate balance between their academic responsibilities, independent learning time, and personal lives. To this end, the following standards have been adopted:

- The maximum per week number of scheduled in-class teaching hours (lectures, seminars, laboratory sessions, and small-group learning activities) is 28.
- The maximum per week number of required self-directed learning activity hours (such as for completion of online modules, a four hour Enriching Educational Experience, etc.) to be completed outside of scheduled class time is 10.

A week is defined as Monday through Friday, excluding holidays. There are no scheduled in-class activities on Saturdays and Sundays.

In addition, across each entire year of the Foundations Curriculum there will be a maximum of 30 hours of mandatory but flexibly scheduled curriculum experiences. Mandatory but flexibly scheduled curriculum experiences include the Family Medicine Longitudinal Experience (FMLE), Interprofessional Education (IPE) curriculum, Enriching Educational Experiences (EEE), etc.

Each week of the Foundations Curriculum has a full day that is unscheduled, available for self-learning as well as special activities such as clinical skill development.

Moreover:

- The maximum number of scheduled in-class teaching hours in a day shall be seven, and this maximum shall be attained no more than two days per week. On all other days, the maximum number of scheduled teaching hours shall be six.
- There must be no more than three hours of lectures scheduled consecutively.
- There should be no more than four hours of lectures in a day.
- In circumstances where the curricular framework requires additional lecture time, a maximum of four consecutive hours of lecture or six hours of lectures in one day may be permitted only with prior approval from the Foundations Director. Extra consideration should be given on such occasions to employing engaging and interactive large-group formats.

Exceptions to these standards can be made for unusual circumstances (e.g., to recover a session that was cancelled on short notice due to University closure, unforeseen lecturer unavailability, etc.), but strict adherence is otherwise expected.

Monitoring and Reporting

Course directors, insofar as they are responsible for designing and implementing their courses, hold primary responsibility for ensuring compliance with these standards. Course directors of courses that run synchronously are expected to work collaboratively to ensure that total scheduled teaching hours do not exceed the limits specified above. Concerns from students, teachers, or administrative staff members regarding breaches of these standards should be brought to the attention of the course director in the first instance. If the response is unsatisfactory or if a pattern of breaches emerges, the matter should be raised with the Foundations Director for review and redress.

Date of original adoption: 14 July 2016

Statement on access to preventive, diagnostic, and therapeutic health services for medical students

All residents of Ontario are entitled to free health services under the provincial health plan, and students at the University of Toronto have access to a number of options to seek medical care.

Students of all University of Toronto programs on the St. George Campus are entitled to receive regular care through the University Health Service in the Koffler Student Centre (<http://healthservice.utoronto.ca/main.htm>). Students on the UTM Campus are entitled to receive regular care through the Health & Counselling Centre in the South Building (<http://www.utm.utoronto.ca/health>). The clinics on both campuses are generally open during normal business hours throughout the year. Students should book an appointment in advance, although a limited number of same-day appointments are also accepted.

Furthermore, students in the MD Program are able to access confidential mental health services from the professional counsellors on staff at the Office of Health Professions Student Affairs. Service is provided by appointment and on a drop-in basis, with flexible hours to accommodate medical students schedules.

In addition, students can register with a family doctor in the local community. Information on family medicine practices accepting medical students is maintained online by the Office of Health Professions Student Affairs; this information is reviewed quarterly.

For urgent care, students may access any walk-in or after-hours clinics in the vicinity of both core and elective teaching sites, or they can visit the emergency department of any of the nearby hospitals. Information on after-hours clinics and emergency departments close to the campus is maintained on the websites for both the St. George Campus and UTM health services (see above).

To locate all levels of care across the Province of Ontario, students are advised to refer to the Ministry's search tool at the Health Care Options website: <http://www.health.gov.on.ca/en/>.

For immediate advice from a registered nurse, students can also call the provincial Telehealth Ontario hotline at 1-866-797-0000, which operates 24 hours a day, every day of the year.

Accessing health care and workplace injury flowcharts are provided on the MD Program's website: <http://www.md.utoronto.ca/workplace-injury-and-health-care-access>.

In case of emergency, students should always call 911.

Date of original adoption: 17 May 2011

Date of last amendment: 25 August 2016

Student Services and Resources

Student Assistance Button

Student Assistance Information on MD Program Website

The [Student Assistance](#) section of the MD Program provides quick reference information and resources for medical students at the University of Toronto who are experiencing an urgent or crisis situation.

The student assistance button is displayed on the MD Program website in the upper right hand corner of each webpage, on Elentra in the upper right corner of the header, and as a link in the navigation menu of all MD Program course websites in Elentra.



The Student Assistance page can be accessed directly via the following URL: md.utoronto.ca/student-assistance

The information provided in the student assistance section is divided into four main areas where issues may arise:

- Personal issues & academic concerns
- School absences
- Student mistreatment
- Workplace injury and healthcare access

Each page provides advice, links to resources and/or contact information, relevant policies, etc.

The intention of the student assistance section

This section is a quick reference guide and a way for students to link to various sources of information and also to an incident reporting form. ***It is not a hotline and in no way provides direct emergency assistance.*** It does not connect a user directly to another person, nor does it track who has clicked on the button or what components they have accessed. It does, however, direct users to useful contact information and support services (both internal and external to the University), as well as to a special reporting tool for incidents of mistreatment or unprofessionalism (see following page).

Reporting incidents of concern

The MD Program is committed to continual monitoring and improvement of the learning environment. This includes promoting awareness of what constitutes appropriate behaviour by teachers, other health professionals, residents and other learners, and students themselves and providing means to identify when inappropriate behaviour occurs. The [Student Mistreatment](#) page clarifies types of behaviour that are considered mistreatment. The MD Program [categorizes mistreatment](#) in three ways: unprofessional behaviour; discrimination and discriminatory harrasment; and sexual violence and sexual harrasment.

The program encourages students who experience or witness behaviour of serious concern in the course of their training to address the situation in accordance with the [Student Mistreatment Protocol](#).

If the incident is relatively minor and the student feels comfortable doing so, it is recommended that the student discuss the situation directly with the person whose behaviour seemed unprofessional. Minor incidents are typically single, apparently isolated events that are troubling, yet do not strike the student as having a significant impact on the learning environment. This direct approach recognizes the role of collegial conversation, and emphasizes the principle of addressing problems locally wherever possible. The student may also wish to approach another trusted MD Program teacher, leader, or administrative staff member for advice.

For more serious or uncomfortable incidents, students are encouraged to report what they experienced or witnessed to a [Designated MD Program Leader](#):

- Director, Learner Experience
- Associate Dean, Learner Affairs (OLA)
- Academy Director

Students can of course choose to speak instead with another individual, but Designated MD Program Leaders have the connections and knowledge of University resources and protocols to provide appropriate assistance.

In addition to a face-to-face meeting, phone call, or e-mail, MD students may disclose an event to a Designated Leader using the [Disclosure Form](#). To submit a Disclosure, students are asked to complete a Disclosure Form located at: <https://documents.med.utoronto.ca/Forms/ume-incident-report>

This form can also be found online under [Student Mistreatment](#) in the [Student Assistance](#) section of the [MD Program website](#).

The response to a disclosure will depend on the nature of the situation, but in all cases, the student's privacy will be respected and the matter will be treated sensitively and strictly confidentially except where required by law or University policy. Visit the Student Mistreatment pages for more on [disclosure and reporting of mistreatment](#), as well as [next steps following the submission of a disclosure](#).

NOTE: The Event Disclosure Form is a tool to seek [follow-up](#). It is not an emergency notification service.

Reporting Incidents of Concern Frequently Asked Questions

Can I speak to someone else instead of the people listed in the chart above?

Yes, you can choose to make a report to an individual involved in the MD Program who is not listed above. However, in such a case, the recipient of the report is strongly advised to help redirect you to a Designated MD Program Leader. For details, see the [Student Mistreatment Protocol](#). This protocol is for your protection and theirs. Many situations involving harmful behaviour are complicated and require detailed knowledge of policies, procedures, and resources.

What will the MD Program do to help me, or to resolve the issue?

If you make a report to a MD Program leader identified above, he/she will provide guidance to you, offer you access to resources and services as appropriate, consult university and/or hospital policies (as relevant) to determine the appropriate steps to be taken, and, if warranted, set in motion a formal investigation process. You should be aware that in most instances, issues cannot be fully addressed by one person alone. Therefore, it is likely the person you make the report to will enlist the involvement of others, with your permission.

Will anything change in the long-run?

We will create a summary report of incidents submitted through this process annually which omits information that identifies you, the reporter. Incidents are recorded for statistical analysis to allow the Faculty of Medicine to monitor the health of the learning environment and make targeted changes over time for the benefit of students and other members of the Faculty community.

Office of Learner Affairs

6 Queen's Park Crescent West
 C. David Naylor Building, 3rd Floor
 (416) 978- 2764
ola.assocdean@utoronto.ca

The Associate Dean and staff of the Office of Health Profession Student Affairs are dedicated to supporting students in achieving their full academic and personal potential within Temerty Faculty of Medicine's programs. They have expertise in a variety of areas, and access to extensive resources and networks within the University and surrounding communities.

