



Committee on Accreditation of Canadian Medical Schools
Comité d'agrément des facultés de médecine du Canada



LIAISON COMMITTEE ON
MEDICAL EDUCATION

October 17, 2017

Dr. Richard Florizone
President and Vice-Chancellor
Dalhousie University
PO Box 15000
Halifax, NS B3H 4R2

RE: Full site visit, February 26 – March 1, 2017

Dear President Florizone:

This letter follows the full site visit that recently took place at the Dalhousie University, Faculty of Medicine as part of the accreditation process of the educational program leading to the MD degree.

This letter includes the:

1. accreditation decision and required follow-up activities from both the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) from their respective meetings in September and October 2017;
2. decisions on the level of compliance with accreditation standards, from CACMS;
3. accreditation elements found to be unsatisfactory or satisfactory with a need for monitoring, from CACMS;
4. specific findings regarding these accreditation elements, from CACMS;
5. colour-coded table providing a visual summary of the ratings for each standard and element.

1. ACCREDITATION DECISION AND REQUIRED FOLLOW-UP ACTIVITIES, FROM CACMS/LCME

Accreditation Status	Follow-Up
Continue accreditation for 8-year term	Status report for review in January 2019

The CACMS and the LCME voted to continue accreditation for an eight-year term and requested a status report for review in January 2019. The next full site visit will take place in the 2024-2025 academic year.

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2. CACMS DECISION ON THE LEVEL OF COMPLIANCE WITH ACCREDITATION STANDARDS

Accreditation Standard		Level of Compliance
1	Mission, Planning, Organization, and Integrity	C
2	Leadership and Administration	C
3	Academic and Learning Environments	CM
4	Faculty Preparation, Productivity, Participation, and Policies	C
5	Educational Resources and Infrastructure	C
6	Competencies, Curricular Objectives, and Curricular Design	C
7	Curricular Content	C
8	Curricular Management, Evaluation, and Enhancement	C
9	Teaching, Supervision, Assessment, and Student and Patient Safety	C
10	Medical Student Selection, Assignment, and Progress	C
11	Medical Student Academic Support, Career Advising, and Educational Records	C
12	Medical Student Health Services, Personal Counseling, and Financial Aid Services	C

C = Compliance CM = Compliance with a need for monitoring NC = Noncompliance

3. ACCREDITATION ELEMENTS FOUND TO BE UNSATISFACTORY OR SATISFACTORY WITH A NEED FOR MONITORING, FROM CACMS

Accreditation Element		Status
3.3	Diversity, pipeline programs and partnerships	SM
3.6	Student mistreatment	U
6.6	Service-learning	SM
7.1	Biomedical, behavioral, social sciences	SM
9.3	Clinical Supervision of Medical Students	SM
9.4	Assessment system	SM
11.2	Career advising	SM
12.1	Financial Aid / Debt Management Counseling/ Student Educational Debt	SM
12.3	Personal counseling/Well-being programs	SM

S = Satisfactory

SM = Satisfactory with a need for monitoring

U = Unsatisfactory

4. SPECIFIC FINDINGS REGARDING ACCREDITATION ELEMENTS, FROM CACMS

Element 3.3 Diversity/Pipeline Programs and Partnerships

A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior academic and educational leadership, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policies and practices, program or partnership outcomes.

Finding:

Measures to address diversity at the faculty and senior leadership levels were implemented very recently. Monitoring is needed with respect to the recommendations and implementation of the “Diversity in Leadership Task Force”.

Status: Satisfactory with a need for monitoring

Element 3.6 Student Mistreatment

A medical school defines and publicizes its code of conduct for faculty-student relationship in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behaviors. Mechanisms for reporting violations of the code of conduct (e.g., incidents of harassment or abuse) are understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

Finding:

The percentages of student awareness of the mistreatment policies were 44% on the ISA and 75% on the GQ. On the 2016 GQ, 9%-17% of students report having experienced sexist, offensive, ethnic or racial remarks; 9.4% of students reported physical threats/harm for once.

Status: Unsatisfactory

Element 6.6 Service-learning

The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in a service-learning activity.

Finding:

Formal service learning opportunities have only recently been offered. Student satisfaction was low prior to these new opportunities.

Status: Satisfactory with a need for monitoring

Element 7.1 Biomedical, behavioral, social sciences

The faculty of a medical school ensure that the medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

Finding:

The percentages of students that agreed that educational activities in the pre-clinical curriculum helped prepare for clinical experiences were low in several foundational sciences.

