



Faculty of
Medicine and
Health Sciences

Faculté de
médecine et des
sciences de la santé

Policy Name: Continuous Quality Improvement for Educational Experiences

Approved By: MDCM Program Committee

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Updated by: Associate Dean, UGME

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Pertinent to: MDCM students and Faculty

Preamble

UGME constantly monitors the quality of its educational experiences to ensure they are adequately in alignment with the objectives, vision, and mission of the MDCM Program. The MDCM program is continuously reviewed and modified based on health sciences education literature, local evidence of performance of the program and its students, identified gaps as well as based on the MDCM orientating statements.

Objectives

1. Ensure MDCM students' educational experiences are appropriately linked to the objectives of the MDCM Program and that these experiences are designed to promote attainment of these objectives and related competencies.
2. Ensure the MDCM Program respects all Committee on Accreditation of Canadian Medical Schools (CACMS) Standards and Elements as outlined by the national standard required for accreditation.
3. Ensure comparability between the MDCM Program campuses, clinical sites and also with other Canadian medical programs by evaluating and improving the quality of educational experiences in a timely manner (CACMS Element 8.7).
4. Ensure that the outcomes of the varied processes outlined in objectives 1-3 above fuel ongoing curricular and educational improvements.

Principles

1. The MDCM Program Committee, with advice and support of the Program Evaluation and Curricular Outcomes (PECO) Subcommittee, establishes the evaluation process for the Program, Components, Courses, Learning Sessions and Teachers (including faculty members and residents).
2. Students data is sensitive in nature, it cannot be shared, disseminated in any fashion (paper, electronically) to stakeholders outside the ones mentioned in this policy without the approval of the Associate Dean, UGME.

3. Data sources include, but are not limited to these, student feedback, student performance on assessments and feedback from faculty members and will be available to the stakeholders in a timely fashion. Data sources commonly reviewed and analyzed are presented in the table in the Procedures section.
4. Faculty members, including individual teachers, course directors, theme leaders and component directors, are not permitted to survey students without the express approval of the MDCM Program Committee in order to ensure alignment with the UGME policies and procedures and not to pose undue burden to students.
5. In order to protect students from possible repercussions in the event of critical evaluations of a learning experience or teacher, the CQI policy establishes who will have access to which evaluations, and with what delay, in the procedures listed below. Any issues pertaining to mistreatment must never be dealt with by an individual Course Director, but must always be referred to the Office for Respectful Environment (ORE) Officer. Procedures related to mistreatment must be followed. Issues pertaining to the clinical learning environment must be brought to the attention of the Associate Dean, UGME, the Chair of Department, to the Clinical Partners, to the Associate Dean, PGME, and/or to the Residency Program Director depending on the nature of the issues (CACMS Element 3.5).
6. To ensure that decisions reflect feedback from an adequate number of students and to maintain an equivalent experience for all students throughout the year, changes to a course are not permitted during an academic year.
 - 6.1. Should the Course Director identify a critical concern, this should be discussed with the Component Director. As necessary, the Component Director will pursue the recommendation for changes with the Associate Dean UGME and the MDCM Program Committee. Course Directors must never make changes to teaching sessions or a course for subsequent blocks within the same academic year without the express approval of the Component Director or the MDCM Program Committee.
7. Teaching performance feedback is provided to Course Directors and individual teachers (including faculty members and residents) on an annual basis, as all faculty members must receive regularly scheduled and timely feedback (CACMS Element 4.4).
 - 7.1. In order to respect the privacy of faculty members and residents, data on specific individuals are only shared with those who may be required to make decisions and/or take action based on that information. Aggregate or denominated data is used for program evaluation purposes, wherever possible.
 - 7.2. Aggregated student feedback (e.g., an evaluation report) is released to the UGME Office in an unedited form, without editing or modifying the data in any way. Modification of data is contrary to general principles of good practice and McGill University's standard practices for course evaluations. This may result in data that contains unprofessional or destructive comments from students. To address this, McGill University has a [protocol for addressing hateful or discriminatory comments](#) based on equity grounds available.
8. Stakeholders listed below are responsible for reviewing, analyzing and reporting their recommendations as outlined in the Roles & Responsibilities below. While the MDCM Program Committee remains the decision-making body of the MDCM Program, additional stakeholders not mentioned in this list may need to be brought in on certain occasions. Complexity of the issues raised must also be taken into account by the various stakeholders, as certain simple issues may be dealt with at a local level while more complex ones will require action plans presented and approved at the MDCM Program Committee and may include additional stakeholders.