Full details on OHPSA services and programming are available at: <http://www.md.utoronto.ca/ohpsa/>

Counselling

The OHPSA is staffed by three types of professional counsellors:

- Personal Counsellors provide private, confidential, short- term counselling. They also conduct group sessions on wellness and mindfulness.
- Career Counsellors provide self- assessment, medical specialty exploration, CaRMS application assistance, CV and personal statement critique, and Residency interview practice and support. The Career Counsellors also conduct workshops, presentations, and career panels.
- Academic Coaches provide individual consultation for any student experiencing academic difficulties, and support tutoring groups, including the Peer -Facilitated Review Enrichment Program (PREP).

All counselling services are confidential counsellor offices are privately located on both campuses, separate from the general MD Program and OHPSA offices. Appointments may be arranged by phone, e-mail, in person, by contacting counsellors directly, or the OHPSA website: <http://www.md.utoronto.ca/content/book-appointment>

MAM students may also contact the Student Support Administrator, located in the Terrence Donnelly Health Sciences Complex, to arrange appointments at the UTM campus.

Note: Students requesting special accommodation related to a physical or other impairment (e.g. extra time or a separate room for examinations) must have authorization through University of Toronto Accessibility Services and are responsible for bringing their needs to the attention of their course directors or the Associate Dean of OHPSA. The Academic Counsellor also provides consultation and resources to faculty regarding course design, delivery, and remediation.

Note: Students requesting special accommodations related to physical or other impairments to optimize their learning (e.g. extra time or a separate room for examinations) must have authorization through University of Toronto Accessibility Services and are responsible for bringing their needs to the attention of their course directors or the Associate Dean of OHPSA. Please note that students are required to re/register annually with U of T Accessibility Services to ensure uninterrupted implementation of recommended accommodations. The Academic Counsellor also provides consultation and resources to faculty regarding course design, delivery, and remediation.

Extracurricular and service- learning activities

In addition to counselling services, the OHPSA supports student life and community outreach activities. The office recognizes the value of a well -rounded program for student development, and the role of social responsibility in medicine, and encourages students to participate in Faculty, University, and community activities. A number of social, charitable, and personal development and well being events are also facilitated by the OHPSA. Awareness of social issues and our professional responsibility to support those in need both locally and globally is encouraged. Collaboration and participation by students from all health professional student groups in the Faculty of Medicine is encouraged wherever possible. In addition, the OHPSA provides assistance with the service- learning activities in the Community Affairs Portfolio of the students Medical Society (MedSoc).

Career Advising System

During their time in the MD Program, students have multiple avenues to explore possible career options, including electives and selectives, the FMLE course, extra curricular observerships and other shadowing opportunities (particularly those under the Enriching Educational Experiences program), career counselling offered by the Office of Health Professions Student Affairs, and experiences available at each Academy.

Career Counselling

Career counselling appointments and group information sessions are offered to medical students in all years by the professional counsellors in the Office of Learner Affairs (OLA). The goal of career counselling is to help guide students to determine what kind of physician they aspire to become and manage their career development. Career development is a process of self -assessment, exploration, decision- making, and implementation that begins on the first day of medical school and continues through the following four years.

For a full description of OLA s Career Management programming and resources, or to learn how to schedule an appointment with a career counsellor, visit the OLA website: <https://md.utoronto.ca/office-health-professions-student-affairs-ohpsa>

Director, Career Advising System

Career Exploration brings together meaningful personal and clinical experiences, and consolidates during the fourth- year CaRMS application period. Working within the Office of Learner Affairs (OLA), the Director, Career Advising System is a physician resource for students, staff and faculty. The Director, Career Advising System can assist with issues pertaining to the Enriching Educational Experiences Program, the maintenance and development of extracurricular clinical initiatives organized by Departments and Divisions of the Temerty Faculty of Medicine, Global Health activities, and the Rural Ontario Medical Program (ROMP). The Director also works closely with the career counsellors of the OLA.

For more information, visit the Career Counselling section of the OLA webpage: <https://md.utoronto.ca/career-counselling>

Academy Career and Transitions (ACT) Leads

The Academy Career and Transitions Leads at each of the four MD Program academies assist in providing timely, equitable, consistent and knowledgeable guidance on career and electives planning for MD students from year 1 to 4. The Academy Career and Transitions Leads organize and execute mandatory advising sessions with students at the Academy sites. They are also available to meet with students as needs arise during the academic year with regard to advice and counselling related to electives and the Canadian Resident Matching Service (CaRMS) process.

Enriching Educational Experiences (EEE)

The Enriching Educational Experiences (EEE) Program provides students with opportunities for self-directed clinical placements that focus primarily on early career exploration and help them behaviorally explore different practice settings, specialties and contexts.

For students in the Foundations Curriculum, the EEE Program is situated within the formal curriculum as part of the larger Integrated Clinical Experiences (ICE) Component. For all other students, Enriching Educational Experiences remain non-curricular, but are very important for career exploration and development.

EEE activities typically involve one or several half-day placements during which students observe and selectively engage in delegated and graded responsibilities commensurate with their level of experience and knowledge and at the supervisor's discretion.

For more details on the EEE Program, visit the Foundations Course websites on [Elentra](#), or the MD Program webpage: <http://www.md.utoronto.ca/career-exploration>

Student Financial Assistance

Student Financial Services

<http://md.utoronto.ca/finances-awards>

The Office of Student Financial Services, under the portfolio of the Director, MD Admissions & Student Finances, provides a variety of services to MD Program students to assist them with the management of all aspects of their finances. Information is shared with students through various means including the following:

- Personal counselling: confidential one- on- one meetings regarding individual student financial circumstances. Students are invited to contact the office for further information or to make an appointment.
- Webinars and other web-based resources (e.g. the Financial aid webinar).
- Sessions during Orientation Week
- A debt management session during third year.
- A session during the Transition to Residency course in fourth year.

The Office of Student Financial Services provides information on many topics, such as:

(a) Sources of funding and financial assistance

Including scholarships and awards, federal and provincial loans and grants, Faculty of Medicine grants and bursaries, and professional student line of credit

(b) Deferral of fee payment (PDF)

Students who have been granted provincial loan assistance are eligible to defer payment of fees until later in the fall term. Information on how to do this is available at the ROSI website (<http://www.acorn.utoronto.ca>).

(c) Advice on budgeting and other aspects of personal financial planning

Both individual appointments and group information sessions are available to help students manage their finances. Debt management information and resources also available on the website.

For further information, refer to the [Student Financial Services website](#), or e-mail medicine.fianceawards@utoronto.ca

Awards

Awards for Students

The Faculty offers a limited number of merit -based scholarships in each year of study, which are awarded based on a number of different criteria, including academic standing, community or Faculty involvement, and extracurricular activities. Some of these awards also take demonstrated financial need into consideration. Most of these scholarships require no application, and for those that do, applications are distributed to all potentially eligible students (based on year of study) by e mail. The monetary value of all scholarships is variable and should, in most cases, be considered of a supplementary nature.

These scholarships have been established through the generosity of our donors, both private individuals and corporate bodies. They are described at: <http://md.utoronto.ca/awards-scholarships>, under the following categories:

- Admission Awards
- In-Course Awards
- Elective Awards
- Awards Requiring Application
- Convocation Awards
- Undergraduate Medical Program Medalists
- Research Support (CREMS)

Other types of financial assistance, including bursary and loan programs, are administered by the Office of Student Financial Services.

Awards for Teachers

Teaching and education awards are granted each year in recognition of individual teachers excellent contributions. Internal awards are granted at the Department, Academy, program, and Faculty levels, and prestigious external awards are offered by the University of Toronto and various provincial, national, and international agencies.

MD Program Awards

- W. T. Aikins Awards: The W. T. Aikins awards are the Temerty Faculty of Medicine's most prestigious awards for sustained commitment and excellence in undergraduate teaching.
- Miriam Rossi Award for Health Equity in Undergraduate Medical Education: The Miriam Rossi award for Health Equity in undergraduate medical education aims to recognize University of Toronto MD Program faculty members for their commitment to diversity and health equity.
- Norman Rosenblum Award for Excellence in Mentorship in the MD/PhD Program: The Norman Rosenblum award recognizes excellence in mentorship in the MD/PhD Program. In particular, the award recognizes staff or faculty members who exhibit an exemplary level of leadership and commitment to mentorship and role modeling for MD/PhD students in the Temerty Faculty of Medicine.

For details, see: <https://md.utoronto.ca/teaching-and-education-awards>

Medical Alumni Association Awards

The Medical Alumni Association (MAA) presents awards and prizes to both students and faculty members at the Convocation Banquet and throughout the year in recognition of clinical and academic excellence. Most MAA award decisions are made by the Undergraduate Awards Committee. For more information, please visit contact the MAA.

Internal Awards

For information about Departmental, Academy, and Program awards, please visit each unit s webpage.

Faculty-wide awards are granted in the following areas:

- Undergraduate Medical Education
- Undergraduate Teaching in the Life Sciences
- Integrated Medical Education (Community Teaching Awards)
- Graduate Education
- Postgraduate Education
- Continuing Education and Professional Development

For more information about internal awards, please visit: <https://temertymedicine.utoronto.ca/awards>

Information Technology Resources

The MD Program utilizes a number of different electronic resources to deliver curriculum and services. The MD Program website (<http://www.md.utoronto.ca>) has been designed to meet the needs of several user groups: students, teachers, course directors, applicants, and the general public. In addition, all MD Program policies are posted to the website, as well as links to other important information maintained by the Faculty of Medicine, the University of Toronto, and outside organizations.

