UNDERGRADUATE MEDICAL EDUCATION PROGRAM

New Program Proposal

School of Medicine, York University

September 2025 v08

YORK U

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York University

New Program Proposal for the Undergraduate Medical Education Program

Faculty: Health

Department: School of Medicine

Degree Designation: Doctor of Medicine (MD)

Program: Undergraduate Medical Education Program (UGME)

Location: Keele Campus

Intended Start Date: August 2028

Program Overview:

1. Provide a brief description of the proposed program.

The Vision for York's School of Medicine is to **educate exceptional physicians, advance innovation, and reimagine health care to improve outcomes for all** prepare the next generation of talented frontline primary care doctors – who represent the diversity of the communities in which they live – to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs. The mission of the School of Medicine is to educate clinically excellent, person-centred physicians to deliver high-quality, community-based primary and generalist care, grounded in social accountability, interprofessional collaboration, and immersive learning. In parallel, the School advances research and discovery that improves lives and strengthens health systems. The School will educate medical learners who: 1) aspire to become primary doctors and other generalist specialists, particularly in North Toronto/York Region/South Simcoe and North Simcoe/Muskoka region; 2) are drawn to the principles of population health; 3) bring inter-disciplinary, Indigenous and international perspectives and experiences in ways that advance and evolve medical practice; and 4) are inspired by the ways health technologies with improve outcomes and equity.

The undergraduate medical education program (UGME) is an undergraduate degree program that educates students to become medical doctors (MDs). It will be designed to produce Family Physicians as well as highly needed generalist specialists to whom family doctors most

commonly refer their patients: pediatrics, general internal medicine, psychiatry, obstetrics & gynecology, and general surgery. Medical students will benefit from opportunities to learn in multiple settings where patients are seen (e.g. home, clinic, hospital, long-term care, etc.), often seeing the same patients across those settings. This proposed approach is in stark contrast to traditional models of medical education where clinical training is largely or entirely hospital-based, focused on acute care, and typically organized as a series of rotations through specialty medicine departments. The traditional model is based on centring different diseases or pathologies, rather than centring people and their families through a continuity of experiences with prevention, early detection, illness or injury, treatment, rehabilitation, and recovery to wellness.

The proposed Doctor of Medicine (MD) curriculum at York University School of Medicine (YUSoM) is a 120-credit, three-year, competency-based program designed to prepare clinically competent, socially responsible, and adaptable physicians.

Grounded in experiential, integrated and community-based learning, the curriculum aims to align with national and international best practices, emphasizing the evolving role of physicians in a rapidly changing healthcare landscape. Learning will be largely case-based and active, with minimal reliance on traditional lectures.

The curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) across all three years of the program. Each set is divided into three courses (HH/MED 1010 GHC I , HH/MED 2010 GHC II, and HH/MED 3010 GHC III ; HH/MED 1020 BAP I, HH/MED 2020 BAP II, and HH/MED 3020 BAP III; and HH/MED 1030 ECIH I, HH/MED 2030 ECIH II, and HH/MED 3030 ECIH III) that run concurrently in each year of the MD program (*Appendix 7*).

Year 1 establishes a strong foundation in biomedical, clinical, social, and behavioural sciences (which the MD program refers to as foundational sciences) while integrating early person-centred care exposure and community-based experiential learning. Year 2 replaces the traditional clerkship with a Longitudinal Integrated Clinical Learning Experience (LICLE), offering both urban and rural streams that immerse learners in primary and generalist specialty care while fostering continuity in person interactions. Year 3 focuses on career development through Focused Generalist Experiences (*refer to Glossary*), advanced clinical reasoning, and a capstone learning experience that includes selectives and is designed to support the transition to residency training.

Throughout all years, learners will engage with core themes of Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing.

Assessment is competency-based. The curriculum includes structured wellness breaks and dedicated self-directed learning time to promote student well-being. The curriculum has four

key principles: 1) Primary Care and Generalism, 2) Interprofessional Care; 3) Evidence and Innovation; and 4) Community Health. The YUSoM's MD program is designed to graduate physicians who have a focus on integrated interprofessional, team-based primary care and generalist care, community health and wellness, and are equipped to meet the evolving needs of diverse populations in Canada and beyond.

2. Provide evidence as to why the program is needed. For example, provide evidence related to societal, and/or labor market need(s).

