



# Annual Report 2022

## Undergraduate Medical Education



# Table of Contents


Land Acknowledgment.....	3
Mission Statement.....	4
Vision and Values.....	5
Deans' Messages.....	6
Faculty of Health Sciences Dean and Vice-President .....	7
UGME Associate Dean.....	8
Niagara Regional Assistant Dean.....	10
Waterloo Regional Assistant Dean .....	11
Strategic Plan.....	13
Strategic Plan Report Card.....	14
Domain 1 .....	15
Domain 2 .....	17
Domain 3.....	19
Domain 4.....	21
Domain 5.....	23
Campus Reports .....	25
Hamilton Campus.....	26
NRC .....	28
WRC .....	30
Mac-CARE .....	32
Accreditation.....	33
Curriculum Review .....	36
Admissions.....	37
Pre-Clerkship.....	38
Professional Competencies.....	40
Clinical Skills.....	41
Clerkship.....	42
Electives .....	43
Assessment.....	44
Professionalism.....	45
Equity, Diversity, Inclusion .....	46
Indigenous Health.....	47
Social Accountability .....	48
Student Affairs.....	51
Communications.....	56

# Land Acknowledgment

We take this time to recognize that the traditional territories upon which we gather are currently on the traditional territory shared between the Haudenosaunee confederacy and the Anishinabe nations, which was 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 the people are to share the resources of the land and only take what they need.



# Mission Statement



**The UGME program's mission** is to educate and inspire future physicians to improve health and well-being for all through clinical excellence, innovation, scholarship, leadership, and social accountability.

# Vision and Values

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

**Innovation  
and  
Excellence**

**Equity, Diversity,  
and Inclusion**

**Professionalism,  
Accountability,  
Integrity, and Respect**





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SCHOOL OF MEDICINE

CELEBRATING  
50 YEARS  
OF MEDICAL  
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# DEANS' MESSAGE

# Faculty of Health Sciences Dean and Vice-President

The first Undergraduate Medical Education (UGME) Annual Report highlights the tremendous amount of work undertaken by the UGME over the course of 2022.

Fifty years ago, the first class of medical students graduated from the undergraduate medical program. In the proceeding decades, the Michael G. DeGroot School of Medicine has evolved to ensure our future physicians are expertly equipped to improve patient and societal health.

While the last two years of the global pandemic called for increased resilience, adaptability, and creativity, the Michael G. DeGroot School of Medicine made important strides forward in teaching and health research excellence. This has included incorporating online learning into the program and implementing more rigorous safety measures to protect our learners. The pandemic also placed increased pressure on our medical practitioners. These challenges highlighted the importance of the undergraduate medical program, where our students learn about their responsibility as healthcare providers and their position as part of a larger healthcare team committed to the best patient care today and for generations to come.

The UGME celebrated many successes over the past year. For example, introducing a hybrid system to meet the needs of our entire distributed medical education network, and allowing online access to learning modules while focusing on returning our students to our renowned practical hands-on skills training environment. At the same time, we welcomed students back to in-person learning, with the Class of 2025 beginning its medical school journey in our classrooms, clinics, and research facilities. We also celebrated the Oath Ceremony for the Class of 2022, and the White Coat Ceremony for the Class of 2025 In person for the first time since 2019.

Looking to the future, the UGME's Innovative, problem-based approach to learning will continue to foster healthcare leaders who have the skills they will need to solve healthcare problems and deliver exceptional, patient-focused care. Thank you for your continued dedication to educate and inspire our future physicians to make a meaningful impact in our ever-changing healthcare environments.

Dr. Paul O'Byrne  
Dean and Vice-President,  
Faculty of Health Sciences



# UGME Associate Dean

Educating and inspiring future physicians for the health and well-being of all! This is our MD program mission and at the core of everything that we do. The last year has brought with it much change, new challenges, and ongoing pressures in our academic and clinical environments. Despite this, our MD program is growing and thriving. Our many student successes are worth celebrating – all due to the tremendous dedication of students, staff, and faculty to our core mission.

Here we share those successes with you in our first Annual Report. In the following pages, you will learn about our guiding values and social accountability efforts. We share updates from our various program directors and chairs and, highlight some of the hard work and accomplishments of our learners and faculty across our distributed medical education network.

The pressures on our healthcare system through the COVID pandemic brought immense change to our program. Despite this, we have adapted finding new ways to educate and inspire our learners. We found new ways of connecting for our large group sessions, which have reduced the barriers to student participation – no matter where they are studying from. We have doubled down on our commitment to distributed medical education, with the Class of 2025 being the first ever to have a regional start to the program. Now students start their introduction to their MD program in their respective campuses - Hamilton, Waterloo, and Niagara - interspersed with regular opportunities for students from all three campuses to come together for in-person learning.

As the world continues to grapple with lightening pandemic restrictions, we continue to take advantage of pandemic innovations to improve the learning experience, while prioritizing and enhancing the health and well-being of our students, faculty, and staff.

We have integrated new means of communicating into the program, breaking down barriers between our three campuses while seeing a return to in-person events and education. The Class of 2022, the last class to celebrate an in-person White Coat Ceremony in two years, celebrated their Oath Ceremony in person in June. A nice bookend to their education, this was the first Oath Ceremony we had in person since 2019.

The last year brought many successes for the program – we introduced a Black Equity stream for admissions, a new service-learning program, a new mentorship program for student leaders, a new professionalism process aligned with student identity development as future physicians, a new office focused on the learning environment and a new process for clinical site reviews with a director at the helm. As a result of these and many other efforts, our students achieved new heights with greater than 95% first-attempt success in the Canadian Resident Matching Service process.





In the coming year, we invite accreditors from the national body, the Committee on Accreditation of Canadian Medical Schools (CACMS). This eight-year accreditation cycle is integral to upholding the high standards of the program in leading and innovating in medical education. In the past year, hundreds of students, staff, and faculty have come together to contribute to accreditation documents, participate in self-assessment, and take a deep dive through a series of full-day retreats. The work continues to add to the strength of our program, finding new ways for our program to move forward through continuous quality improvement cycles.



The future of undergraduate medical education is bright. We have wholeheartedly committed to our learner's education, social accountability, learner experience, scholarship and innovation, and connectedness. Whether you are a student, staff, faculty, or leader in the program, thank you for all that you do for the MD program. Your tireless enthusiasm continues to propel us forward to inspire and educate the next generation of physicians.

Dr. Matt Sibbald  
Associate Dean  
Undergraduate Medical Education

# Niagara Regional Assistant Dean

Greetings on behalf of the Niagara Regional Campus. Welcoming our first class of 12 students in 2008, we are now a busy campus of 84 undergraduate and 26 postgraduate full-time trainees, and over 450 faculty members. We are grateful to partner with all five sites of our hospital system, Niagara Health, as well as the West Lincoln Memorial Hospital site of Hamilton Health Sciences in Grimsby. Our students also learn in community clinics with primary care and specialists across the region from Grimsby and Smithville in the north to Port Colborne, Fort Erie, and Niagara Falls in the south.

The Niagara Regional Campus priorities, as identified in our strategic plan, include Scholarly Activity Excellence and Impact; Innovation, Economic Development, and Community Engagement; Access and Equity including meaningful opportunities for students and faculty to work with and learn from equity-deserving and underserved populations; and Innovation in Teaching and Learning Excellence to foster opportunities for engagement with each other, and a sense of community among learners and faculty.

Our connection to our local community is at the core of our campus. From community service-learning opportunities, and philanthropic donations, to fundraising efforts by our students and faculty, we are grateful to be part of this beautiful region and to use our presence to contribute to the health and well-being of our neighbours and friends. We are also proud to be part of the McMaster Undergraduate Medical Program and are committed to excellence in education, and the creation of high-quality, safe, and respectful learning environments across our campus geography.

The heart of the Niagara Regional Campus remains the people who make up our NRC family. Thank you to the staff, faculty, residents, and students who put their energy, creativity, and dedication to providing and receiving high-quality medical education. Each one of you makes us stronger, richer, and better- equipped to care for our community and all those, we encounter throughout our careers.

Dr. Amanda Bell  
Regional Assistant Dean  
Niagara Regional Campus



# Waterloo Regional Assistant Dean

With pleasure, I welcome you to enjoy this inaugural report on the Undergraduate Medical Education program of the Michael G. DeGroot School of Medicine, McMaster University. This report provides the opportunity for you as stakeholders of the UGME program to learn about the priorities that guide our work, as well as the many and varied accomplishments of our learners, faculty, and program.

Waterloo Regional Campus has been a very active campus in the UGME program over the calendar year of 2022. We started the year in the midst of the Omicron COVID-19 wave, aligning clinical education within the required restrictions in the local community hospitals, as well as pivoting once again to virtual learning for a large portion of the pre-clerkship curriculum. I am grateful to our faculty base in the region who stepped up to meet the educational needs of our medical learners and continued to teach in very difficult circumstances. Valuing medical education is a priority in our region, and the success of our medical learners is predicated on the quality and dedication of our faculty teachers.

In the spring of 2022, we enjoyed the opportunity to welcome more in-person education, which has gradually increased as public health and government restrictions eased in the local region. We have since reaped the benefits of turning our attention over the third and fourth quarters of 2022 to other priorities in medical education which are outlined in the WRC campus summary in this report. The Waterloo Regional Campus is fortunate to be located in a diverse geographical area. The many varied strengths of the Region provide opportunities for medical learners and faculty to grow to their potential, and encourage them to stretch their knowledge, capacity, and skill set. Likewise, I know that the health care system in the Waterloo Region is stronger because of the local presence of medical education. It has brought an inquisitive learner base of potential future practitioners to our clinical settings and is a catalyst to attract faculty to the area.

Thank you for your role in helping to realize the success of our physicians of the future. Enjoy learning about the UGME program's accomplishments and priorities.

Dr. Margo Mountjoy  
Regional Assistant Dean  
Waterloo Regional Campus



**Thank you to all our deans,  
faculty, and staff for everything  
they do to support the UGME!**





# STRATEGIC PLAN

# Strategic Plan Report Card

The UGME program engages in an ongoing planning and continuous quality improvement process to establish short and long-term programmatic goals. This process is 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 to accreditation standards.

