



Undergraduate Medical Education **Strategic Plan** 2021-2024

**BRIGHTER
WORLD**

 **Michael G. DeGroot**
SCHOOL OF MEDICINE

HEALTH SCIENCES
Undergraduate
Medical Education

McMaster
University 

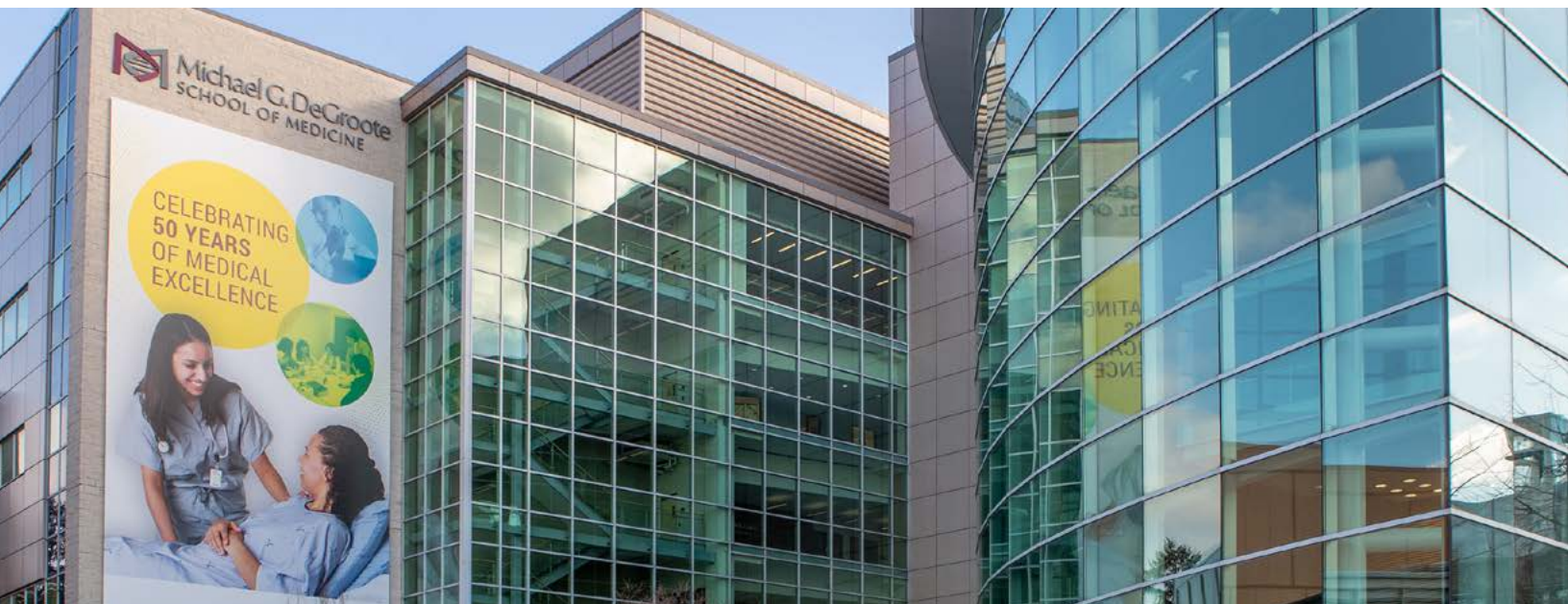
Welcome

The Undergraduate Medical Education (UME) Program at McMaster University is known worldwide for its innovative approach to medical education, including problem based learning, early clinical exposure, and 3 year curriculum delivered within a distributed medical education model.

Its reach and impact are impressive, with over 4000 faculty spread across two Distributed Campuses and four Clinical Education Campuses in Southwestern Ontario. The UME program remains committed to educating and inspiring the next generation of physicians to improve health and well-being for all through clinical excellence, innovation, scholarship, leadership and social accountability.

In this strategic plan, we embrace the Faculty of Health Sciences culture of innovation, exploration, and collaboration, where we lead by learning what was, challenging what is, and optimistically embracing what could be.

Please join us on the exciting journey ahead!



The strategic plan process

The undergraduate medical education (UME) program engages in an ongoing planning and continuous quality improvement process that establishes short and long term programmatic goals using a process outlined in the [Strategic Planning Process document](#). This process is focused on the achievement of measurable outcomes that improve programmatic quality, and ensures effective monitoring of the program's adherence with accreditation standards.