It is important to understand the evolution of the idea of a medical school at York University, envisioned shortly after the University's inception in 1959. Over time this vision led to the development of a conceptual proposal and submission to the Ministry of Health (MOH) and the Ministry of Colleges and Universities (MCU)[1] in February of 2022.[2] In March 2024, the Ontario government officially announced that York University would develop a medical school to meet the healthcare needs of individuals in York region and across Ontario. The COVID-19 pandemic underscored Canada's longstanding shortage of primary care physicians. Demand for frontline healthcare surged during the pandemic and remains high in its aftermath, revealing critical gaps in current educational capacity and highlighted the need for more equitable healthcare access. With the York region experiencing rapid population growth, accompanied by an aging demographic, local demand for primary care and generalist specialist care is outpacing supply. The new medical school at York is designed to help close this gap by educating additional physicians who are well-equipped to serve diverse communities, support research, and enhance overall health outcomes. The following paragraphs outline the history of York's interest in having a medical school followed by the rationale behind the province's decision to have a new medical school at York University.

An important reference point for York's early vision of a medical school is the 2020 *Vision: The Future of York University,* document endorsed by Senate in 1992, which specifically noted the lack of an Engineering School and a Medical School. This placed York University at a disadvantage relative to other large, metropolitan Canadian universities.[3] Framed as a set of assumptions to inform future academic and enrolment planning, this document stated the intention to become a 'comprehensive' university.[4] It made the point that diversifying York's educational and research activities to include greater emphasis on sciences and health disciplines was in line with our mission of providing access to less privileged students in our

[1] The Ministry of Colleges and Universities (MCU), renamed in 2025 as the Ministry of Colleges and Universities and Research, Education and Skills (MCURES), will be referred to as 'MCU' throughout this document for consistency, including references made both prior and subsequent to the name change.

[2] Conceptual-Proposal-York-University-School-of-Medicine.pdf

[3] *2020 Vision: The Future of York University* p.5.

[4] *2020 Vision: The Future of York University* p.4.

region to a full range of study and career options, and with our commitments to interdisciplinarity and intellectual breadth and depth:

> For personal, ethno-cultural or financial reasons, many residents of the GTA must either attend university somewhere within the region, or abandon higher education altogether…if public policy increasingly shifts enrolments into areas such as science, technology, and health – all areas in which York is relatively small or does not figure at all – GTA residents who wish to study locally in these fields will be particularly disadvantaged.[5]

The 2020 Vision document identified York's novel and interdisciplinary work in health-related fields as well-placed to meet changing perceptions of what constitutes "health". It posited that these growing areas might one day be consolidated in a Faculty of Health, and would eventually support York's case for a new kind of medical school:

> The fact that we have developed distinctive, responsive and well-grounded research and teaching in health will give that claim great credibility. The fact that a medical school would be inserted into a novel academic milieu would ensure that its graduates would be uniquely qualified to deal with the health issues of the twenty-first century.[6]

Subsequent academic planning documents *have* continued to advance priorities outlined in the 2020 vision document, of becoming more a comprehensive institution by expanding the range and depth of our health programming and research in particular.[7]

The creation of the Faculty of Health in 2006 was a major step forward in consolidating health-related disciplines at York and preparing for further opportunities to come. The Faculty of Health brought together previously separate schools and programs in Nursing, Psychology, Kinesiology, and Health Policy and Management, adding a School of Global Health and a Neuroscience program (shared with the Faculty of Science) in subsequent years. Health research has also flourished at York University as reflected in the growth of health-related organized research units and research clusters.[8]

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[5] *2020 Vision: The Future of York University* p.10.

[6] *2020 Vision: The Future of York University* p.24.

[7] See for example, S. Embleton, Report to Senate on Progress Towards Academic Plans https://www.yorku.ca/embleton/reports/may_2005_progress_academic_plans.pdf

[8] These include the Centre for Research on Biomolecular Interactions, Centre for Disease Modelling, Centre for Vision Research, Muscle Health Research Centre, Dahdaleh Institute for Global Health Research, York University Centre for Aging Research and Education (YU-CARE), LaMarsh Centre for Child and Youth Research, the Centre for Integrative and Applied Neuroscience, and the Mad Studies Hub.