The strategic plan was generated in 2021 through a four-stage process that included: surveying, leadership consultation, focus groups, and committee vetting. Surveying involved a 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 UGME community. More than a dozen focus groups were held with dedicated sessions of 15-20 participants focused on key UGME functions including admission, pre-clerkship, clerkship, distributed sites, assessment, student affairs, etc. Committee vetting occurred at multiple levels including the Program Evaluation and Student Assessment committee and UGME executive committee.

This report contains each of the 5 domains and their short and long-term goals.



**1**  
**EDUCATE AND INSPIRE**



**3**  
**LEARNER EXPERIENCE**



**5**  
**ENGAGE AND CONNECT FOR RESILIENCE AND GROWTH**

**2**  
**SOCIAL ACCOUNTABILITY**



**4**  
**LEAD THROUGH RESEARCH AND INNOVATION**








# 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	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Maintain a widely accessible map of UGME 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.</p> <p>A robust curriculum map linking program outcomes to curricular components is maintained and used when curricular components are reviewed and when new curricular components are proposed.</p>			■	
<p><b>Renewed focus on professionalism:</b></p> <p>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.</p> <p>A new Role was created in June 2021 and Dr. Isla McPherson was named the inaugural Chair of Professionalism in January 2022.</p> <p>Update the Professionalism in Practice rubric outline professional expectations in collaboration with the school of medicine.</p> <p>Dr Dorothy Bakker has led work to update the PIP rubric, with a proposed new domain, and several updates through engagement of representatives from the different Schools in the Faculty of Health Sciences and the Professionalism Office.</p> <p>Create a UGME Professionalism policy to streamline the reporting, feedback, and management of professionalism concerns.</p> <p>The UGME program developed and ratified a new professionalism policy in June 2021.</p>		■		■
<p>Clinical skills development, create opportunities within each clinical skills foundation unit to provide formative assessment designed to prepare students to achieve the AFMC Entrustable Professional Activities.</p> <p>The UGME program held an assessment retreat, and a EPA integration planning dinner in November 2022 where early discussions around how to integrate EPAs within clinical skills occurred.</p>	■			





Short Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Enhance Service-Learning: create a Director of Service-Learning role to structure, support, and engage students in service learning opportunities.</p> <p>A new role was created and Dr. Diana Ahmed was named the inaugural Director of Service-Learning in March 2022. She led the development of a new website and process for service learning, ensuring students have appropriate preparation and structured reflection opportunities before and after Service-Learning experiences.</p>				
Long Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Longitudinal career exploration program: develop and implement a longitudinal program within the pre-clerkship.</p> <p>Dr. Jorin Lukins has led work as Director of Career Development, mapping a systematic approach to career planning, including exploration into the program's curriculum.</p>				
<p>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.</p> <p>The UGME program hosted a Chair's retreat in Summer 2022 where longitudinal professional development portfolios were discussed. A framework has been drafted with planned implementation in Summer 2023.</p>				
<p>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.</p> <p>The UGME program has mapped EPAs to Transition to Residency Clerkship rotations in preparation for adding them to the assessment program. The program has a three-year plan for systematically integrating EPAs into other curricular components.</p>				
<p>Ongoing systematic program evaluation and the establishment of continuous quality improvement, by each year focusing on a rotating subset of accreditation standards.</p> <p>The UGME has in 2022, through the self-study component of the ongoing accreditation process, reviewed all of the accreditation standards. The standards were discussed at a June two-day retreat with all stakeholders.</p>				



# 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	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Identify health concerns of priority groups identified within the social accountability framework: Scoping review completed &amp; presented to UGME executive October 2022 and Council of Medicine November 2022 for both priority groups - people identifying as Black and people identifying as Indigenous.</p>				
<p>Establish and support a Chair of Indigenous Curriculum in collaborative allyship with the Faculty of Health Sciences' Indigenous Health Initiative. Dr. Patricia Farrugia was appointed as the inaugural Chair of Indigenous Health in September 2021 in a collaborative Two-Row Wampum process.</p>				
<p>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. The UGME program has defined and opened a facilitated process for applicants identifying as Black. We hope to welcome the first students through this process in August 2023. Simultaneously, we have made efforts to establish a Black UGME student mentorship program, in partnership with McMaster residents/faculty and the Black Centre for Student Success (in progress).</p>				
<p>Address health concerns of priority groups identified within the social accountability framework throughout the curriculum and make this transparent through accessible curricular and assessment maps. Areas of the curriculum, types and locations of experiences which address health concerns of priority groups were presented to UGME executives in October 2022. Work continues to address health concerns. The Indigenous Curriculum committee has systematically reviewed PBL cases within each foundation to integrate indigenous health perspectives. A framework for diversity in PBL cases has been developed and implemented with a continuous quality improvement lens which is being applied in a prospective manner based on curricular revision.</p>				





Long Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Increase scholarship and bursary funding: support students in financial need with a focus on students from marginalized and underrepresented groups.</p> <p>The UGME program continues its financial need-based bursary program with over 901K provided in the 2021-2022 academic year. In addition, the Department of Medicine has provided 10k bursary support to two Indigenous students in each year, renewable for all three years of the program.</p>		■		
<p>Measure diversity within the program: conduct annual surveys of students, staff, and faculty, summarized for program leadership and the broader community.</p> <p>The UGME program continues to support surveying to understand diversity. This includes a UGME specific survey of students, diversity data collected through the AFMC surveys, and student, staff &amp; faculty diversity data collected through the University Census.</p>				■
<p>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.</p> <p>The UGME program has defined outcome measures related to each of the priority groups in its social accountability framework. The Chair of Diversity and Chair of Indigenous Health each led evaluation of these outcomes and presented them to UGME Executive and Council of Medicine in the Fall of 2022.</p>				■







# Domain 3

## Learner Experience

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




Short Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Facilitate communication between students and program leadership: Create a staff role dedicated to communications to streamline town halls, coordinate electronic newsletters and online information updates.</p> <p>The UGME program has created central and regional communications officers, held by Blake Keidan (central) and Jennifer Tran (regional campuses). The UGME program developed and implemented a comprehensive communications plan. As part of this, a monthly newsletter was started for the central campus to add to the existing regional newsletters. The UGME program has created Instagram, Twitter, and Facebook accounts, and maintains a central process for ensuring accurate and up-to-date content through each of these platforms.</p>				
<p>Facilitate the reporting and handling of student mistreatment concerns: Streamline process for reporting mistreatment and streamline the downstream processes for managing mistreatment concerns.</p> <p>The UGME program created a Student Mistreatment Policy approved April 2022 which streamlines the reporting process. In collaboration with the PGME and PA programs, the UGME program hired a Faculty Navigator, Dr Christina Grant to facilitate the process. An online reporting tool is now available for anonymous and confidential reporting.</p>				
<p>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.</p> <p>A leadership mentorship program was created and led by Dr Amanda Bell in 2021-22. The UGME program created a role, Chair of Leadership Development, held by Dr Karen McKassey, to grow the program, now in its second year. All students serving on the student council now have access to monthly journal clubs, and individual faculty mentorship around their leadership positions.</p>				
<p>Wellness: Expand flex day policy to allow flex days once per foundation.</p> <p>The UGME program expanded flex days to once per foundation in Winter 2022 and developed an electronic form to allow ease of sign-off through an email-based system.</p>				

Short Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>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.</p> <p>The UGME program has updated the assessment policy, approved July 2022, ensuring alignment and clarity around the University processes for appeal. The UGME commissioned an external review of the Student Progress Committee in September 2022 to identify any further opportunities for alignment and clarity.</p>				
Long Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Support the improvement of the learning climate: foster a programmatic approach to improving the learning climate with ongoing assessment of the learning climate at each site in a three-year rotation. Review mistreatment concerns in an integrated model with postgraduate medical education. Develop processes of support to measure, change, and monitor the learning climate.</p> <p>The UGME developed a site review policy, approved by the Executive in December 2021 with a three-year cycle to assess learning climate at all core clinical learning sites. The UGME program hired a Director of Site Reviews, Dr Ryan D'Sa, with the first reviews occurring in Fall 2022.</p>				
<p>Foster resilience and wellness in the curriculum: Systematically integrate and promote wellness and resilience training strategies within the core curriculum throughout the program</p> <p>Under the leadership of Dr Natasja Menezes, a comprehensive approach to wellness and resilience was pursued, which includes promotion of services and resources; integration of education about physician health and a narrative medicine approach to physician wellbeing into the curriculum (e.g. Physician Humanity Panel series), and extracurricular activities; and development/ promotion of guidelines for faculty and staff support of students in distress.</p>				
<p>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.</p> <p>The existing UGME website has been completely revamped with the launch of the new site planned December 2022. The new social media presence for the UGME program has allowed successes to be highlighted on a consistent basis since the summer of 2022.</p>				

# 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	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>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.</p> <p>Under the leadership of Dr M. Constantine Samaan, and regional leads for scholarship, all students receive mentored opportunities to participate in scholarship.</p>				
<p>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. This is done with the dual purpose of equipping faculty leaders and decision makers with robust evidence for decisions while supporting scholarly approaches to knowledge synthesis.</p> <p>The UGME program has begun collaborations with MERIT with two ongoing scoping reviews: one on professionalism, and on reflection in service learning. The UGME program has continued to seek out MERIT expertise in policy decisions, including engaging MERIT scientists in retreats (e.g. Dr Monteiro attending the recent assessment retreat as an assessment expert).</p>				
<p>Foster scholarship in medical education that builds regional, national, and international collaborations focused on defining and measuring processes, policies and outcomes.</p> <p>The UGME program continues to build many ongoing research collaborations including national collaborations around admissions (2 ongoing), an international collaboration around feedback literacy, and a multi-center collaboration around student professionalism.</p>				

Long Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>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.</p> <p>The curriculum committee has implemented a Continuous Quality Improvement (CQI) board organized by the Plan-Do-Study-Act (PDSA) framework. All curricular components are reviewed on a 3 year cycle, and propose CQI items for the board. Curricular leaders are asked to update the board with ongoing activities in the PDSA framework before each meeting, allowing the committee to keep track of progress.</p>		■		
<p>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.</p> <p>The UGME program connects regularly with the Consortium of Accelerated Medical Pathway Programs (CAMPP), an international group of 3 year programs, and hopes to build collaborations for reporting on processes and outcomes through this group.</p>		■		
<p>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.</p> <p>Associate and assistant deans remain engaged at each campus with respective affiliated academic health centers, sitting on committees, and exploring opportunities.</p>		■		








# 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 UGME mission while ensuring resilience and sustainability of the program.

