MD Program
UNIVERSITY OF TORONTO

MD Program 2025-2026 Academic Calendar

The Academic Calendar offers a guide to essential aspects of the MD Program.

Policies, statements, and guidelines that apply to all MD Program students, faculty, and staff are embedded throughout the pages of the Academic Calendar. Full-length versions of most policies can be found in the Academic Regulations page of this online Calendar. As policies are updated throughout the academic year, they will be amended in real time, and a note will be added to the Amendments page.

Additional details, forms, and other important information may be accessed on the MD Program website, individual course websites in Elentra, and by following various external links referenced in the text of the 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 2025-2026 academic year in the MD Program.

Our *Academic Calendar* contains essential information that will help you navigate your time in medical school. Within its pages, you will find the official University of Toronto, Temerty Faculty of Medicine, and MD Program procedures and guidelines that govern your medical education. The *Academic Calendar* should serve as your primary reference for information relevant to your program of studies. A good starting point is the searchable table of Academic Regulations.

The *Calendar* includes high-level overviews of the program's curriculum and courses, along with clear expectations for both student and faculty conduct. It also offers guidance 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

Important Notices

MD Program Academic Calendar: Online Only

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

Corrections and updates will be posted as needed in the Amendments to this Calendar.

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 an appropriate program officer when in 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 each student 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 Academic Regulations 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. numbers.

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 Office at privacy@utoronto.ca, Simcoe Hall, Suite 109-H, 27 King's College Circle, Toronto, ON, M5S 1A1.

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*.

2025-2026 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.

Date	Activity
August 18, 2025	Year 3 Begins
August 19	Year 2 Begins (Mississauga Academy of Medicine & St. George Campus Academies)
August 25	Year 1 Begins
September 1	*Labour Day
September 8	Year 4 Begins
October 13	*Thanksgiving Day
October 20-24	Fall Break (Years 1 & 2)
December 24, 2025 - January 2, 2026	*Winter Break
January 5, 2026	Courses Resume (All Years)
January 19 - February 8	CaRMS Interview Period (Year 4)
February 16	*Family Day
February 21 - March 1	March Break (Year 3)
March 9 - March 13	March Break (Years 1 & 2)
April 3	*Good Friday
April 17	Year 4 Ends
May 15	*UofT Presidential Day
May 18	*Victoria Day
May 27	Year 2 Ends
May 29	Year 1 Ends
June TBD	MD Program Convocation
July 1	*Canada Day
August 3	*August Civic Holiday
August 30	Year 3 Ends

Curriculum

Education Goals and Competencies

Education Goals

The MD Program aspires to prepare future physicians who are:

- clinically competent and prepared for lifelong 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 the 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	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	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	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	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	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	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	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 assessment of demonstrated professional behaviours form is organized according to six professionalism domains. Each domain includes criteria that reflect specific behaviours that characterize the respective domain, as follows:

Interactions with Patients and Essential Care Partners

- Uses effective verbal and non-verbal communication
- Shows respect for patients' time, space, and person (e.g., appropriate draping)
- Takes time to comfort the patient
- Navigates difficult or complex situations with empathy and sensitivity to the patient's lived experience
- Demonstrates respect for donated tissues/cadavers
- Establishes and maintains appropriate boundaries

Reliability and Responsibilities

- Fulfills obligations in a timely manner
- Manages transitions of care effectively
- Informs supervisor/colleagues when tasks are incomplete, mistakes or medical errors are made, or when faced with a conflict of interest
- Manages lateness or absence in accordance with policy/expectations

- Arrives prepared for work, including maintaining an acceptable standard of appearance and hygiene (e.g., scrubs for OR)
- Actively participates in patient care activities and learning activities (e.g., rounds, family meeting, CBL/HSR/Seminar, etc.)
- Fulfills call duties and academic responsibilities (e.g, attending rounds, seminars, classes)
- Timely completion of MD Program and hospital registration requirements

Growth and Adaptability

- Accepts and provides constructive feedback
- Incorporates feedback by demonstrating changes in behaviour
- Recognizes own limits and seeks appropriate help
- Appropriately responds to unanticipated changes in schedules, clinical responsibilities, and other work/learning activities
- Understands the importance of reconciling self-care and care for patients. Consults with others when challenges arise

Relationships with Colleagues

- Maintains appropriate boundaries
- Balances the needs of the learner and the group/team (e.g., group work, leaving early)
- Collaborates effectively with team members (including physician colleagues, other health providers, other clinic/hospital staff, and patients/families/essential care partners)
- Communicates effectively with Temerty Faculty of Medicine staff/faculty
- Contributes to a psychologically and culturally safe learning environment
- Demonstrates awareness and support for peers-in-need

Upholding Student and Professional Codes of Conduct

- Accurately represents qualifications
- Uses appropriate language with patients, colleagues, and other staff
- Acts with honesty and integrity
- Employs effective conflict navigation strategies
- Respects confidentiality, privacy, and data stewardship
- Engages responsibly with social media and observes policies surrounding its use
- Promotes equity, diversity, and inclusion (e.g., race, gender, religion, sexual orientation, etc.)
- Uses appropriate strategies to access and identify supports and pathways to respond to unprofessional behaviour and unethical behaviours

Recognize and Respond to Ethical Issues

- Recognizes when ethical issues in patient care arise and responds appropriately, including asking for additional support as needed
- Communicates effectively when differences in personal and professional values arise (e.g., termination of pregnancy, medical assistance in dying)
- Applies ethical reasoning skills where appropriate

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.

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.

Sample Professionalism Forms and Resources

- MD Program Student Professionalism Check-in Process (PDF)
- Assessment of Demonstrated Professional Behaviours
- 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 and reminders to complete online evaluations in MedSIS are sent by e-mail and tailored to each student's schedule.

Completing evaluations is considered a professional responsibility and also an opportunity to shape and improve the learning experience for current and future MD students. Timely, specific, and constructive feedback contributes to the Continuous Quality Improvement (CQI) of the MD Program by informing real-time improvements to teaching and curriculum. Students are encouraged to complete evaluations immediately following a teacher interaction or learning event to ensure that the feedback provided is as timely, meaningful, and valid as possible.

Providing meaningful, constructive, and actionable feedback is an integral part of a career in medicine. Physicians must both offer and receive feedback regularly—from peers, supervisors, and patients. Learning to give feedback effectively starts in medical school. The MD Program takes evaluations seriously. Student feedback is regularly reviewed through a structured evaluation system that includes dashboards, monitoring tools, and follow-up processes to ensure action. To promote transparency and accountability, the "You Said, We Did" report is issued twice a year and it highlights how students' feedback has informed changes in the MD Program. The MD Program Evaluation Committee has student membership and works with students to ensure efficient and effective evaluation processes. 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 with an opportunity to share feedback on teachers, lectures, seminars, workshops, and the overall course experience. Two weeks after each course ends, the Office of Assessment and Evaluation (OAE) analyzes the evaluation data, including numeric scores and written comments, and generates summary reports that highlight key strengths and areas for improvement. These reports are shared with course directors and program leadership.

Course directors are then asked to reflect on the feedback and prepare a response report that outlines proposed changes for the following academic year based on the data. These reports are reviewed by the OAE and presented in summary to the MD Program Curriculum Committee to support transparency and accountability. In this way, evaluation data is reviewed on an ongoing basis and, wherever feasible and appropriate, changes are implemented by curriculum leaders within the same academic year. The OAE also regularly reviews and updates course evaluation forms to improve clarity, accessibility, and usability, incorporating student input into the revision process.

Teacher Evaluations

Teacher evaluation forms give students an opportunity to share feedback about specific interactions with teachers, including faculty members, residents, and clinical fellows. The identity of students who complete evaluations is kept confidential. To protect anonymity, a teacher will only receive evaluation reports if at least three students have submitted evaluation forms.

In rare situations, such as when comments indicate a significant risk of serious harm to oneself or others (for example, risk of suicide or harm to another person), a student's identity may need to be disclosed. These exceptions are made only when necessary to ensure the safety and well-being of the student and the broader community.

Confidentiality is essential to support honest and constructive feedback. Teacher evaluation forms are a valuable resource for both educators and the MD Program. They help inform faculty development activities, guide decisions for teaching awards, and contribute to promotion processes.

As future residents and physicians, medical students are encouraged to view the practice of giving meaningful feedback as an essential part of their professional development and their growth as clinicians and educators.

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 transcripted 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

Mastery exercises

Mandatory written assessments that cover the material learned over 1-4 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. Students are required to take the scheduled progress tests each year, according to their year of study. Students on extended special schedules will similarly complete progress tests regardless of previous sittings and in keeping with the goal of tracking learning progress over time.

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 Clinical Skills, 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.

Clinical Performance Evaluations (Clerkship only)

This is an assessment of the student's 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

Some courses in Foundations and all courses in Clerkship include additional assessments of following directly observed specified activities. Examples include clinical performance assessments in Foundations, and clinical examination exercises, case-based discussions, and entrustable professional activities (EPAs) 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

Examplify

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

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

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 (Examplify). System requirements for Examplify 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

Detailed Learning Objectives, Content, and Materials are Available on Each Course's Website (UTORid Login Required):
https://meded.utoronto.ca/medicine/courses

Contact Information for Foundations Courses:
http://www.md.utoronto.ca/foundations-course-directors-and-administrators

Introduction to Medicine [MED100H]

Course Director: Dr. Christopher Gilchrist
Course Duration: Weeks 1 through 8

ITM takes place during the first 8 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 9 through 24

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 an introduction to pediatrics and health promotion followed by body systems that are responsible for host defence and oxygen delivery encompassing both normal and diseased states. It is divided into 8 sections: Pediatrics (1 week); Health Promotion (1 week); 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. Savannah Cardew
Course Duration: Weeks 25 through 36

CPC 2 takes place during weeks 25-36 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

Detailed Learning Objectives, Content, and Materials are Available on Each Course's Website (UTORid Login Required):
https://meded.utoronto.ca/medicine/courses

Contact Information for Foundations Courses:
http://www.md.utoronto.ca/foundations-course-directors-and-administrators

Concepts, Patients & Communities 3 [MED200H]

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); Psychiatric (4 weeks); Neurologic (6 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. Jennifer Sy
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. Jordan Goodridge
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 public health outbreaks are also addressed.

A particular focus in this course will be on the care of individuals with multiple medical and non-medical issues. The course 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. CNC ends with two weeks called "Clinician in Action" which act as a consolidation of knowledge in Foundations, and continue the transition to clerkship learning with simulated, large-group cases that are discipline specific (including family medicine, emergency medicine, internal medicine, psychiatry, obstetrics and surgery). The weeks support clerkship preparation that continues with the Transition to Clerkship course in year 3.