Roles & Responsibilities of Stakeholders

1. The [MDCM Program Committee](#) monitors the quality of educational experiences.
 - a. The MDCM Program Committee approves curricular components, courses and learning sessions to ensure that educational experiences are appropriately linked to the goals and objectives of the MDCM Program. Further, the MDCM Program collects and reviews data related to these educational experiences.
 - b. The MDCM Program Committee will ensure that the curriculum includes educating students about both the evaluation survey process and how to provide constructive and appropriate feedback. This should include providing each Class with examples of constructive and destructive feedback. This task can be delegated to an academic staff.
 - c. The MDCM Program Committee has access to all the relevant data to conduct its work, however it is expected that key stakeholders will provide data analysis and recommendations to the MDCM Program Committee. The MDCM Program Committee will decide on the course of action related to the data analyzed and presented to Program Committee. It is responsible to address potential gaps or issues identified. It may decide to assign individuals or, committees or work groups to address these.
2. The Associate Dean, UGME, is the Chief Academic Officer of the MDCM Program. S/he chairs the MDCM Program Committee.
 - a. S/he is responsible for evaluation and assessment data related to the program. S/her must ensure with data is distributed and reviewed by the relevant stakeholders, committees and subcommittees and that their reports are presented back to the MDCM Program Committee.
 - b. S/he oversees that the course of action dictated by the MDCM Program Committee and MDCM Program Policies are carried through.
 - c. S/he also acts as the liaison between the MDCM Program and internal stakeholders, within the School of Medicine and Faculty of Medicine and Health Sciences, and external stakeholders.
3. The Assistant Dean, UGME, Montreal Campus and UGME Program Director, Campus Outaouais, support the Associate Dean, UGME in her/his role. They also provide guidance and support to the Component Directors.
4. The Assistant Deans, Student Affairs, Montreal and Outaouais Campus, review and interpret data related to student wellness and other student affairs domains (such as students' health, financial aid, career planning) and make recommendation to the MDCM Program Committee to improve the wellness curriculum. They also liaise with partners to improve access to students' services for the other student affairs domains.
5. The [PECO subcommittee](#) reviews relevant data about the MDCM Program and the students' educational experience, and makes recommendations to the MDCM Program Committee in consequence. The MDCM Program Committee determines which changes will be implemented and mandates PECO to determine what follow-up evaluation is required to evaluate the impact of said changes.
6. The Component Directors review relevant data about the Component, relevant Courses and the students' experience, look for trends, compare courses' performance, discuss it at their respective Component Subcommittee, and make recommendations to modify the component's content and structure and relevant component policies to the MDCM Program Committee in consequence. The MDCM Program Committee determines which changes will be implemented.
 - a. The Component Director provides guidance and feedback to the Course Directors' proposed

- course changes, recommendations and reviews the completed annual course review checklist.
- b. The Component Director is responsible for presenting changes brought forward by the Course Directors as well as the annual course checklist at the MDCM Program Committee.
 - c. The Component Director is responsible for presenting the Timeliness of Assessment Data, Workload Data to the MDCM Program Committee.
7. The Course Directors review relevant data about the Course, its learning activities and the students' experience, complete the annual course review checklist, discuss it at their respective Course Committees and with relevant content experts, theme leaders, and other academics responsible for part of the UGME curriculum, look for trends in the data over the years, and make recommendations through their component director in order to:
- a. Modify the courses in consultation with their respective course committees or component subcommittees before the Component Director sends outlines to the MDCM Program Committee for review. The MDCM Program Committee determines which course changes are approved for implementation.
 - b. Address identified issues during their review of data, following PECO's reports or as requested by the MDCM Program Committee.
 - c. Modify the course evaluations to include specific content related items to help support monitoring of new curricula implementation or ongoing monitoring of specific curricular elements. Any additional evaluation items must be approved by the MDCM Program Committee and will be time limited as per the context of the request.
8. The Electives Director reviews data relevant to electives and makes recommendations to the MDCM Program Committee related to that domain. The MDCM Program Committee determines which changes will be implemented.
9. Teachers review their own teaching performance feedback as well as their Learning Session Evaluations (or relevant part of the course evaluations). They are responsible for improving their own teaching skills and may seek support from the Course Directors, Department Chairs, and the Faculty Development Office.
- a. It is an expectation of the MDCM Program Committee that the Faculty Teaching Evaluation Report will be used by the faculty member as part of the Academic Performance Evaluation process established by the Academic Affairs Office.
 - b. Residents teachers will review their teaching performance feedback with their Residency Program Directors
10. The Residency Program Directors are responsible for reviewing Residents Teaching Evaluation Reports or Learning Session Evaluations if the session was resident-led, every 6 months as part of the teaching requirements of the Residency Training Program. It is the Program Director's responsibility to give feedback to his/her residents as part of their semi-annual evaluations. Feedback may be provided to the residents even though it is within the same academic year or less than three months after the end of an academic year. A Program Director may decide that a resident should not continue in their teaching role in a course and require remediation.
11. Department Chairs have a role in supporting clinical courses offered in their department. Therefore, chairs must be informed about the performance of their respective clinical courses, either directly (receiving reports when necessary or actioned by MDCM Program Committee) or by participating in relevant course committees (or by delegating to the Department's Education Chair).
- a. Chairs must support Course and Site Directors reporting to them to address issues related to