Short Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Leadership development for faculty and staff: Provide at least one focused relevant leadership development opportunity for both program leaders and staff each year.</p> <p>The UGME program has created a new role, Chair of Leadership Development, to provide focused leadership development opportunities. In addition, the UGME program continues to host events aimed at particular content areas that overlap with leadership including three retreats (Accreditation Retreat, Chair's Retreat, and an Assessment retreat) and two dinners (CaRMS process &amp; EPA integration).</p>			■	
<p>Align affiliations with accreditation standards: Renew all Hospital affiliation agreements to align with CACMS standards.</p> <p>The UGME program has engaged with the Vice-Deans of Clinical Services and Education in renewal of Hospital affiliation agreements.</p>			■	
<p>Decentralize core curricular components: Adopt a model for large group sessions which uses either virtual or concurrent curriculum presentation at distributed sites.</p> <p>The UGME program has pivoted to decentralized modalities for large group sessions in the medical foundations and professional competencies curriculum. This has provided more equitable access across all three campuses, with data suggesting a reduced threshold for student participation in the virtual environment.</p>				■
<p>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.</p> <p>The UGME program has started a cultural shift to cloud-based document sharing wherever possible, enabling just-in-time editing of agendas, documents, and minutes. This has reduced email traffic, and improved collaboration without the need to merge multiple versions of documents.</p>				■

Short Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Optimize meetings: Regular review of committee terms of reference with attention to minimize meeting burden, meeting frequency, meeting participants, and travel time ratio using virtual platforms, pre-circulated agendas and documents, point form minutes, and cloud-based documents storage.</p> <p>The UGME program continues to review the frequency and participants involved in meetings. The program continues to use virtual platforms for many meetings to minimize travel time.</p>				
Long Term Goals	Not Yet Started	Progressing		Meeting This Goal
		Slowly	Quickly	
<p>Update electronic records platform: Migrate to an updated version of Medsis that tracks accommodations, leaves, and alternate training paths.</p> <p>An updated Medsis platform based on the postgraduate deployment is in development and hoped to be ready for use by Spring 2023.</p>				
<p>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.</p> <p>The UGME program has developed and maintained faculty lists. The UGME program held its first faculty annual meeting in January 2022, and is planning its second in January 2023. The first annual report is due to be released in December 2022.</p>				
<p>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.</p> <p>The existing UGME website has been completely revamped with the launch of the new site planned December 2022. The new social media presence for the UGME program has allowed successes to be highlighted on a consistent basis since the summer of 2022.</p>				
<p>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, and accreditation accountability. Collaboratively developed with the Chair of Program Evaluation.</p> <p>The UGME program now has professional development support for chair and director roles in both central and regional campuses. As Chair roles are renewed, expectations around staff support are clarified, included in job descriptions, and discussed as part of the interview process. Professional development support is now budgeted on an annual basis for Chair and director roles.</p>				





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# CAMPUS REPORTS

# Hamilton Campus

While staff member transitions, new tools for working with students and faculty, and a shift to a hybrid work model have all contributed to a dynamic year, the Hamilton campus has celebrated movement towards unprecedented times and campus activities that build community between medical learners.

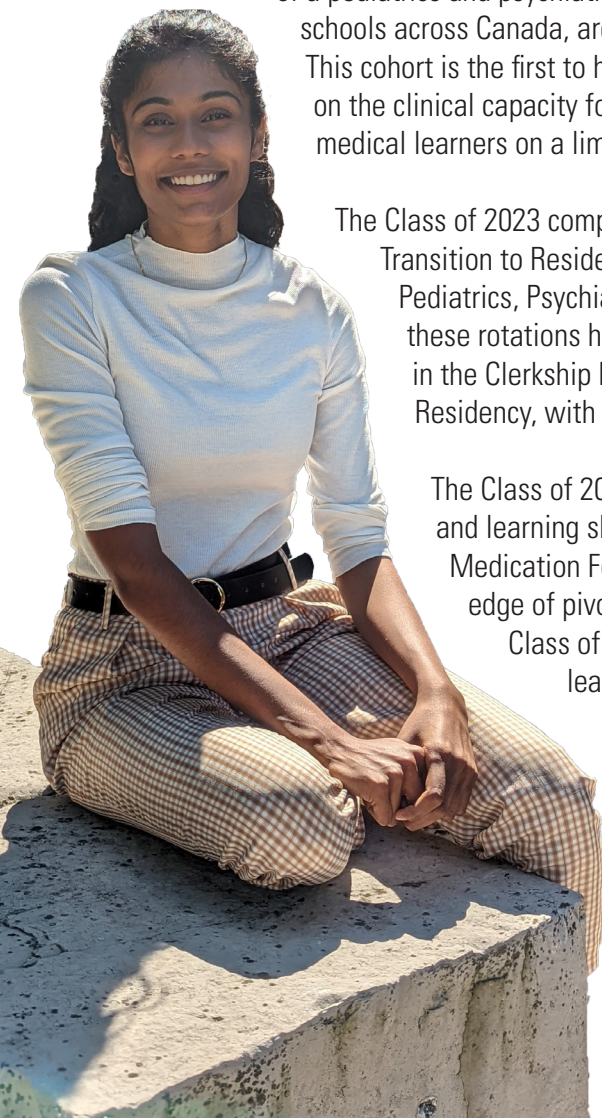
Perhaps the most significant, the Class of 2025 commenced their medical training in person this past August – the first group of McMaster medical students to do so since 2019. During the Class of 2025's Introduction to Medicine, faculty members and students were able to take advantage of specially-designed active learning classrooms on campus to build skills in tutorial problem-based learning and in professionalism in practice. The Class of 2025 has been completing tutorials, Professional Competencies sessions, clinical skills, and anatomy in person this year.

Similarly, students from the Class of 2024 have completed seven weeks of pre-clerkship electives, which, as they were in 2021, were interleaved with in-person learning for the Integration Foundation. Class of 2024 students also completed the Transition to Clerkship weeks in person; this preparation for the core Clerkship rotations has been bolstered by the addition of a pediatrics and psychiatry session. Students from the Class of 2024, along with their peers at medical schools across Canada, are welcoming the opportunity to participate in visiting electives beginning in 2023. This cohort is the first to have visiting electives since the onset of the pandemic. While there are still limits on the clinical capacity for electives, it is exciting to once again be welcoming Canadian and international medical learners on a limited basis.

The Class of 2023 completed their Clerkship Foundation rotations and shifted late in the year to the Transition to Residency curriculum: six two-week rotations in Specialty Selectives, Internal Medicine, Pediatrics, Psychiatry, Surgery, and Family Medicine. With the exception of the Selectives block, these rotations have been designed for medical students to revisit rotations they experienced in the Clerkship Foundations phase. Clerks have four weeks of electives during the Transition to Residency, with two of those elective weeks occurring prior to the residency interview period.

The Class of 2022 convoked in person in June with a great deal of fanfare. When teaching and learning shifted to a virtual format in March 2020, the Class of 2022 was midway through Medication Foundation 3. Consequently, this group of learners was frequently on the leading edge of pivots to the delivery of the curriculum. Convocation and the Oath Ceremony for the Class of 2022 was an opportunity to celebrate the persistence and resilience of these learners and to acknowledge the important partnership between students, faculty members, and staff members in shaping and driving medical students' curricular and co-curricular experiences.

The Undergraduate Medical Education program continues to see a high level of interest from applicants. For the 2022-2023 cycle that will admit the Class of 2026, two new admissions streams were introduced to better align the admissions process with the UGME program's social accountability mandate.



The Black Equity Stream (BES<sub>t</sub>) has been developed over several years and involved our program leaders, community partners, and Black medical students, physicians, and scholars. BES<sub>t</sub> is intended to provide equitable access to Black Canadians and aligns with the McMaster MD Program's commitment to the principles of equity, diversity, inclusion, and social justice in all that we do, and McMaster University's statement on Building an Inclusive Community with a Shared Purpose. While data on this stream's success will be forthcoming, a significant number of applicants have applied through BES<sub>t</sub> and are currently being reviewed.

Disability-based consideration in the MD admissions process has been introduced in order to reduce barriers for those applicants whose undergraduate grades were affected by a disability. This new process has been implemented in conjunction with the five other Ontario medical schools. The process allows applicants to request GPA consideration in the admissions process for an unknown, undiagnosed, or unaccommodated disability during their undergraduate studies. Applicants must submit specific documentation with their application for consideration. The requests are considered by a panel that includes members from Student Accessibility Services, the Human Rights and Dispute Resolution Program, and McMaster's Equity and Inclusion Office. While we do not yet have data on its success, we can report that a significant number of applicants have applied for Disability-Based Consideration and are currently being reviewed.

Opportunities for student Service-Learning received a significant boost with the appointment of Dr. Diana Ahmed to the role of Director, Service Learning. Service-learning opportunities were diminished earlier in the COVID-19 pandemic. Dr. Ahmed has been re-building relationships with local agencies in order to connect students with opportunities to contribute to local community initiatives and build valuable transferable skills and experience that will inform their practice as professionals.