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

Detailed Learning Objectives, Content, and Materials are Available on Each Course's Website (UTORid Login Required):
https://meded.utoronto.ca/medicine/courses

Contact Information for Each Clerkship Course:
http://www.md.utoronto.ca/clerkship-course-directors-and-administrators

Transition to Clerkship [TTC310Y]

Course Director: Dr. Kien Dang
Course Duration: 1 week

The Transition to Clerkship (TTC310Y) course strives to assist students in developing the knowledge, skills and attitudes they require to successfully transition from their role as a student in the Foundations curriculum, to a member of the healthcare team as a clinical clerk. The course builds on the very substantial learning from the first two years of the MD program and provides students with the opportunity to immerse themselves in the skills required to begin their clerkship rotations. TTC is delivered using both virtual and in-person teaching. Learning events take place on campus as well as at academies and consist of large and small group interactive learning sessions, immersion and shadowing experiences, as well as registration tasks (e.g. mask-fit testing, computer systems training) and practical skills (order writing, managing violent patients).

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. 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. There is an interactive Jeopardy quiz to reinforce course learning objectives. 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 13 shifts, including up to two weekends and up to two 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. Sherylan Young
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 mandatory e-modules online for other core content topics.

Students then go to their respective sites to start the clinical portion of the rotation, which includes 1:1 preceptoring in an ambulatory office setting. Students will work with their preceptors as well as some allied health care providers throughout the rotation. Clinical rotations are distributed across 18 sites including large academic teaching units to rural placements, coordinated through the Rural Ontario Medical Program (ROMP). Students are also required to complete a small project, which is presented, midway through the rotation. The course syllabus is online (https://meded.utoronto.ca/medicine/community/fcm310y_83_86_98_104_109_113:handbook_syllabus).

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 and physical examination review session for one and a half days. 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 require Internal Medicine (IM) Consultation. You will be 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 approximately four half-days in ambulatory clinics and non-IM ward experiences to provide you with 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. Cici Zhu
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 in emergency department consultations as they pertain to OBGYN concerns. In addition to clinical activities, a program of daily small-group teaching seminars on a range of obstetrical and gynaecological topics takes place at the primary sites. Further to the seminar series, each hospital site also conducts its own set of grand rounds which students are expected to attend. Students are assigned to one of seven main teaching hospital sites with community-based subrotation experiences available as well.

Paediatrics [PAE310Y]

Course Director: Dr. Hosanna Au
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 and Exam Review near the end of 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. Learning is hands-on through patient assessment and discussion. Learning resources include the Paeds-on-the-Go Handbook, web-based e-modules on core topics on Elentra, a study guide, and practice MCQs.

Psychiatry [PSS310Y]

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

The six-week Psychiatry course clinical experience may take place in a variety of settings including inpatient units, outpatient clinics, consultation liaison teams, and emergency settings. An integral component of the course is interviewing 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 case based learning as well as interviewing skills and dealing with challenging personality styles.

Surgery [SRG310Y]

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

This 8-week course commences with a 2-day centralized program, "Prelude to Surgery," which provides an orientation and introduction to important surgical topics. Learners then rotate through two 3-week sub-rotations, one in General Surgery and the other in a surgery specialty they selected. Students become active members of a surgical team and contribute to the admissions and daily patient care. They are expected to attend the operating room and the clinic/office of surgical faculty. The on-call schedule is one night in four with General Surgery being in-house but may vary based on site. Subspecialty call is also approximately one in four nights. On call provides learners with the opportunity to see acute patients in the ER, surgical ward, and operating room. There is an end of rotation multiple choice examination and oral exam. Students are also expected to complete EPAs while on this rotation.

Portfolio – Year 3 [PFL310Y]

Co-Director, Clerkship: Dr. Lindsay Herzog
Co-Director, Foundations: Dr. Tanvi Agarwal
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 critical self 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, Dying and 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 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 an opportunity to develop personal learning plans and reflect on assessment data in their MD Program Learner Chart. The Written Component of the evaluation includes six thematic session reflections and two progress review reports. The assigned reflections are marked with a pass/fail grade and offer formative feedback based on the Portfolio Assessment Rubric. There is also at least one MD Program Professionalism form completed per year.

Clerkship Objective Structured Clinical Examination (OSCE) [OSC410Y]

Chief Examiner: Dr. Fok-Han Leung

The Clerkship Objective Structured Clinical Examination (OSCE) is a transcripted assessment situated within the clinical skills curriculum occurring 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 the 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

Detailed Learning Objectives, Content, and Materials are Available on Each Course's Website (UTORid Login Required):
https://meded.utoronto.ca/medicine/courses

Contact Information for Each Clerkship Course:
http://www.md.utoronto.ca/clerkship-course-directors-and-administrators

Electives [ELV410Y]

Course Director: Dr. Kimberley Kitto
Course Duration: Minimum 13 Weeks

This fourth year course provides students with the opportunity to explore career possibilities, to gain experience in aspects of medicine beyond the core curriculum, and to gain knowledge and skills in greater depth.

Students have the opportunity to independently set up elective experiences at sites affiliated with the University of Toronto, non-urban and rural clinical sites, as well as electives with medical schools across Canada.

Aside from clinical electives, students may have the opportunity to complete research electives.

Over a 16-week period, students must complete a minimum of 13 weeks of electives to meet course requirements and are required to follow the Association of Faculties of Medicine of Canada (AFMC) electives diversification policy and UofT's three discipline rule. Students may complete 2 weeks of electives in their third year between May and June to permit early career exploration and maximize their learning experience.

Portfolio – Year 4 [PFL410Y]

Co-Director, Clerkship: Dr. Lindsay Herzog
Co-Director, Foundations: Dr. Tanvi Agarwal
Course Duration: Longitudinal

In the fourth year of Portfolio, students solidify their foundation in critical 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 provides an 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 one thematic reflection and 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. Kien Dang
Course Duration: 10 Weeks

The 10-week Transition to Residency (TTR) course occurs during the final 10 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, four selectives clinical placements over eight weeks.

Medicine Extended Clerkship [ELV411Y]

Course Director: Dr. Kimberley Kitto
Course Duration: 8 to 30 weeks

This course offers MD students who do not match to a residency program added curricular time to pursue electives between May and December to maximize their career exploration. A minimum of 8 weeks of electives must be completed either at the University of Toronto, affiliated northern and non-urban practices, and/or medical schools across Canada. The AFMC diversification policy will apply anew, and previously completed electives will not be carried over towards the 8-week limit.

Students will receive tailored support from the Office of Learner Affairs and the Electives Office. Supports include career counsellors and MD program faculty in career planning, mentorship, development of application dossiers and interviewing skills for reapplication to CaRMS. Students who take part in the MD Extended Clerkship are required to delay graduation until June of the following year, so that they are eligible to pursue a more fulsome suite of elective opportunities. Students registered in the MD Extended Clerkship are bound by University of Toronto, Temerty 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, oversees the MD program and MD/PhD program (the latter managed in collaboration with the Director of Physician Scientist Training Programs). A team of senior academic and administrative leaders handles the management of these programs, supported by a strong committee structure that involves active student leader participation. Student representatives are elected by their peers and usually serve on the Medical Society Executive or their Class Council.

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 establish appropriate principles and policies for an institution, thereby setting the direction of its activities. By contrast, *management* is the authority and responsibility for running the day-to-day operations of an institution in accordance with the principles and policies 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, 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 Dean, Medical Education).

Faculty Council

The Temerty Faculty of Medicine Faculty Council is the senior body in the Faculty with responsibility for academic affairs. The 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 the 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 Temerty Faculty of Medicine. The standing committees include Boards of Examiners for each of the health professional programs, two Boards of Medical Assessors (undergraduate and postgraduate), an Appeals Committee, an Education Committee, a Research Committee, and two procedural bodies: an Executive Committee and Striking Committee.

Management Committees of the Dean

The Hospital University Education Committee is advisory to the Dean and serves to enhance the partnership between the Temerty Faculty of Medicine and its affiliated teaching sites.

In addition, there are five committees of Department Chairs: the All Chairs Committee, the Basic Science and Rehab Chairs Committee, the Clinical Chairs Committee, the Rehabilitation Science Chairs Committee, and the Temerty

Medicine Finance Committee. Together, these 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 Temerty Faculty of Medicine Councils and Committees webpage.

Decision-making in the MD Program

The Associate Dean, MD Program, leads the management and governance of the MD Program.

The MD Program Executive Committee, chaired by the Associate Dean and comprising senior academic and administrative leaders, provides advisory support to the Associate Dean regarding the overall management and strategic direction 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 (MDPEC) 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 used by individual courses, ensuring that suitable methods of standard setting are employed, and making recommendations on policy issues 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 implementing 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.

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 case-based learning, interprofessional education, and service learning in community-based partner agencies. The academies offer a smaller learning environment within a larger program, providing the hospital-based components 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 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. Learning experiences take place in a variety of settings ranging from small, rural, or underserved communities to large, tertiary care health centres.

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 may arise such that a student may feel that they would be better served at another academy. In these instances, the student may submit an Academy Transfer Application for consideration.

High Priority Academy Transfer Requests

- Potential examples of high priority situations include:
  - Concern for personal physical or psychological safety
  - Learners who face discrimination based on a protected ground, as outlined in the Ontario Human Rights Code

Moderate Priority Academy Transfer Requests

- Potential examples of moderate priority situations include:
  - Conflict of Interest/Privacy issues
  - Proximity to specialized health care for the learner

Low Priority Academy Transfer Requests

- Potential examples of low priority situations include:
  - Proximity to research institute or university campus for learners engaged in ongoing academic pursuit outside of the MD program
  - Proximity to part time employment
  - Duration/cost of commuting
  - Proximity to social network/supports/home

Note: The above list is not exhaustive, but rather is intended to provide a framework for decision-making. It is understood that there may be instances where a situation listed above in one priority category may be deemed a different priority category, at the discretion of the group reviewing the Academy transfer request and in consultation with OLA.

Timeline

Requests to transfer Academies will be reviewed once per year. Applications for transfer must be submitted by 5pm on February 1st and applicants can expect to receive a decision by mid March. If there are extenuating circumstances (e.g. safety concerns), the Academy Director group may consider requests outside of this timeline.

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 by 5pm on February 1st to the Associate Dean, Learner Affairs via ola.assocdean@utoronto.ca. Interested students should contact OLA 2-4 weeks prior to the February 1st deadline in order to schedule a meeting to review the transfer request. 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

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. If the transfer request is granted, the Director of the Academy that the learner will be transferring to will inform the learner. If the request is denied, the learner's current Academy Director will inform the learner.

The UME Enrolment Services office will be informed of the outcome.

Recommendations for learners:

- If you are considering an academy transfer, please reach out to your local Academy Director to explore all available supports/solutions within your current Academy.
- To ensure the committee can best evaluate your circumstance and rationale for transfer request, please disclose all relevant information and/or documentation at the time of submitting your transfer request. Insufficient information and/or documentation may result in denial of a transfer request. If there is relevant information that you are not comfortable to disclose to the committee, you may wish to discuss this with OLA for their guidance.
- When submitting a transfer request, you should list in order of preference all Academies that you would be willing to transfer to.
- Capacity limitations can be a common reason for declining an academy transfer request. For this reason, in the past some students have overcome this barrier by identifying another student who is interested in swapping Academies. E.g. Student A is currently in Academy X, but wishes to transfer to Academy Y. Student B is currently in Academy Y, but wishes to transfer to Academy X. They discuss between themselves and are happy to swap places completely (including small group allocation, rotation group/placement etc). Student A and B decide to submit individual applications to transfer Academies AND IN ADDITION they inform OLA that they are content to swap spots.

o NOTE # 1: Even if two students agree to swap Academies, this does not automatically guarantee that the request will be approved as other factors are taken into consideration when reviewing transfer requests.
o NOTE # 2: It is not the responsibility of OLA or the Academy Directors to identify potential swaps. Students interested in a swap will need to identify another student on their own.

