

College of Medicine

Undergraduate Medical Education

Strategic Plan 2022-2026

VISION

We prepare future physicians to be healthcare leaders who provide culturally safe care, advocate for health justice, and serve urban, rural, and Indigenous communities in Saskatchewan throughout Canada and the world. We achieve this by employing innovative and transformative teaching strategies in a safe and inclusive environment for learners, staff, and faculty.

PRINCIPLES

We will achieve this vision through our guiding principles:

- Collaboration
- Equity, diversity and inclusion
- Innovation
- Integrity
- Learner- and learning-centered education
- Openness and transparency
- Promoting and preserving wellness
- Reconciliation
- Respecting different ways of knowing, learning and being
- Social accountability and community engagement
- Sustainability

STRATEGIC PRIORITIES

1. Embed structural and systemic supports to achieve equity

By May 2026, our senior leadership, faculty, staff and students will be significantly more reflective of the diversity of Saskatchewan. Our students will successfully progress, each one feeling supported and ready to serve, with integrity, humility and respect. Students will be prepared to address systemic inequities in health care.

1.1 Support the creation of a learning environment that is anti-racist

- Encourage and support UGME faculty and staff development in the areas of anti-racism, anti-oppression, and advocacy with the goal of leading by example and providing a safe space for students
- Implement programming and support involvement of students, staff, faculty, and clinical partners to learn together
- Embrace the principles of the Anti-Racism Transformation (ART) in Medical Education initiative by participating in the program and embedding recommendations into policies, practices and the curriculum
 - Participate in cohort activities
 - Implement recommendations from the initiative into UGME policies, practices and curriculum

1.2 Offer comprehensive curriculum content in health equity, social justice and Indigenous health.

- Foster social justice, health equity and Indigenous Health communities of practice for undergraduate faculty
- Ensure student assessments evaluate knowledge, skills and attitudes of health equity, social justice, and Indigenous Health in clinical care
- Ensure that students recognize and appropriately address the unique needs of Indigenous peoples and people of diverse cultures, genders, sexual orientations, races and belief systems

1.3 Develop strategies to ensure increased diversity in our student body, staff and faculty

- Develop and track appropriate metrics of diversity
- Set targets for increased diversity amongst students, faculty and staff (within the operations of UGME)
- Encourage professional development and faculty development related to support diversity, inclusivity and anti-racism education among faculty and staff
- Systematically review equity, diversity and inclusion (EDI) policies and explore and address barriers to change
- Complete succession plans that document and track the formal leadership roles and have in place consideration for the long term transition; intermediate needs, and immediate needs to advance EDI

2. Indigenous Health

By May 2026, the UGME program will be a place where Indigenous students feel safe sharing their identity and culture, and where all students are trained to provide Indigenous patients with equitable care and advocate for and lift the voices of all patients.

2.1 Integrate anti-racism and anti-oppressive education into the UGME curriculum in ways that support the application of knowledge.

- Address the hidden curriculum through the curricular renewal process and support faculty to assess and recognize the hidden curriculum as it relates to health equity, social justice and Indigenous Health
- Support the development of simulation exercises to allow students to practice advocating for patients and responding to/ applying knowledge to a culturally unsafe situation (in preparation for an Entrustable Professional Activities [EPA] requirement)
- Include custom EPAs and / or milestones on advocating for disadvantaged patients and recognizing/supporting patients that are at risk for mistreatment
- Continue review of case studies for scenarios and initiate review of exam questions to identify and adjust those that include content that is racist, biased, or support a stereotypical view of Indigenous people
- Seek meaningful opportunities to engage Indigenous patients, leaders, community members in the curriculum
 - Communities will be able to contribute and give feedback and have mechanisms to inform curriculum in a significant a meaningful way

2.2 Ensure that Indigenous electives are engaging and support cultural learning

- Include smaller learning groups in the curriculum to add more opportunity for experiential learning and longitudinal type programs
- Develop more experiential and engaging electives for Indigenous learning (i.e., fewer lectures, more cultural experiences, conversations with Indigenous community members and Elders on Indigenous perspectives of health)
- Require more understanding of Indigenous history as a prerequisite for learners
- Support the development of a dedicated space for Indigenous gathering and learning

3. Support wellness for students, staff, and faculty

By May 2026, our senior leadership, faculty, staff and students will be empowered to practically support wellness in themselves and others in meaningful ways throughout their careers as evidenced by improved wellness when regularly assessed. Our students will successfully progress, each one feeling supported and ready to serve, with integrity, humility and respect.