# Niagara Regional Campus

As the Niagara Regional Campus emerges from two years of Covid-19 related impact, we are pleased that we have been able to continue the robust academic and scholarly activity, and are excited to be gathering in person again with our colleagues and community. The past year has been one of change and renewal in leadership and administrative staff. We are grateful to those leaders who have renewed for second terms, thank those leaders who have completed two terms in their roles, and welcome new leaders to positions, especially those who are early in their careers and are eager to grow in their contributions to medical education. It is always a joy to welcome those who began their journey as trainees at the Niagara Regional Campus and have now come full circle to now return as faculty and leaders. We have also seen opportunities for administrative staff to explore new roles and are pleased with the new energy and ideas this brings to our team, especially as we welcomed a new Regional Campus Manager, Melanie Pulling.

Philanthropy has been a theme over the last year, and we are grateful for the ways we have partnered with donors from our community to support the work of Niagara faculty and learners. We were able to create the Dr. Ron Chan Memorial Award in memory of a well-respected and admired local physician who died suddenly last year. This award is now presented annually to a student who will be pursuing a career in or has demonstrated a commitment to mental health care and the well-being of their colleagues. The Pringle Family Health Research Award was also established this year through the philanthropy of the Pringle family, in recognition of Alistaire and Beryl Pringle. This prize is awarded annually to a researcher involved with the Niagara Regional Campus who demonstrates innovation in the field of Emergency Medicine scholarly activity with the potential of the project to advance knowledge and benefit society.

Scholarly activity remained active throughout the pandemic with a very high proportion of students and residents taking part in research and quality improvement projects. Among undergraduate students, we have been able to explore each of their research backgrounds and current interests to allow custom-matching for the Class of 2025 with faculty-led research or quality improvement projects. We currently have 96% of the incoming class of students joining projects. Seventy-five percent and 79% of the students from C2024 and C2023, respectively, are working on research and/or quality improvement projects. As of October 2022, a total of 70 NRC undergraduate learners are working on 56 projects led by faculty from Niagara and Hamilton, one Niagara resident, and three epidemiologists.



Excellence in education remains a priority for the Niagara Regional Campus and we have seen higher volumes of learner placements within our region, despite the pandemic-related challenges. We have welcomed over 140 new faculty to our region since the start of the pandemic and many of our new physician recruits at Niagara Health are either graduates of the campus or had the opportunity to train with us during their residency. Throughout last year we averaged 22 to 30 placement spots during each rotation block with placement numbers growing consistently. Consistent with our priority on providing service to underserved populations, the opportunity for students to participate in clinical electives and volunteer work with REACH (Regional Essential Access to Connected Health) allows undergraduate learners, as part of an interdisciplinary team, to learn about and work with people who are homeless or experiencing housing insecurity. This elective was born out of research by NRC students about the lived experiences of people with housing insecurity and has evolved into a robust clinical care provider, as well as a clinical learning experience. Clinical electives also exist working with the migrant agricultural worker population, Public Health and we have new opportunities in hospitalist medicine, and pediatrics and are exploring physiatry and Prison Health. We have been pleased to find a range of different styles and scopes of practice in Family Medicine through the Transition to Residency 2-week rotation. We have added neurology and nephrology teaching sessions to the core medicine clerkship. The Medicine Selective team has seen a more sustained recruitment of preceptors and focused on faculty development in teaching and feedback in outpatient practices. The Pediatrics team had a Hands-on Skills Day using simulation which was a great success.

We have gladly welcomed the return partnerships with community organizations to allow for community service learning. Our focus on service and scholarship will remain on underserved and equity-deserving populations. Over the last year, Niagara Campus students have been active in community projects through initiatives such as Pipeline where medical students are involved in health teaching and career mentorship in local elementary and secondary schools. We have also continued our close partnership with Brock University through collaborative research, the use of our anatomy lab, and the Brock-McMaster Mentorship program to support and encourage local students interested in applying to medical school.

As we look forward to a brighter future, we recognize the substantial challenges and resilience demonstrated by the NRC faculty, residents, students, and staff. The academic presence of the NRC continues to be a driving force for improving the quality of and access to healthcare in the Niagara Region in partnership with our local hospital systems and clinics. Our undergraduate learners and faculty are valued and deeply appreciated in Niagara.



# Waterloo Regional Campus

Despite the challenges posed by the COVID-19 pandemic, the Waterlook Regional Campus (WRC) continues to provide rich learning opportunities in undergraduate medical education. Clinical teaching, as well as clinical research, has continued to flourish in the Waterloo Region with the support of dedicated faculty and in partnership with local research institutions such as the Homewood Research Institute, the Research in Aging, the Grand River Hospital Office of Innovation and Research, and of course, supported by the WRC Research Department.

Over the last year, there has been significant activity and growth in opportunities for undergraduate learners in medical technology and innovation. The WRC is situated in the hub of health technology, with neighbours of the campus being Google Health, Communitech, Velocity, and e-Health Centre of Excellence, in addition to the University of Waterloo. McMaster's President Farrar, along with Dean Paul O'Byrne of the Faculty of Health Sciences visited WRC and the University of Waterloo this year to meet the new President of the University of Waterloo, Dr. Vivek Goel, and to develop opportunities for collaboration in digital health, medical innovations, and entrepreneurship. They also visited Communitech – an innovation incubator next door to the WRC campus. These opportunities have been nurtured by the WRC Digital Health Lead (Dr. Mohamed Alarakhia), local health technology companies, and the University of Waterloo's Artificial Intelligence, Health, and Engineering Departments.



The WRC has added three new Faculty Leadership roles in the WRC clinical teaching hospital system: Dr. Dave VanderBurgh as the Guelph General Hospital Academic Lead, Dr. Haseeb Naveed of the Grand River Hospital as the Site Lead for Emergency Medicine, and Dr. Morgan Kwiatkoski as the Academic Lead for Groves Memorial, and the North Wellington Health Care hospitals of Mount Forrest and Palmerston. Drs. VanderBurgh and Kwiatkoski join the other WRC McMaster Education Leads at Grand River / St Mary's (Dr. Rebecca Krusselbrink), Homewood (Dr. Ben McCutchen), and Cambridge Memorial (Dr. Smriti Nayan). These WRC McMaster Education Clinical Leads are responsible for both undergraduate and postgraduate clinical teaching opportunities, quality control, and accreditation issues in their respective hospital institutions.

WRC McMaster is committed to supporting undergraduate learning in our region. Through partnerships with the hospitals, WRC has financially invested in purchasing equipment and amenities to support our learners at the clinical learning sites to better equip clinical clerks with the tools that they need to succeed in their programs. These investments are a symbol of both the commitment of WRC to undergraduate education as well as exemplifying McMaster-hospital collaborations in the region.

Investing in the community by investing in medical learners and building vital resources ultimately makes our region, school, faculty, staff, and physicians stronger. Learners challenge us all to be better physicians, and gratefully, our campus is built on our community's strength and support, which is the most positive outcome of all.



# Mac-CARE

The Mac-CARE Program (McMaster Community and Rural Education) supports clinical rotations in family and specialty medicine programs in the regions surrounding Hamilton. The Mac-CARE Program offers access to a rich diversity of high-quality community teaching sites in smaller cities, towns, and rural areas. The Mac-CARE Program Office provides the expertise and support to facilitate core and elective placements in the Distributed Medical Education (DME) Campus Regions including Burlington Clinical Education Campus, Grand Erie Six Nations Clinical Education Campus, Halton Clinical Education Campus, Osler Clinical Education Campus, Niagara Regional Campus, and Waterloo Regional Campus.

Mac-CARE has been instrumental in providing an abundance of incredible training experiences for medical learners within the Distributed Medical Education Campuses by matching learners with enthusiastic preceptors and providing learners with applicable travel and accommodation funds.

The Mac-CARE Program would like to extend an incredible grateful thank you to our dedicated Medical Education Campus (MEC) Regional Assistant Deans, Clinical Education Campus (CEC) Directors, administrative coordinators, and teaching faculty who have continually put the education of our medical learners at the forefront during the pandemic.

During the past year, the Mac-CARE Clinical Education Campuses have focused on streamlining administrative processes to support an increased number of community rotations. As a result, for the 2021-2022 academic year, we have been able to provide Undergraduate medical learners with 1,460 clinical rotations, including, Core Clerkship Foundations, Transition to Residency, and Electives, in all specialties across four Clinical Education Campus sites.

The Mac-CARE Clinical Education Campuses have also welcomed a new layer of learning to help with the delivery of medical education to all learners who rotate at the community sites. Simulation leadership was announced at the four Clinical Education Campuses sites in the fall of 2020. Mac-CARE and the Department of Family Medicine Simulation leadership work alongside McMaster's Simulation Team in Hamilton in developing content for learners on clinical placements in the community. These simulation training sessions enhance the hands-on educational experience and provide opportunities for interprofessional collaboration within community hospital environments.







# ACCREDITATION

# MACcred2023

## What is Accreditation?

Every eight years, medical schools in Canada voluntarily carry out a comprehensive review of their educational quality to ensure compliance of accepted standards set out by the Committee on Accreditation of Canadian Medical Schools (CACMS). Medical schools provide reviewers with written submissions to demonstrate compliance, and reviewers also meet virtually and in person with medical school faculty, students, and staff.

The Undergraduate Medical Education program was last accredited in May 2015. Accreditation is a multi-year process that wouldn't be possible without the hard work and participation of our staff, our faculty, and our students. We want to thank everyone who has contributed in some way over the past eight years for their support!

## What Have We Accomplished So Far?

### Faculty and staff completed the Data Collection Instrument (DCI):

UGME faculty and staff members contribute information (ex. statistics; policies; initiatives; outcomes) to the Data Collection Instrument (DCI), a CACMS document that collates medical school data relating to the accreditation requirements. Information for the DCI was primarily compiled in late-2021 and early-2022; however, the UGME program has opportunities to update information in the DCI until January 2023.

### Faculty, Staff, and Students Completed the Medical School Self-Study Process:

Eight sub-committees were struck, each created for the purpose of addressing a different Standard of the DCI, and each chaired or co-chaired by different leaders of the UGME Program or Faculty of Health Sciences. The sub-committees were also composed of additional individuals with various backgrounds and portfolios, who brought relevant expertise and perspective regarding the specific accreditation domain that had been assigned to them. All sub-committees included student representation, usually with students from more than one campus.