In 2010, and informed by extensive collegial input, a Provostial white paper was developed to renew the University's strategic directions. The White Paper included the following among 12 major benchmarks for progress by 2020:

> Over the next decade, York will continue our efforts to become a more comprehensive University, by continuing to expand the scope of the University's teaching and research activities in the areas of health and medicine, engineering, applied science, business-related and professional programs … Two key benchmarks will be the establishment of a Medical School and an increase in applied science enrolment such that it would support the creation of a separate Faculty of Engineering.[9]

The University Academic Plan (UAP) 2015-2020 once again took stock of progress in building our health disciplines and reiterated that "York has signaled its interest in housing a medical school and has set the stage for this eventuality."[10]

The longstanding intent to establish a medical school at York tracks right up to the university's current academic planning documents which set the immediate context for this proposal. The UAP 2020-2025 describes how York University has gradually become "a full spectrum University, increasingly recognized for excellence in health, engineering, and sciences, while we continue to lead in liberal arts, creative and performing arts, and professional studies." It goes on to state a specific intent during this 5-year period to "… develop an integrated health precinct with partners in Vaughan," and to continue moving toward a future medical school:

> York has scaled up its health-related teaching, research, and innovation based on a vision of keeping more people healthier, longer. We are well placed over time to establish a medical school aligned with this vision, to serve one of Canada's fastest growing and most diverse regions through a community-based care model that integrates physicians into broader health and wellbeing promotion teams.

The larger societal context for the current UAP, approved by Senate in June 2020, is acknowledged in one of its opening paragraphs:

> This UAP is launching at a moment of unprecedented trial for human and planetary health, security, well-being, and understanding. In the midst of both a global pandemic and an international mobilization against anti-Black racism, our York University community has demonstrated extraordinary creativity, solidarity, and dedication to serving the public good while caring for all people, including the most marginalized and vulnerable. As a leading generator of knowledge and exemplar of social responsibility, York seeks to bring expertise from across

[9] *Building a More Engaged University: Strategic Directions for York University 2010-2020*, at 10 (http://vpacademic.yorku.ca/whitepaper/docs/White_Paper_Overview_April_15.pdf)

[10] York University Academic Plan 2015-2020, at p.7 (https://www.yorku.ca/laps-faculty-council/wp-content/uploads/sites/265/2021/03/UAP-2015-2020.pdf).

disciplines to build new tools and strategies to tackle the myriad dimensions of these historic crises.

As the pandemic played out, it revealed tragically the severity of health inequities and gaps in access to both preventive and acute care in Ontario generally, and in the catchment service area surrounding York University's campuses. These traumatic events and their aftermath altered the course of health policy thinking in the province, and lent urgency to the planning for a School of Medicine at York. The University announced on May 20, 2021, that it would advance plans to establish a School of Medicine at York with the support of municipal, regional, and hospital leaders.[11]

The University worked actively during the pandemic to strengthen partnerships with health care providers and community organizations; for example: through public vaccination clinics; expert advice from our leading scholars on infectious disease modelling and prevention; sharing of health care supplies and equipment; coordination of supports for arriving international students; and clinical placements of students from our School of Nursing. Also, during this time, public health agencies and care providers found new ways to overcome longstanding barriers to sharing information between organizations and coordinating prevention and care, demonstrating the compelling need and capacity for more integrated, interprofessional models of community-based health. The extreme pressures on health care providers throughout the pandemic emergency led to a wave of resignations and retirements, further worsening the shortage of health professionals in the province, including primary care physicians. Professional bodies such as the Canadian Medical Association warned of a deepening crisis in access to primary care.[12]

In the face of these events, the province undertook a review of health workforce planning and embarked on a historic expansion of medical schools. Currently, one in five Canadians do not have a family physician, due to the lack of family physicians and to social and structural barriers that limit peoples' access to primary health care.[13] The result can mean a lack of the continuity of care essential to promoting long-term health and well-being. It looked to support innovative approaches that would particularly increase the supply of family doctors and those specialists to whom family doctors most often refer their patients. Plans for a new medical school at Toronto Metropolitan University were announced in March 2022, along with an expansion of places at the University of Toronto's Scarborough campus, the Queen's-Lakeridge

[11] Announcement found at https://www.yorku.ca/yfile/2021/05/20/york-university-advances-plans-to-establish-a-new-school-of-medicine-supported-by-gta-health-and-government-leaders/

[12] Canadian Medical Association, "Why Canada's health system needs (a lot more) team-based care" (undated): https://www.cma.ca/our-focus/workforce-planning/why-canadas-health-system-needs-lot-more-team-based-care

[13] Duong D, Vogel L. National survey highlights worsening primary care access. CMAJ. 2023 Apr 24;195(16):E592-E593. doi: 10.1503/cmaj.1096049