- Academy transfers during clerkship are extremely difficult to accommodate. Learners are strongly encouraged to request transfers by 5pm on February 1st, prior to starting Clerkship as applications after this date are likely to be rejected.

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.

MD/MBA Program

All requirements for the MD/MBA program must be completed within **six (6) 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/MBA program within this expected time to completion.

MD/MSc OMFS Program

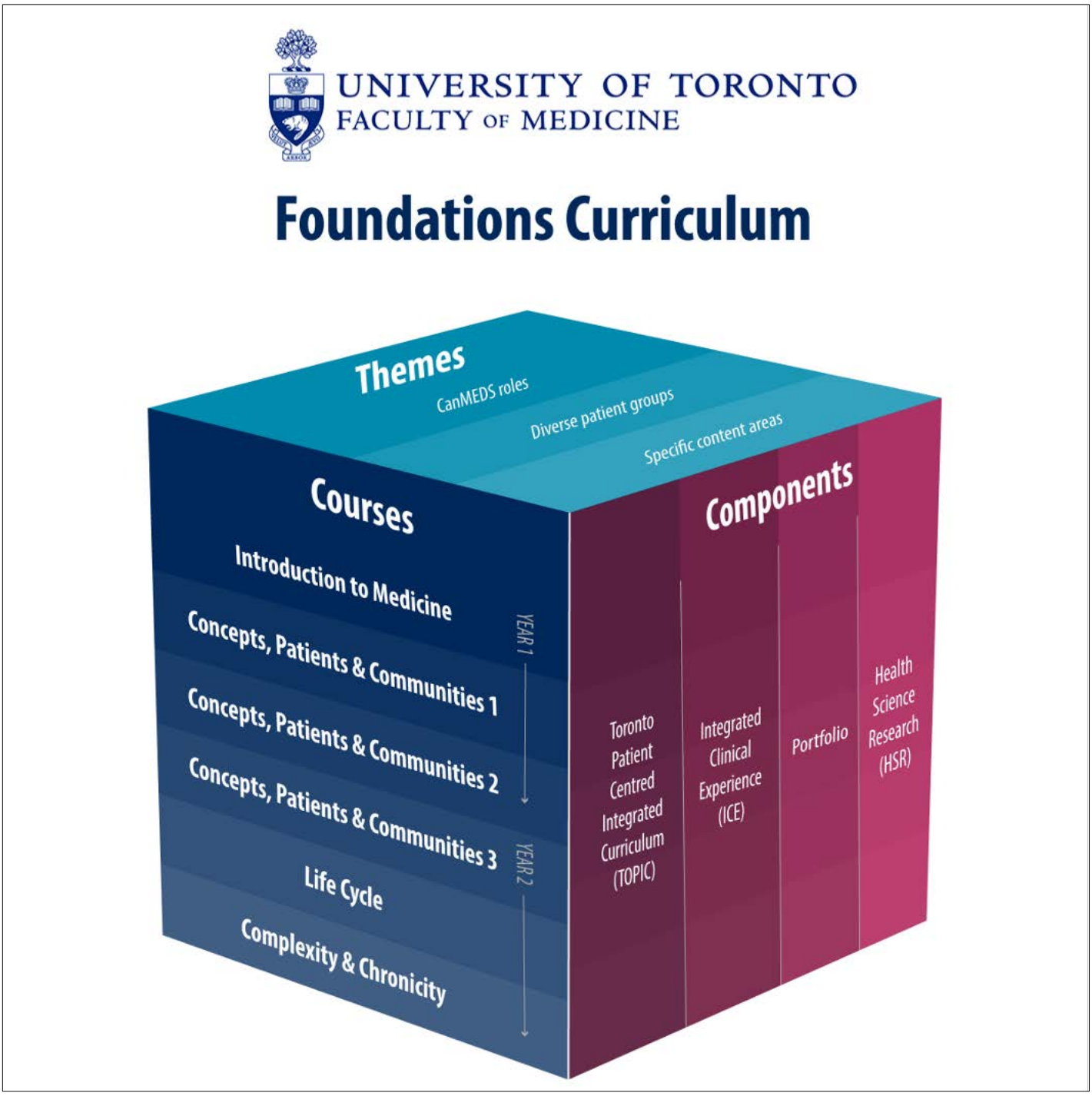
All requirements for the MD/MSc program must be completed within **seven (7) full academic years** from first registration, including leaves of absence and withdrawals from the program. Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully completed all requirements of the MD/MSc 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



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**: Focuses on the prevention, diagnosis and treatment of disease relevant to fundamental body systems (with a focus on introduction to pediatrics, immunity and microbiology, circulation and respiration), with integration of curricular themes.

- **Concepts, Patients and Communities 2**: Similar in structure to Concepts, Patients and Communities 1, this course continues a body-system approach (focusing on metabolism, gastroenterology and renal systems) with integration of curricular themes.
- **Concepts, Patients and Communities 3**: Similar in structure to Concepts, Patients and Communities 1 and 2, this course continues a body-system approach with integration of curricular themes. It includes exploration of body systems responsible for movement, sensation, cognition, and behaviour in humans.
- **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 student-led and faculty-led case-based learning (CBL) sessions. In CBL, students work through a patient case in small groups of approximately 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 typically 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, including doctors' offices, hospitals, community health agencies and home care visits (ICE: Health in Community). 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.

HSR also introduces students to well-known researchers working at the University of Toronto through its HSR Grand Rounds series.

Themes

Multiple themes are integrated longitudinally throughout the Foundations Curriculum and into Clerkship Overseen by faculty leads and taught by a variety of educators, the themes can be grouped into three major categories:

- Priority population groups (including Black Health, Indigenous Health, and 2-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual+ Health)
- CanMEDS roles (e.g. Leader)
- Specific content areas (Public Health, Interprofessional Education, Quality, Safety & Value)

In addition to providing leadership for curriculum development and delivery relevant to their themes, the Black Health and Indigenous Health theme leads play an active role in Temerty Medicine's efforts to diversify its student body.

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 modalities described in this document can be addressed by students independently through: (a) preselected or predesigned readings; (b) e-learning Modules; (c) education videos; (d) or practice exercises 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

Each week, some teaching occurs in the form of large group lectures. Large group teaching may occur in-person (with videoconferencing to other sites when required), or, entirely virtually. 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 sessions 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. 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 approximately 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.
- CBL cases include "what if scenarios" - 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.

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 approximately 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 support student engagement with CEEs (Community Engaged Experiences) in year 2.

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, document and present it. Instruction takes place at the academies in small groups 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.
- Students receive feedback from their tutors throughout the courses, based on both direct observation and submitted written work.

d. Portfolio Tutorials

- Portfolio sessions allow students to reflect on and discuss their experiences as medical students and to develop their identity as future physicians.
- The tutorials are facilitated by Senior Academy Scholars and Junior Academic Scholars.
- 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 small groups guided by an HSR tutor.
- Through discussion, opportunities to struggle and to apply research principles, 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 tutorials 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 (e.g., ECG workshops) under the guidance of a faculty expert.

b. Clinical Decision Making Workshop

- The purpose is to provide active learning opportunities for students to practice clinical decision making related to a variety of clinical situations.

Seminars

- Seminars occur in small to medium-sized groups and are held either centrally at the St. George and Mississauga campuses or at the academy sites.
- Types of seminars may include theme related topics such as: Ethics; Interprofessional Education (IPE); Leader; or Pharmacology.
- Seminars are led by faculty and/or content experts, including non-physicians.

MAPS

- MAPS is an integrated curriculum including medical imaging, anatomy, pathology and surgery which occurs throughout year 1 and 2 and is integrated into the TOPIC curriculum.
- Teaching sessions include medical imaging, anatomy, and pathology lectures focusing on core curriculum and integrated multidisciplinary rounds.
- Core anatomy is taught through lectures, dissection labs, and small group activities.
- Medical imaging and pathology teaching is also supported through small group case-based tutor-led sessions.

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 Experiences (EEEs); and (d) Community Engaged Experiences (CEEs) in ICE: HC.

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 76 weeks long and is divided into Year 3 (52 weeks) and Year 4 (24 weeks).

Transition to Clerkship (TTC) occurs in the first week 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 competencies in preparation of learning in the clinical environment. 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 an interim two-week block providing teaching around the specialties of Dermatology, Medical Imaging and Ophthalmology. 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. 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 16-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 as preparation for postgraduate training. There are two campus weeks which contain classroom-based learning activities about concepts related to health equity and various health populations. The Selectives experience requires students to complete 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.

Students are required to complete one Selective placement in a community setting, and at least one of the Selectives needs to be in the area of Older Adult Medicine. Students may use their Selectives to satisfy the requirement for three CaRMS direct-entry electives.

There is also a three-week CaRMS interview period that occurs during the TTR course, during which time the students are off.

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 in Elentra.

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. Two additional electives presentations will be provided in Year 3 during Transition Education Days.

MD Program elective requirements:

- Students must successfully compete a minimum of 13 weeks in electives.
- All elective experiences must be at least two weeks in length.
- 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.

International Electives

International electives were paused during the COVID-19 pandemic. More recently, international electives have been opened to placements in the United States exclusively through the AAMC Visiting Student Learning Opportunities (VSLO). Students are encouraged to contact the Electives Office should there be interest in pursuing electives outside Canada.

Electives Catalogue and Registration System

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

Students can review home elective opportunities through the MD Program's online catalogue on MedSIS: http://medsis.utoronto.ca/electives. Elective opportunities are not limited to this catalogue. However, students are strongly encouraged to contact the Electives Office before making placement arrangements outside this catalogue.

Elective placements must officially be registered through MedSIS. Placements that are not processed through MedSIS are deemed to be unofficial electives and will not be credited toward the ELV410 course. All elective preceptors must hold a faculty appointment. The MD Program must have an active placement agreement with the elective site before students can attend an elective.

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

Registration for domestic 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:

- Accessibility
- Black Health
- Clinical Skills
- Collaborator / Interprofessional Education
- Ethics & Professionalism
- Older Adult Medicine
- Health Advocacy
- Health Humanities
- Indigenous Health
- Leader
- 2SLGBTQIA+ Health Education
- Pharmacology and Pharmacotherapeutics
- Public Health
- Quality, Value, Safety

Descriptions of these themes are published at: https://md.utoronto.ca/themes-0

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 Year 1 and 2 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 subprograms 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-opportunities

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 to coursework related to a broad range of research concepts, topics, methodologies, and applications to health care.