Status: Satisfactory with a need for monitoring

Element 9.3 Clinical Supervision of Medical Students

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the delegated activities supervised by the health professional are within his or her scope of practice.

Finding:

Although the majority of student responses are satisfied with the level of clinical supervision, less than half of students were satisfied with Psychiatry at DMNB. The school has responded with additional resources that have been recently implemented.

Status: Satisfactory with a need for monitoring

Element 9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

Finding:

The GQ data demonstrate a decrease from 2015 to 2016 in the percentage of students being observed with History Taking and Physical Examination in Psychiatry at DMNB. Less than half of the students were observed at this clerkship at this site. The school has responded with additional resources in Psychiatry that have been recently implemented.

Status: Satisfactory with a need for monitoring

Element 11.2 Career Advising

A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Finding:

Student satisfaction on career advising and electives advising has been suboptimal (maximum 59% for career advising and 50% for electives). A newly developed 4-year career advising program is in the process of being rolled out and will need to be evaluated.

Status: Satisfactory with a need for monitoring

Element 12.1 Financial Aid /Debt Management Counseling/Student Educational Debt

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

Finding:

Debt for Dalhousie students is on average \$125,000 compared to \$80,000 nationally. Only 48.3% of students have their financial needs partially met and 31.7% indicated their financial needs were not met. In the ISA, 30% of students expressed dissatisfaction with resources and 10.7% expressed dissatisfaction with the services and financial aid available.

Status: Satisfactory with a need for monitoring

Element 12.3 Personal Counseling/Well-being Programs

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

Finding:

There is a variable level of satisfaction with personal counseling and services to promote well-being (GQ data for personal counseling Halifax 83.3% and DMNB 50%; ISA data for personal counseling 31.3% to 77.8%; for well-being programs Halifax: 62.7% and DMNB: 90.9%) A series of wellness programs has recently been implemented.

Status: Satisfactory with a need for monitoring

5. COLOUR-CODED TABLE PROVIDING A VISUAL SUMMARY OF THE RATINGS FOR EACH STANDARD AND ELEMENT

Standard	1	2	3	4	5	6	7	8	9	10	11	12
	C	C	CM	C	C	C	C	C	C	C	C	C
Element	1.1	2.1	3.1	4.1	5.1	6.1	7.1	8.1	9.1	10.1	11.1	12.1
	1.1.1	2.2	3.2	4.2	5.2	6.2	7.2	8.2	9.2	10.2	11.2	12.2
	1.2	2.3	3.3	4.3	5.3	6.3	7.3	8.3	9.3	10.3	11.3	12.3
	1.3	2.4	3.4	4.4	5.4	6.4	7.4	8.4	9.4	10.4	11.4	12.4
	1.4	2.5	3.5	4.5	5.5	6.5	7.5	8.5	9.5	10.5	11.5	12.5
	1.5	2.6	3.6	4.6	5.6	6.6	7.6	8.6	9.6	10.6	11.6	12.6
	1.6				5.7	--	7.7	8.7	9.7	10.7		12.7
					5.8	6.8	7.8	8.8	9.8	--		12.8
					5.9		7.9		9.9	10.9		
					5.10					--		
					5.11					10.11		
					5.12							

Colour coding:

Satisfactory	Satisfactory with a need for monitoring	Unsatisfactory
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REQUIRED FOLLOW-UP

To address the elements rated as unsatisfactory and satisfactory with a need for monitoring noted above, the committees requested that the school submit a status report by **December 1, 2018**. The status report should be submitted as a PDF document to the CACMS Secretary, Dr. Danielle Blouin at cacms@afmc.ca, to be considered at the January/February 2019 meetings of the CACMS and LCME. Please note that a paper copy is no longer required. A separate document will be sent to Dean Anderson detailing the information to be included in the status report.

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A copy of the full site visit report will be available to you and to Dean Anderson via a “private community” on CHEC. Instructions on accessing this site and retrieving your report will be sent to both of you in a separate email. The report is for the use of the medical faculty and the university, and any public dissemination or distribution of its contents is at the discretion of institutional officials.

In the meantime, please contact the CACMS Secretariat at cacms@afmc.ca should you have any questions.

Sincerely,



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CACMS Secretary



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cc: Dr. David Anderson, Dean, Faculty of Medicine, Dalhousie University