Health Campus, the Northern Ontario School of Medicine, Western University, McMaster University, and the University of Ottawa.[14]

Based on our reputation for leadership in nursing and several other health-related disciplines, and our longstanding vision and planning towards a community-based School of Medicine, York University was also well positioned to contribute to solving the shortfall of primary care doctors in Ontario. This was the context in which York submitted its initial conceptual proposal for a new School of Medicine to the province in February 2022, just prior to the province's announcement of a major medical school expansion the following month. York's conceptual proposal focused on addressing gaps in access to care in the service area immediately surrounding the Keele campus and extending north. Following an initial discussion of the conceptual proposal with Academic Policy, Planning, and Research Committee (APPRC) on March 10, 2022, broad consultations were launched with Senate bodies and others internal to the University, and with health and community partners in the proposed service area.

Planning efforts intensified after the province expressed openness to receive a more detailed request for major capacity expansion. This request was submitted in September 2022 and was made available to APPRC members on a confidential basis, as more public sharing of the submission could jeopardize discussions with the province. York was then invited to participate in further discussions with public servants in the MOH and MCU. Over the ensuing months, the Provost and President provided updates and briefings on these discussions to APPRC, to inform its reports to Senate. Pending a decision from the province on whether to give York the "green light" to proceed to create a medical school, APPRC prepared the *Planning Prospectus (Appendix 1)* to anticipate the governance steps that would need to be followed in this event. The *Planning Prospectus (Appendix 1)* was first shared with Senate at its meeting on April 27, 2023.

Consultations also continued within the broader York University community and the proposed medical school was woven into additional strategic planning processes. This includes the current York University Strategic Research Plan (SRP) for 2023–2028, which identifies health research as a broad area of existing strength across disciplines and as an area where York aims to grow further.[15] The SRP references a School of Medicine as a potential driver of research related to "Healthy Communities, Equity and Global Well-Being" (at p.18):

> Over the longer-term, York maintains its aspiration for a new kind of medical school to focus on integrated interdisciplinary, team-based family primary care, community health and wellness through the lifespan. Informed by demographics, health care gaps and the evolution of medicine, our emphasis is on the integration of primary care physicians within the context of the broader health care and

[14] https://news.ontario.ca/en/release/1001773/ontario-training-more-doctors-as-it-builds-a-more-resilient-health-care-system

[15] Strategic Research Plan 2023-2028 | Research & Innovation

wellness promotion teams. As a partner in the Vaughan Healthcare Centre Precinct (VHCP), York University is well positioned to advance health care practices and outcomes through local and global partnerships.

In addition, the Faculty of Health, in its 2023-2028 Strategic Plan[16] on *Building a Healthy World for All*, embraced a vision of being leaders and partners for a healthy and just 21st Century world, and positively influencing health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasizes commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities.

The UGME program has been developed to address the need for primary care and generalist specialists who are educated to work in interprofessional, team-based person-centered care to address the diverse needs of the population in the York region.

3. Provide evidence that there is, or will be, significant student demand for the program.

The provincial government has approved a class size of 80 undergraduate medical students per year, starting with the first cohort to be admitted in 2028, with 240 students across all years at steady state.[17] In addition, 102 new residency places have been allocated per year, growing to over 293 residents across all years at steady state, to accommodate York's own MD graduates as well as some medical residents who have obtained their MD degree elsewhere in Ontario, Canada, or in other countries.[18] In the Canadian context, medical schools only obtain provincial government funding for admissions up to the number of the placements they approve, and do not take self-funded admissions.[19] About 95% or more of those offered undergraduate placements in Ontario medical schools will be residents of Ontario.[20]

It is anticipated that the SoM's proposed program will easily meet these enrolment targets. There is far more demand than available medical school places in Canada – about 18% of

[16] https://www.yorku.ca/healthyworld/

[17] More details on the process and timeline can be viewed here on the School of Medicine planning website: https://www.yorku.ca/medicine/planning/

[18] More details on the process and timeline can be viewed here on the School of Medicine planning website: https://www.yorku.ca/medicine/planning/

[19] In Ontario, some medical schools admit a small number of "supernumerary" undergraduate students that are typically sponsored by other national governments or the Canadian military that are additional to those funded by the Ontario government, but these represent a very small proportion of admissions (<1%).