This strategic plan was generated through a four stage process which included: surveying, leadership consultation, focus groups and committee vetting. Surveying involved broad sampling of students, faculty, staff and members of the public with over two hundred responses. Leadership consultations were obtained with key leader stakeholders within the UME community. More than a dozen focus groups were held with dedicated sessions of 15-20 participants focused on key UME functions including admission, preclerkship, clerkship, distributed sites, assessment, student affairs etc. Committee vetting occurred at multiple levels including the Program Evaluation and Student Assessment committee and UME executive committee.

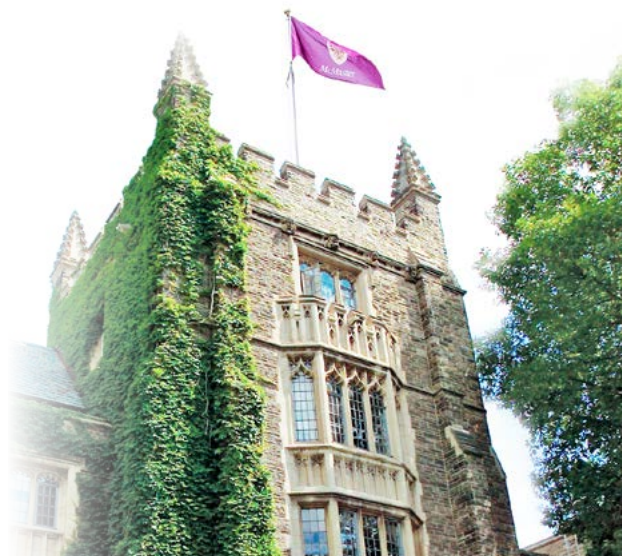
Document sections

This document provides context to strategic planning by outlining: (1) the background to the Undergraduate Medical Education Program, (2) how it is situated within the faculty of Health Sciences, (3) the Purpose, Vision and Values of the Faculty, (4) the Mission statement of the program, (5) Strengths, Weaknesses, Threats and Opportunities.

Strategic planning is organized within 5 strategic domains, with short term and long term programmatic goals for the medical education program within each. Short term goals are those achievable within a 1-2 year time horizon, and long term goals are those achievable within a 3-5 year time horizon.

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Background on the UME program

Since its inception in 1969, the Undergraduate Medical Education (UME) Program at McMaster University is known for its rich tradition of capturing best evidence in health professions education, leading the way with problem based learning, situational judgment testing for admissions, multiple mini-interviews for selection rigor, COMPASS curriculum based on learning science principles, and integration of Medical Foundations to embed spiral curricular design principles.

Similarly, distributed medical education (DME) has a long history within the UME narrative. As evidence mounted that DME could build regional physician capacity, McMaster responded to meet the needs of our surrounding communities. This began with an affiliation with the Family Medicine North program in 1991, and broadened to the McMaster Community and Rural Education Program (MacCare) in 2004. Further expansion allowed the creation of distributed