The [Student Assistance](#) section can be accessed from any page on the MD Program website. By clicking on the student assistance button at the top right of the page, students can: view information and resources to help during urgent or crisis situations access an incident report form to report distressing events that they experience or witness and access resources related to absences from the program that they may need to take.

For any questions about any of the technology resources below, the Discovery Commons will be able to assist or to redirect users to the appropriate supporting office.

Discovery Commons

MSB 3172

416-978-8504

discovery.common@utoronto.ca

<http://dc.med.utoronto.ca/>

The Discovery Commons is the Faculty of Medicine's information technology support unit, and its many activities include audio visual services, application development, application and computer support, and facilities and infrastructure.

For students, the services offered by the Discovery Commons are most visible in four respects:

1. **Service Desk**, which provides direct access to any of our services. Open during regular business hours.
2. **Computer labs** featuring a total of 30 laptop workstations plus a foyer with four computers. Open during regular business hours (when not booked for classes). Entry through MSB 3172 (Discovery Commons main entrance)
3. **Meeting rooms** and classrooms available for booking by students and other groups in the Faculty of Medicine, including support for videoconference and teleconference as requested.
4. **Videoconferencing** and recording of lectures conducted in MSB 3153 and 3154 and the lecture theatres at the Mississauga Academy of Medicine.

UTORid

All University of Toronto students are assigned a unique UTORid, which provides a centralized login for most of the University's online services, including student e-mail. The UTORid is managed by the University of Toronto's Information Technology Services.

Students are assigned a UTORid when they obtain their TCard (University of Toronto identification card).

For assistance regarding your UTORid, start by visiting the Information Commons website at:

<http://help.ic.utoronto.ca/content/2/683/en/accounts-and-passwords.html>

For additional assistance, please contact the Information Commons Help Desk at help.desk@utoronto.ca or 416 978 4357.

A note about security: Once you have logged into one UTORid-based online service (e.g. Elenra), you will remain logged in for all other UTORid-based services as long as you keep at least one browser window open on your computer. To end your secure session (i.e. to log out), you **must** close all browser windows.

U of T E mail Address and ONE Mail Direct

<https://mail.utoronto.ca> (login: UTORid and password)

University of Toronto student e mail addresses (UTMail+) are in the form @mail.utoronto.ca. The University of Toronto e mail address is the official mode of communication on all matters related to your status as a student. All students are required to use this address and check it regularly, as described in the University's *Policy on Official Correspondence with Students* (www.governingcouncil.utoronto.ca/policies).

Information about UTMail+ is available at: <http://help.ic.utoronto.ca/category/3/UTmail.html> For additional technical support, contact the University's Information Commons helpdesk at help.desk@utoronto.ca or 416 978 4357.

Note: You must ensure that this e mail address is recorded in ROSI or ACORN (see below) to ensure that all University services have your correct contact information.

For medical students, an additional e mail service is available for use in clinical settings. ONE Mail Direct will provide students with secure email for clinical communications with their supervisors, fellow students, and other members of the health care team. It is intended solely for clinical communications all other academic, course- related, and personal communication should be done through UTMail+ or a personal email account. ONE Mail Direct is run by eHealth Ontario. Soon after the term begins, each student will receive an invitation email that will be sent to their UTMail+ account simply follow the instructions in the email to activate your ONE Mail Direct account, which will be yours for as long as you practice medicine in Ontario. The address will be in the form firstname.lastname@one.mail.on.ca.

If you have questions about your ONE Mail Direct account or haven't received an invitation for the service, please contact onemail.help@utoronto.ca.

UofT WIFI

Students access wireless internet connections using their UTORid and password.

- The **UofT** wireless network is the primary WiFi network available to students. Details on setting up and using the UofT network are available from the Information Commons: <http://help.ic.utoronto.ca/category/20/wireless-access-utorcwn.html>
- The **eduroam** network is available for students who are away from campus at participating institutions around the world, including universities, colleges, libraries, and healthcare institutions. For full details on how to use eduroam on your device(s), visit <http://help.ic.utoronto.ca/category/50/eduroam.html>

Before you can access UofT WiFi, you will need to register your UTORid by using the verify tool. This must be done *even if your UTORid is working for other services*. To verify, use this link: <https://www.utorid.utoronto.ca/cgi-bin/utorid/verify.pl>

There will be a short delay between verifying and being able to access UofT. Please note that the device will be configured with the UTORid and password that was used to set it up, and it is therefore not recommended for shared computers or devices.

For help with UofT WiFi, call the Information Commons helpdesk at 416 -978- HELP (4357) or visit: <http://help.ic.utoronto.ca/category/20/wireless-access-utorcwn.html>.

Accessible Campus Online Resource Network (ACORN)

ACORN is the University of Toronto's student interface for data relating to a student's registration and academic record. For more information about ACORN, please refer to <http://help.acorn.utoronto.ca/student-qa/>

Students can access ACORN using their UTORid and password at: <https://www.acorn.utoronto.ca/>

Students must ensure that all personal information is up-to-date in ACORN, particularly permanent and mailing addresses, banking information (for direct deposit of refunds), and official University of Toronto e mail address. ACORN also provides one-stop access to financial account details with the University (showing payments received, outstanding balances, etc.), downloadable income tax slips, and links to University-wide services.

Medical Student Information System (MedSIS)

<https://medsis.utoronto.ca>

MedSIS is the online system that the MD Program uses to maintain student registration information, record and calculate student assessments by teachers, obtain student evaluations on their teachers and courses, and perform course scheduling. Students can view their course schedules, review and complete evaluations and access grades.

MedSIS is supported by Knowledge4You. For technical support, e-mail MedSIS at: MedSIS@knowledge4you.com

Elentra: Integrated Teaching, Learning, and Curriculum Mapping Platform

<https://meded.utoronto.ca/medicine/> (login: UTORid and password)

Powered by a platform known as Elentra, the MD Program uses a secure pathway to access course websites. Login requires a UTORid and password (see above).

Every MD Program student is enrolled automatically in the Elentra system. Upon logging into the system, you should see all MD Program courses listed for you on the "Courses" page. Each course website contains essential information for completing the course, including course and component overviews, course learning objectives, learning materials, assessment procedures, and key contacts.

The Elentra platform integrates curriculum delivery with curriculum mapping. Student and faculty users may utilize the system's comprehensive curriculum search feature at any time. The search allows users to obtain an overview of the four-year program, and is capable of conducting real-time searches of the current curriculum using a number of taxonomies, e.g. MD Program Key and Enabling Competencies (program objectives), learning modality, MCC presentations, themes and priority topics, and keywords. Curriculum and associated materials from prior academic years from 2017-2018 onward are also archived within the Elentra platform.

University of Toronto Libraries

<http://www.library.utoronto.ca>

The University of Toronto library system has one of the most comprehensive collections of both print and online resources in the world. The **Gerstein Science Information Centre** is of particular importance in health sciences education. Online resources for Gerstein and the other U of T libraries are accessible to students as well as all other members of the University of Toronto via their UTORid.

For quick access to resources in the biomedical sciences, go to the Gerstein homepage:

<http://www.library.utoronto.ca/gerstein/index.html>

Through its website, the library makes available a number of support services, including live chat and instant messaging with librarians who can provide users with research assistance. The library also conducts periodic in- person group training workshops and offers one -on- one research consultation appointments for interested students and faculty. See the Research section of the website for details.

Study Space

There is a wealth of study space available to students in the MD program, to accommodate the full range of study practices, whatever the subject, group size, or hours!

St. George Campus

Medical Student Lounge

The Ruth Kurdyak Medical Alumni Student Lounge is located in the C. David Naylor Student Commons area, Room 2171B. This lounge is exclusively for medical students, and provides a great space for students to relax, eat, play pool, and socialize with peers. There is also a looking glass that corresponds to the looking glass located at MAM, enabling private student meetings to be video-conferenced between campuses.

Undergraduate Medical Student Study Space

Students on the St. George campus benefit from the Undergraduate Medical Student Study Space located at 263 McCaul Street, which opened in 2012 based directly on student feedback. This space, which is available 24/7 exclusively for medical student and PA student use, is equipped with a mixture of study carrels, open seating, small-group study rooms, and ASCM rooms for physical examination practice, as well as a small lunch room. Wireless access is available throughout the space, and there are a number of laptops provided for students who do not bring their own. The Study Space is secure and accessed by card keys issued to medical students only. Located on the fifth floor of 263 McCaul Street, the space is easily accessed by walking across the street from the MSB, and through the Health Sciences Building (155 College St.), via the second-floor walkway.

Discovery Commons

Through an agreement with the Discovery Commons (DC), the computer lab 3172 is available for after-hours and weekend use by medical students (except when previously reserved for other activities). Students from various programs are also welcome to use the computers in the DC foyer 24/7, and may also use the computer labs when not booked for classes or meetings.