[20] Personal communication (October 26, 2024), Council of Ontario Faculties of Medicine.

applicants receive an offer of placement, making it more competitive to get admission than in the United States or the United Kingdom.[21] We are unaware of any Canadian medical school that has failed to fill all its places. Ontario students have the least opportunity to get into medical school in their own province than anywhere else in Canada based on the placements available per population aged 20-29 years.[22] Indeed, many aspiring and well qualified Canadian medical students are currently attending medical schools internationally, estimated to be about 3,600 students as space is so constrained in Canadian medical schools.[23] The York SoM will welcome eligible students and its proposed program will provide them the opportunity to prepare for a career in primary care and generalist specialist medicine. We will be guided by the criteria described by the Association of Faculties of Medicine of Canada (AFMC),[24] as well as the Council of Ontario Faculties of Medicine (COFM) Policy document on Essential Skills and Abilities Required for Entry to a Medical Degree[25] which is currently being revised.

4. **Where appropriate, include additional elements relevant to the consultation, development, rationale, and/or implementation of the proposed program. For example, consideration of equity, diversity, and inclusion; special missions and mandates; student populations that are being encouraged by governments, institutions; and other elements of note.**

Approval in principle had been sought in accordance with the *Planning Prospectus* for the School of Medicine, approved by the APPRC and provided to Senate. The Planning Prospectus (*Appendix 1*) is based on Senate's past precedents for approving the establishment of the Lassonde School of Engineering and other substantial new units (including the Faculty of Health and the Faculty of Liberal Arts & Professional Studies). These precedents have demonstrated that approval in principle provides Senate with an opportunity to signal its support while providing valuable input and advice to inform further consultations and proposal development in advance of a statutory motion for full approval.

Key milestones leading to the approval of the proposal in principle included the following:[26]

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[21] More details on the process and timeline can be viewed here on the School of Medicine planning website: https://www.yorku.ca/medicine/planning/

[22] More details on the process and timeline can be viewed here on the School of Medicine planning website: https://www.yorku.ca/medicine/planning/

[23] More details on the process and timeline can be viewed here on the School of Medicine planning website: https://www.yorku.ca/medicine/planning/

[24] Admission-Requirements-of-Canadian-Faculties-of-Medicine-2024-EN.pdf

[25] Essential Skills and Abilities Required for Entry to a Medical Degree Program - Council of Ontario Universities

[26] More details on the process and timeline can be viewed here on the School of Medicine planning website: https://www.yorku.ca/medicine/planning/

- In 2022, following early consultations with the University community and external partners, York University (York) submitted a conceptual vision and major capacity expansion request to the province to fund a new School of Medicine that would focus on community health and primary care, addressing critical gaps in medical education and health care.
- The City of Vaughan expressed its support for the proposal and subsequently agreed to provide land to York within the Vaughan Health Care Centre Precinct, in a location close to the Cortellucci Vaughan Hospital operated by Mackenzie Health.
- The province assigned public servants in the MCU and the MOH, to work with York representatives to further define the parameters and preliminary resourcing model for a possible new School of Medicine.
- In its March 2024 budget, the provincial government confirmed a $9 million planning grant and committed to funding operations of the proposed School of Medicine starting in 2028, subject to being formally established through the University's governance processes and accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS).
- CACMS approved York's application to enter the accreditation process and have "Applicant Status" to develop a new medical school on August 15, 2024.
- An Indigenous ceremony was held and a Relationship Agreement signed with the Indigenous Primary Health Care Council (IPHCC) on September 12, 2024.[27]
- President Lenton appointed David Peters, the Dean of the Faculty of Health, as Dean of Record for the proposed School of Medicine effective October 1, 2024, to lead the accreditation process, and to sit as an observer on the Council of Ontario Faculties of Medicine (Dr. Peters was also appointed as Interim Provost & VP Academic [VPA] pending a search for a new Provost).

Both before and after the provincial government budget announcement of March 26, 2024, which included the confirmation of a planning grant for York University to develop a School of Medicine, President Lenton and then Provost Lisa Philipps discussed the implications and planning process with APPRC as part of their regular updates to the committee, and through more in-depth agenda items at several meetings between Winter 2022 – Spring 2024.[28]

APPRC reported on these discussions to Senate, inviting questions and input, and Senate held dedicated discussions on the School of Medicine on April 27, 2023, and June 27, 2024.