For a complete description of the GDipHR program, please see: http://md.utoronto.ca/graduate-diploma-health-research-gdiphr

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. Please note that the application procedures, funding practices, expected time commitment, and eligibility restrictions are at the discretion of the sponsoring Department or institution and all questions regarding those opportunities should be directed to 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, Physician Scientist Programs 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 biweekly seminar series for the entire duration of their studies and 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 Temerty 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 CDP path to completion summarized above requires completion of MBA courses in the summer of Year 4. For this reason, CDP students are not permitted to complete an internship.

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

Master of Science (MSc) in Health Systems Leadership and Innovation (HSLI)

The Master of Science (MSc) concentration in Health System Leadership and Innovation (HSLI) has been meticulously crafted and officially sanctioned through a collaborative effort involving 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. This program is open to both practicing physicians and those currently pursuing residencies or medical studies. Comprehensive program details can be accessed on the Institute of Health Policy, Management and Evaluation website.

The HSLI concentration offers an avenue for physicians, residents, and medical students, to attain a non-thesis MSc degree that revolves around the pivotal elements of physician leadership within system innovation. The curriculum delves into areas such as effective leadership techniques, motivation strategies, strategic thinking and planning, research methodologies for evaluating health system advancements, policy analysis, and tactics for instigating system-wide transformations. A culminating capstone project is a mandatory component for all students, serving as a cornerstone for program completion.

The part-time structure of the program caters to physicians and medical students, enabling them to seamlessly integrate this program into their ongoing professional commitments or medical studies. This pragmatic approach ensures that physicians and medical students can acquire their MSc credential without interrupting their work, residency or MD Program trajectory.

Master of Engineering (MEng) in Biomedical Engineering

Offered by the Institute of Biomedical Engineering (IBME), 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 first-year medical students the opportunity to participate in a 10-lecture, not-for-credit Certificate Program, Computing for Medicine (C4M), coordinated jointly between the Temerty Faculty of Medicine and the Department of Computer Science. This program will provide medical students with a comprehensive introduction to data science in the Python programming language. Students in this program will gain experience using powerful tools to analyze time-series data, process images, train machine learning models, and create data visualizations. By the end of the program, students will come away with the skills and mindset needed to delve into tasks ranging from speech analysis to image classification. A one-time fee is required for this certificate, to be paid in full upon acceptance to the program.

See FAQs for more information.

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 lifelong 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 including a CaRMS bootcamp that takes place at the end of third year. OLA has faculty career advisors, a faculty career lead for Black learners and career counsellors who help support students through the process. 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 eligible to pursue a more robust 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.

Student representatives are typically elected by their peers through class council or Medical Society elections, or appointed by student leadership to ensure broad and inclusive representation across the program. 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:

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 Learner 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: https://md.utoronto.ca/contact-us

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) and/or the *Learner Mistreatment Guideline* 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 Canadian citizens and Permanent Residents 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.

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 (MSPR) 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, novel coronavirus disease 2019 (COVID-19), and influenza.

Returning students in the MD Program must submit evidence on required forms of test and/or vaccination results for tuberculosis, novel coronavirus disease 2019 (COVID-19), 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 ES.

Medical Identification Number for Canada (MINC)

Students entering first year are required to sign up for a Medical Identification Number for Canada (MINC) by the end of October. 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 are required to complete a Vulnerable Sector Screening, and submit an original copy of the Report as part of the registration process in their first academic year.

Returning students must fill out a Criminal Record Disclosure and Consent Form to be returned to UME ES.

E-Learning Modules

First-year students will be required to complete the following e-learning modules by September 8, 2025. These modules currently include:

- Generic Code,
- Hand Hygiene,
- Personal Protective Equipment (PPE) Donning and Doffing,
- 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.

Second and Fourth-year students will be required to complete the following e-learning module by September 8, 2025:

- Privacy

Proof of completion will be required of all students.

Third-year students will be required to complete the following e-learning modules by September 8, 2025:

- Generic Code,
- Hand Hygiene,
- Personal Protective Equipment (PPE) Donning and Doffing,
- 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 the Ministry of Colleges, Universities, Research Excellence and Security. Student WSIB program in collaboration with the WSIB. A declaration form is circulated electronically by UME ES 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 Temerty 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) 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 2025-2026 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://www.registrar.utoronto.ca/fees-payments/tuition-fee-schedules/

The Temerty 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 Financial Aid and Awards in the UME Enrolment Services Office if you have any questions or have specific concerns regarding your personal situation.

St. George Campus

Fee Type	Ontario Domestic	Non-Ontario Domestic	International
Tuition Fee (Year One)	$23,090.00	$27,510.00	$97,350.00
Incidental Fee+ Ancillary Fee	$2,450.50	$2,450.50	$2,450.50
University Health Insurance Premium			$756.00
Total Fee Payable (Year One)	$25,540.50	$29,960.50	$100,736.50

Mississauga Campus

Fee Type	Ontario Domestic	Non-Ontario Domestic	International
Tuition Fee (Year One)	$23,090.00	$27,510.00	$97,350.00
Incidental Fee+ Ancillary Fee	$3,025.01	$3,025.01	$3,025.01
University Health Insurance Premium			$756.00
Total Fee Payable (Year One)	$26,115.01	$30,535.01	$101,131.01

* Incidental fees have been updated July 2025. They include, but are not limited to, the following fees: Hart House, Athletics, Health Services, U of T Students' Union, Medical Society and Student Services Fee.

Disability Insurance

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 Financial Aid and Awards 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 Undergraduate Medical Education Enrolment Services Office in the Temerty 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 Temerty 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 Temerty 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 Temerty 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 Temerty 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 Temerty 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 Temerty 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-à-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 Temerty Faculty of Medicine Board of Undergraduate Medical Assessors (unless specified ex officio)

iv. a member of the Temerty 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, PGME[1], 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.

[1]If the Associate Dean, PGME is perceived to have a conflict of roles, this conflict should be discussed with the Dean of the Temerty 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 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]

Date of original adoption: 20 June 2017
Date of last review: 20 June 2017

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 Temerty 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 made available to students in the Accessible Campus Online Resource Network (ACORN), which is the official record and is used by the University to generate official transcripts. MD program course grades are transcripted 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 Directors, 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 known 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 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.

        In cases where a program of formal remediation is approved by the Board of Examiners, the student will receive a final grade of No Credit (NCR) in course(s) requiring remediation, regardless of the outcome of the remediation on the subsequent attempt(s). The student's promotion to the next year or level of medical training will also be delayed.

        A program of formal remediation will normally require the student to re-register in the same level of the program and repeat relevant 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.

        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, probation will normally be recommended to the Board of Examiners. See 8.c below for more details regarding probation.

        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. *Probation*: Probation will normally be recommended to the Board of Examiners if a student has not successfully completed remediation, as defined above.

        In cases where probation is approved by the Board of Examiners, the student will receive a final grade of No Credit (NCR) in relevant course(s) with unsuccessful remediation. The student's promotion to the next year or level of medical training will be delayed.

To clear probation, the student must re-register in the same level of the program and successfully repeat relevant course(s) when they are next offered the following academic year. At the discretion of the Foundations Directors and the Student Progress Committee, 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.

When the student clears probation, the student will be assigned credit for the repeat course attempt(s), subject to the approval of the Board, and be placed in Good Standing.

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. See 8.d below for more details regarding dismissal.

Probation may also be recommended to the Board of Examiners if a student receives 2 partial progress grades after the initial attempt in the same academic year. If the student's academic performance and outcomes were impacted by discrete, time-limited, and extenuating circumstances, the Board of Examiners may not place the student on probation.

In cases where probation is approved by the Board of Examiners, the student may retain a final grade of Credit (CR) for the first course if successfully reassessed. The student will receive a final grade of No Credit (NCR) for the second course and their promotion to the next year or level of medical training will be delayed.

To clear probation, the student must re-register in the same level of the program and successfully repeat the second course when they are next offered the following academic 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.

When the student clears probation, the student will be assigned credit for the repeat course attempt, subject to the approval of the Board, and be placed in Good Standing.

If probation is not successfully completed, failure in the repeated course and dismissal from the program will normally be recommended to the Board of Examiners. See 8.d below for more details regarding dismissal.

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.

d. *Dismissal*: Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully cleared probation.

   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.

e. *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.
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.

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 Temerty Faculty of Medicine.

Date of original adoption: 12 July 2016

Date of last amendment: 20 June 2023

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 Program's *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 Temerty 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 made available to students in the Accessible Campus Online Resource Network (ACORN), which is the official record and is used by the University to generate official transcripts. MD program course grades are transcripted 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 satisfactory performance or "pass"*: For mastery exercises 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 exercise 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 4 above.
6. *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. *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 is assigned by the Board of Examiners, an interim notation of NGA will be assigned to the course (see below). 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.
    c. NGA (No Grade Available) is used to denote that a student has been assigned formal remediation 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.
7. *Principles governing recommendations to the Board of Examiners*: The Clerkship Directors (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 exercise 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 exercises 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 exercise 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 approved by the Board of Examiners, the student will receive an interim grade of No Grade Available (NGA) and be required to repeat failed course components within the same academic year (or immediately after).

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, failure in the course and probation will normally be recommended to the Board of Examiners.

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. *Probation*: Probation will normally be recommended to the Board of Examiners if a student has:
   i. not successfully completed 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.

In cases where probation is approved by the Board of Examiners, the student will receive a final grade of No Credit (NCR) in relevant course(s) with unsuccessful remediation, regardless of the outcome of the probation on the subsequent attempts. The student's promotion to the next year or level of medical training will be delayed.

To clear probation, the student must re-register in the same level of the program and successfully repeat relevant courses when they are next offered the following term or academic year. At the discretion of the Clerkship Directors 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.

When the student clears probation, the student will be assigned credit for the repeat course attempt(s), subject to the approval of the Board, and be placed in Good Standing.

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.

Probation may also be recommended to the BOE if a student fails 2 attempts at the Clerkship OSCE.

In cases where probation is approved by the Board of Examiners, the student will receive an interim grade of No Grade Available (NGA) to denote that the course is pending completion. To clear probation, the student must successfully re-assess in Clerkship OSCEs.

When the student clears probation, the student will be assigned credit for the Clerkship OSCEs course,

subject to the approval of the Board, and be placed in Good Standing.

If probation is not successfully completed, failure in the Clerkship OSCE course and dismissal from the program may be recommended to the Board of Examiners.

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.

d. *Dismissal*: Dismissal from the program will normally be recommended to the Board of Examiners if a student has not successfully completed probation.

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 Temerty Faculty of Medicine.

Date of original adoption: 10 February 2012

Date of last amendment: 25 October 2024

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, Learner 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, Learner 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 an MD Program leader regarding a planned absence request

Mandatory Learning Activities

Foundations (Years 1 and 2)	Clerkship (Years 3 and 4)
○ All scheduled assessments and their corresponding activities	
(as indicated in MedSIS) ○ 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	○ 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:

- Illness/injury/personal crisis
- Family emergency
- Funeral/memorial service
- Travel/transportation emergencies (e.g., 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, Learner Affairs or a counsellor in the Office of Learner 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 planned personal day absences in Foundations and Clerkship, at least two weeks' notice are required prior to the start date of the missed activity(ies)
- 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.
- Note: Where relevant, travel and accommodation should not be booked until approval has been received

Planned Personal Day Absences

Students in years 1, 2, and 4 of the MD Program are allotted 3 planed personal day absences per academic year. Students in year 3 of the MD Program are allotted 4 planned personal day absences per academic year. The following limitations apply:

'Blackout periods refers to periods in which a planned personal absence day cannot be requested.