Gerstein Science Information Centre and other University of Toronto libraries

Like all students at the University of Toronto, medical students have access to all University of Toronto libraries for study purposes. A range of group and individual seating options are available on a first-come, first-served basis. The MD Program has arranged with the Gerstein Science Information Centre for earlier opening times on Sundays and extended hours on the Fridays prior to Foundations exams. For library hours, please see <http://www.library.utoronto.ca>.

UTM Campus

Terrence Donnelly Health Science Complex

MAM students have exclusive 24/7 access to the Academy space in the TDHSC and are welcome to use the small-group / clinical skills rooms on a first come, first served basis or whenever they are not booked. Upon request to MAM administrative staff, additional available classroom space will be unlocked.

UTM Library (Hazel McCallion Academic Learning Centre)

As UTM students, MAM students have access to the considerable study space available at the HMALC. A range of group and individual seating options are available on a first-come, first-served basis. For library hours, please see <http://www.library.utoronto.ca>.

Elsewhere on the UTM Campus

There are various study locations available for students on campus. They are categorized and described (by noise level, time, and location) at <http://www.utm.utoronto.ca/study-space/>.

Academies

All of the Academy sites provide study space to their students, including both group and individual seating options.

Health Services

Student Health Services

The University of Toronto's student health services offer confidential, student-centered primary health care, including comprehensive medical care, travel medicine and education, immunization, and referrals for specialized treatment. This service is available to all students at the University of Toronto.

On the St. George Campus, the Health & Wellness Centre is located on the second (2nd) floor of the Koffler Student Services Centre at 214 College Street. For details on services, hours, and to make an appointment: <http://www.studentlife.utoronto.ca/hwc/contact-us>

On the UTM Campus, the Health & Counselling Centre is located in the Davis Building, Room 1123 (near the Bookstore). For details on services, hours, and to make an appointment: <http://www.utm.utoronto.ca/health/health-counselling-centre/contact-us>

Registration with a Family Health Team

This program is offered to U of T Medical Students who are looking for a new Primary Care Provider (which can be either a Nurse Practitioner or Staff Physician) within Toronto / Mississauga.

When connecting with a Primary Care Provider, we anticipate that:

- Students will commit to one Provider for the duration of their studies, rather than changing to another or multiple practitioners as listed.
- Whenever possible, students should make their first appointment proactively, rather than waiting until an urgent need arises which may be more difficult to accommodate in a timely fashion.

Please note:

- Depending on the location, and the level of care you require, there may be an opportunity to be seen by either a Nurse Practitioner or a Staff Physician. Please clarify this with the provider as necessary.
- It is up to the discretion of the location as to whether they are able to provide care for any immediate family or partners based on their capacity. Priority is given to U of T students to access this program.

For information on the MD Find a Physician resource link, please visit the Office of Learner Affairs community on [Elentra](#).

Additional Information for Faculty

Getting More Involved

There are a number of ways to become more active in the MD Program, whatever your current level of participation. Several of these opportunities are described below.

University of Toronto Faculty Appointments

All physicians who supervise, teach and assess medical students in a required clinical learning experience at all instructional sites are required to have a University of Toronto faculty appointment. For details on obtaining a faculty appointment, refer to the [Faculty Appointments and Promotions](#) page on the Temerty Faculty of Medicine's website, contact the Academy Director responsible for your clinical instructional site, or inquire with the business officer in your academic department.

Teaching in the MD Program

Faculty members who are interested in teaching medical students are invited to contact the following individuals, depending on the kind of teaching they are interested in:

Type of teaching role	Who to contact
Foundations teaching	
If you are interested in getting involved, contact the Academy Director associated with teacher s hospital/community	
Family physician supervisor for individual (1:1) Foundations student placements (FMLE)	FMLE Director
Preceptor for Enriching Educational Experiences (EEE)	EEE Director (see below)
Clerkship teaching	
Seminar leader or lecturer during clinical clerkship rotation	Clerkship course director
Clinical clerk supervisor (in ambulatory clinic and/or in-patient setting)	Clerkship site director for specific clinical clerkship rotations
Portfolio group facilitator	Portfolio Coordinator
Clerkship elective supervisor see next page	Clerkship Electives Officer
Transition to Residency (TTR) selective supervisor	TTR Coordinator

Clinical elective and selective supervision

In addition to teaching in the core clerkships, faculty members can accept elective or selective students for clinical experiences lasting two weeks or more. The objectives may be determined by the faculty member or in dialogue between the student and the faculty member. Students on elective or selective are in their final year of the program.

For more information, see: <https://md.utoronto.ca/electives> or contact Dr. Seetha Radhakrishnan, Electives Director, at seetha.radhakrishnan@sickkids.ca.

Serving as a year 3 Clerkship OSCE examiner

During the third-year clerkship, students are required to complete an OSCE. The Clerkship OSCE takes place approximately midway through the academic year. The exam covers clinical skills pertinent to all of the clinical disciplines that students encounter during the Clerkship, and students must pass the OSCE to complete their medical studies. Serving as an OSCE examiner is therefore critically important to the students education, and a very good opportunity for teachers to assess the level of clinical competence achieved by the students.

Faculty members interested in participating in the Clerkship OSCE should contact the course director for the clinical clerkship rotation in their University Department. ([Clerkship course director contact information](#))

Enriching Educational Experience (EEE) Preceptorships

The Enriching Educational Experiences (EEE) Program has been incorporated into the Foundations Curriculum as a component of ICE (Integrated Clinical Experience). Enriching Educational Experiences are clinical placements organized for self-directed learning that allow students to explore different career options in different settings and with different preceptors. Enriching Educational Experiences may involve a range of activities based on the principles of delegated and graded responsibility. Some EEE activities are contained within Longitudinal Experiences (LEs) organized by various departments or student interest groups. The EEE Module within MedSIS can help students organize and carry out activities in ways that are fair and informed. Occupational insurance for unpaid clinical placements like EEE activities may depend on whether the activity is taken as part of the curriculum (ICE: EEE) or outside the curriculum.

All EEE activities must be logged with the EEE Program in MedSIS where students can also access a catalogue of past activities that can be used as a starting point for organizing experiences. The Module also contains important information for students and supervisors about how these activities are to be carried out, and information about insurance coverage.

Participating as a preceptor or mentor in the EEE program is an excellent option for faculty members who are unable to commit to core teaching but would like to be involved in the growth, development, and education of our future physicians.

For additional information, see:

<http://md.utoronto.ca/career-exploration>

Franco Doc shadowing experiences

Office of Learner Affairs (OLA), along with the U of T Medicine Communauté Française (student group) and Réseau franco-santé du Sud de l'Ontario, are working together on the AFMC Franco Doc initiative to increase French usage amongst future physicians by organizing and supporting clinical and experiential activities in French and Bilingual environments.

Funding is available throughout the school year and summer to support shadowing and clinical rotations in French and Bilingual clinical settings. Interested students should contact Ike Okafor Senior Officer, Service Learning and Diversity Outreach at ike.okafor@utoronto.ca

Career mentorship and education

During the MD Program, students not only acquire the knowledge and skills required for the practice of medicine, but also engage in an ongoing process of career exploration. Faculty members can play a critical role in this process through various activities including mentorship, career talks, and special programs offered by some clinical departments in the Temerty Faculty of Medicine. To learn more about the options available to faculty members, please contact the Associate Dean Learner Affairs, the Director, Career Advising System, the Academy Director associated with your hospital, or the course director/undergraduate program director of your Temerty Medicine Department (see the Clerkship contact information).

Course committees

Every course in the MD Program has a course committee which is responsible for the design, implementation, and evaluation of the course. The committee generally consists of the course director, administrative staff, student representatives, and several faculty members. The faculty members on the committee are usually those responsible for a significant teaching unit in the course and/or for one of the sites where learning takes place during the course. Teachers who are already involved in a course and wish to explore the possibility of contributing further to the course's organization are encouraged to contact the course director (see Foundations contact information or Clerkship contact information).

Leadership roles

There are many leadership roles in the MD Program, including being a course director, a site director within a course, or an organizer of a major segment or unit of a course. Teachers, particularly those already involved in a course, are encouraged to discuss leadership opportunities with either the relevant course director or the Foundations or Clerkship directors (see Foundations contact information or Clerkship contact information).

Admissions file review and interviews

Every year, a large number of faculty members contribute their time and experience to the MD admissions process, helping to determine which of the thousands of applicants will be granted an interview and, of those, who will be offered a place in the next first-year class. Faculty members who are interested in participating in the admissions process as file reviewers and/or interviewers are encouraged to contact the UME Enrolment Services Offices at md.admissionsoffice@utoronto.ca.

Research

University of Toronto medical students have many different opportunities to learn about research, both during the regular curriculum and at other times, notably the two summers of the Preclerkship.

Learn about research as part of the curriculum:

Students receive a comprehensive introduction to health science research, both how it is conducted and how it is applied to the care of patients and communities during the Health Science Research component.

Research Outside the Curriculum: The major MD Program that supports funded research activity for medical students is called the **Comprehensive Research Experience for Medical Students (CREMS)**. CREMS is a unique research program in Canada that allows interested U of T medical students to gain extracurricular research experience in any field in various structured programs without interrupting their medical studies. See <http://md.utoronto.ca/research>.