In September 2024 based on input from Senate Executive on the collegial governance pathway for the School of Medicine planning, APPRC directed the Interim Provost and VPA to establish a SoM Planning Group (PG) with the responsibility of preparing a proposal for approval in principle to establish the School, including the administrative architecture of the

[27] Sandra McLean. (2024) Relationship agreement ensures Indigenous priorities are included in future of health care. Available at: https://www.yorku.ca/news/2024/09/12/relationship-agreement-ensures-indigenous-priorities-are-included-in-future-of-health-care/

[28] APPRC meeting dates: 10 March 2022, 15 and 29 September 2022, 3 November 2022, 16 and 30 March 2023, 15 February 2024, 28 March 2024, 18 April 2024 and 30 May 2024.

new unit. APPRC also established an Ad Hoc Oversight Group (AOG), chaired by Lisa Farley, Professor in the Faculty of Education and a member of APPRC, to guide and facilitate the development of plans for the academic components of the school of medicine and liaise with the SoM PG on the development of the proposal. APPRC organized a Planning Forum on October 31, 2024, to consult on the plans with the York community.

Following further input from Senate Executive on the process, APPRC provided a detailed analysis of options for the administrative architecture of the new SoM, their advantages and disadvantages, for discussion by Senate at its meeting on December 12, 2024 (*Appendix 2*). The SoM PG undertook further consultations with each of the Faculties between October 25 and December 13, 2024 (*Appendix 3*). SoM PG members listened attentively to all feedback from Senate, the APPRC Planning Forum, Faculty Councils, and others, and additional information was provided in the proposal for approval in principle to address questions, including more information about the financial plan.

In accordance with its mandate, the SoM PG developed a draft proposal for approval in principle to establish the SoM, which was reviewed at the AOG meetings on November 14 and 27, and December 19, 2024.

On January 8, 2025, the Council of the Faculty of Health voted to establish, in principle, a School of Medicine as a new academic unit within the Faculty of Health (with subsequent steps described in *Appendix 1*).

For Senators, the **approval in principle was a vote to continue planning on the School of Medicine without being bound to a final decision**. There were no formal criteria for assessment but the SOM PG and the AOG proposed these key considerations:

- Is the proposal consistent with the UAP, student needs, and York's vision for access?
- Does the proposal align with best practices for its vision, governance and organization, curricular design, accreditation requirement, and approaches to research and health services?
- Does the proposal align with the University's and relevant Faculty's interests particularly in, although not limited to, interprofessional practice, interdisciplinary research, impact on community health and wellness, and addressing social justice?
- Are there adequate resources committed by Government or available from other sources to deliver on our vision for high quality academic programming?
- What are the implications for other academic activities of the University?

Following Senate's approval in principle on January 23, 2025, the SoM PG undertook further consultations as needed to develop a more detailed full proposal for the establishment of the medical school, including its name and any concurrent changes to existing unit structures. The proposal was reviewed by the AOG Subcommittee on March 28, 2025, with suggested revisions incorporated. The Faculty of Health Council approved the revised proposal on April 2, 2025, with additional clarifications included in the current version. The APPRC reviewed and

approved bringing the proposal forward to Senate on April 10, 2025. On May 22, 2025, Senate approved the full proposal through a statutory motion. The proposal was then brought to the Board of Governors for review, which on June 24, 2025, provided its approval to establish the School of Medicine as a new academic unit within the Faculty of Health effective July 1, 2025.

The following advisors have been contracted to support the development of the undergraduate medical education program: Curriculum and Accreditation, Undergraduate Medical Education (UGME) Curriculum and Operations; UGME Program Development; Admissions; Assessment; Learner Affairs; Faculty Affairs; and Faculty Development. A Faculty Lead for the Integrated Community-based Learning Network (ICLN), as well as an Advisor for ICLN and the Operating Model, have also been appointed.

Administratively, the team has been led by the Director of Transitions and the Director of Institutional Strategic Projects. More recently, York University has hired an Undergraduate Medical Education Curriculum Manager, an Assessment and Evaluation Manager, an Accreditation Project Implementation Manager, Director of Medical Education Innovation, and an Executive Director of Operations & Resource Planning.

We are currently in the process of hiring an Advisor for Postgraduate Medical Education. Several additional undergraduate education leads will be recruited over the coming months.