3.1 Continuously foster and evaluate a culture of wellness with appropriate supports for faculty, staff and students

- Establish regular evaluation of institutional barriers and individual experiences that are contributing to heightened emotional stress, exclusion, and burnout
- Evaluate policy to ensure supportive, confidential processes exist to report racism, discrimination and harassment, and ensure that policy is written using inclusive language

- Ensure consistent communication of policies and reporting procedures, maintaining student confidentiality and safety at all times
- Support and foster opportunities to increase connections and relationships with peers, colleagues, faculty and community, including a wellness space for learners
- Ensure student lounges at all sites are open and safe spaces for every learner
- Establish a broad and robust communications and promotions approach to a culture of wellness, and prioritize implementation by all community members
- Support evaluation research into student wellbeing, learner experience, and the patient-centered teaching and learning environment
- Develop a longitudinal curriculum for students, staff, and faculty to hone skills necessary to maintain wellbeing
- Support students who want to explore careers other than medicine

3.2 Support the recruitment and educational development of those involved in the UGME program and ensure that they reflect the community we serve and the community we strive to be.

- Support the admissions renewal process to ensure the admission of a diverse student body that is representative of the population we serve (inclusive of the Indigenous Admissions Circle)
- Recruitment of a more diverse standardized patient group that is more reflective of the provincial population
- Increase recruitment of Indigenous faculty in educational leadership and teaching roles

4. Teaching and Learning Excellence

By May 2026, UGME will focus on implementing evidence-based, innovative and collaborative teaching methodologies to continually improve curriculum content, delivery, and assessment. Our goal is actively engaged students focusing on developing competence towards providing excellent patient care and nurturing skilled faculty engaged in teaching.

4.1 Ensure our organization supports a community of skilled, engaged faculty

- Develop programs that build a community of practice of excellent teachers linking readily accessible individualized options for faculty career development.
- Develop a system (and culture) that recognizes faculty excellence and innovation.
- Develop an effective, regular communication strategy with our faculty community.
- Develop robust technology to support faculty connection and collaboration across the province.
- Provide resources for faculty seeking or requiring additional support (consider the appointment of a faculty representative/ombudsperson role)
- Support aspiring teaching faculty through mentorship, career development, feedback, and opportunities for leadership in teaching.

4.2 Ensure quality programming and teaching methodologies

- Effectively integrate Curriculum Renewal Principles, the University Learning Charter, and other key documents including best evidence to guide our programming decisions.

- Ensure diverse, innovative, and evidence-informed teaching methods and assessment structures that align with PLOs [program learning objectives] and optimize course content to reflect principles such as health equity, social justice, and Indigenous Health.
- Ensure timely adaptation of programming and teaching methodologies to the evolving needs of learners, faculty and the health system / community.
- Move towards competency-based education emphasizing assessment for learning, ensuring quality feedback is provided to learners
- Promptly identify students in academic difficulty or with specific learning needs and connect them with teaching and learning supports.
- Continually review and refine our processes to effectively evaluate the quality of our program and ensure timely loop closure.
- Support research and scholarship in teaching and learning, and implementation of those strategies.

4.3 Engage students to become active life-long learners

- Develop mentorship programs (faculty-student and peer-to-peer) to assist and engage students in self-assessment of CanMEDs competencies and lifelong learning
- Develop curricular programming to support a growth mindset culture involving continuous learning, self-reflection, and self-assessment.

5. Community Engagement and Distributed Medical Education

By May 2026, UGME will foster reciprocal relationships with the provincial communities we serve; where, through authentic partnerships, more communities are actively engaging in the medical education curriculum and partnering with other organizations and stakeholders to enhance future health human resource solutions.

5.1 Intertwine the principles (values, language and approaches) of community engagement as part of the identity of UGME

- Be consistent and intentional with the values and language in our approach to engagement with communities
- Foster, enhance and promote mentorship models for support that leverage and broaden relationships with faculty
- Seek opportunities to broaden partnerships such as with the Saskatchewan Health Authority; Government, and communities we serve to increase and enhance elective opportunities and other community partnerships

5.2 Foster, sustain and grow opportunities to engage communities in the medical education program

- Active participation of community members in decision making processes (committees and governance)
- Engage new community urban and rural clinics accepting students for experiential learning opportunities and longitudinal clinic / patient experiences.
- Increase research opportunities that focus on communities in Saskatchewan
- Enhance the service learning component of the curriculum by establishing a volunteering expectation

- Provide mentorship opportunities and experiences to expose high school (and potentially elementary school) students to a medical career and to address barriers that may prevent them from getting there (i.e., shadowing program for Northern / Indigenous students, virtual learning opportunities, Division of Social Accountability / Committee on Rural and Regional Practice students)

5.3 Enhance Distributed Medical Education (DME)

- Intentionally support recruitment and retention of students as future health care providers in areas of need in Saskatchewan, through admissions, curriculum design and career advising and mentorship
- Explore innovative ways to support admissions of students from rural and Indigenous communities, which may include:
 - transition programming for Indigenous and rural students interested in medical education
 - creation of a rural index or context score
- Increase opportunities for longitudinal clerkship in rural communities as well as primary care in urban centres
- Further develop a partnership with Postgraduate Medical Education in DME to enhance supports for learners throughout the whole healthcare system
- Continue to invest in the infrastructure to support DME training centres, including:
 - Effective communication and engagement
 - Consistent resources (i.e., housing) based on number and type of learner
 - Faculty Development and mentorship