There are four main programs which involve University of Toronto faculty:

1. Graduate Diploma in Health Research (GDipHR): A 20-month longitudinal program that runs from January of the student's first year in the MD program to the end of August in the summer between second and third year, with full-time research during the summers. Student funding is divided equally between the CREMS program and the research supervisor. Faculty are encouraged to submit applications early so they can be posted online. See <https://md.utoronto.ca/graduate-diploma-health-research-0> for more information and the application process.
2. CREMS Summer Program: A full-time 10-12-week summer research program between first- and second-year or between second- and third-year. Student funding is divided equally between the CREMS program and the research supervisor. See <http://md.utoronto.ca/summer-research-programs> for more information and the application process.
3. MAA CREMS International Health Summer Research Program: A 10-12-week international summer research program in which students participate in research related to important health issues in developing nations, conducted under the auspices of the on-going international work of a U of T faculty member. The program is run in partnership with the Medical Alumni Association, which provides the majority of the funding for this program. For more information, see: <http://md.utoronto.ca/medical-alumni-association-crems-programs> > see International Health
4. MAA-CREMS Research in the Humanities and Social Sciences: This 10-12 week summer program is for students who have a keen interest in the humanities or social sciences directly related to the field of medicine. Two students are selected each year with a preference for one student to do a project related to the history of medicine. Faculty do not have to be within the Temerty Faculty of Medicine. For more information see: <http://md.utoronto.ca/medical-alumni-association-crems-programs> > see Humanities and Social Sciences

The objectives of all of the CREMS programs are to allow medical students to explore and gain valuable research experiences, to prepare medical students for a career as a physician with a good research foundation and understanding of biomedical research, and to engage and encourage students to consider a career as a clinical scientist.

In addition to CREMS, many faculty members supervise medical student research organized through their hospital research institutes or similar organizations. Interested faculty members should contact their research institute administration for information on any programs that they support.

Faculty who are interested in either supervising medical student research through the CREMS program or in publicizing a non-CREMS research opportunity to medical students should contact the program director at crems.programs@utoronto.ca.

Information Technology Resources

The MD Program utilizes a number of different electronic resources to deliver curriculum and services. The MD Program website (<http://www.md.utoronto.ca>) has been designed to meet the needs of several user groups: students, teachers, course directors, applicants, and the general public. In addition, all MD Program policies are posted, as well as links to other important information maintained by the Temerty Faculty of Medicine, the University of Toronto, and outside organizations.

The Student Assistance section can be accessed from any page on the MD Program website. By clicking on the student assistance button at the top right of the page, students can: view information and resources to help during urgent or crisis situations access an incident report form to report distressing events that they experience or witness and access resources related to absences from the program that they may need to take.

Additional information for faculty is also posted on the website, in the Teaching in the MD Program section.

MD Program website

<http://www.md.utoronto.ca>

This is the public website for the MD Program, and has been designed to meet the needs of several specific user groups: students, teachers, course directors, and applicants. Full descriptions of all aspects of the program and the resources that are available to students and teachers are described on the site. In addition, all MD Program policies are posted, as well as links to other important information maintained by the Temerty Faculty of Medicine, the University of Toronto, and outside organizations.

The website also has a student assistance section. In this section, students can: view advice if they are experiencing urgent or crisis situations; access an incident report form to report distressing events that they experience or witness; and, access resources related to absences from the program that they may need to take. Teachers should be familiar with the existence of these resources.

Additional information for faculty is also posted on the website, in the Teaching in the MD Program section.

UTORid

All University of Toronto faculty members and trainees (including residents) are entitled to have a UTORid, the unique username for a variety of online services including Elentra, the University of Toronto Library system, University of Toronto e-mail, and WiFi access across the campus on the UofT network.

UTORids are typically eight characters long and take the first part (or all) of your last name, usually followed by the first letters of your first name and/or random numbers. E.g., singh516, leungden, etc.

Most faculty members are assigned a UTORid upon appointment, but may not have activated it. Trainees are assigned a UTORid at the time of registration. If you do not know your UTORid or do not believe you have one, please contact:

- The business officer of your University Department, if you are a faculty member
- The administrator of your program, if you are a postgraduate trainee or graduate student
- The Help Desk of the Discovery Commons, Temerty Medicine's IT department (416-978- 8504 or discovery.common@utoronto.ca), if you are a faculty member.
- The course administrator of the course in which you teach (if you are not a faculty member, postgraduate trainee, or graduate student)

A note about security: Once you have logged into one UTORid-based one online service (e.g. Elentra), you will remain logged in for other services as long as you keep at least one browser window open on your computer. To end your secure session (i.e. to log out), you **must** close all browser windows.

Elentra

<https://meded.utoronto.ca/medicine/> (login: UTORid and password)

Powered by a platform known as Elentra, the MD Program uses a secure pathway to access course websites. Login requires using a UTORid and password (see above). The Elentra system is designed for internal use only, so that members of the general public cannot access these sites.

Every MD Program teacher is expected to have access to the websites of the courses in which they participate. This access should be given to you automatically, but you may need to provide your UTORid to the course administrator. Upon logging into the Elentra system, you should see all MD Program courses listed for you on the "Courses" page. Initially, faculty members are enrolled in a single course community, i.e. the course in which you hold primary teaching responsibilities. A key feature of the Elentra platform is the ability for faculty users to "opt into" any course within the four years of the MD Program curriculum. If you wish to view the materials provided to students in a course that you have not previously been a part of, click on the name of that course from the list. The system will ask you if you would like to opt into the course. If you select "yes," you will be given read-only access to that course's materials.

The Elentra platform integrates curriculum delivery with curriculum mapping. Faculty and student users may utilize the system's comprehensive curriculum search feature at any time. The search allows users to obtain an overview of the four-year program, and is capable of conducting real-time searches of the current curriculum using a number of taxonomies, e.g. MD Program Key and Enabling Competencies (program objectives), learning modality, MCC presentations, themes and priority topics, and keywords. Curriculum and associated materials from previous years are also archived within the Elentra platform.

Medical Student Information System (MedSIS)

<http://medsis.utoronto.ca> (login: UTORid and password)

MedSIS is the secure online system that the MD Program uses to record and calculate student assessments by teachers in all courses, obtain student feedback on their teachers and courses, maintain student registration information, and perform course scheduling in all Foundations and some Clerkship courses.

Teachers who are assigned to complete an online student evaluation form on MedSIS will receive an automated e-mail at the appropriate time from medsis.server@utoronto.ca with instructions on logging in and completing the form. Follow-up reminder e-mails will be sent if the form(s) remain incomplete.

If you receive a prompt to use MedSIS and have never logged in before should go to the MedSIS website (<http://medsis.utoronto.ca>), click Login to MedSIS, and then click Forgot your password? Enter the **same e-mail address** at which you received the prompt, and your userid and temporary password will immediately be sent to you by e-mail. For security, when you next log into the system, you will be required to change your password.

In addition to completing student evaluations on MedSIS, teachers can also:

- update their contact and appointment information
- see their teaching schedule (all Preclerkship courses and didactic sessions in some Clerkship courses), and sync this schedule to other electronic calendars
- review their TES reports (select courses check with your course administrator for details)

If you need assistance with any of the functionality within MedSIS, you can contact:

MedSIS Help Desk: Support by Knowledge4You, the company that developed MedSIS; can assist with all aspects of the software	medsis@knowledge4you.com 905-947-9924 x223
Evaluations Project Coordinator / Data Analyst, MD Program: In-house MD Program MedSIS support can provide orientation and training	medsis.ume@utoronto.ca 416-946-7040

Case logs

All year 3 clinical clerks are required to log the required encounters and procedures defined in each rotation, using the Case Logs reporting function in MedSIS. Completion of the list of requirements is necessary to obtain credit in each course.

Individual clinical preceptors or supervisors are not required to use Case Logs directly, but do make use of student logs to identify and remedy gaps in each student's experiences. Be aware that students may be keeping track of their encounters and procedures using handheld devices, a computer on the ward, or even on paper for later entry into Case Logs. They may also request particular experiences in order to fulfill their requirements.

Supervisors who are assigned to complete mid-rotation feedback and evaluations of students have a particular responsibility with regard to clinical logs. As part of mid-rotation feedback, these supervisors must meet with the student, who will present their (in progress) Case Log Report. The supervisor and the student are expected to discuss the encounters and procedures logged to date, and the plan for completion of any that are still outstanding in the second half of the rotation.

At the end of the rotation, students submit a final Case Log Report to either their site director or course director. It is expected that all required experiences will be complete by this point, unless an experience has been identified as achievable in another course. If gaps remain, the course director will facilitate completion by providing appropriate clinical experiences or simulations for the student.

UofT WiFi

Networks: UofT, eduroam (login: UTORid and password)

- The **UofT** wireless network is the primary WiFi network available to students. Details on setting up and using the UofT network are available from the Information Commons: <http://help.ic.utoronto.ca/category/20/wireless-access-utorcwn.html>
- The **eduroam** network is available for students who are away from campus at participating institutions around the world, including universities, colleges, libraries, and healthcare institutions. For full details on how to use eduroam on your device(s), visit <http://help.ic.utoronto.ca/category/50/eduroam.html>

Before you can access UofT WiFi, you will need to register your UTORid by using the verify tool. This must be done *even if your UTORid is working for other services*. To verify, use this link: <https://www.utorid.utoronto.ca/cgi-bin/utorid/verify.pl>

There will be a short delay between verifying and being able to access UofT. Please note that the device will be configured with the UTORid and password that was used to set it up, and it is therefore not recommended for shared computers or devices.