- the MDCM Program and the learning environment.
- b. Chairs are also responsible for reviewing and discussing teachers' performance as part of the [Academic Performance Evaluation](#) process.
12. [UGME Accreditation Committee](#) reviews relevant MDCM Program Data required for the completion of the CACMS Data Collection Instrument (DCI), provides ongoing monitoring of compliance with the elements and makes recommendations to the MDCM Program Committee to address elements rated as Unsatisfactory or Satisfactory with Monitoring and even rated as Satisfactory where specific interventions may be required to maintain satisfactory status.
- a. The Assistant Dean, UGME Accreditation is responsible to create/update/administer the Medical Education Evaluation (MEE) survey in collaboration with the PECO Subcommittee.
13. The UGME Academic Lead for Curriculum Design and Implementation and the UGME Academic Lead for Assessment Design and Implementation provide support to the MDCM Program Committee.
- a. They can access evaluations data relevant to the completion of their mandate as outlined in the table below.
 - b. They can be mandated by the MDCM Program Committee or the Associate Dean, UGME to review specific data and make recommendation to them
14. The Medical Education Office team provides support to the UGME academic team and MDCM Program Committee and Subcommittees and are responsible for extracting and preparing the data.
- a. Additional help may be offered in specific cases for data analysis.
15. Students are involved in the continuous quality improvement process by the following mechanisms:
- a. Students are encouraged to complete evaluations and provide constructive feedback to improve the MDCM Program.
 - b. Students' representation is part of the MDCM Program Committee and Subcommittees (with the exception of the Students' Promotion Committee).
 - c. Students are responsible for the Independent Student Analysis.

Procedures

In order for the continuous quality improvement cycle to be undertaken, the following data must be provided to the relevant stakeholders as determined in the following table in a timely fashion:

TO RECEIVE DATA CURRICULUM OUTCOME DATA	Course evaluations (end of course and mid-course evaluation)	Learning sessions evaluations	Resident Evaluations	Faculty Evaluations	Timeliness of Assessment Data	Workload data	MEE	ISA	MCCQE Part I and Part II	CaRMS	AFMC - GQ	AFMC Student Elective Portal
MDCM Program Committee	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	x	x	x	x	x	x
UGME Associate Dean	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	x	x	x	x	x	x
UGME Assistant Dean	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	x	x	x	x	x	x
UGME Program Director, Campus Outtauis	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	x	x	x	x	x	x
Assistant Dean, Student Affairs							subset	subset		x	subset	x
PECO Chair	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	x	x	x	x	x	
Component Director	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	x	x	x	x	x	x (only clerkship)
Course Director	x	x	x (aggregate or denominationalized)	x (aggregate or denominationalized)	x	x	subset				subset	
Electives Director	x									x		x
Teacher		subset	x	x								
Residency Program Director			x	x								
Department Chair	x		x	x	x	x	(subset)	(subset)				(subset)
Assistant Dean, Accreditation	x	x			x	x	x	x	x	x	x	x
Academic Lead, Assessment Design and Implementation	x	x			x		x	x	x		x	
Academic Lead, Curriculum Design and Implementation	x	x					x	x			x	

1. Course Evaluations

1.1 6-weeks after the end of a Course, End-of-Course Evaluations are generated by the Medical Education Office team for each FMD, TCP, Clerkship and Physicianship Course and distributed to the relevant stakeholders.