The MSS sub-committees met throughout the first half of 2022 to review the DCI sections that had been assigned to them. A Self-Study Task Force, selected with purposeful representation that encompassed a broad range of clinical disciplines, academic areas of focus, campus sites, and involvement with the UGME Program, convened at a two-day retreat where the MSS sub-committee Chairs and Co-Chairs presented their analyses and recommendations. This allowed a forum for vigorous discussion and identification of programmatic strengths, areas of concern, and recommendations for further action.

### Students Completed the Independent Student Analysis (ISA):

In parallel with the activities of the Medical School Self-Study (MSS) process, the Medical Student Council assembled a committee charged with undertaking the Independent Student Analysis (ISA). The ISA committee was chaired by the Class of 2024 President and composed of students from all years and all instructional sites. A survey instrument was developed and used to gather responses from the student body regarding aspects of the medical school that they deemed relevant to the accreditation standards as well as to their lived experiences in the UGME Program. The ISA was conducted entirely by

the students, at arm's length from the UGME Program administration apart from the provision of technical and logistic support as requested.

## What is Upcoming?

### Document Submission:

The UGME program submits the finalized DCI, MSS, and ISA reports to the CACMS Secretariat, which in turn distributes these files to the external faculty members making up the visiting team for the UGME program's 2023 accreditation. Prior to submission, the Program will review the DCI, the self-study summary report, and other required documents before submission to the CACMS, to ensure their completion and accuracy. The visiting team reviews these materials in preparation for the site visit meetings.

### Site Visit and Site Visit Report:

The CACMS visit team conducts site visits to "verify and update information compiled in the school's DCI, clarify any issues that are unclear, view the environment and facilities for learning first-hand, and meet with administrators, faculty members, and students. The team will meet with the dean to explain its purpose and gain input in a conference at the beginning of the site visit and meet with the dean and campus chief executive to summarize its findings about the program's strengths and areas of noncompliance at the completion of the visit." - CACMS

The CACMS has moved to a two-stage site visit process, a four-day series of virtual meetings, and a two-day in-person site visit to follow up on areas of concern that may have been identified through the virtual meetings. The dates for McMaster's virtual visits are March 27th-30th, and the in-person visit takes place six weeks after on May 9th-10th. The CACMS review team and the UGME Program collaborate on creating the site visit schedules.

The CACMS visit team secretary collates the written findings of each visit team member into a visit report that constitutes the formal record of the accreditation visit and is the source of information used by the CACMS in making decisions regarding satisfaction with elements and compliance with standards and by CACMS in making decisions regarding accreditation status and required follow-up.

### Decisions and Actions:

The CACMS' findings and its final determination of the school's accreditation status will be communicated to the school's Dean several months after the site visit process. The school will have the opportunity to respond to the CACMS' findings and then begin any follow-up action depending on the accreditation status recommended by the CACMS. Follow-up activities may include: status reports detailing steps to correct specific areas of non-compliance, limited site visits intended to assess a school's progress in achieving full compliance with accreditation standards/elements, or consultation between the CACMS Secretariat and the school.





# CURRICULUM REVIEW

# Admissions

McMaster has continued to receive the highest amount of medical school applications in Ontario. Yearly, the admissions department can expect approximately 5500 applications. Our current acceptance rate is 3% which is comparable to other Ontario schools as well, interestingly enough, many Ivey league schools are below the border. This past year's admissions cycle (which will be the class of 2025) has the first-ever Black Equity Stream (BEST) included as one of the application options. We have received many strong applications through this stream which is quite promising for improving the representation of Black students in our medical school. Our facilitated Indigenous admissions process (FIAP) is now several iterations in and continues to provide an equity pathway for Indigenous applicants in Ontario and throughout Canada.

Our admissions process continues to have two main stages - step one is to determine who receives an offer to interview and step two is to determine who receives an offer of admission to the medical school. The first step includes a formulaic process that ranks applicants according to the following criteria: 1/3 cumulative GPA, 1/3 MCAT CARS score, 1/3 CASPer (situational judgment testing through Altus), and a small modifier for a complete Masters or Ph.D. Approximately 550 applicants will receive an offer to interview. After the interview, which is structured as a Multiple Mini Interview (MMI), step two will rank applicants using a second formula: 1/3 GPA, 1/3 MCAT CARS score, and 70% MMI score.

Our medical school matriculates approximately 203 students. They are distributed across three main campuses: Hamilton, Kitchener-Waterloo, and Niagara.

Dr. Jason Profetto  
Admissions Chair



# Pre-Clerkship

This year, especially the last half of it, brought many changes to the program and pre-clerkship.

The class of 2025 returned to in-person small group tutorials and other learning sessions after two years of either totally virtual or partially virtual learning. The class started Introduction to Medicine as one group in MDCL in person allowing a level of socialization not accessible for the past two years.

For the first time, the class of 2025 will enjoy curriculum delivery at their home campuses. This was challenging for the regional campuses to organize initially, particularly for anatomy sessions that have traditionally been held in Hamilton.

The launch for the Class of 2025 of the Longitudinal Family Medicine Experience. This builds upon the former Family Medicine Experience allowing learners continued opportunities to explore the discipline of Family Medicine in many different clinical environments across the pre-clerkship. In effect, this provides learners with ongoing horizontal elective experiences and provides opportunities for applying burgeoning clinical skills in a variety of Family Medicine led clinical learning environments.

Active Large Group Sessions (ALGS) continue to be delivered virtually which benefits learners at all sites. Presenters can take advantage of teaching and engagement tools refined during the virtual experiences early in the Pandemic to optimize learning in these sessions.

A variety of both student and faculty-led initiatives have provided new objectives to PBL cases to bring attention to important equity, diversity, and inclusion work being addressed across the faculty.

Several new faculty, too numerous to mention here have, joined in roles as sub-unit and longitudinal curriculum planners/contributors with a resumption in some disciplines such as Dermatology that had been absent for a few years.

Introduction to Medicine sub-unit will be its own foundation remaining integrated within MF1 starting for the Class of 2026. Two new co-directors following the ProComp physician and allied health professional model have been appointed. Learn more about this initiative in an upcoming report.

Dr. Karen McAssey left the Chair Pre-Clerkship position after navigating the pre-clerkship through curricular renewal and the pandemic into other roles and I took over this position on July 1, 2022.





The year wasn't without challenges either:

Recruitment of faculty- The pandemic has led to increased demands on many for a variety of reasons. Often, recruitment of roles such as subunit planners and tutors is challenging. Addressing tutor training and onboarding of new leadership roles is also challenging in this hybrid environment, and various steps are underway to see if more streamlined, more easily accessible models are feasible.

Administrative support- Perhaps related to the pandemic and seen in practically all aspects of our world, recruitment, and retention of administrative support that is key to the program's success proves to be an ongoing challenge.

Hybrid learning environments are both challenging and more accessible at the same time. Learning how to optimize both to support learning remains a work in progress.

Dr. Keyna Bracken  
Pre-Clerkship Chair



# Professional Competencies

The Professional Competencies (ProComp) Planning Committee recently said goodbye to our C2024 student reps. Georgiana, Matthew, Rahul, Riley, Britt, and Cheyenne. Their contributions and professionalism were noted, and we wish them all the best as they complete Integration Foundation and then Transition to Clerkship. At the same time, we welcomed Iryna, Ted, and Chyna from the C2025 to our planning table with more student reps TBA. We look forward to working with you!

Recently we completed our periodic review of ProComp at the Curriculum Committee chaired by Dr. Sibbald. We emphasized examples of vertical integration (between curricular streams) and horizontal integration (within ProComp itself) and recommended more systematic work to be achieved. ProComp has exceeded its benchmark for representation by NRC and WRC teaching faculty as speakers for our Large Group Sessions. A full 33% of our LGS speakers practice in WRC or NRC! The pandemic and requisite resort to virtual curriculum delivery have detracted from our spotlight on LGS speakers originating from HRC, NRC, and WRC. We are actively talking with our planning team and the pre-clerkship chairs at NRC and WRC to generate strategies to gain leverage student learning within our distributed site medical school model. Ideas thus far are to encourage LGS speakers to describe their local clinical practices and healthcare settings along with unique community resources. We could also consider highlighting resources across Hamilton, Waterloo, and Niagara in our Session Insiders as they may pertain to specific sessions.

Lastly, we said goodbye to Dr. Diana Ahmed as our Population Health & its determinants domain planner. Dr. Ahmed has moved on to a new and exciting portfolio as the Director of Service-Learning. We continue to maintain close collaboration with Dr. Ahmed regarding this new opportunity for students. We welcomed Dr. Robin Lennox as the new planner for the Population Health & its determinants domain. Dr. Lennox brings extensive experience as a family physician to her new role and wasted no time gaining a successful proposal for a new session on Planetary Health scheduled for the C2025.

Wishing our student, faculty, and community partners all the best as we enjoy the beauty of the Fall season across Niagara, Hamilton, and Waterloo regions.

Dr. Deborah Wilkes-Whitehall and Tom Alexander  
Professional Competencies Co-Chairs





# Clinical Skills

McMaster Medical School's clinical skills continue to be one of the strongest aspects of our pre-clerkship curriculum. Our students meet with resident or staff physicians in small groups to learn the intricacies of history taking and physical examination. Much focus is placed on hands-on practice with real or standardized patients. McMaster is well known for its strong residents-as-teachers and the clinical skills guide. The clinical skills guide is a large (400-page) inclusive document with all aspects of McMaster's clinical skills. This includes deliberate attempts to integrate and connect to various aspects of the curriculum, including tutorials and professional competencies. Additional, resources for evidence-based medicine, statistical application, and diagnostic approaches are included. Students will be taught clinical skills in small groups from the very beginning of medical school until the latter part of pre-clerkship as they prepare for their clerkship clinical rotations.