For help with UofT WiFi, call the Information Commons helpdesk at 416 -978- HELP (4357) or visit: <http://help.ic.utoronto.ca/category/20/wireless-access-utorcwn.html>.

University of Toronto libraries

<http://www.library.utoronto.ca> (login: UTORid and password, or library card barcode and PIN)

The University of Toronto library system has one of the most comprehensive collections of both print and online resources in the world. The Gerstein Science Information Centre is of particular importance in health sciences education. Online resources for Gerstein and the other U of T libraries are accessible to all members of the University of Toronto via their UTORid.

Electives catalogue and registration system

Catalogue: <http://medsis.utoronto.ca/electives/>

Registration system (ROUTE on MedSIS): <https://medsis.med.utoronto.ca/>
AFMC National Portal: <http://www.afmcdstudentportal.ca>

Elective experiences offered by University of Toronto faculty members are made available to University of Toronto students using the catalogue link above, as well as the experiences that students have registered in ROUTE on MedSIS. Students are also free to arrange electives outside these sources by contacting faculty members directly.

The ROUTE on MedSIS registration system is currently being used by U of T students to propose and register electives offered through UofT (see second link above). When a U of T student proposes an elective with a particular supervisor, a notification is sent by e-mail to the designated Placement Contact (administrative or supervisor) with a request to review the submission. The Placement Contact may then accept, edit or decline the elective. Notification of this decision is sent to the student. If there are submissions that do not comply to present policy, they will first be validated by the Electives Office before notification is sent to the Placement Contact. When a student confirms an elective, it is considered registered. Notifications of confirmed or cancelled electives are sent to the Placement Contact and to the Medical Education Office, where applicable.

A similar process is followed for visiting electives. The AFMC National Portal is used to register electives with medical schools in Canada (third link above).

For changes to the catalogue or questions about using ROUTE on MedSIS for electives by U of T students, please contact the Electives Office at electives.uoft@utoronto.ca. For questions about electives for visiting students from Canadian and US medical schools, please contact the Visiting Canadian and US Electives Office at medicine.electives@utoronto.ca. For questions about electives for visiting students from international (non-US) medical schools, please contact medicine.intelective@utoronto.ca.

E-learning

In various courses in Foundations and Clerkship, online resources are used to complement more traditional learning methods. For example, students have an opportunity to learn through simulated microscope labs, detailed clinical case scenarios (e.g., Paediatrics), and modules on patient safety (e.g., TTC).

Individual teachers do not generally need to make use of these resources (although the practice in specific courses may vary). Nonetheless, it can be useful to be aware of what materials students are using to deepen or complement their learning. While in some courses, e-learning resources are provided as an optional study aid, in many cases, they constitute mandatory content and/or assessments that all students must complete. (See further details on the individual course sites on [Elentra](#).)

Questions about course-specific online resources can be directed to the course director or course administrator.

Videoconferencing in the Classroom

All Foundations (first- and second-year) lectures in the University of Toronto's MD Program are videoconferenced between the Medical Sciences Building on the St. George campus and the Terrence Donnelly Health Sciences Complex on the University of Toronto Mississauga campus. In addition, recordings are made of every lecture (both video and presentation materials), and are then posted online for student access.

Videoconferencing is also being used increasingly by the MD Program. Full support is provided by the Discovery Commons in the Faculty of Medicine. See: <http://lecturesupport.med.utoronto.ca/support-videoconferenced-lectures> for more information.

Lecture presentation guidelines for videoconferencing

To ensure equity and equivalency between the the St. George and the Mississauga campuses, the MD Program has implemented standards for presentations. Below are some guidelines for creating presentations for videoconferenced lectures, as well as established best practices for presenting.

Uploading Lectures

- **Ensure that your presentation file is sent or uploaded 10 business days before the lecture takes place** to allow adequate time for necessary testing and formatting. Use UTMedfiles.ca, the file upload application for U of T Medicine, to upload your presentations and any associated files.

Laptops and Software

- You must use the teaching station PC or the document camera to present your lecture. Use of laptops or other devices during the videoconferenced lecture is not supported.
- If you use a Mac, you may create your presentation in Powerpoint or in Keynote; if you create in Keynote, technicians will convert it to a Powerpoint or Quicktime file and test it on the presentation computer in the lecture room before your lecture.

Content standards

- All lecturers must disclose any potential conflicts of interest that they may have with commercial products, research findings, etc. mentioned in their presentation, on their second slide (after the title slide). See [Procedure for Disclosure of Potential Commercial or Professional Conflicts of Interest by MD Program Teachers](#) (PDF).
- Videoconferencing usually reduces the amount of material that can be covered in lecture, so plan for 40- 45 minutes of material instead of 50 minutes.
- Do not change the content of your presentation after submitting it for publication and posting; the submitted presentation will be used for your lecture.

Intellectual Property

- It is the responsibility of lecturers to ensure that their presentations follow the guidelines set by the University and the Canadian government regarding intellectual property.
- Go to www.teaching.utoronto.ca > [Teaching Support](#) for details on the regulations.

Lecturer Support for Videoconferencing

The technical support team provides technical assistance and training for lecturers, and also schedules, configures, and monitors every lecture from a nearby control room, allowing lecturers and students to focus on teaching and learning. Contact discovery.common@utoronto.ca to schedule a training session on the equipment.

BEFORE the Lecture:

Contact the Discovery Commons Service Desk, Monday to Friday, 8am to 5pm.

416-978-8504

E-mail: discovery.common@utoronto.ca

DURING the Lecture:

All lectures are monitored by professional videoconferencing technicians at both campuses and most technical problems will be addressed before you even notice them. For immediate assistance just before or during a lecture, either:

- use the support intercom on the Teaching Station
- address the videoconferencing technicians by speaking into the presenter's podium microphone or the lapel microphone
- call the Discovery Commons Help Desk at 416 978-8504

If you contact technical support during a lecture, you will be talking to a live technician, and a technical support person can be in the room within one minute, if required.

AFTER the Lecture:

If you would like to provide feedback on your experience with lecture videoconferencing, please contact the Discovery Commons Audio-Visual Technology Team Lead, Janet Koecher (416-946-3285 / janet.koecher@utoronto.ca).

Faculty Development

Faculty Development is a broad range of activities that institutions use to renew or assist faculty, supervisors, preceptors, field instructors, clinical educators, and status appointees in their roles. These activities are designed to improve an individual's knowledge and skills in teaching, education, administration, leadership and research.

There are three major ways in which MD Program teachers can access faculty development:

Office of Faculty Development, MD Program

<http://ofd.med.utoronto.ca/>

The Office of Faculty Development offers a variety of opportunities to help medical educators prepare for their teaching roles in the MD Program at the University of Toronto. We offer a comprehensive and wide range of faculty development activities that are designed specifically to support faculty members' undergraduate teaching responsibilities in the Foundations and Clerkship curriculum, such as:

- Course introduction and orientation sessions
- Small group workshops
- Local course-specific just-in-time EduCafes
- Webinars
- Education modules
- Instructional videos
- Individual consultations

The Office provides faculty development opportunities across all four academies, including the FitzGerald, Mississauga, Peters-Boyd and Wightman-Berris Academies and their affiliated hospital sites. All faculty members are welcome to attend.

We look forward to connecting with you. Please watch for e-mail promotions and communications that will include information regarding the faculty development offerings available to support your course-specific teaching. To be added to our contact list, please contact the Office of Faculty Development directly.

The Office of Faculty Development, MD Program is accredited by Continuing Education and Professional Development at the University of Toronto.

Contact us: ofd.md@utoronto.ca

Jana Lazor, EdD Director of Faculty Development

Susanna Talarico, MD Faculty Lead, Faculty Development

Teresa Simm - Faculty Development Coordinator (to Sept. 20, 2021)

Jennifer Bell Faculty Development Coordinator (on secondment)

Office of Faculty Development, MD Program

Temerty Faculty of Medicine, University of Toronto

Medical Sciences Building, Room 3157

1 King's College Circle, Toronto, ON M5S 1A8

Tel: 416-978-1699

Centre for Faculty Development (CFD)

<https://centreforfacdev.ca/>

The Centre for Faculty Development (CFD) is an Extradepartmental Unit (EDU) and a partnership between the University of Toronto (UofT) and St. Michael's Hospital (SMH). The CFD is committed to enhancing the academic development of faculty in the Temerty Faculty of Medicine, additional Health Science Faculties (i.e. nursing, pharmacy, etc.) at U of T, and other institutions through innovation, capacity building and scholarship in the design, implementation and evaluation of faculty development. In addition to this commitment, the CFD welcomes anyone, regardless of whether they have a

faculty appointment or not, who has a role related to teaching, education and academic work in their healthcare organization or setting.

The CFD provides a range of faculty development programs and activities in support of:

- Teaching & Education
- Academic Leadership
- Faculty Developers
- Career Development
- Research & Evaluation

Centre for Faculty Development
 Li Ka Shing International Healthcare Education Centre, St. Michael's Hospital
 209 Victoria Street, 4th floor
 Phone: (416) 864-6060 x77420
 General Inquiries: cfid@smh.ca

Faculty Development Organized by Individual Departments

Individual departments offer a spectrum of faculty development programs, ranging from workshops to longer-term programs. For details, please contact your Department's Vice-Chair Education or equivalent.