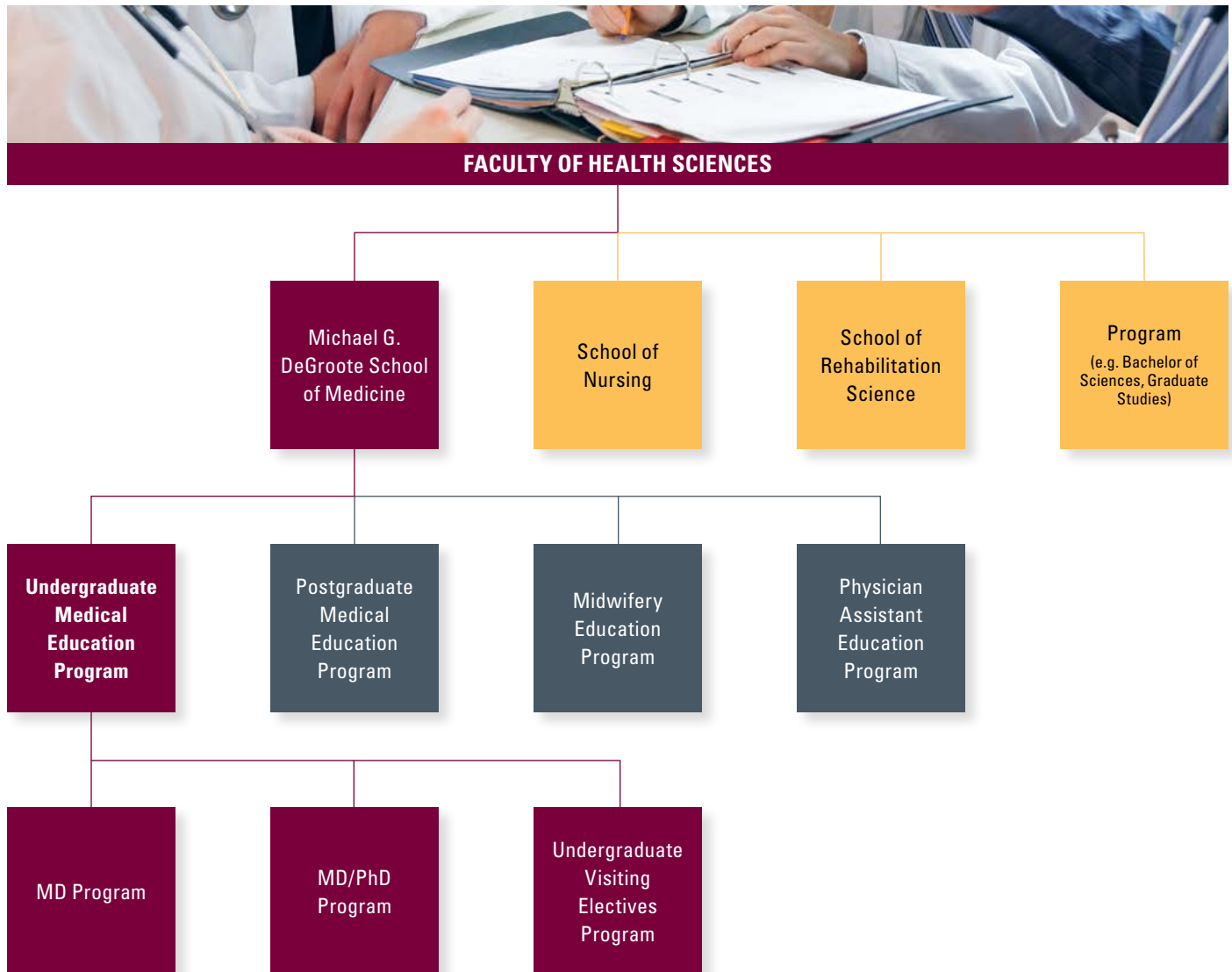
campuses in Waterloo (2007) and Niagara (2008). Four Clinical Education Campuses followed in Grand Erie Six Nations (2008), Halton (2011), Burlington (2012) and Osler (2018). Because of these deep network ties to our regions and surrounding communities, the UME program is uniquely situated to address regional social accountability mandates in providing healthcare service, education and research excellence.

Within the breadth of this regional context, the UME program recognizes the links we have to our Indigenous community. The UME program is situated within the traditional territory shared between the Haudenosaunee confederacy and the Anishinabe nations, acknowledged in the Dish with One Spoon Wampum belt. That wampum uses the symbolism of a dish to represent the territory, and one spoon to represent that we share the resources of the land and only take what we need.



The UME program within the Faculty of Health Sciences

Within the organization structure of the Faculty of Health Sciences, the UME program is one of four programs in the Michael G DeGroote School of Medicine. It consists of a MD program, MD/PhD program and an Undergraduate Visiting Medical Electives Program.



Purpose, Vision and Values

The UME program recognizes the guiding statement of purpose for the Faculty of Health Sciences, and shares its vision and values.

Guiding statement of purpose:

In health sciences education, research and clinical practice, we are here to question, learn, discover, communicate, and lead.

Vision:

We aspire to a culture of innovation, exploration, and collaboration, where we lead by learning what was, challenging what is, and optimistically embracing what could be.

Values:

- Innovation and excellence
- Flexibility, nimbleness and entrepreneurship
- Diversity, inclusivity and equity
- Cultural competency and safety
- Professionalism, including accountability, integrity and respect
- Well-being and engagement of our people
- Interprofessional and transdisciplinary collaboration
- Commitment to local, national and international communities and partnerships
- Strategic decision making

Mission Statement

The UME Program’s mission is “educating and inspiring future physicians to improve health and well-being for all through clinical excellence, innovation, scholarship, leadership and social accountability.”

