



## College of Medicine Accreditation Decision: Summary Version, April 2015

This is a summary version of the official letter of transmittal received from CACMS/LCME on October 16, 2013 and follow-up correspondence received in 2014. The full documents are available at [medicine.usask.ca](http://medicine.usask.ca)

### Background

The Undergraduate Medical Education Program at the U of S College of Medicine was placed on Warning of Probation in July 2011 by its accrediting bodies, the Committee on the Accreditation of Canadian Medical School (CACMS) and the Liaison Committee on Medical Education (LCME). This action resulted in a Limited Survey Visit by CACMS/LCME to the CoM in March 2013.

In October 2013, after reviewing the report of the survey team, CACMS/LCME voted to place the educational program leading to the MD degree at the U of S College of Medicine on *Accreditation with Probation*. The College of Medicine remains fully accredited while it works to address the areas of concern, and the number one priority is to permanently resolve our accreditation challenges. In December 2013, the CoM submitted the required Action Plan, detailing how deficient standards would be addressed. The Action Plan was accepted by the accreditors in March 2014. A second Action Plan was requested on four specific standards (ER-7, MS-37, ED-30 and ED-31) and was submitted to accreditors on April 15, 2014. It was approved in June 2014.

A follow-up site survey is scheduled for May 10 – 12, 2015. The purpose of this visit is to evaluate the college's progress toward compliance on 13 standards that have been cited as being in partial or substantial non-compliance. Collectively, the college is required to demonstrate sufficient progress toward compliance with accreditation standards in order for CACMS/LCME to lift the current probationary status.

All findings identified in the October 2013 and March 2014 letters are based on information that was current to March 2013. The findings stated here do not take in to account progress made since then.

**Standards in Compliance:** Indicates as of March 2013, the college was meeting these standards.

- **ED-8:** Comparability across instructional sites
- **ED-41:** Functional integration of the faculty
- **MS-37:** Study space/lounge areas/personal storage space (*listed as compliant in October 2013 letter*)
- **ER-4:** Facilities needed to fulfill the mission of the school

**Standards in Compliance, with a need for monitoring:** Indicates monitoring by CACMS/LCME is required to ensure continued compliance. These standards will be assessed in May 2015:

- **ED-9: (NEW)** Notification of CACMS and the LCME of a major curricular modification

Finding: The CoM is planning to undergo a curricular revision to shorten pre-clinical training by half a year and lengthen Clerkship training by half a year, beginning in Fall 2014. Implications on resources to deliver the new curriculum could not be assessed.

- **ED-30:** Formative and summative assessment

Finding: One45 is used to complete and monitor student evaluations. Timely completion of summative evaluations had improved substantially. Clerkship (Phase D) Directors and Coordinators are aware of the expectation that evaluations must be completed within six weeks. March 2014: *Requires a more detailed plan*

- **ED-31:** Formal feedback provided early enough to allow remediation

Finding: Students in a number of clerkship rotations were not receiving mid-rotation feedback. There is evidence of improvement, and the benchmark has been set at 90% compliance. March 2014: *Requires a more detailed plan.*

- **ED-44:** Equivalence of support services across sites

Finding: A student affairs director has been appointed in Regina, and student awareness in Regina is excellent. Two student affairs directors have been appointed in Saskatoon, however student awareness is low. Student health, fitness facilities and academic supports are equivalent in Saskatoon and Regina.

- **MS-32:** Student mistreatment policy

Finding: 2012 survey data shows favorable trends in awareness of mistreatment policies. Cited rate of mistreatment by nurses, patients and families, pre-clinical and clinical faculty is above the national mean.



**Noncompliance with Standards:** Indicates one or more of the requirements of the cited standard are not being met. These standards will be assessed in May 2015:

- **ED-2:** Required clinical experiences and monitoring

Finding: Lists of clinical encounters and procedures have been developed for all clerkship rotations. The nature of the clinical experience, level of student responsibility, and appropriate clinical setting for each encounter are documented but not described fully.

- **ED-3:** Dissemination of the educational program objectives to faculty

Finding: There is inconsistency in the communication in many clinical disciplines and it is not clear that all faculty who have a teaching role are made aware of the objectives of the educational program.

- **ED-24:** Resident preparation to teach and awareness of educational objectives

Finding: All residents must participate in the TIPS training course prior to completion of their residency programs. However, many residents will not complete this program until well into their first year of postgraduate training.

- **ED-25a:** (NEW) Clinical supervision ensures student and patient safety

Finding: Concern was expressed by students of inadequate supervision by Family Physicians for patients in labor during their obstetrics and gynecology rotations in Saskatoon.

- **IS-9:** Authority/responsibility for the program

Finding: The CoM is under the authority of an acting dean along with the full time presence of the vice-provost. Interpretation and implementation of A New Vision for the CoM is still in the formative stages. Governance is being rebuilt with eventual introduction of a vice dean for education with increased accountability and more direct reports. The current academic leadership puts a large amount of responsibility on a very limited number of people. There are plans to modify the financial allocation of funds to better support education. There is a commitment to progress toward a clearer process for workload distribution and accountability of university-paid full-time faculty. A new teaching inventory tool is being tested and should allow the dean to hold departments accountable for teaching responsibilities.

- **IS-11:** (NEW) leadership structure necessary to accomplish missions

Finding: The new structure of governance for the CoM is proposed to become three vice deans with increased accountability and control of resources. The vice deans (education, research and faculty engagement) will report directly to the (acting) dean. The impact of the proposed substantial reorganization of the CoM administration of the schools' ability to accomplish its mission is unknown.

- **MS-37:** Study space/lounge areas/personal storage space (listed as non-compliant in March 2014)

Finding: No specific finding has been given. Additional investigation of this standard resulted from a third party complaint and subsequent status report submitted by the CoM in November 2013. Review of the status report resulted in a determination of non-compliance and a request to include this standard in the April 2014 Action Plan.

- **ER-7:** Clinical instructional facilities/information resources

Finding: No specific finding has been given. Additional investigation of this standard resulted from a third party complaint and subsequent status report submitted by the CoM in November 2013. Review of the status report resulted in a determination of non-compliance and a request to include this standard in the April 2014 Action Plan.

## Timeline

- May 10 - 13, 2015: Limited Survey Visit by CACMS/LCME to assess progress towards compliance on all standards addressed by Action Plans
- October 2015: earliest possible decision from CACMS/LCME regarding accreditation status
- 2017: next regularly-scheduled full accreditation survey