Dr. Jason Profetto  
Clinical Skills Chair



# Clerkship

This year saw the graduation of the first cohort of students who completed the rotations set out in the new clerkship curriculum. This change saw students complete four weeks of rotations in the core disciplines in the Clerkship Foundations rotations. The students then returned to complete two-week rotations as senior clerks in the Transition to Residency block. These rotations enable students to revisit curriculum and objectives in the context of the clinical experiences they had during Clerkship Foundations and electives. There was also a change in leadership this year, with Dr. Jill Rudkowski taking on a national role as CACMS Assistant Secretary. Dr. Helen Neighbour took on the role of Chair of Clerkship and CIR on 1st March 2022.

The Clerkship Committee continues to meet monthly to share ideas and receive updates. The relevant accreditation standards were reviewed at the clerkship committee meeting to contribute to the documents required for accreditation. The Vice-President, Equity, Diversity, and Inclusion from the McMaster Medical Student Council has joined the committee as a non-voting member. There has been a series of invited speakers to share insights and strengthen links with the committee members, including the Chair of Professionalism and the education leads for the hospitals in Hamilton.

With the easing of restrictions around learner numbers in clinical learning environments, students have been able to return to pre-pandemic call schedules with increased clinical experiences. The Clerkship program is very grateful to Dr. Dorothy Bakker and Dr.

Val Mueller for being so responsive and supportive of students who needed time out of the clinical environment in relation to Covid. They were instrumental in keeping students up to date in their learning and having the plan to return and complete rotations.

Transition to Clerkship (TtC) has just started for the C2024 and some modifications have been incorporated due to feedback from students and Faculty. This year students will complete the Prescribing Competency Assessment during TtC and will have the opportunity to review it in a debriefing session led by Dr. Anne Holbrook. There are also two new sessions, being led by the Clerkship Directors for Pediatrics and Psychiatry.

Dr. Helen Neighbour  
Clerkship Director



# Electives

The Electives office faced many challenges during the pandemic. The cancellation of visiting electives across all universities in March 2020 and the restrictions imposed due to the pandemic resulted in a significant decrease in the number of clinical electives available. Despite these challenges, we adapted by modifying our curriculum, schedule, and process in order to maximize our learner placements. One of the successes has been the creation of the Clinical Placement Manager (CPM) which allows us to place students in electives using a capacity-based model instead of the older demand-based system. This has greatly streamlined the process and the response has been overwhelmingly positive. For C2023 students, the vast majority of the students were able to secure clinical electives for both the pre-clerkship and clerkship blocks. As they approach CaRMS application deadlines, we are confident that all students will be able to complete their electives as scheduled.

With the pandemic restrictions being lifted, visiting electives have resumed since August 2022 for C2024 students. AFMC has introduced a new Portal platform which is now live. Although not all schools have opened up for visiting electives yet, by February 2023, most schools will be on board. Our own McMaster C2024 students will be able to undertake visiting elective starting with February 27, 2023 block. Students are encouraged to visit the AFMC Portal website and review timelines for application submissions. For the pre-clerkship elective blocks, C2024 students were in a cohort system (similar to C2023 last year) in order to adapt to the limited elective capacity during the summer months. This year, we are very grateful to several programs that created one-week boot camps for our learners. Most recently, the November 7-13 block ran 4 boot camps from different specialties. The student feedback was very positive, and we are hopeful that these boot camps will continue in future years with the addition of more programs.

For C2025, the students will be able to schedule horizontal elective experiences in January 2023. In the meantime, all students are currently in Family Medicine Experience (FME). This is essentially a horizontal elective in FM and we are grateful to all Family medicine preceptors for providing this opportunity.

As we look forward, we are very excited at the return of visiting electives and to provide our students with the widest possible range of elective options. I must thank the Elective staff for their relentless hard work during this difficult time and for their advocacy of our students. Our faculty and preceptors who continued to provide elective opportunities despite the demands placed on by the pandemic deserve special thanks as the success of electives ultimately lies with their dedication and passion for teaching our learners.

Dr. John Lee  
Electives Chair



# Assessment

I've been privileged to have served in this role now for over a year and work alongside truly incredible individuals – my colleagues in the program office who work tirelessly to ensure the seamless implementation of the MD program's system of assessment and my fellow chairs on the MD Exec whose focus on the students' experience and progression in the MD program continue to inspire me. This past year has seen us bring about a new Assessment Policy to bring some clarity to our own processes and outline programmatic assessment within the UGME program, setting the stage for future work in student progress.

The Program for Guided Reflection and Early Student Support (PROGRESS) has rolled out thanks to the ongoing dedication and support of Student Affairs. PROGRESS is intended to provide a formal structure for facilitated reflection on learning. The program's goal for the learner is to aid in developing skills in guided reflection, self-assessment, and deliberate goal setting through coaching from the student's Advisor and the Learning Director, and will also serve as a mechanism for students and their Advisors to identify early on the need for further ongoing academic support. We are developing student workshops to further develop these abilities as we seek to help provide students with the skills necessary for continuous professional development after they graduate.

Work is ongoing on renewing the Personal Progress Index (PPI), one of the program's principal longitudinal assessment methods to ensure learners are progressively acquiring the knowledge set out in the program's curriculum. While the PPI is blueprinted to mirror the MCCQE part 1, we are now working on better aligning the exam to the core content of the MD curriculum in order to ensure that the outcomes of the program are being met.



Finally, through the leadership of the Clerkship team, we are beginning work on the implementation of Entrustable Professional Activities (EPAs) in the MD program, with a road map for implementation being developed for the integration of these EPA into the formal assessment program.

Dr. Quang Ngo  
Assessment Chair

# Professionalism

In 2021 the Student Professionalism Policy was introduced with the purpose to identify clear expectations and transparent processes for managing student professionalism concerns. The Policy uses the Professionalism in Practice Framework to define, describe, and assess any concern related to professionalism. As the Policy explains, expectations of professionalism apply both within and outside of the formal curriculum, and concerns regarding lapses in professionalism can be brought forward by faculty, staff, administrators, students, or members of the general public.

This new Policy and its respective process is a resource for faculty members to assist with both navigating student professionalism lapses as well as to support student development of necessary professionalism skills. When a professionalism lapse is brought forward, concerns raised are handled in a collaborative model with the Chair of Professionalism, relevant Curricular Chair, and other program leaders. During this process, the application of the professionalism concern to the domains and subdomains of the Professionalism in Practice Framework is discussed, followed by an opportunity for the student to reflect upon the concern and provide a response at a subsequent meeting. As part of the process students are provided agency and empowered to develop professionalism skills. There is further collaboration with other processes and offices within the UGME program, including Student Affairs and the Student Progress Committee.

Several development activities and educational sessions addressing professionalism are integrated into the undergraduate medical education program and provided to students at different stages within the curriculum. Students are introduced to core concepts around professionalism as well as the Professionalism in Practice Framework during the Introduction to Medicine Submit for first-year students. A second session exploring professionalism concepts with a focus on the clinical environment takes place just prior to students entering Clerkship. Students are welcome to reach out for discussion around concepts in professionalism at any time with the Chair of Professionalism.

Dr. Isla McPherson  
Professionalism Chair





Michael G. DeGroot  
SCHOOL OF MEDICINE

CELEBRATING  
50 YEARS  
OF MEDICAL  
EXCELLENCE



BRIGHTER  
WORLD

**EQUITY,  
DIVERSITY,  
INCLUSION**

# Indigenous Health

The Truth and Reconciliation Commission (2015) created 94 calls to action with Calls 23 and 24 involving Health. Call to Action 23 designates all levels of government to increase the number of Aboriginal professionals working in the healthcare field. Call to Action 24 calls upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices.

To address Call to Action 23, a facilitated Indigenous admission process (FIAP) is available for prospective Indigenous applicants. Over the few years, there continues to be an upward trend in Indigenous applicants utilizing this process. Working towards an inclusive, culturally responsive learning environment, both at McMaster and in the clinical settings, the UGME program will continue to strive to attract and retain Indigenous medical students and professionals to our program.

Class of	Indigenous Applicants (Applied to FIAP)	Approved by FIAP	Indigenous Applicants Offered Interview	Indigenous Applicants Offered Admission	Indigenous Applicants Who Accepted Admission
2022	25	20	12	9	6
2023*	19	14	11	9	6
2024	30	26	19	9	6
2025	31	19	16	5	3

\* Class admitted without an MMI

As a response to Call to Action 24 of the Truth and Reconciliation Commission of Canada, curricular content in pre-clerkship professional competencies sessions, tutorial cases, and active learning large group sessions detail the history of the Indigenous people in Canada, the residential school system, the United Nations Declaration on Indigenous Peoples and Indigenous Teachings and Practices.

The content and delivery of Indigenous Health curricular activities of the UGME program are developed and reviewed by the Indigenous Health Curriculum Committee (IHCC). The IHCC is a community collective of Indigenous Faculty, non-Indigenous Faculty, and Indigenous students. Develop and deliver curricular content and activities in a Two Row Wampum process, upholding the principles of Indigenous decision-making sovereignty.

The reflection of the total population of Indigenous community members and Indigenous students within the MD program remains difficult based on the circumstances of inadequate population survey methods and concern for individual cultural safety. It remains challenging to ensure the number of Indigenous students enrolled in the UGME program are an adequate representation of the Indigenous community population. Regardless of these challenges, a focus of action continues increasing the number of Indigenous medical students in the UGME program through liaising with community partners (Indigenous Health Learning Lodge) and mentorship programs for recruitment (Indigenous Physician Association of Canada) and identifying and examining barriers for applicants to apply to the McMaster UGME program.

Dr. Patricia Farrugia  
Indigenous Health Chair

# Social Accountability

## McMaster UGME Social Accountability Statement:

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.

Black communities are identified as one of the priority populations in this UGME mandate (for a review of health disparities among Black Canadians and under-representation of Black students in Canadian medical schools, see Appendix A). Specific outcomes are presented in Table 1.