WHY EDUCATING? The core function of the UME program is to educate future physicians – to provide them with the scientific, professional, and social tools to question, learn, discover and lead – consistent with the guiding statement of purpose for the Faculty of Health Sciences.

WHY INSPIRING? We inspire so future physicians can join the culture of innovation, exploration, and collaboration. We lead the community by example. We provide structure and support to allow our community to learn what was, challenge what is, and optimistically embrace what could be.

WHY FOCUS ON IMPROVING HEALTH AND WELL-BEING? Health, defined by the World Health Organization (WHO), is the “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The Canada Health Act 1985 builds on this “[we] can [improve] ... well-being through

combining individual lifestyles that emphasize fitness, prevention of disease and health promotion with collective action against the social, environmental, and occupational causes of disease, and [we] desire a system of health services that will promote physical and mental health and protection against disease”. It is this calling, to improve overall health and well being, that we engage with and answer as a UME program.

WHY FOR ALL? We align with the World Health Organization’s strategy Towards Unity for Health (Geneva, 2000) endorsing the “Health for All” goal, and the mission to reduce disparities in health and well-being across individuals and groups. This reflects a deep commitment to equity and inclusion, particularly around those who are marginalized and oppressed.

Complete document available here: [UGME Mission and Social Accountability Statements](#)



How do we achieve this?

THROUGH CLINICAL EXCELLENCE: Excellence in the healthcare environment answers the fundamental regional needs that drive engagement within the UME program. This represents a deep commitment to developing clinical skills and expertise in the service of patients and populations.

THROUGH INNOVATION: Innovation is core to the Faculty of Health Sciences vision and values, and woven within the rich tradition of the UME program itself. We recognize that innovation represents a deep engagement to defining needs, structures and processes, with the courage to challenge the status quo and the persistence to measure and iterate for productive change.

THROUGH SCHOLARSHIP: Advancing health and well-being requires a purposeful, systematic, and rigorous approach to discovery, communication, and knowledge building. We recognize the central import of scholarly approaches in all core functions and processes of the UME program.

THROUGH LEADERSHIP: Leadership is core to the educational and inspirational mission of the UME program. We foster the development of leadership at all levels, as a key tool to advance our mission, and empower our students, Faculty, and staff – particularly those from historically under-represented groups – to effect meaningful improvements in health and wellness for all.

THROUGH SOCIAL ACCOUNTABILITY: We acknowledge the central role of social and structural determinants on health and wellness. We think deeply on the need to address these determinants to improve health. We systematically apply an equity and anti-oppression lens to all we do to best address the healthcare concerns of those who are oppressed, under-represented, and marginalized.



Social Accountability Statement

Social accountability is defined by the World Health Organization as “the obligation to direct education, research and service activities towards addressing priority health concerns of the community and region we have a mandate to serve.”

The UME program is committed to priority health concerns of the populations we serve: “We commit to serving and including the people and populations in our regions of Hamilton, Waterloo, Niagara and surrounding communities in all work we do. We reflect systematically with an equity lens on our structures and actions to care, educate, study, innovate and lead in a manner that includes and best serves the marginalized and oppressed.”

The UME program addresses its social accountability responsibilities through a system of distributed regional campuses and clinical education campuses. This distributed medical education model provides education and clinical experiences within the communities and regions we have a mandate to serve.

The UME program fosters social accountability through leadership with Chair roles in Diversity and Indigenous Curriculum. The

UME program is committed to recruiting and retaining faculty and administrative leaders, instructors, tutors, facilitators and supervisors who represent marginalized, oppressed, and underserved groups.

The UME program seeks to address health concerns of all who are marginalized and oppressed, with focused effort on priority groups. Priority groups are identified in a consultative process which considers demographics, healthcare experiences, and needs of groups within the UME program’s catchment area, revisited biennially by the UME program executive.

