



MD Program Strategic Plan 2023 - 2028



Queen's UNIVERSITY **MEDICINE**

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Curricular Renewal with Emphasis on
Generalism

VISION

We aspire to be leaders in training future physicians who foster outstanding interprofessional care and challenge the norms of care delivery to effectively serve our region.

MISSION

As educational leaders delivering innovative interprofessional curriculum, we train compassionate, resilient physicians to the highest calibre who will help change the future of healthcare in their communities. We train physicians who are prepared to address health equity and access issues, and to champion the needs of equity-deserving groups through practice informed by the principles of generalism and interprofessional collaboration.

Objectives

- To provide an innovative curriculum with an emphasis on generalism
- To provide curriculum that is truly interprofessional and focused on collaborative care
- To incorporate the principles of Equity, Diversity, Inclusivity, Indigeneity and Accessibility (EDIIA) throughout the MD Program
- To encourage community-based medical careers
- To promote equity in our admissions process
- To provide integrated clinical experiences with our regional partners
- To strengthen partnerships with community physicians
- To strengthen the educational partnership with the Department of National Defence (DND)
- To foster learner resilience and wellness
- To foster a healthy and supportive learning environment

Current Activities

- QuARMS accelerated pathway for MD program application for Black and Indigenous students
- Indigenous student admission stream
- Ongoing Anti-oppression Equity Diversity and Inclusion Curriculum Enhancement

Five Year Goals	Outcomes
Recruitment of Director of EDIIA Improve diversity of leadership/advisors	<ul style="list-style-type: none"> • Diversity demographic data
Enhance EDIIA/anti-oppression curriculum longitudinal emphasis on intersectionality	<ul style="list-style-type: none"> • Student surveys evaluating curriculum • OPDES curricular review • Enhancing faculty leadership and support of student lead initiatives
Expand service learning	<ul style="list-style-type: none"> • Mandatory experience for all learners • Opportunities to work with equity-deserving groups
Admissions renewal <ul style="list-style-type: none"> • Holistic approach to admissions • Improve access to equity-deserving groups • Improve diversity of file review teams • Admit students with commitment to community service 	<ul style="list-style-type: none"> • Track admissions OMSAS demographic data • Lower average GPS score of entry classes • Survey applicants' experience with EDIIA lens • Track admission metrics with later outcomes
Department of National Defence expansion	<ul style="list-style-type: none"> • Increase to 20 students per year • Basic science boot camp • Flexible curriculum tailored to family medicine and military practice • Mentorship program
Increase graduates pursuing family medicine	<ul style="list-style-type: none"> • CaRMS data • Exit surveys • Success of Lakeridge Health expansion
Commitment to our region	<ul style="list-style-type: none"> • Expand regional clinical placements • Admit more applicants from region • Lakeridge Health/Oshawa regional campus

Opportunities

- New Associate Dean Equity and Social Accountability/NEST
- New Associate Dean Indigenous Health
- OPDES educational team with EDIIA experts
- Lakeridge Health expansion 2023

STUDENT WELLNESS

Current Activities

- Faculty Advisory Team (3 careers, 3 wellness, 2 academic, regional Learner Advocates)
- Wellness advisory group with student reps from each year/QMED student wellness groups
- Mandatory 1:1 meetings in years one and three
- Resources in Queen's Student Wellness Centre
 - Crisis Counsellors and dedicated MD program embedded counsellor
- Longitudinal wellness curriculum over four years

Five Year Goals	Outcomes
Revitalizing QMed longitudinal informal mentorship groups	<ul style="list-style-type: none"> • Student/faculty surveys
Revamp current curriculum, focusing on stress points and impact and adapting to regionalized curriculum	<ul style="list-style-type: none"> • Student annual exit surveys/GQ data • IPE curriculum on wellness/moral distress • More half-day workshops • Enhance formal wellness mentorship opportunities
Develop new formal longitudinal curriculum <ul style="list-style-type: none"> • Small group format • Focus on professional development 	<ul style="list-style-type: none"> • Course/student/faculty surveys
Drop-in sessions with our MD program embedded counsellor based on wellness skills development	<ul style="list-style-type: none"> • Session evaluation/attendance/adaptability to students need assessments
Expand "C" courses with more advanced skills development and professional development	<ul style="list-style-type: none"> • Course/student/faculty surveys
Enhance wellness resources in community partners	<ul style="list-style-type: none"> • Regional Learner Advocates infrastructure • Impact and uptake of dedicated faculty development
New Director of Career Exploration	<ul style="list-style-type: none"> • Student exit surveys/GQ data • Student focus groups • CaRMS outcomes
Enhance learner mistreatment reporting integrated with post-graduate medicine	<ul style="list-style-type: none"> • Develop more robust portal for reporting • Enhancing annual reports • Student exit surveys/GQ data • Revamp website/red button/help tool

Opportunities

- Expand wellness advisory group to include residents and junior faculty
- Robust Student Affairs team/embedded counsellor/Regional Learner Advocates
- IPE opportunities for sharing resources/curriculum
- Curricular reform on horizon to make more room in formal curriculum
- QHS Leadership looking at cross-faculty student support and policy development