- 1.1.1 If the response rate is >75%, the End-of-Course Evaluation for a course may be exceptionally generated and released 2-weeks or more after the end of a Course, if all final grades for all course requirements and assessments have been released for the course.
- 1.1.2 End-of-Course Evaluations need to include aggregate data, campus specific data as well as site specific data.

1.2 For MDCM Program Courses that are repeated during a same academic year, 6 weeks after the end of a 8-week TCP block, 6 weeks after the end of a 16-week Clerkship Block Year 3 and 6 weeks after the end of 4 four-week clerkship periods for Clerkship year 4, Mid-Course Evaluations are generated by the Medical Education Office team for each TCP and Clerkship Course and distributed to the relevant stakeholders.

- 1.2.1 The Course Director is to use these Mid-Course Evaluation reports only to identify serious issues that may warrant immediate action in the midst of an academic year.
- 1.2.2 Mid-Course Evaluations need to include aggregate data, campus specific data as well as site specific data

2. Learning Session Evaluations

Learning Session Evaluations include evaluations of content and/or of the teacher for point-in-time learning sessions (e.g. whole class lecture, academic half-day session, small group session, or workshop). Learning Session Evaluations do not include evaluations of the teacher in the clinical setting (e.g. TCP tutor or preceptor or Clerkship preceptor or clinical supervisor).

- 2.1 6-weeks after the end of a course, Learning Session Evaluations for each FMD, TCP, Clerkship and Physicianship Course are generated by the Medical Education Office team and distributed to the relevant stakeholders.
- 2.2 If the response rate is >75%, the End-of-Course Learning Session Evaluations may be exceptionally generated and released 2-weeks or more after the end of a Course, if all final

grades for all course requirements and assessments have been released for the course

3. Resident Teaching Evaluation Reports

3.1. 3-months after the end of course, **Resident Teaching Evaluation Reports** for each FMD, TCP, Clerkship and Physicianship Course are generated by the Medical Education Office team and distributed to the relevant stakeholders. The reports will include a statement that the report is an unedited compilation of evaluations submitted by students.*

3.1.1. These **Resident Teaching Evaluation Reports** may be discussed at the subsequent course committee meeting or discipline undergraduate education committee meeting only if this action will in no way compromise the assessment or progress of a resident in his/her training program.

4. Faculty Teaching Evaluation Reports

4.1. 3-months after the end of a course, the Medical Education Office team will generate and disseminate Faculty Teaching Evaluation Reports (i.e. collated evaluations of an individual teacher by students) for all faculty members with at least one evaluation for that course for the reference academic year. The reports will include a statement that the report is an unedited compilation of evaluations submitted by students.*

4.1.1. For required clinical courses (TCP and Clerkship), the reports will be disseminated to the individual faculty member and his/her McGill Department Chair;

4.1.2. For required non-clinical courses throughout the curriculum, the reports will be disseminated to the individual faculty member;

4.1.3. For all other courses (FMD, Physicianship, elective courses), the reports will be disseminated to the individual faculty member only;

4.1.4. The quantitative (numerical) data, without any narrative comments, will be disseminated by the UGME Office to the Component Director for the associated MDCM Program course and the relevant Course Director. This is to permit Component Director and Course Director to flag underperforming teachers to the Department Chair. Component Director or Course Director cannot act directly on this data.

4.1.1. The Chair of the PECO Committee and Chair of the MDCM Program Committee may request aggregate faculty evaluation data as part of the curricular or course review process.

*The following statements are currently added to the evaluation of resident and faculty reports and may be updated according to policies & procedures changes:

Please note that this report is a compilation of evaluations completed by medical students. It has not been edited by the UGME Office. Despite ongoing efforts by the MDCM Program to promote professionalism and good practices in feedback, some learners fail in providing constructive or meaningful comments. Derogatory comments or criticisms based on race, religion, gender, sexual orientation, etc. are not appropriate in evaluations. Faculty may request to have such comments reviewed and removed from their record by contacting the Associate Provost (Policies, Procedures & Equity) (APPPE).

McGill Teaching and Learning Services suggests that evaluation reports compiled from 5 or more forms should achieve reasonable reliability (see: [Interpreting End-of-Course Evaluation Results](#)). Caution should be used when interpreting evaluation reports based on fewer than 5 respondents.