Department of Anesthesia

<http://www.anesthesia.utoronto.ca/faculty-development>

Department of Family and Community Medicine

<http://www.dfcm.utoronto.ca/landing-page/faculty-development>

Department of Obstetrics and Gynecology

<http://www.obgyn.utoronto.ca/faculty-development>

Department of Ophthalmology and Vision Science

<https://ophthalmology.utoronto.ca/continuing-professional-development>

Department Otolaryngology

<http://www.otolaryngology.utoronto.ca/listing-faculty-development-courses>

Department of Pediatrics

<http://www.sickkids.ca/Paediatrics/Education-and-learning/Faculty-Development/index.html>

Department of Psychiatry

<https://psychiatry.utoronto.ca/faculty-development>

Department of Surgery

<http://surgery.utoronto.ca/education.htm>

Department of Medicine

<http://www.deptmedicine.utoronto.ca/faculty-development-0>

Education and Teaching Awards

We belong to a diverse community of teachers and scholars committed to advancing medical education. Help us to recognize excellence across the education continuum by nominating peers, colleagues, mentors and mentees who are making a difference.

Teaching and education awards are granted each year in recognition of individual teachers excellent contributions. Internal awards are granted at the Department, Academy, program, and Faculty levels, and prestigious external awards are offered by the University of Toronto and various provincial, national, and international agencies.

MD Program Awards

- [W. T. Aikins Awards](#): The W. T. Aikins awards are the Temerty Faculty of Medicine's most prestigious awards for sustained commitment and excellence in undergraduate teaching.
- [Miriam Rossi Award for Health Equity in Undergraduate Medical Education](#): The Miriam Rossi award for Health Equity in undergraduate medical education aims to recognize University of Toronto MD Program faculty members for their commitment to diversity and health equity.
- [Norman Rosenblum Award for Excellence in Mentorship in the MD/PhD Program](#): The Norman Rosenblum award recognizes excellence in mentorship in the MD/PhD Program. In particular, the award recognizes staff or faculty members who exhibit an exemplary level of leadership and commitment to mentorship and role modeling for MD/PhD students in the Temerty Faculty of Medicine.
- [Excellence in Resource Stewardship Teaching Award in the MD Program](#): The Excellence in Resource Stewardship Teaching Award was established in 2021. The award recognizes faculty members and postgraduate trainees (residents and fellows) who effectively mentor learners in concepts of resource stewardship and demonstrate exemplary resource stewardship in their own clinical practices.

For details, see: <https://md.utoronto.ca/teaching-and-education-awards>

Medical Alumni Association Awards

The Medical Alumni Association (MAA) presents awards and prizes to both students and faculty members at the Convocation Banquet and throughout the year in recognition of clinical and academic excellence. Most MAA award decisions are made by the Undergraduate Awards Committee. For more information, please visit contact the MAA.

Internal Awards

For information about Departmental, Academy, and Program awards, please visit each unit s webpage.

Faculty-wide awards are granted in the following areas:

- Undergraduate Medical Education
- Undergraduate Teaching in the Life Sciences
- Integrated Medical Education (Community Teaching Awards)
- Graduate Education
- Postgraduate Education
- Continuing Education and Professional Development

For more information about internal awards, please visit: <http://www.medicine.utoronto.ca/faculty-staff/faculty-presented-internal-awards>

Questions?

To learn more about teaching awards at the Temerty Faculty of Medicine, please visit: <http://www.medicine.utoronto.ca/faculty-staff/faculty-medicine-teaching-awards> or contact the Education and Teaching Awards Coordinator for Temerty Medicine at (416) 946 3921 or by e-mail at EduDeans@utoronto.ca.

Key Contacts and Resources for Faculty

If you encounter a problem...

... related to the curriculum overall:		
[Specifically the Foundations, i.e. years 1 and 2]	Contact the Foundations Directors	Dr. Anne McLeod, anne.mcleod@sunnybrook.ca (Year 1) Dr. James Owen, james.owen@utoronto.ca (Year 2)
[Specifically the Clerkship, i.e. years 3 and 4]	Contact the Clerkship Directors	Dr. Ashna Bowry, ashna.bowry@utoronto.ca (Year 3) Dr. Seetha Radhakrishnan, seetha.radhakrishnan@sickkids.ca (Year 4)
... related to your teaching responsibilities in a particular course:		
[For <u>central</u> teaching in Foundations or Clerkship)]	Contact the course director	See the <u>Foundations course contacts</u> for contact information.
[For <u>hospital</u> teaching in Foundations or Preclerkship]	Contact the Academy Director	See the <u>Academies pages</u> for contact information.
[For <u>hospital</u> teaching in the Clerkship]	Contact the site director	See the course website on <u>Elentra</u> (UTORid and password login required)
... related to information technology or audiovisual technology:		
[For an MSB or MAM lecture theatre videoconferencing or lecture recording problem]	Contact the Discovery Commons	<i>Contact:</i> Intercom button on podium (immediate) or 416-978-8504 (non-emergency) or discovery.common@utoronto.ca
[For other AV problems in MSB lecture theatres]	Contact the Academic and Campus Events Office	<i>Contact:</i> Intercom button on podium (immediate) or 416-978-6544 (non-emergency) or go to https://ace.utoronto.ca/
[For after-hours MAM/UTM lecture theatre videoconferencing or lecture recording problem]	Contact Technology Resource Centre	<i>Contact:</i> 905 569-4300 or crt@utm.utoronto.ca
[For other types of problems in MAM/UTM lecture theatres]	Contact Technology Resource Centre	<i>Contact:</i> 905-569-4300 or crt@utm.utoronto.ca
[For problems in a hospital/Academy Med Ed Centre]	Contact Academy Med Ed staff	See the <u>Academies pages</u> for contact information.
[For problems in another area of the hospital]	Contact your local IT department	<i>Consult:</i> your hospital s directory for contact information
[For MedSIS-related problems]	Contact the Senior Analyst, Office of Assessment and Evaluation	<i>Contact:</i> Frazer Howard at 416-946-7040 or medsis.ume@utoronto.ca
[For all other IT-related inquiries]	Contact Discovery Commons	<i>Contact:</i> 416-978-8504 or discovery.common@utoronto.ca or http://dc.med.utoronto.ca
... related to a teaching evaluation you have received:		
Contact the course director of your course	<i>See:</i> <u>Foundations Course Contacts</u> or <u>Clerkship Course Contacts</u>	
... related to student academic performance:		
Contact the course director of your course	<i>See:</i> <u>Foundations Course Contacts</u> or <u>Clerkship Course Contacts</u>	

... related to student behaviour (professionalism):	
Refer to professionalism protocols to determine how to proceed.	See: The <u>Student Professionalism</u> section of the <i>Calendar</i> .
... related to an incident of student injury or exposure to infectious disease:	
Refer to flowchart on student injury in clinical settings.	See: <u>Protocol for incidents of medical student injury and exposure to infectious disease in clinical settings</u> (PDF) and check the student assistance advice tool: www.md.utoronto.ca/student-assistance
... related to an incident of mistreatment or harmful behaviour towards a student:	
Contact the Associate Dean, Learner Affairs	Check the student assistance advice tool: www.md.utoronto.ca/student-assistance <i>then contact</i> the <u>Office of Learner Affairs (OLA)</u>

Teacher Conduct and Professionalism

Titles with the following notations indicate documents from external sources. Links to websites hosting the policy documents are provided, along with short descriptive text:

* indicates a policy of the Governing Council of the University of Toronto

^ indicates a policy of the Faculty Council of the Temerty Faculty of Medicine

indicates a policy of an agency external to the University of Toronto

CMA Code of Ethics and Professionalism

The [CMA Code of Ethics and Professionalism](#) articulates the ethical and professional commitments and responsibilities of the medical profession. It is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

Guidelines for ethics and professionalism in healthcare professional clinical training and teaching ^

The [Guidelines for Ethics and Professionalism in Healthcare Professional Clinical Training and Teaching](#) provides guidance for all healthcare professional trainees and the clinical faculty or supervising clinicians in determining their rights and responsibilities when participating in clinical education.

Policy on official correspondence with students *

The [Governing Council's Policy on Official Correspondence with Students](#) provides guidance on the appropriate mechanisms for official correspondence with students, as well as the rights and responsibilities of students, faculty, staff, and the University of Toronto regarding sending and retrieval of official correspondence.

Procedure for conflicts of clinical and educational roles in the MD Program

1. Preamble

Many teachers in the Faculty of Medicine are also practising clinicians, creating the potential for the following conflict of professional roles to arise:

- A teacher may be assigned to supervise (i.e. teach or assess) a medical student previously cared for or currently being seen as a patient.
- A teacher may be asked to provide care to a current or former student.

Both kinds of situations must be carefully managed, particularly if the care is of a sensitive nature or if the care is provided in the context of an ongoing clinical relationship. Included below are guidelines and procedures intended to address both kinds of situations summarized above.

Guidelines with respect to the separation of MD Program leadership roles from other decision-making positions (e.g. Resident Selection Committee; MD Program Board of Examiners, unless *ex officio*) are included in the MD Program's [Access to student academic records](#).