- No more than 1 Personal Day can be taken per Foundations course
    - Blackout periods: Assessment dates (includes MEs, progress test, HSR presentations, ICE:CS observed assessments, OSCE, and any dates where a student must reassess)
- No more than 1 Personal Day can be taken per Clerkship rotation in Year 3 or per elective/selective in Year 4
    - Blackout periods: ME, OSCE dates, during a course of two weeks or less in duration, on days marked for course orientation, scheduled call days, and centralized teaching days (TED, TTR Campus Weeks, Portfolio sessions)
- Personal Day absences cannot be combined with any other planned absence types (e.g., conferences)

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 Learner 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:

- 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: 20 June 2023

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 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*

Date of original adoption: 12 September 2011

Date of last amendment: 09 July 2019

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

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.

Retroactive Accessibility Accommodations:

If a learner receives approval for a formal accessibility accommodation from Accessibility Services after failing an assessment (either due to the discovery or diagnosis of an existing disability of which the learner was previously unaware, or due to delay in the process beyond the student's control), the learner may be granted approval to reattempt the assessment with the approved accommodation in place. The following factors may be considered when determining if retroactive accommodation is warranted:

a. timeliness of the request (e.g., when did the student know about the disability, how much time has passed between making the request, and the duration of approved accommodation)
b. nature of the accommodation requested;
c. supporting documentation provided;
d. amount of course work completed;
e. the learner's academic record.

If a learner chooses not to use an approved formal accessibility accommodation, a reattempt of the assessment with the accommodation retroactively applied will not be granted.

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. In the case of technical issues, students will be allowed the full scheduled time to complete the assessment. Students who are between ten (10) and thirty (30) minutes late for a Foundations mastery exercise or a Progress Test (Years 1 - 4) can complete the assessment in the assessment room. Students who are late by more than thirty minutes for a Foundations Mastery Exercise or a Progress Test (Years 1 - 4) will be directed to a separate back-up room to complete the assessment. 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 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 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*.
12. E-proctored assessments: E-proctoring is only available to Clerkship students on a Rural Ontario Medical Program (ROMP) rotation. Eligible students may request to complete their Mastery Exercise and/or Progress Test virtually by contacting the Office of Assessment & Evaluation at md.examsoft@utoronto.ca.

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) 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) 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 the rules articulated below.
- Viewing rule and regulations:

1. The viewing will take place in a location determined by the course director or delegate.
2. The viewing must be supervised by the course director or delegate.
3. The student will bring their signed photo identification and provide it to the supervisor, if requested.
4. If a student is reviewing multiple written assessments, they must be reviewed one at a time.
5. The viewing of a single written assessment will not exceed 30 minutes.
6. The student may not be accompanied by anyone else during the viewing.
7. 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.
8. Students may not consult books or notes, nor take notes or photographs, during the viewing.
9. Answer keys and/or marking rubrics will *not* be provided to the student.
10. 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 original adoption: August 2011
Date of last amendment: 30 July 2024

Standards for formative and narrative assessment and feedback

Preamble

These standards apply to all required learning experiences, defined as required and transcripted 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 transcripted 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 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 pursed 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 completed 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
  - MSPRs are normally due at the beginning of November. To meet this deadline, only elective placements that start by October 31 will be included in the MSPR, provided that relevant details including supervisor information has been logged in MedSIS. In such cases, the department/division, location, and start and end dates of the placement will be included. No updates or additions will be made after this date.
  - Student performance in each elective, for which a final clinical assessment has been completed and submitted in MedSIS by October 31, will be represented on the MSPR as Credit/No Credit. Additionally, narrative comments from the "Strengths" section of the student's final clinical assessment form will be included.
  - Electives that are in progress or completed but do not have a final clinical assessment form submitted by October 31 will still appear on the MSPR but without the final grade or narrative comments.
  - Electives for which confirmation and supervisor information are entered after October 31 will not be included in the MSPR.
  - Further details regarding the inclusion of narrative comments on the MSPR are provided 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 may be used for promotion and related purposes. Student feedback, gathered through teacher assessments and course evaluations, is a vital source of information for monitoring course quality and performance.

Curriculum leaders should collaborate with student course representatives to promote a shared understanding of the importance of completing evaluations. Course directors should clearly communicate that students are expected to complete all evaluations triggered through MedSIS, as their feedback plays a critical role in assessing course effectiveness and informing continuous quality improvement efforts.

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 preparing to enter a profession built on collegial critique and continuous self-improvement. The ability to give and receive feedback effectively is a foundational skill for self-regulation and professional growth.
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 medical education and should be actively involved in shaping and supporting a structured program of course evaluation and teacher assessment.
5. The evaluation process should support a meaningful and efficient student experience by:
    a. Ensuring that completing evaluation forms is as straightforward as possible, including:
        i. Designing forms to be concise and focused on essential information.
        ii. Providing, when feasible, dedicated time during school hours to complete evaluations.
        iii. Making forms accessible across multiple technological platforms.
    b. Determining the number of required respondents based on sound statistical principles.
    c. Design evaluation reminders to encourage participation and ensure students do not miss the opportunity to contribute valuable feedback.

Expectations

1. In alignment with the above principles, students are expected to complete evaluations for all relevant educational activities, including faculty teaching sessions (Foundations and Clerkship) and interactions with faculty and residents where substantial contact has occurred (Clerkship).

• All end-of-course evaluations must be completed.

Within each Foundations Course:

• Students are encouraged to complete all evaluations triggered to them via the MedSIS system (Lectures, Seminars, CBL, Portfolio, CS, FMLE, etc.)

Within each clerkship course:

• Students must complete a minimum of three clinical teacher assessments.

• If there is meaningful interaction with residents, students are also expected to complete at least three resident assessments.

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 designed to ensure that feedback is submitted promptly, reduces the risk of recall bias, and enables timely use of data for quality improvement efforts.
3. Completion of course evaluation and teacher assessment forms will be monitored by the central MD Program administration.

a. 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

b. Clerkship students are also required to complete a minimum of three teacher evaluations in each clerkship course. Reminders will be sent by the central MD Program to encourage completion within the two-week evaluation window. Failure to complete the required evaluations will result in a professionalism occurrence. Students who fail to complete evaluations on three separate occasions will receive a low professionalism score, in accordance with program expectations.

c. Foundations students are required to complete end-of-course evaluations for all courses. Targeted reminders will be sent on four separate occasions to students who have not yet submitted their evaluations. Students who fail to complete the required evaluations after these reminders will receive a low professionalism score, in alignment with program expectations.

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 coordinate the distribution of student evaluation scores related to each teacher’s effectiveness to the appropriate 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.

For courses that span the full academic year or include multiple rotations, course leadership is encouraged to monitor the alert system associated with low evaluation scores. Where appropriate, and without compromising student confidentiality, follow-up actions may be taken before the end of the academic year.

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. Student confidentiality should be maintained above all.

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 Director Program Evaluation, Medical Education (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 requests.

Process & Reporting:

1. The teacher assessment in question as well as all other relevant teacher assessment records are compiled by the Office of Assessment and Evaluation for review by an ad hoc four-member Appeals Committee, chaired by the Director of Program Evaluation, Medical Education and includes both faculty and student representatives. 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 to reach an aggregate of three assessments.
3. Teacher assessments are treated as a single unit (quantitative and qualitative). 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 on a yearly basis.

Standards & Guiding Principles:

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. Whether the feedback provided refers to the rotation or program rather than to the specific faculty member.
    c. Obvious transposition of scale ratings or mistaken identity.
2. For assessments in question, additional considerations may include:

1. There is clear retribution by a trainee (e.g., the comments given by the trainee refer directly to the scenario in question; the comments given by a trainee align timing-wise with feedback they received from the faculty in question; there is a larger pattern of retaliatory assessments from a student directed at multiple faculty).
2. There is clear evidence of discrimination by a trainee (e.g., the comments given by the trainee refer to one of the prohibited grounds under the Ontario Human Rights Code directly or to attributes/behaviours whose mention is likely related to those grounds, e.g., physical appearance).

3. The degree of contact between Teacher and Trainee is reasonable for purposes of rendering an assessment of Teaching Effectiveness.
4. There are personal issues arising between faculty and a learner leading to conflict, which may influence the learner's assessment of the teacher.
5. There is substantiation of low scores (1 or 2) by narrative comments.

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 the teacher assessment was submitted erroneously (due to a systems error beyond the teacher's 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 incorrect assessment will formally notify the Director Program Evaluation, Medical Education by email (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 erroneous 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 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.

Low-Score Evaluations With No Comments Appeals Process:

This appeals approach is to address teacher assessments with NO substantiation of low scores (1 or 2) by narrative comments. Assessments with no comments do not offer insights into how the teacher can improve, and it is difficult to discern if there is any evidence for the low score provided.

***Course or Component Director Appellant Responsibilities*:**

1. The Course or Component Director who has identified the low assessment with no substantiation by narrative comments will formally notify the Director Program Evaluation, Medical Education by email (md.oae@utoronto.ca). There is no need to copy 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 with no comments, ii) the name and date of the session.

Process & Reporting:

1. The OAE will compile all teacher assessment records for the teacher who has received the low score to verify that no comments were provided despite the low score.
2. If successful, the outcome of the appeal will include the elimination of the assessment in question.
3. All outcomes are considered final and are reported to the Course/Component Director who submitted the appeal and the teacher whose performance was 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 OAE records.

Date of original adoption: 13 August 2013
Date of last amendment: 24 June 2025

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, with a primary goal being the provision of formative feedback to support medical students' professional identity formation through the development of their professional competencies. 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 Faculty Lead, Ethics and Professionalism plays a dual role with respect to these guidelines. They play a leadership role in ensuring that the processes to support the assessment of student professionalism and processes to support students who are identified as being in professionalism difficulty are clearly articulated, fair, and informed by Temerty Medicine's commitment to the principles and practices of equity, diversity, inclusion, Indigeneity, and accessibility (EDIIA). The Faculty Lead, Ethics and Professionalism also plays a consultative role with respect to medical students who have been identified as being in professionalism difficulty. This consultative role includes active participation in the development and assessment of focused professionalism learning plans and professionalism remediation plans.