Table 1: Outcomes:

School-Identified Outcome Measure	Short-Term	Long-Term
Increased number of applicants from qualified Black students	Number of applicants from qualified students equal to percentage of Black population within the McMaster area	Number of applicants from qualified students greater than percentage of Black population within the McMaster area
Increased number of Black students in the UGME program	<p>Establish an admissions process for facilitated entry of students identifying as Black</p> <p>Number of Black students registered in the UGME program equal to percentage of Black population within the McMaster area</p>	Number of Black students registered in the UGME program greater than percentage of Black population within the McMaster area
Development of an education framework for Black population health and corresponding changes to Black health curriculum	Leverage the (developing) scoping review-informed UGME EDI curriculum lens/framework, seeking input through community consultation with Black faculty and learners, in form the Black health curriculum	Informed by framework, develop, propose, implement, and evaluate revisions to the UGME's Black health curriculum

## Applicants From Aspiring Physicians:

Currently, data is not available to answer the question “how many students that apply to the McMaster UGME program are Black and how does this compare to previous years?” This data has not been collected in the past so there is no baseline for comparison. However, there will be greater clarity after this admission cycle as the inaugural Black Applicant Equity Stream (BES<sub>t</sub>) has just launched. This is an opt-in stream for applicants who have, and identify with their, Black ancestry. For this inaugural year, many applications have been received through this stream; this is likely a marked increase but cannot be confirmed. As Black applicants can choose to apply through this stream, or the general stream, BES<sub>t</sub> data may not capture the total number of Black applicants. However, comparing BES<sub>t</sub> data going forward will give a strong indication of Black applicant counts. The number of BES<sub>t</sub> applicants who subsequently advance to interview, and the number who are admitted, will not be available until 2023.



BES<sub>t</sub> outreach has likely played a role including a presentation to a large group of aspiring Black physicians across the country alongside other Canadian medical schools offering an equity stream for Black applicants, and a BES<sub>t</sub> Community Consultation group that includes representatives from the University of Toronto Community of Support and Black Aspiring Physicians of McMaster.

### **Admitted Student:**

The number of Black students in the McMaster UGME program is not certain due to low survey response rates, however, the available data is summarized below and suggests that 0 to 3 Black students are in the program in each cohort. In the 2021 McMaster University Student Census and Experience Survey (SCES, see Figure 1), eight out of 277 medical student respondents across all cohorts, identified as Black (2.9%). Interestingly, this appears to be lower than the proportion of undergraduate and graduate students that identified as Black (see Table 2).

Figure 1: University-Wide Student Diversity Census:

Source: SCES Date: February 2021

Scope: McMaster University-wide

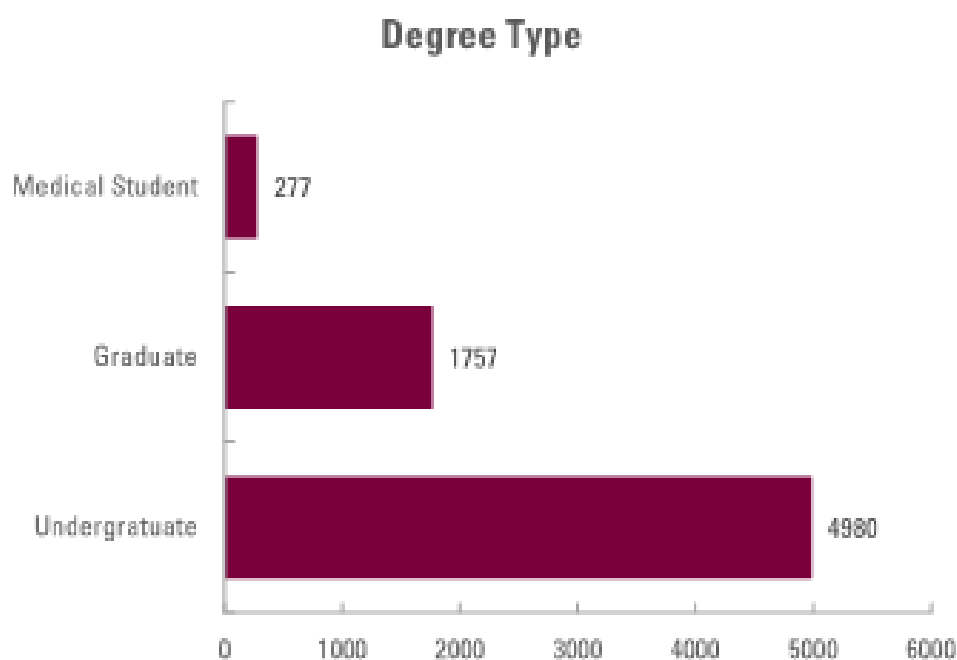
Administered by: McMaster University Equity and Inclusion Office

Sample: All undergraduate, graduate, and medical students invited to participate

Overall response rate: 18.5% (7014 surveys completed out of a total student sample of 37,860)

Medical students n = 277 (presumably across all 3 cohorts), response rate about 45%

Table 2: SCES results among Black students



Response	Overall	Medical Students	Undergraduate	Graduate
	n (%)	n (%)	n (%)	n (%)
Black	400 (5.76%)	8 (2.92%)	263 (5.33%)	129 (7.41%)

In the 2019 UGME Student Diversity Survey, 1.72% of respondents identified as Black, which was lower than the proportion of individuals identifying as Black in Canada, Ontario, and Hamilton. In the 2022 survey, no Year 1 students identified as Black and one Year 2 student identified as Black (see Box 1).

**Box 1: UGME sample survey:**

Source: UGME Student Diversity Survey Recent dates: 2019, 2022

Scope: McMaster medical students only

Response rates and results:

- 2019 response rate: 56% (3 cohorts)
- 2022 response rate: 18% and 26% (2 cohorts: Year 1 and Year 2)
  - Year 1: 0 students identified as Black
  - Year 2: 1 student identified as Black

With respect to evaluating the adequacy of representation, this is influenced by the comparator data selected. Black representation within populations varies (e.g., 9% City of Toronto, 7% Toronto Census Metropolitan Area [CMA], 4.7% Ontario, 3.8% City of Hamilton, 3.2% Hamilton CMA, 2.9% Kitchener-Cambridge-Waterloo CMA, and 1.9% St. Catherines-Niagara CMA). However, current representation within McMaster UGME falls below all these thresholds.

To this point, there is low representation of Black students in McMaster UGME using any local geographical region as comparator.

In the future, the evaluation of representation may also be aided by an applicant and matriculant survey proposed by the Association of Faculties of Medicine (AFMC) Social Accountability Group, that will include EDI data (proposed for launch in 2024 or later).

**Curriculum:**

To date, a scoping review exploring components to include in an EDI lens applied to a case-based learning curriculum has been completed and is being shared in an academic forum. This framework is not specific to Black health curriculum but rather is intended to inform critical reflection of the curriculum through a broad EDI lens. Dissemination plans within UGME include discussion with Black faculty and learners, and presentation to the pre-clerkship committee in 2023.

Dr. Audrey Campbell  
Equity, Diversity, and Inclusion Chair



Michael G. DeGroot  
SCHOOL OF MEDICINE

CELEBRATING  
50 YEARS  
OF MEDICAL  
EXCELLENCE



BRIGHTER  
WORLD

**STUDENT  
AFFAIRS**

# Student Affairs

Student Affairs (SA) encompasses a complex and diverse mandate with multiple portfolios, perhaps best categorized as representing:

1. Student success
2. Student support

The SA team is a sizable one, consisting of Wellness Counsellors (1 FTE), Career Counsellors (2.5 FTE), Academic Skills Counsellor (0.5), Faculty (3 SA Directors, 1 Career Development Director, 1 Advising Director, 7 Learning Directors), and Administrative Support (1 FTE). In addition, while being “arms-length” from the Undergraduate Medical Education (UGME) program, the SA mandate interfaces with several UGME mandates and portfolios, including: Curriculum, Electives, Assessment (and Student Progress Committee), Equity Diversity and Inclusion, Post-Graduate and Physician Assistant Programs, and Student Accessibility Services, to name a few.

This Annual Report captures a summary of the following SA-related activities.

## Student Success Services

### Wellness Counselling and Programming:

Wellness Counselling was a highly utilized SA service throughout the pandemic, as UGME (like the world), saw unprecedented stressors and resulting in increasing rates of mental distress and stress. In the last year, the SA team welcomed a new counsellor who immersed well, and services adapted to virtual platform offerings, including wellness-related programming and activities, created with and for students. COVID period saw an overall uptake in services, sustained in 2021-2022. Moving forward, the SA team is eager to be able to meet growing needs, with the consolidation of Wellness Counselling services across the three campuses ensuring equity and accessibility to services for all students, and doubling of Wellness Counsellor hours. This will support individual work with students (both in-person and virtual), Wellness program development through SA (e.g. monthly newsletter, Email Wellness “challenges”, Wellness Walks, etc.), and with the Wellness student representatives.

### Career Counselling and Programming:

Programming and support in the area of Career and Professional Identity Development experienced significant growth in 2021-2022. Career Counselling services remained a foundational service for UGME students, with an approximate 10% growth in the 2021-2022 period, compared to the prior year. Career Counselling provides longitudinal support, including for students who go unmatched in the residency match. Additional growth and development commenced with the hiring of a Faculty lead as Director of Career Development, and with much planning and work. This translated into novel protected core curriculum time for career exploration, career selection, and residency application preparation content. Career Counselling support for residency application preparation moved to a structured system for booking and meeting with career counsellors, combined with preparatory material and resources posted to Medportal. An additional novel innovation was the creation of “career selection” and “professional identity exploration” small groups. The Career Team has commenced a multi-year project of establishing a comprehensive database of quality career exploration material to help students explore each single direct entry specialty. This initiative is commencing with videos, entitled “The Specialty Spotlight Series”, and will continue to



bank supplementary materials for student access (e.g. specialty profile sheets, a risk assessment tool for CaRMS applications, etc.), while next creating a “Professional Skills video series”.

#### Academic Skills Counselling and Learning Assistance:

The 2021-2022 academic year saw significant growth in the provision of Learning Assistance. The resources on MedPortal were updated and enhanced, concurrent with additional information for Learning Directors and Advisors. For the first time, students were provided formal large group sessions on Learning Strategies and several sessions on understanding and performing on Program Assessment tools (e.g. PPI). Students have also accessed individual counselling sessions with the Academic Skills Counsellor, a service that is increasingly being accessed proactively, rather than reactively after a learning challenge. This has aligned with the PROGRESS model of early identification and intervention for learning challenges. The Academic Skills Counsellor has strengthened collaborations with Career Counsellors, Learning Directors, SPC committee, and the Chair of Assessment, contributing to a holistic approach to student support.