Currently, we identify two groups of priority:
(1) those who identify as Indigenous including First Nations, Métis and Inuit
(2) those who identify with Black ancestry



Main Campus – Hamilton




Niagara Regional Campus



Waterloo Regional Campus

Strengths, weaknesses, opportunities and threats

Here are the strengths, weakness, opportunities and threats identified through the stakeholder survey process:

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Committed and dedicated staff and faculty • Flexibility and adaptability • History of innovation • Effective committee structures • Student engagement including town halls and leadership forums • Distributed medical education model • Research-intensive environment 	<ul style="list-style-type: none"> • Representation and support of some marginalized groups • Variability in comfort and competency of clinical skills • Maximizing outcomes from horizontal electives • Communication efficiency and timeliness • Underfunding and understaffing 	<ul style="list-style-type: none"> • Brand recognition internationally • Portfolios to enhance student professional development • Systematic approach to wellness and resiliency • Systematic program for scholarship and social service engagement • Leveraging accreditation into a program of continuous quality improvement • Continued expansion of DME model • Collaborating with the digital health & med-tech industry in Waterloo 	<ul style="list-style-type: none"> • Pandemic-related restrictions and cost overruns • Upcoming accreditation • Competition for clinical training capacity • Lack of new funding 



Strategic Priorities

DOMAIN 1: EDUCATE AND INSPIRE to the highest level of competence, capacity and professionalism

Graduate competent and capable future physicians instilled with McMaster values to lead in the delivery of healthcare and be emissaries of its international reputation.

SHORT TERM GOALS

- **Maintain a widely accessible map of UME curriculum and assessment linking and aligning each activity to one or more core curricular objectives.**
Provide and reference these maps to students, staff and faculty within each core curricular unit.
- **Renewed focus on professionalism:**
 - a. Create a Chair role for Professionalism to triage professionalism concerns in collaboration with the Faculty of Health Sciences Professionalism office, MD program curricular leads, regional assistant deans, and associate dean
 - b. Update the Professionalism in Practice rubric outline professional expectations in collaboration with the School of Medicine
 - c. Create a UME Professionalism policy to streamline report, feedback and management of professionalism concerns
- **Clinical skills development.** Create opportunities within each clinical skills foundation unit to provide formative assessment organized to prepare students to achieve the AFMC Entrustable Professional Activities
- **Enhance service learning:** create a Director of Service Learning role to structure, support and engage students in service learning opportunities

LONG TERM GOALS

- **Longitudinal career exploration program:** develop and implement a longitudinal program within the pre-clerkship leveraging virtual and online platforms to expose students to a “day in the life” of different physician types
- **Longitudinal professional development portfolios:** provide structure, support and recognition on student transcripts for systematic engagement in leadership, scholarship, and service learning. Build a portfolio process and assessment system with metrics around objectives, professional development, engagement, dissemination, and reflection
- **Integrate AFMC Entrustable Professional Activities** systematically throughout the curriculum to facilitate the development of key professional competencies, and incorporate their assessment within the transition to residency
- **Ongoing systematic program evaluation** and establishment of continuous quality improvement focused on a subset of accreditation standards in rotation each year

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Educate
and Inspire

DOMAIN 2: SOCIAL ACCOUNTABILITY

Excel in our mission of distributed medical education to address priority health concerns of the community and region we have a mandate to serve, while upholding our Faculty of Health Science values of equity, diversity, and inclusion.

SHORT TERM GOALS

- **Identify priority health concerns of groups identified within the social accountability framework:** implement a scoping process to identify priority health concerns and report these to UME leadership and community on biennial basis
- **Establish and support a Chair of Indigenous Curriculum** in collaborative allyship with the Faculty of Health Sciences' Indigenous Health Initiative
- **Admit and retain Black students as an identified priority group:** Establish a direct-application stream for Black students and provide support for their success within the program
- **Address priority health concerns of groups identified within the social accountability framework throughout the curriculum, and make this transparent through accessible curricular and assessment maps:** maintain a curricular map which identifies areas of the curriculum, types and locations of experiences which address priority health concerns of groups identified within the social accountability framework

LONG TERM GOALS

- **Increase scholarship and bursary funding:** support students in financial need with a focus on students from marginalized and underrepresented groups
- **Measure diversity within the program:** conduct annual surveys of students, staff and faculty, summarized for program leadership and the broader community
- **Measure success of addressing health concerns of priority groups identified within the social accountability framework:** establish and measure outcomes related to social accountability on an annual basis

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Social
Accountability



DOMAIN 3: LEARNER EXPERIENCE

Focus on the student journey, emphasizing the importance of autonomy, resilience and wellness.

SHORT TERM GOALS

- **Optimize communication between students and program leadership:** Create a staff role dedicated to communications to streamline townhalls, coordinate electronic newsletters and online information updates.
- **Facilitate the reporting and handling of student mistreatment concerns:** Streamline process for reporting mistreatment, and streamline the downstream processes for managing mistreatment concerns.
- **Develop leadership mentorship program** to support those involved in student leadership through a longitudinal structured program focused on development of leadership knowledge, skills, and identity.
- **Update assessment and appeal policies:** renewed focus on transparency and empowerment of learners in understanding assessment standards and processes, and ensuring alignment and clarity with University processes for appeal.
- **Wellness:** Expand flex day policy to create opportunity for a flex day in each Medical Foundation.