2. Guidelines and procedures with respect teachers assigned to supervise a medical student previously cared for or currently being seen as a patient

If a medical student comes under the supervision of a teacher who is currently treating or has previously treated that student for a sensitive health concern, or who is their primary care physician or specialist consultant for ongoing regular care, a conflict of professional roles between the teacher's clinical and educational responsibilities arises. In this context, supervision is defined to include any small group didactic teaching or teaching of clerks in a clinical setting, but does not include large group lectures. Sensitive health concerns include but are not limited to mental health conditions and conditions that are sexual in nature; the threshold for sensitivity is recognized to be an individual decision, which should fully consider reasonable expectations of the patient.

In situations where there is a conflict of professional roles between the teacher's clinical and educational responsibilities, as defined above, the teacher must not participate in the assessment of the student in question, either directly or indirectly (e.g., by providing feedback to the site director of a clinical rotation). It is also preferable that the student be scheduled for alternative supervision, if possible, without disrupting the educational experience of the student in question and other students in the course, and without drawing any unnecessary attention to either the student or teacher.

Both the teacher and the student are individually responsible for reporting the potential conflict of professional roles to the appropriate MD Program leader of their choosing, which include the course director; the student's Academy Director; the Foundations or Clerkship Director; and/or the Associate Dean, Health Professions Student Affairs. After being contacted by either the student or teacher, the MD Program leader will make arrangements to remove the student from the teacher's supervision or at a minimum to ensure that assessment is conducted exclusively by other faculty members with no input from that teacher.

Students who make a report shall disclose that the conflict pertains to the teacher's clinical role, but shall not be required to disclose the nature of the health care they received. Teachers who make a report need disclose only that a conflict of interest has arisen without making explicit that it pertains to their clinical role; this provision has been included in recognition of physician teachers primary responsibility to uphold patient confidentiality.

If it is the student who reports the conflict, the teacher in question will not be informed of the reason for the change unless it proves necessary, and only after consent is provided by the student. If it is the teacher who reports the conflict, the student will be informed of institutional policies around conflicts of interest and the reason for the transfer of supervision.

If additional faculty or staff need to be involved in order to transfer the student to another supervisor, explanations are to be provided to them on a need-to-know basis only, with the minimum amount of information required.

Procedures with respect to OSCEs and other oral assessments

If cases where there is a conflict of clinical and educational roles during an OSCE or other oral examination, either the student or examiner may stop the station and notify staff immediately. The student will be reassigned to a different examiner/standardized patient when time allows.

Special provisions with respect to curriculum leaders

In this context, curriculum leaders include course and component directors, theme leads, and the Foundations Director and Clerkship Director. When the faculty member in question is considered a curriculum leader, it will generally not be possible to remove that individual entirely from the oversight and involvement of a student who is a former or current patient. Instead, it is expected that the curriculum leader report their potential conflict of professional roles to the Vice Dean, MD Program as soon as they become aware that a former or current patient is enrolled in a course under their jurisdiction.

Upon such notification, the Vice Dean, MD Program will take measures to ensure that any extra attention that may subsequently need to be paid to the student in question (e.g., for academic difficulty or professionalism concerns) is handled by a suitable alternate. The curriculum leader in conflict may be involved only insofar as this is deemed necessary to ensure consistent treatment of all students. The involvement of the alternate will be duly documented. It is not required that the student be advised that an alternate has been put in place unless their performance or behaviour necessitates extra attention as defined above; nevertheless, depending on the circumstances, the Vice Dean may, at his/her discretion, notify the student of the arrangement from the outset.

3. Guidelines and procedures with respect teachers asked to provide care to a current or former student

If a student is supervised, tutored, or mentored in a formal or informal capacity by a teacher, then an educational relationship is established. Consequently, a conflict of professional roles would arise if a teacher accepted a request to provide health care services or clinical advice to such students during the period of the educational relationship. If a student requests such advice or assistance, he or she should be advised to seek care from their family physician or other appropriate health care provider (except in cases of an emergent/urgent nature).

Alternatively, if a teacher wishes to accept the request to provide care to a student, the teacher must inform the appropriate MD Program leader of their choosing prior to commencing care. Appropriate MD Program leaders include: the course director; the student's Academy Director; the Foundations Director or Clerkship Director; and/or the Associate Dean, Health Professions Student Affairs. The provisions and procedure in Section 2 above will then apply.

Teachers should never encourage students to confide personal health-related concerns to them. Rather, students may be referred to the Associate Dean, Health Professions Student Affairs or their Academy Director for assistance in accessing appropriate resources.

With regard to the provision of medical services or advice *after* the educational relationship has come to an end, teachers are strongly urged to exercise caution and familiarize themselves with the relevant professional regulations; they should also bear in mind the possibility that the educational relationship may be renewed at a later date.

Procedure for the disclosure of potential commercial or professional conflicts of interest by MD Program teachers

As clinicians and researchers, teachers in the MD Program may have a potential conflict of interest, financial or otherwise, in relation to content they may discuss in the context of teaching. As examples, teachers may have an interest related to a commercial product, a research finding, a company, or special interest group.

Procedure

All teachers in the MD Program must disclose any actual, perceived, or potential conflicts of interest.

1. This includes:
 - those delivering content in large group lectures and small group learning activities, such as symposia, seminars, and tutorials.
 - those preparing or determining content such as course directors, planners, and members of curriculum committees.
2. Teachers of large group lectures are expected to declare any conflicts of interest during the annual teacher recruitment process. Course directors will take steps to ensure that declared conflicts are properly managed in compliance with the Faculty of Medicine *Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education*, the University of Toronto *Policy on Conflict of Interest Academic Staff*, the University of Toronto *Statement on Conflict of Interest and Conflict of Commitment*, and any other relevant documents.
3. For large group lectures, teachers must use the conflict of interest slide template developed by the MD Program, and must verbally present any disclosure at the beginning of each session.
4. Potential conflicts of interest pertinent to course directors or planners must be declared in the overall course description.
5. In less formal settings such as small group learning activities, clinical teaching at the bedside, in the operating room or procedure room, or in ambulatory settings, it is not practical to disclose potential conflicts at the outset of every encounter. However, teachers should be mindful of situations in which the impartiality of their statements could be questioned and disclose any potential conflict of interest in such cases to the students under their supervision.
6. For advice on how to approach these situations, teachers are encouraged to speak with the course director(s) of the courses in which they participate.

This procedure is consistent with the standards articulated in the Faculty of Medicine *Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education*, but also recognizes the potential for non-industry-related conflicts of interest.

It is the responsibility of course directors or other faculty members who coordinate teacher recruitment (e.g. week managers or site directors) to make this procedure known to all teachers.

Education

The MD Program is committed to providing students with education regarding conflict of interest principles and procedures.

Reporting

1. Students who are concerned that an actual, perceived, or potential conflict of interest has not been properly disclosed or managed in accordance with these procedures have the option to contact the relevant course director.
2. The course director is responsible for discussing these concerns with the relevant student(s) and teacher(s), and consulting with other individuals as needed to determine if any corrective steps are required. The outcome of these discussions and consultations will be communicated by the course director to the relevant student(s) and teacher(s). The course director will maintain a confidential record of these discussions and consultations, which will be reported in summary format to the Foundations Director or Clerkship Director, as appropriate, and Vice Dean, MD Program.
3. If for any reason the student does not feel comfortable contacting the course director, then the student has the option of contacting the Foundations Director or Clerkship Director, as appropriate, or Curriculum Director, who will be responsible for following the procedures described above.
4. Should the matter not be resolved to the satisfaction of any of the parties involved, the issue will be forwarded to the Vice Dean, MD Program, who will be responsible for discussing the concerns with the relevant student(s) and teacher(s), and consulting with other individuals as needed to determine if any corrective steps are required. The outcome of these discussions and consultations will be communicated by the Vice Dean, MD Program to the relevant student(s) and teacher(s). The Vice Dean, MD Program will maintain a confidential record of these discussions and consultations, which will be reported in summary format to the course director and Foundations Director or Clerkship Director, as appropriate.

Professional responsibilities in medical education

The College of Physicians and Surgeons of Ontario's (CPSO) *Professional Responsibilities in Medical Education* sets out expectations for the professional conduct of physicians practising in Ontario in both undergraduate and post-graduate education. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Relations with industry and the educational environment in undergraduate and postgraduate medical education ^

Temerty Medicine's *Relations with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education* sets out standards that will provide best practices to ensure that relationships between the Faculty, and its academic units and members, and business entities ("industry") will be appropriate and transparent. The standards and measures for disclosure are intended to guide the conduct of faculty members and learners by managing potential conflicts to ensure an environment that protects the integrity and reputation of individuals and institutions

Standards of professional behaviour for medical clinical faculty ^

Temerty Medicine's **Standards of Professional Behaviour for Medical Clinical Faculty** describes the professional and ethical expectations of Clinical Faculty.

Statement on conflict of interest and conflict of commitment *

The Governing Council's **Statement on Conflict of Interest and Conflict of Commitment** affirms the commitment of the University of Toronto to the identification and management of real and perceived conflicts of interest and conflicts of commitment within a framework defined by the University's academic mission and its fundamental values.