#### PROGRESS and Learning Directors

The 2021-2022 year involved a more consolidated ability to further the Program for Guided Reflection and Student Success (“PROGRESS”), the focus of which is early identification and support of students who may benefit. This consisted of finalizing the program description and student guides, working with the Director of Advising and the Chair of Assessment to create checkpoints and reflection guides for students and their Advisors, and regularly supporting students going to Student Progress Committee (SPC) in the “learning navigator” component of the Learning Director role. It has also involved strong collaboration with the Academic Skills Counsellor, and more consistent support for students with flagged concerns in their performance on program assessment markers (e.g. PPI, OSCE). The upcoming year will see further advancement of PROGRESS, with consistent checkpoints for incoming students and their Advisors, and PROGRESS integration into MedSIS, permitting systematic monitoring of student progress.

## Student Support Services

### SA Directors:

By necessity, COVID has consolidated collaboration between campuses with respect to activities and initiatives. In addition, the virtual modality has permitted cross-campus collaboration and greater access for all students. Each campus SA director had relatively similar numbers of encounters with students needing support and attending SPC, though there has been a slight increase in the latter. The Waterloo SA Director has continued to host “ten-minute check-in” sessions of individual meetings with first-year students. With COVID restrictions loosening, in-person social events have been possible, including tobogganing, and celebrations for the end of first year and of clerkship. Sessions for CaRMS prep which were formerly Waterloo-specific were able to be opened (virtually) to students for all campuses, improving accessibility and equity for all. In the coming year, efforts will be made to increase in-person activity, perhaps supporting a hybrid model.

### Advising:

The Student Advising program is a pivotal component of support for students, providing mentorship, career and academic guidance, role modeling, and community. An increased emphasis on coaching has been evolving with the formalization of PROGRESS and the role of Learning Directors in supporting Advisors in their role. We are excited to see this develop with the anchor of checkpoints and reflection tools to enhance discussions between the student/Advisor dyad.

### **SA Achievements and Innovations**

#### Core Curriculum Development:

Traditionally, SA has not contributed to nor hosted formal curriculum time in the UGME program. This has changed, and the SA team is now proud to have created and be hosting pivotal core content for students, including: (1) the Physician humanity panels series (a well-received series of four two-hour panels speaking to different themes relevant to the medical education/formation journey); (2) a Mental health primer addressing the occupational hazards of working in medicine; and (3) Career curriculum, as described above.





### Policies and processes:

SA has taken the lead on creating, updating, and contributing to several pivotal policies and processes in UGME, representing and improving the student experience and perspective. These have included: (1) the Request for Time Off (RTO, formerly “LOA”) policy, which has now introduced “flex days” for students, and created a transparent hierarchy of types of absences that may be considered; (2) Update of Extension to Clerkship Policy; (3) Accommodations process, both within SA, and in the grander UGME program; (4) a Crisis toolkit for UGME, providing guidance and process to students, faculty, staff, and program, for support of all, in times of distress and challenge.

### Collaborations:

While SA has traditionally had collaborative ties with various partners, new leadership and COVID have consolidated working relationships and evolving processes in the name of increased student support. This has been most notable in work done with the: (1) Student Progress Committee, in improving transparency of process and the student experience; (2) the Electives Office, in creating resources, support, and messaging necessary given lost elective experiences through COVID; and (3) the Post-graduate program, in creating processes for supporting learners experiencing mistreatment (see OLEM below), and in promoting career exploration (e.g. through the annual Career Fair), program promotion, and resources for adapting to a virtual residency interviewing process.

### Office of the Learning Environment:

SA has been a pivotal partner in creating an “Office of the Learning Environment” (OLEM), including the hiring of a Faculty Navigator for support of learners who are experiencing mistreatment in the UGME, PGME, and Physician Assistant programs. Together with the adaptation of an online reporting platform, this office fills an important need for learners and acknowledges the sensitivity and complexity of navigating experiences of mistreatment, for all involved.

Dr. Natasja Menezes  
Student Affairs Chair



# COMMUNICATIONS



# Communications

Recognizing the need to optimize communication between the program and its community, the UGME program created a new staff role dedicated to this task. The pandemic highlighted the need for consistency in messaging and a greater focus on communicating with the UGME faculty, students, and staff.

A strategic communications plan was drafted in the spring to support the UGME's Strategic Plan. The communications strategic plan identified several gaps, that if addressed would create transparency, increase awareness, and build trust. Communication is essential, both as one-way communication to inform and two-way communication to receive valuable input. The 2022 priorities identified were: the launch of a new website, the creation of social media, and the development of a monthly newsletter.

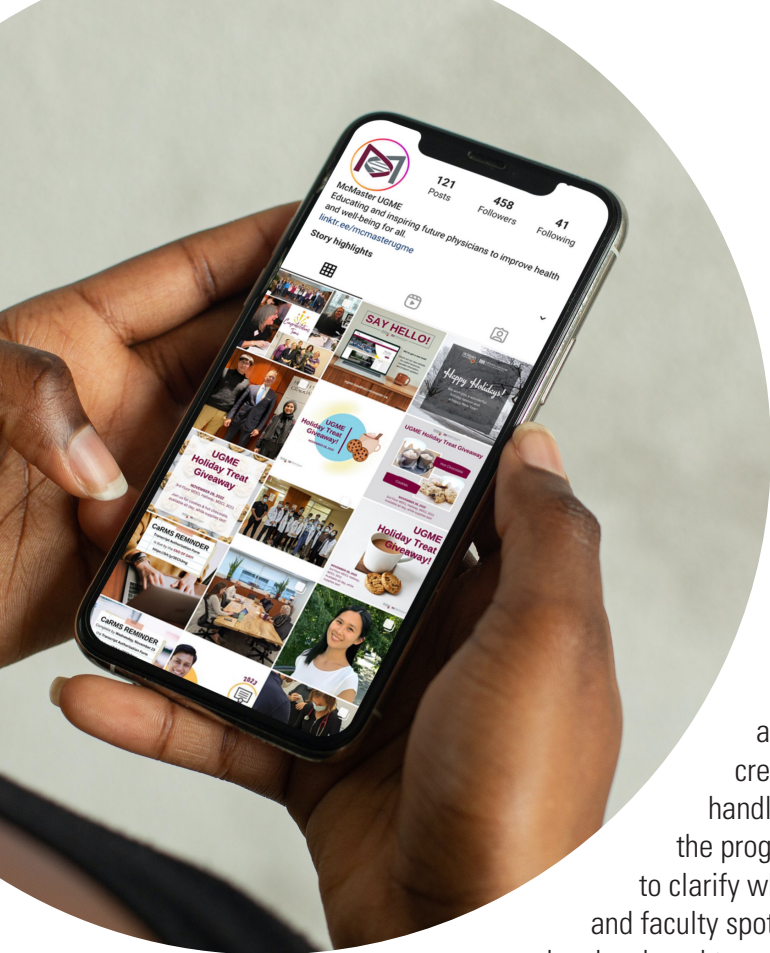
## New Website:

The UGME website is the external face of the program. It is the first place individuals will look for information about the MD Program. The old UGME website was not user-friendly, and the content was outdated and incorrect. It was a poor representation of the program's otherwise innovative and high-quality reputation.

An extensive review was undertaken to identify best practices for a medical school's website, what was missing from the UGME website, and how to improve it. Developed in collaboration with UGME leadership, a new design was created to improve functionality, visual appeal, and user experience. Members of faculty and staff were then consulted to update their relevant sections of content. The design and updated copy were then placed into a new platform to align with other McMaster websites.

The new site went live on December 1st. It provides insight into the program for future students, as well as valuable resources and information for current students. There are many ways to engage with the site and ways to provide feedback. A maintenance plan is in place to guarantee the information remains relevant and up to date.





### Social Media:

Social media has become an incredibly influential and important virtual space to inform and communicate. The regional campuses, NRC and WRC, had a presence on Twitter, Instagram, and Facebook. The UGME had nothing centrally focused.

The UGME analyzed existing NRC and WRC social media accounts, as well as medical school best practices. Accounts were created for Instagram, Twitter, and Facebook with the consistent handle of @McMasterUGME. Faculty and staff were consulted across the program to identify areas of interest and content pillars were created to clarify what would be shared: announcements, news, and updates, student and faculty spotlights, and campus events and activities. A hashtag strategy was also developed to support engagement. Lines of content generation were established.

After eight months, UGME audiences remain active on social media. UGME has tweeted 200 times and has received an average of 13.5k tweet impressions and 4.8k profile visits each month. Over the last 90 days, UGME has posted 71 times on Instagram and shared 142 stories. The program had a 67% increase in reach and a 64% increase in post-interactions over the previous 90-day period. It has grown its audience across the three platforms and several trends can be identified. This information will be used to support continued engagement and audience growth in 2023.

### Monthly Newsletter:

An email newsletter contains important news and updates to make an audience aware of activities and significant information or changes. It should be released on a consistent schedule with a consistent structure. The opportunity to create a monthly newsletter for the UGME provided a chance to share major announcements or policy updates, as well as inform faculty, students, and staff across the distributed education network about work being done in other areas they might not know about.

A template and logo were designed, and the first issue of the UGME NEWS was distributed to the entire faculty, student, and staff contact list in September 2022. There have been three issues now, all receiving positive feedback from the audiences. The average open rate is 79%, exceeding education newsletter averages of 23%. The average number of clicks is 22%, exceeding education newsletter averages of 2%.

There was no issue in December, however, the UGME NEWS will return in January. To date, a lot of the content has been focused on work completed, however, there is a goal to grow the newsletter by including work in progress.

### Next Steps:

The focus for 2022 was creating foundational communication channels and identifying best practices. The next steps will be to take that knowledge and reapply it to the communication work to further support the UGME in 2023.



# THANK YOU!

Any Questions?  
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