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

- Interactions with Patients and Essential Care Partners
    - Uses effective verbal and non-verbal communication
    - Shows respect for patients' time, space, and person (e.g., appropriate draping)
    - Takes time to comfort the patient
    - Navigates difficult or complex situations with empathy and sensitivity to the patient's lived experience
    - Demonstrates respect for donated tissues/cadavers
    - Establishes and maintains appropriate boundaries
- Reliability and Responsibilities
    - Fulfills obligations in a timely manner
    - Manages transitions of care effectively
    - Informs supervisor/colleagues when tasks are incomplete, mistakes or medical errors are made, or when faced with a conflict of interest
    - Manages lateness or absence in accordance with policy/expectations
    - Arrives prepared for work, including maintaining an acceptable standard of appearance and hygiene (e.g., scrubs for OR)
    - Actively participates in patient care activities and learning activities (e.g., rounds, family meeting, CBL/HSR/Seminar, etc.)
    - Fulfills call duties and academic responsibilities (e.g, attending rounds, seminars, classes)
    - Timely completion of MD Program and hospital registration requirements
- Growth and Adaptability
    - Accepts and provides effective feedback
    - Incorporates feedback by demonstrating changes in behaviour
    - Recognizes own limits and seeks appropriate help
    - Appropriately responds to unanticipated changes in schedules, clinical responsibilities, and other work/learning activities
    - Understands the importance of reconciling self-care and care for patients. Consults with others when challenges arise
- Relationships with colleagues
    - Maintains appropriate boundaries
    - Balances the needs of the learner and the group/team (e.g., group work, leaving early)
    - Collaborates effectively with team members (including physician colleagues, other health providers, other clinic/hospital staff, and patients/families/essential care partners)
    - Communicates effectively with Temerty Faculty of Medicine staff/faculty
    - Contributes to a psychologically and culturally safe learning environment
    - Demonstrates awareness and support for peers-in-need
- Upholding Student and Professional Codes of Conduct
    - Accurately represents qualifications
    - Uses appropriate language with patients, colleagues, and other staff
    - Acts with honesty and integrity
    - Employs effective conflict navigation strategies
    - Respects confidentiality, privacy, and data stewardship
    - Engages responsibly with social media and observes policies surrounding its use
    - Promotes equity, diversity, and inclusion (e.g., race, gender, religion, sexual orientation etc.)
    - Uses appropriate strategies to access and identify supports and pathways to respond to unprofessional behaviour and unethical behaviours
- Recognize and Respond to Ethical Issues
    - Recognizes when ethical issues in patient care arise and responds appropriately, including asking for additional support as needed
    - Communicates effectively when differences in personal and professional values arise (e.g., termination of pregnancy, medical assistance in dying)
    - Applies ethical reasoning skills where appropriate

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 and/or caused harm (physical, psychological, emotional) because of their behaviour. Critical incidents of unprofessional behaviour include, but are not limited to, 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 that puts a patient or someone else at significant risk and/or casues harm (physical, psychological, emotional)

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, Learner 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 to 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

A primary goal of professionalism assessments is the provision of formative feedback to support medical students' professional identify formation through the development of their professionalism competencies. These professionalism assessments also enable the program to monitor whether individual students are exhibiting a pattern of unprofessional behaviour, possibly across multiple courses or multiple learning contexts.

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. In order to support the early identification of potential patterns of unprofessional behaviour and/or to identify appropriate supports or resources for a student who may be experiencing professionalism difficulty, the course/component director may consult with the Faculty Lead, Ethics and Professionalism; Foundations Directors; Clerkship Directors; and/or other curriculum leaders prior to or following the check-in.
ii. The check-in process normally results in one of three outcomes:
iii. No voluntary professionalism activities and/or supports 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.
iv. Voluntary professionalism activities and/or supports 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.
v. 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.

Prior to the Student Meeting described below, the curriculum director may consult with the Faculty Lead, Ethics and Professionalism, to discuss whether or not there are any potential underlying complexities. If potential underlying complexities are identified prior to the student meeting or at any point during the student in professionalism difficulty review process described below, the Faculty Lead, Ethics and Professionalism may strike an ad hoc consultation panel to inform next steps, including the identification of appropriate resources or supports. With the goal of enabling a fair and equitable process, the reasons for striking an ad hoc consultation panel include but are not limited to student mental health, accessibility needs, or potential power asymmetries, particularly for students from equity-deserving groups. Only those who need to be involved should be invited to participate on an ad hoc consultation panel, and all panel members shall maintain confidentiality to the extent possible.

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 three 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 not substantiated as a critical incident but is substantiated as a low professionalism score, in which case the curriculum director will facilitate the submission of a non-course based professionalism assessment form
    c. The critical incident is substantiated by the 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, Learner 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 provisional 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

Date of original adoption: 7 December 2010

Date of last amendment: 10 July 2024

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, Learner Affairs 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, Learner Affairs. 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, Learner Affairs. 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

Learner Mistreatment Guideline^

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.

The Temerty Faculty of Medicine's Learner Mistreatment Guideline is a revision to preceding program or departmental level guidelines on mistreatment, unprofessional behaviours, discrimination, harassment, or other concerning behaviours towards learners.

This revision replaces the MD Program Student Mistreatment Protocol (approved in March 2020), and the PGME Guidelines for Managing Disclosures of Learner Mistreatment (approved January 2021), and any pre-existing guidelines within the Physician Assistant, Medical Radiation, or clinical Rehabilitation Sciences Programs. These Guidelines have been written with consideration of other foundational policies and procedures within Temerty Medicine, University of Toronto, Ontario Human Rights Code, as well as accreditation requirements of affected programs as of Fall 2023.

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, Learner 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, Learner 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, Learner 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, Learner 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, Learner 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, Learner Affairs.
3. Perform other tracking functions as required by the University, legislation, etc.

g. Responsibilities of the Associate Dean, Learner 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, Learner 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, Learner 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 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*
- *Learner Mistreatment Guideline*
- *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 *Learner Mistreatment Guideline* 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, Learner Affairs.
- If the safety issue raised is not resolved at the local level, it must be reported to the Associate Dean, Learner Affairs, 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, Learner Affairs have the authority to remove students from clinical placements if a risk is seen to be unacceptable.
- As necessary and appropriate, the Associate Dean, Learner Affairs 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, Learner Affairs 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.

Guidelines for Academy Transfer

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 may arise such that a student may feel that they would be better served at another academy. In these instances, the student may submit an Academy Transfer Application for consideration.

High Priority Academy Transfer Requests

- Potential examples of high priority situations include:
    - concern for personal physical or psychological safety

- learners who face discrimination based on a protected ground, as outlined in the Ontario Human Rights Code

Moderate Priority Academy Transfer Requests

- Potential examples of moderate priority situations include:
  - Conflict of Interest/Privacy issues
  - Proximity to specialized health care for the learner

Low Priority Academy Transfer Requests

- Potential examples of low priority situations include:
  - Proximity to research institute or university campus for learners engaged in ongoing academic pursuit outside of the MD program
  - Proximity to part time employment
  - Duration/cost of commuting
  - Proximity to social network/supports/home

Note: The above list is not exhaustive, but rather is intended to provide a framework for decision-making. It is understood that there may be instances where a situation listed above in one priority category may be deemed a different priority category, at the discretion of the group reviewing the Academy transfer request and in consultation with OLA.

Timeline

Requests to transfer Academies will be reviewed once per year. Applications for transfer must be submitted by 5pm on February 1st and applicants can expect to receive a decision by mid March. If there are extenuating circumstances (e.g. safety concerns), the Academy Director group may consider requests outside of this timeline.

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 by 5pm on February 1st to the Associate Dean, Learner Affairs via ola.assocdean@utoronto.ca. Interested students should contact OLA 2-4 weeks prior to the February 1st deadline in order to schedule a meeting to review the transfer request. 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

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. If the transfer request is granted, the Director of the Academy that the learner will be transferring to will inform the learner. If the request is denied, the learner's current Academy Director will inform the learner.

The UME Enrolment Services office will be informed of the outcome.

Recommendations for learners

- If you are considering an academy transfer, please reach out to your local Academy Director to explore all available supports/solutions within your current Academy.
- To ensure the committee can best evaluate your circumstance and rationale for transfer request, please disclose all relevant information and/or documentation at the time of submitting your transfer request. Insufficient information and/or documentation may result in denial of a transfer request. If there is relevant information that you are not comfortable to disclose to the committee, you may wish to discuss this with OLA for their guidance.
- When submitting a transfer request, you should list in order of preference all Academies that you would be willing to transfer to.
- Capacity limitations can be a common reason for declining an academy transfer request. For this reason, in the past some students have overcome this barrier by identifying another student who is interested in swapping Academies. E.g. Student A is currently in Academy X, but wishes to transfer to Academy Y. Student B is currently in Academy Y, but wishes to transfer to Academy X. They discuss between themselves and are happy to swap places completely (including small group allocation, rotation group/placement etc). Student A and B decide to submit individual applications to transfer Academies AND IN ADDITION they inform OLA that they are content to swap spots.

    - NOTE # 1: Even if two students agree to swap Academies, this does not automatically guarantee that the request will be approved as other factors are taken into consideration when reviewing transfer requests.
    - NOTE # 2: It is not the responsibility of OLA or the Academy Directors to identify potential swaps. Students interested in a swap will need to identify another student on their own.

- Academy transfers during clerkship are extremely difficult to accommodate. Learners are strongly encouraged to request transfers by 5pm on February 1st, prior to starting Clerkship as applications after this date are likely to be rejected..

Date of original adoption: 7 August 2024
Date of last review: 26 June 2025

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 Learner 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 Learner 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

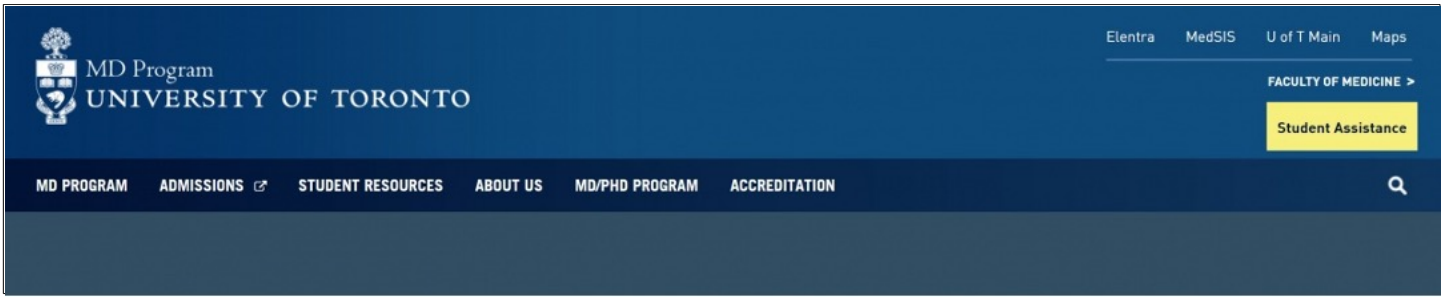
Student Services and Resources

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: https://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 guidelines, 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 online disclosure form for accessing the Learner Experience Unit for any mistreatment concerns. ***It is not a 'hotline' and in no way provides direct emergency assistance.*** It does not connect a user directly to another person, therefore for urgent matters students should call 911. It does, however, direct users to useful contact information and support services (both internal and external to the University).