5. Timeliness of Assessment Data

As per the [UGME Student Assessment Policy](#) (CACMS Element 9.8), all grades must be available for students within 4 weeks after the end of the courses. In order to monitor this, a report of timeliness of assessment will be generated by the Medical Education Office team and distributed to the relevant stakeholders.

- 5.1 For FMD, Physicianship and Integrated Assessment courses, these reports will be generated 4 weeks after the end of a course and if grades are incomplete, it will be updated on a weekly basis thereafter until all grades are submitted.
- 5.2 For TCP courses, these reports will be generated 4 weeks after the end of each 8-week TCP block and if grades are incomplete, it will be updated on a weekly basis thereafter until all grades are submitted.
- 5.3 For Clerkship courses, a report for the timeliness of the Contributor Clinical Assessment Forms will be generated and distributed to relevant stakeholders 2 weeks after the end of a 16-week Clerkship Block Year 3 and 2 weeks after the end of a 4-week Clerkship Block Year 4 and if grades are incomplete, it will be updated on a weekly basis thereafter until all grades are submitted.
- 5.4 For Clerkship courses, a report for the timeliness of the Final (Head) Clinical Assessment Forms will be generated and distributed to the relevant stakeholders 4 weeks after the end of a 16-week Clerkship Block Year 3 and 4 weeks after the end of a 4-week Clerkship Block Year 4 and if grades are incomplete, it will be updated on a weekly basis thereafter until all grades are submitted.

6. Workload Data

The MDCM Program monitors workload and ensures that [Workload Policy](#) is respected (CACMS Element 8.8).

- 6.1. For FMD, Physicianship and Clerkship non-clinical courses, the component directors and course directors review the overall courses schedule to ensure that the Workload policy is respected.
- 6.2. For TCP and Clerkship clinical courses, Workload reports are generated by the Medical Education Office team 2 weeks after the end of a 8-week TCP block, a 16-week Clerkship Block Year 3, and after 4 four-week Clerkship Block Year 4 and 2 weeks after the end of the academic year.

7. Medical Education Evaluation (MEE)

The Medical Education Evaluation survey is an internal survey destined to acquire feedback from the students during their academic program. It focuses on topics usually not included in course evaluations or gaps identified by the PECO Subcommittee or in the AFMC Canadian Graduation Questionnaire.

- 7.1. Results of the MEE will be distributed to the relevant stakeholders on an annual basis.
- 7.2. An individualized cover sheet to the relevant stakeholders will be accompanying the MEE to advise them of the relevant sections given their roles

8. Independent Student Analysis (ISA)

The Independent Student Analysis survey is an evaluation tool required by CACMS as part of the accreditation cycle. It is a student-led survey as required by CACMS and is supported administratively by the Faculty. It includes required CACMS elements and focuses on monitoring content and experiences longitudinally.

- 8.1 Results of the ISA will be distributed to the relevant stakeholders after completion of this exercise according to the accreditation cycle.

8.2 A individualized cover sheet to the relevant stakeholders will be accompanying the ISA results to advise them of the relevant sections given their roles

9. MCC Qualifying Examination Part I and Part II

9.1. Results of the MCC Qualifying Examination Part I and Part II will be distributed to the relevant stakeholders when received from the Medical Council of Canada.

10. CaRMS Matching Data

10.1. Results of CaRMS Matching Data will be distributed to the relevant stakeholders when received from CaRMS on an annual basis.

11. AFMC Canadian Graduation Questionnaire

11.1. Results of the AFMC Canadian Graduation Questionnaire will be distributed to the relevant stakeholders when received from the AFMC on an annual basis.

11.2. An individualized cover sheet to the relevant stakeholders will be accompanying the AFMC CGQ to advise them of the relevant sections given their roles.

12. AFMC Student Elective Portal Data

12.1. AFMC Student Elective Portal Data will be distributed to the relevant stakeholders when received from the AFMC Student Portal on a quarterly basis.

13. Other sources of data

When the PECO Committee or MDCM Program Committee determines a need to collect additional data from stakeholders (e.g. faculty, residents, students) or when new source of data is identified, the Committee must establish:

13.1.The mechanism for data collection (e.g. online questionnaire, focus group, Our UGME session, Committee meeting);

13.2.The guidelines for dissemination of the results/findings.

Data Ownership

The MDCM Program is the owner of the evaluation and assessment data generated by the program.

Document History

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