LONG TERM GOALS

- **Support the improvement of the learning climate:** foster a programmatic approach to improving the learning climate with ongoing assessment of the learning climate and site reviews every 3 years. Review mistreatment concerns in an integrated model with postgraduate medical education. Develop processes of support to measure, change, and monitor the learning climate.
- **Foster resilience and wellness in the curriculum:** Systematically integrate wellness and resilience training strategies within the core curriculum throughout the program
- **Online accessibility:** Overhaul the external web page with paths catering to different user types to provide transparent access to descriptive information, resources and policies. Highlight successes of students, staff and faculty through social media and web based strategies.

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Learner
Experience



DOMAIN 4: LEAD THROUGH RESEARCH AND INNOVATION

Foster research and innovation by students, faculty and leaders. Innovate with a continuous quality improvement lens, using a scholarly lens to engage internationally as a leader in undergraduate medical education

SHORT TERM GOALS

- **Build scholarship opportunities:** Expand and maintain a distributed model of research and scholarship opportunities such that every student can engage and meaningfully contribute to structured scholarly activities that fit within the three year program, with defined and tracked outcomes.
- **Scholarly scoping consults:** partner with the educational scholarship community (e.g. MERIT, Clinician Educator Diploma Program and the Health Sciences Education Masters Program) to provide high-level summaries of relevant educational theory and evidence around proposed program policy, process or curricular changes, with a dual purpose of equipping faculty leaders and decision makers with robust evidence for decisions while supporting scholarly approaches to knowledge synthesis
- **Foster scholarship in distributed medical education** that builds regional, national, and international collaborations focused on defining and measuring processes, policies and outcomes.

LONG TERM GOALS

- **Modify curricular review to incorporate continuous quality improvement cycles:** build continuous quality improvement cycles within the curricular committee review work to iteratively improve curricular components
- **Collaborate internationally with other 3 year undergraduate medical programs** to share, innovate and report on educational process and outcomes to optimize programming for a three year program format
- **Build and support partnerships with regional clinical and academic centers of excellence** that foster service, leadership and clinical opportunities for students to accelerate their professional growth

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Lead through research and innovation



DOMAIN 5: ENGAGE AND CONNECT FOR RESILIENCE AND GROWTH

Engage and connect within our program, departments, university and healthcare community to enhance and support our UME mission while ensuring resilience and sustainability of the program

SHORT TERM GOALS

- **Leadership development for faculty and staff:** provide at least one focused relevant leadership development opportunity for both program leaders and staff each year
- **Align affiliations with accreditation standards:** Renew all Hospital affiliation agreements to ensure ongoing alignment of affiliations with accreditation standards.
- **Decentralize core curricular components:** Adopt a model for large group sessions which uses either virtual or concurrent curriculum presentation at distributed sites
- **Asynchronous document consultation process:** take advantage of the full potential of cloud-based document sharing to develop, consult and approve processes, policies and documents wherever possible. Use asynchronous approval processes without meeting wherever possible. Aim for all documents to be circulated two weeks in advance for asynchronous comments before meetings.
- **Optimize meetings:** Regular review of committee terms of reference with attention to minimize meeting burden, meeting frequency, meeting participants, travel time ratio using virtual platforms, pre-circulated agendas and documents, point form minutes, and cloud based documents storage.

LONG TERM GOALS

- **Update electronic records platform:** Migrate to an updated version of Medsis that tracks accommodations, student absences, and alternate training paths.
- **Connect regularly with staff and faculty:** Maintain a staff, faculty and leadership database. Build links to the faculty group through an annual meeting, annual report, and surveys to proactively identify challenges.
- **Build and maintain relationships with clinical departments and hospital partners:** Provide an annual report, and present once every three years for major stakeholders (Clinical Chairs, regional Hospital meetings)
- **Optimize resourcing of program leaders:** Adopt a central process for review of all job descriptions with each posting and renewal to include sections containing expectations around staff support collaboratively developed with program administration, professional development support, accreditation accountability collaboratively developed with the Chair of Program Evaluation.

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Engage and
connect for
resilience
and growth

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