Discussing, Disclosing, or Reporting Mistreatment

The MD Program is committed to continual monitoring and improvement of the learning environment. The Temerty Medicine Learner Mistreatment pages outline the resources available to learners if they witness or experience mistreatment, or are named as the source of a mistreatment concern. Temerty Medicine's Learner Experience Unit has adopted the AAMC definition of mistreatment, which defines it as intentional or unintentional behaviours that show disrespect for the dignity of others. This can be further categorized as: unprofessional behaviour; discrimination and discriminatory harassment; and sexual violence and sexual harassment.

The program encourages students who experience or witness concerning behaviours in the course of their training to contact the Learner Experience Unit to initiate a confidential conversation with one of the case managers, to learn about their options in discussing, disclosing, or reporting the behaviour in accordance with the Learner Mistreatment Guideline.

Learners may reach out to the Learner Experience Unit using the Online Disclosure Form which can also be accessed from the Learner Mistreatment Landing Page. Learners may elect to submit the form in a deidentified manner. Note that there may be limits to Temerty Medicine's ability to act upon deidentified reports, owing to its obligations to provide the respondent with a full and fair opportunity to respond to allegations made against them. Nonetheless, to the extent possible, these types of reports will be escalated out of the LEU in order to collect information about systemic or cultural issues in the learning environment, which may inform systems-level interventions.

NOTE: ***The Online Disclosure Form is a tool to share concerns and access the Learner Experience Unit. It is not an emergency notification service. For any emergencies, please call 911.***

Learner Experience Unit - Frequently Asked Questions

Can I speak to someone else instead of the people in the Learner Experience Unit?

Yes, you can choose to speak with an individual involved in the MD Program who is not in the Learner Experience Unit. However, in such a case, the recipient of the report is strongly advised to either help redirect you to our unit, which serves a central hub of support and resources for learners, or to consult our unit on your behalf to ensure the steps that they take are in alignment with the Learner Mistreatment Guidelines. For details, see the Learner Mistreatment Guideline. 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 decide to discuss, disclose, or report through the Learner Experience Unit in the Office of Learner Affairs, a case manager in the Learner Experience Unit 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 work with you to optimize your learning climate so that you can go back to focusing on your education as your concerns are addressed.

Will anything change in the long-run?

The LEU publishes an annual learner mistreatment report that summarizes in a de-identified and aggregated manner all the concerns coming forward through the Unit in any given academic year. This enables Temerty Medicine to monitor the health of the learning environment and make targeted individual and systems-level changes over time for the benefit of students and other members of the Temerty Faculty of Medicine community.

Office of Learner Affairs

6 Queen's Park Crescent West
C. David Naylor Building, 3rd Floor
(416) 978-2764
ola.reception@utoronto.ca

The Associate Dean, Learner Affairs and staff of the Office of Learner Affairs (OLA) are dedicated to supporting MD learners in achieving their full academic and personal potential within Temerty Faculty of Medicine programs. They have expertise in a variety of areas, and access to extensive resources and networks within the University and surrounding communities.

Supports

OLA offers the following supports to MD learners:

- 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.
- Learning Strategist provides individual consultation for any student experiencing academic difficulties, who would like to discuss their approach to learning and how it might change across the course of their program; or who would like to build skills in critical reasoning and analysis and to develop a reflective practice to support them both academically and clinically.
- Mentorship Coordinator who provides consultation to learners seeking formal or informal mentorship or guidance on successful mentoring connections. They also administer equity mentorship programs like the iLEAD Mentorship Program (peer to peer) and the Diversity Mentorship Program (faculty to peer), and maintains the Learner Mentorship Database.

Full details on Office of Learner Affairs services and programming are available at:
https://meded.temertymedicine.utoronto.ca/office-learner-affairs

Appointments

All supports and services are free and confidential. Appointments are offered in both virtual and in-person format. Offices are privately located on both the St. George and UTM campuses, separate from the general MD Program. Appointments may be arranged by phone, e-mail, in person, or by booking an appointment through the OLA website.

University of Toronto - Mississauga

UTM learners at the Mississauga Academy of Medicine (MAM), and Occupational Science & Occupational Therapy may also contact the Student Support Administrator, located in the Terrence Donnelly Health Sciences Complex to arrange appointments at the UTM campus.

Accommodation and Accessibility

Learners requesting disability-related accommodation(s) are asked to contact their campus' Accessibility Services office for assistance. More details can be found in the MD Accommodations Process Student Information Sheet.

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, ICE-CAP curriculum, extracurricular observerships, shadowing opportunities (particularly those under the Enriching Educational Experiences program), career counselling offered by the Office of Learner Affairs (OLA), and experiences available at each Academy.

Enriching Educational Experiences (EEEs)

The Enriching Educational Experiences (EEEs) 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, EEEs 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. Students must complete at least 36 hours of EEEs by mid-June of second year.

For more details on the EEE Program, visit the Foundations Course websites on Elentra, or the MD Program webpage: https://md.utoronto.ca/career-advising-and-preparation

Career Counselling

Career counselling appointments and group information sessions are offered to medical students in all years by the career counsellors and faculty career advisors 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 or faculty career advisor, visit the OLA website: https://meded.temertymedicine.utoronto.ca/office-learner-affairs

Director and Assistant 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 and Assistant Director, Career Advising System are physician resources for students, staff and faculty. They 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, as well as elective and career planning. The Director and Assistant Director work closely with the career counsellors of the OLA.

For more information, visit the Career Counselling section of the OLA webpage:
https://meded.temertymedicine.utoronto.ca/about-ola

Faculty Career Lead for Black Learners

The Faculty Career Lead for Black Learners involves mentoring and advising Black Learners with career guidance and navigation, transition to practice, work search and interview preparation, as well as developing content for faculty members to address career-related challenges experienced by Black Learners. The role works within the Career Advising Team at OLA and collaborates with career counsellors to ensure outstanding career advising for all Black Learners.

Faculty Career Advisors

The Office of Learner Affairs works closely with a small group of trained Faculty Career Advisors across many clinical departments who provide 1:1 career advising for medical students. This includes the Clinical Clerkship Electives Advising (CCEA) sessions that occur in the second half of third year as well as Personal Statement review and Interviewing practice for CaRMs that take place in fourth year.

Financial Aid and Awards

Financial Aid and Awards

The Financial Aid and Awards unit, within UME Enrolment Services, 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.
- An annual information session for students in all years of the program.
- A session during the Transition to Residency course in fourth year.

The Financial Aid and Awards unit provides information on many topics, including:

a. **Sources of funding and financial assistance**

   Including scholarships and awards, federal and provincial loans and grants, Temerty 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 on the ACORN 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 are also available on the website.

For further information, refer to the MD Program’s Financial Aid and Awards webpage, or e-mail medicine.financeawards@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 email. 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 grant programs, are administered by the Financial Aid and Awards Office.

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.
- 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. All MAA awards are now administered through the UME Financial Aid and Awards office.

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, MedIT will be able to assist or to redirect users to the appropriate supporting office.

MedIT

MSB 2360
416-978-8504
discovery.commons@utoronto.ca
http://medit.med.utoronto.ca/

MedIT is the Faculty of Medicine's information technology support unit, and its many activities include audiovisual services, application development, application and computer support, and facilities and infrastructure.

For students, the services offered by MedIT are most visible in two respects:

1. **Service Desk**, which provides direct access to any of our services. Open during regular business hours.
2. **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--HELP (4357).

A note about security: Once you have logged into one UTORid-based online service (e.g. Elentra), 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 Email Address

https://mail.utoronto.ca (login: UTORid and password)

University of Toronto student email addresses (UTMail+) are in the form @mail.utoronto.ca. The University of Toronto email 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: https://easi.its.utoronto.ca/shared-services/office365/utmail/utmail-for-students/. For additional technical support, contact the University's Information Commons helpdesk at help.desk@utoronto.ca or 416-978-HELP (4357).

Note: You must ensure that this email address is recorded in ROSI or ACORN (see below) to ensure that all University services have your correct contact information.

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 https://help.acorn.utoronto.ca/

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 email 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.

MD Program MedSIS Support - In-house MD Program MedSIS support
medsis.ume@utoronto.ca

MedSIS Help Desk - Support by Logibec (developer of MedSIS)
medsis@logibec.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.

For technical support e-mail Elentra, md.elentra@utoronto.ca

OASES (Online Assignment Submission and Evaluation System)

OASES 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. For support, contact your course administrator.

Examplify

Examplify is the application the MD Program utilizes for written assessments.

For support, contact MD Program ExamSoft Support, md.examsoft@utoronto.ca or contact ExamSoft support.

The Learner Chart

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.

For support, e-mail the Student Progress Analyst, md.progress@utoronto.ca

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:
https://gerstein.library.utoronto.ca/

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

Study space is available to students in the MD program to accommodate the full range of study practices, regardless of 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.

Undergraduate Medical Student Study Space

Students on the St. George campus benefit from the MD Student Study Space located at 263 McCaul Street. This space, which is available exclusively for use 24/7 by medical and PA students, is equipped with a mixture of study carrels, open seating, small-group study rooms, and clinical skills rooms for physical examination practice, as well as a small lunch room. Wireless access is available throughout the space. The Study Space is secure and accessible by key fob. Located on the fifth floor of 263 McCaul Street, the space is easily accessed by walking across the street from the MSB (side adjacent to Terrence Donnelly Centre for Cellular and Biomolecular Research), and through the Health Sciences Building (155 College St.), via the second-floor walkway.

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. For library hours, please see https://gerstein.library.utoronto.ca/visit.

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.

St. George Campus

The Health & Wellness Centre has moved to 700 Bay Street (Bay/Gerrard).

For details on services, hours, and to make an appointment: https://studentlife.utoronto.ca/department/health-wellness/

University of Toronto - Mississauga

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: https://www.utm.utoronto.ca/health/

Find A Physician Program for MD Students

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.

Information on the *MD Find a Physician Program* can be found at 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 role 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 Team
Preceptor for ICE:CAP - Enriching Educational Experiences (EEE). See details 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
Clerkship elective supervisor. See details below.	Electives Team
Transition to Residency (TTR) selective supervisor. See details below.	TTR Team

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. Kimberly Kitto, Director, Electives and Medicine Extended Clerkship or Dr. Kien Dang, Director, Transition to Clerkship/Transition to Residency.

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

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 and Assistant Director, Career Advising System, the Academy Director associated with your hospital, or the course director/undergraduate program director of your Temerty Medicine Department. You can also connect with the Mentorship Coordinator at the Office of Learner Affairs, to learn about formal mentorship programs (such as the Diversity Mentorship Program), informal opportunities for connection, or resources and guidance on best practices in mentorship.

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.

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

See https://md.utoronto.ca/research-opportunities

There are three main programs which involve University of Toronto faculty:

Graduate Diploma in Health Research (GDipHR):

The purpose of the GDipHR is to provide selected 1st-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 to coursework related to a broad range of research concepts, topics, methodologies, and applications to health care.

Information for prospective faculty supervisors, including funding arrangements, is available at: https://md.utoronto.ca/graduate-diploma-health-research-gdiphr

CREMS Summer Program

A full-time 10-12-week summer research program between first- and second-year or between second- and third-year of medical school. Student funding is divided equally between the CREMS program and the research supervisor. See https://md.utoronto.ca/crems-summer-research-program for more information and the application process.