INTERPROFESSIONAL EDUCATION

Current Activities

- One interprofessional observership in pre-clerkship
- Interprofessional shifts in clerkship
- Interprofessional education (IPE) curriculum – monthly sessions in year two (6 sessions)

Five Year Goals	Outcomes
Interprofessional experiential learning in pre-clerkship	<ul style="list-style-type: none">• Adapt “First Patient Program” into an interprofessional experience• Develop common mandatory experiential learning curriculum with Schools of Nursing and Rehabilitation• Coordinate early clinical experiences to be interprofessional (ex., community week, early family medicine placements)• Interprofessional Service-Learning Opportunities
Expand interprofessional observerships in pre-clerkship and clerkship	<ul style="list-style-type: none">• Expand number of IPE observerships in pre-clerkship (two per year)• IPE observerships or shifts integrated into all clerkship blocks.
Common pre-clerkship curricular opportunities: <ul style="list-style-type: none">• Basic Science/Public Health/Clin Epi• Learner Wellness• Patient Safety/QI• Clinical Skills	<ul style="list-style-type: none">• 20% of curriculum interprofessional• Increase in interprofessional co-teaching
Look for common clinical experiences in clerkship	<ul style="list-style-type: none">• Learners intentionally placed in same practice environments – both local and regional• Interprofessional Regional Education Office• Shared clinical opportunities

Opportunities

- OPDES focus on IPE curriculum mapping and planning
- New Health Science Complex in development – intentional design for IPE
- Explore more clinical professionals obtaining faculty appointments in QHS
- QHS leadership committed to IPE and radical collaboration
- QHS fundraising campaign – expanding support for regional placements of all QHS students

REGIONAL PARTNERSHIP PROGRAM

Current Activities

- Community Week – capstone experience at the end of first year
- Community Partnerships have grown significantly in the last 10 years
- 30% of clerkship is with regional partners
- Increased numbers of adjunct faculty appointments in the community
- All students experience family medicine clerkship with regional partners

Five Year Goals	Outcomes
Queen's MD program branded as regional school	<ul style="list-style-type: none">• Publicity campaign
Expand pre-clerkship clinical experiences with regional partners	<ul style="list-style-type: none">• Structured summer clinical experiences• Longitudinal exposures to regional family medicine preceptors
All learners have portion of clerkship in LIC model with anchor in family medicine with regional partners	<ul style="list-style-type: none">• Currently 30% of students – to increase to 100% of students with LIC experience
Ensuring regional partnerships are bi-directional	<ul style="list-style-type: none">• Collaborating with regional hospital leadership• Facilitating and increasing numbers of Queen's faculty appointments• Improving opportunities for academic promotion• Focus efforts in region – potentially fewer partners but more in-depth relationships• Enhancing faculty development designed for and by regional partners• Enhance regional faculty awards and leadership opportunities• Work with ROMP/ERMEP for better faculty feedback and coordination with post-grad• Advocate to enhance preceptor funding for regional faculty

Opportunities

- Enhance role of Queen's regional education
- QHS funding campaign – expanding support of regional placements (students and administration)
- OPDES restructuring/enhancing faculty development portfolio
- Lakeridge Health/Oshawa campus
- Leverage SEAMO practice plan for regional faculty
- Continue to build relationships with WAHA and NOSM

CURRICULAR RENEWAL WITH AN EMPHASIS ON GENERALISM

Current Activities

- Meds 115: Family Medicine
- Regional-based Family Medicine clerkship course
- Community Week
- FSGL cases revamped with generalist view
- MEDS 233: Integration of physician roles – case of the month
- Longitudinal integrated clerkship with community partners
- Expansion of block clerkship opportunities with community partners

Five Year Goals	Outcomes
Enhance longitudinal experiences with community partners	<ul style="list-style-type: none"> • Longitudinal family medicine experiences in pre-clerkship • Longitudinal integrated clerkship experiences for all learners in community settings
Revamp pre-clerkship curriculum	<ul style="list-style-type: none"> • Decrease density by 20% curricular time • More small group case-based teaching • Co-teaching model with generalists • Emphasis on chronic disease management • Spiral integrated curriculum with basic sciences/public health/health systems • Dedicated purpose-built virtual sessions
Revamp clerkship curriculum	<ul style="list-style-type: none"> • More LICs • More ambulatory care • Continue to integrate competency-based assessments
Develop specialized streams with flexible time frames for students focusing on family medicine	<ul style="list-style-type: none"> • Lakeridge expansion pilot curriculum • DND specialized curriculum
Revamp 'C' courses	<ul style="list-style-type: none"> • Curriculum focused on transitions of care, chronic disease management, continuity of care health systems • Professional development/wellness/nonmedical expert role
Near Peer and focused faculty mentorship of specialized groups	<ul style="list-style-type: none"> • DND mentorship program including CAF • MDPH/graduate student mentorship • Community faculty corps of champions

Opportunities

- Focus on IPE curriculum
- Leverage SEAMO for support of community faculty
- OPDES faculty development/curricular renewal team
- Leverage Provincial Ministry of Health expansion funds
- Lakeridge Health expansion



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