MAA-CREMS Humanities, Social Sciences and the History of Medicine Program

This 12-week summer research program is for students who have a keen interest in the humanities, social sciences or the history of medicine. Medical students in their first or second year, including first-year MD/PhD students are eligible to participate. All research is to be completed under the supervision of a faculty mentor. Students may choose from a list of potential supervisors, or they may seek supervision from an alternative supervisor. The chosen supervisor does not need to be affiliated to the Faculty of Medicine or need to be appointed to a graduate department at the University of Toronto.

For more information see: https://md.utoronto.ca/medical-alumni-association-crems

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.

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. Faculty 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 U of T 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
- MedIT Service Desk (416-978-8504 or discovery.commons@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, you 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 a 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)

For MedSIS assistance:

MD Program MedSIS Support
In-house MD Program MedSIS support can provide orientation, training, and assistance
medsis.ume@utoronto.ca

MedSIS Help Desk
Support by Logibec (developer) can assist with all aspects of the software
medsis@logibec.com

Online Assignment and Evaluation System (OASES)

OASES 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.

For support, contact your course administrator.

Examplify

Examplify is the application the MD Program utilizes for written assessments.

For support contact MD Program ExamSoft Support, md.examsoft@utoronto.ca or contact ExamSoft support.

The Learner Chart

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.

For support, e-mail the Student Progress Analyst, md.progress@utoronto.ca

UofT WiFi

Networks: U of T, eduroam (login: UTORid and password)

- The **U of T** wireless network is the primary WiFi network available to students. Details on setting up and using the U of T 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 U of T 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 U of T. 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 U of T 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 systems

U of T Electives Catalogue: http://medsis.utoronto.ca/electives/

U of T Electives Registration System (MedSIS): http://medsis.utoronto.ca

AFMC National Portal for Visiting Electives: http://www.afmcdstudentportal.ca

Electives placements offered by University of Toronto faculty members are made available to U of T students using the catalogue link above, as well as through the MedSIS Registration System. Students can arrange electives outside these sources by contacting U of T faculty members directly. When a U of T student arranges a new elective with a supervisor, a notification is sent by e-mail to the designated Placement Contact (administrator 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. New elective requests are validated by the Electives Office to ensure compliance with MD Program clinical placement policies before notification is sent to the Placement Contact. When a student confirms an elective, it is considered registered. Notification of confirmed or cancelled electives is 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 (third link above) is used to apply for electives with medical schools across Canada. The AFMC follows a capacity-based model application system.

For changes to the MedSIS catalogue or questions about using MedSIS or the AFMC National Portal, contact the U of T Electives Office at electives.uoft@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.

Support for MD Program Lectures

All 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.

Most lectures in the MD Program are scheduled as in-person this year, and lecturers in the MD Program are encouraged to teach on campus for those sessions. For others, lecturers may teach from home or other offsite location. See the articles below for information on some of the technical and practical aspects of teaching on site and remotely. Please note that MedIT needs to be informed of where lecturers and panelists will be in order that we can support the lecture appropriately.

Full support is provided by MedIT in the Faculty of Medicine. See: https://dc.med.utoronto.ca/support-md-program for more information.

Lecture presentation guidelines for videoconferencing

To ensure equity and equivalency between 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 4 business days before the lecture takes place to allow adequate time for necessary testing and formatting. Use the lecturer form 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.

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 The University of Toronto Centre for Teaching Support & Innovation for more details.

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. Please complete the lecturer form to schedule a training session on the equipment ahead of your first videoconference lecture.

BEFORE the Lecture

Contact MedIT, Monday to Friday, 8am to 5pm.
416-978-8504
E-mail: discovery.commons@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 MedIT 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 MedIT AV & Distance Learning Lead, Brian Dasilva brian.dasilva@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.

It is of the utmost importance to the MD Program to have teachers who are well-prepared for their teaching tasks, across the whole spectrum of teaching and assessment activities. The program therefore strongly encourages all its teachers to avail themselves of opportunities to hone their teaching and assessment skills and acquire new ones, to refresh their knowledge and expand it further.

Providing tailored tools and resources that enable the alignment of teacher capacities and skills with the goals and pedagogy of the curriculum is an important component of the MD Program's faculty development plan. This includes faculty development for both new and experienced teachers.

Office of Faculty Development, MD Program

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 specific Faculty Development sessions (in-person/virtual) to support the individual roles, as well as offer resources that can be accessed through the Office of Faculty Development website.

Specific resources available:

- Case-Based Learning
- Clinical Skills
- Electives
- Entrustable Professional Activities (EPA)
- Family Medicine Longitudinal Experience (FMLE)
- Health in Community (HC) Tutors
- Health Science Research (HSR) Tutors
- Observed Structured Clinical Exam (OSCE)
- Older Adult Medicine Rotation
- Portfolio Scholar

General resources available:

- Large Group Learning
- Learning and Teaching Environment
- Professional Behaviour

The Office provides faculty development opportunities across all five academies, including the FitzGerald, Mississauga, Peters-Boyd, Scarborough, 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.

The Office of Faculty Development, MD Program is accredited by Continuing Education and Professional Development at the University of Toronto.

Contact

ofd.md@utoronto.ca
Susanna Talarico, MD – Faculty Lead, Faculty Development
May Brydges – Administrator, Faculty Development

Office of Faculty Development, MD Program
Temerty Faculty of Medicine, University of Toronto
Medical Sciences Building, Room 2331
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) was founded in 2002 as a partnership between St. Michael's Hospital (part of Unity Health Toronto) and the University of Toronto, Temerty Faculty of Medicine. The Centre is positioned as an Extra-Departmental Unit (EDU) within UofT and is known for the strength and relevance of its programming and its internationally recognized scholarship.

CFD provides flexible and adaptable programming that is responsive to emerging needs, facilitates communities and networking, and supports capacity building across the system. The Centre's offerings include longitudinal programs, individual workshops, curated lists of resources, and faculty development consultations with local, national, and international partners.

For upcoming CFD events, please visit: https://centreforfacdev.ca/upcoming/
To access CFD resources, please visit: https://centreforfacdev.ca/resource-hub/

Contact

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: cfd@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 of Otolaryngology

http://www.otolaryngology.utoronto.ca/listing-faculty-development-courses

Department of Pediatrics

Department of Psychiatry

https://psychiatry.utoronto.ca/faculty-development

Department of Surgery

Department of Medicine

http://www.deptmedicine.utoronto.ca/faculty-development

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) awards are presented to both students and faculty members in recognition of clinical, academic excellence, community or faculty involvement, extracurricular activity, and financial need. For more information, please contact medicine.financeawards@utoronto.ca.

Departmental and Academy Awards

For information about Departmental and Academy awards, please visit each unit's webpage.

Program, Faculty and External Awards

The Temerty Faculty of Medicine solicits nominations for education and teaching awards that recognize staff, faculty members, and trainees across Temerty Medicine for their contributions to medical education.

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

Nominations open in mid-October and mid-March of each year, and include Program, Faculty, University, national and international-level awards. Consult the Medical Education and Teaching Awards Database to explore these awards and their timelines.

Questions?

Want to learn more about how we celebrate excellence in medical education? Contact us at medicine.awards@utoronto.ca.

To receive the call for nominations, sign up to our medical education awards mailing list. If you are unsure about the suitability of a given candidate for an award, please book a consultation with the Research, Awards & Honours Officer in the Office of the Vice Dean, Medical Education.

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 central teaching in Foundations or Clerkship)]	Contact the course director	See the Foundations course contacts for contact information.
[For hospital teaching in Foundations or Preclerkship]	Contact the Academy Director	See the Academies pages for contact information.
[For hospital teaching in the Clerkship]	Contact the site director	See the course website on Elentra (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 MedIT	*Contact:* Intercom button on podium (immediate) or 416-978-8504 (non-emergency) or discovery.commons@utoronto.ca
[For other AV problems in MSB lecture theatres]	Contact the Learning Space Management Office	*Contact:* Intercom button on podium (immediate) or 416-978-0423 (emergency/after hours) or go to https://lsm.utoronto.ca/
[For after-hours MAM/UTM lecture theatre videoconferencing or lecture recording problem]	Contact Information & Instructional Technology Services	*Contact:* 905-569-4300 or helpdesk.utm@utoronto.ca
[For other types of problems in MAM/UTM lecture theatres]	Contact Information & Instructional Technology Services	*Contact:* 905-569-4300 or helpdesk.utm@utoronto.ca
[For problems in a hospital/Academy Med Ed Centre]	Contact Academy Med Ed staff	See the Academies pages for contact information.
[For problems in another area of the hospital]	Contact your local IT department	*Consult:* your hospital's directory for contact information
[For MedSIS-related problems]	Contact the Office of Assessment and Evaluation	*Contact:* 416-946-7040 or medsis.ume@utoronto.ca
[For all other IT-related inquiries]	Contact MedIT	*Contact:* 416-978-8504 or discovery.commons@utoronto.ca or https://medit.med.utoronto.ca/
... related to a teaching evaluation you have received:		
Contact the course director of your course	*See: Foundations Course Contacts or Clerkship Course Contacts*	

... related to student academic performance:	
Contact the course director of your course	*See: Foundations Course Contacts or Clerkship Course Contacts*
... related to student behaviour (professionalism):	
Refer to professionalism protocols to determine how to proceed.	*See:* The Student Professionalism section of the *Calendar*.
... related to an incident of student injury or exposure to infectious disease:	
Refer to flowchart on student injury in clinical settings.	*See: Protocol for incidents of medical student workplace injury and exposure to infectious disease in clinical settings* 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 *then contact* the Office of Learner Affairs (OLA)
... related to student accessibility accommodations:	
Contact the Foundations/Clerkship Directors	Check the faculty primer on MD learner accommodations: https://meded.temertymedicine.utoronto.ca/learning-and-teaching-environment

Teacher Conduct and Professionalism

All relevant Temerty Faculty of Medicine policies and procedures apply to appointed faculty members teaching in the MD Program. The following policies and guidelines are of particular interest to MD Program teachers and administrators.

The Temerty Faculty of Medicine Office of Clinical & Faculty Affairs maintains a list of Faculty Resources, including policies and procedures not listed below. All faculty members affiliated with the MD Program should familiarize themselves with the policies and procedures listed at http://temertymedicine.utoronto.ca/clinical-faculty-resources

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 managing conflicts between clinical and educational roles in the MD Program

1. Preamble

Many teachers in the Temerty 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 to 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 includes the course director, the student's Academy Director, the Foundations or Clerkship Director, and/or the Associate Dean, Learner 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 to 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

In 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 to 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, the student 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 Directors or Clerkship Directors; and/or the Associate Dean, Learner 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, Learner 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 a 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.

Standards for Clinical (MD) Faculty on Managing Relationships with Industry and Private Entities

Temerty Medicine's ***Standards for Clinical (MD) Faculty on Managing Relationships with Industry and Private Entities*** 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.