In addition to the team of advisors and the administrative team, seven committees have been established: the Transitional Curriculum Committee (*Appendix 19*), the Learner Outcomes Advisory Committee (*Appendix 18*), the Student Admissions Committee (*Appendix 21*), the Assessment Committee (*Appendix 20*), the Learner Affairs Committee (*Appendix 25*), the Interprofessional Education Committee (*Appendix 22*), and the Faculty Appointments Policy Committee (*Appendix 23*). These committees are composed of over 280 members including content experts, community physicians, community health professionals, community members, York faculty members, York staff, York students, and medical students and residents from other institutions, all of whom provide recommendations to the Medical Degree Program Development Steering Committee (MDPDSC), chaired by the Dean of Record (*Appendix 4* and *Appendix 26*).[29] One of five Advisory Committees, the Learner Advisory Committee (*Appendix 24*), started in May 2025. The Advisory Committees will provide advice on the recommendations made by the various committees as well as providing questions for the SoM to consider as they develop the undergraduate medical education program (*Appendix 26*).

The committees are chaired or co-chaired by advisors or other experts, such as the Director of the School of Nursing in the Faculty of Health at York, and the Director of Professional Practice and Chief Nursing Informatics Officer at Mackenzie Health, who co-chair the Interprofessional Education Committee. Each committee has identified work plans and timelines. During the meetings, there are in-depth discussions regarding key deliverables, evidence-based

[29] Planning - School of Medicine

practices, current literature, and environmental scans. Decisions on recommendations are made by consensus. Often, polls are conducted among committee members following discussions to ensure that everyone has an opportunity to voice their opinions. These recommendations are then presented and discussed at the MDPDSC.

The Faculty Development Committee;[30] Indigenous Health and Wellness Curriculum Working Group;[31] Research Curriculum and Learning Environment Working Group;[32] Postgraduate Medical Education Working Group; and four Advisory Committees (Community Network Advisory,[33] Indigenous Health Advisory,[34] Black Health Advisory[35] and Disability Health Advisory[36]) will be starting in the near future.[37]

Many faculty members have reached out to the Dean of Record, David Peters, expressing interest in being involved with the SOM. The advisor for curriculum and accreditation has met with many faculty members from a variety of departments, schools and faculties to provide an overview of the development of the SoM undergraduate medical education (UGME) program as well as discuss how they can become involved in the UGME development process moving forward and how they can make meaningful contributions in the UGME program once it has started.

The Integrated Community-based Learning Network (ICLN) involves several hospitals in the York service areas as well as family medicine teams and networks. On December 6, 2024, senior leaders from York University including the President, Dean of Record and Interim Provost & Vice-President Academic, senior administrators leading the SoM (i.e. the Director of Transitions and the Director of Institutional Strategic Projects), the Faculty Lead, ICLN and the Advisor, ICLN & Operating Model , as well as senior hospital administrators such as Presidents and Chief Executive Officers, convened for a facilitated retreat. The retreat provided an overview of the proposed UGME curriculum, discussion about Longitudinal Integrated Clinical Experiences (LICLEs) and break out groups to discuss a variety of themes. The following themes and questions were discussed at the retreat:

- Physician Experience:
    - What are the biggest challenges teaching physicians currently face in their role?

[30] Faculty Development Committee - School of Medicine

[31] Indigenous Health and Wellness Curriculum Working Group - School of Medicine

[32] Research Curriculum & Learning Environment Working Group - School of Medicine

[33] Community Network Advisory Committee - School of Medicine

[34] Indigenous Health Advisory Committee - School of Medicine

[35] Black Health Advisory Committee - School of Medicine

[36] Disabilities Advisory Committee - School of Medicine

[37] Planning - School of Medicine

    - What would an ideal physician teaching experience look like in future state and how should funding and engagement support this vision?
    - What would need to be true to support physicians in moving from today's challenges to that ideal future?
- Facilities and Funding:
    - What are the strengths and gaps that exist in current facilities, including how they're funded, that impact education and clinical needs?
    - What would a facility that is ideal for learning look like and how should it support modern teaching and clinical priorities?
    - What would need to be true to transform current facilities into what's needed for the future?
- Implementing a LICLE:
    - What are the key challenges with the current teaching and training models for physicians?
    - What does a successful implementation of the new learning model look like?
    - What would need to be true to ensure a smooth transition from current state to the proposed teaching model?
- Exploring Governance:
    - What aspects of the governance structure are clear and effective?
    - Where do you see gaps or potential conflicts?
    - Who needs to be involved?
    - What changes or additions would you suggest to make this structure work better for us to function as a collective?

The agenda for the retreat, participants, and the outcome report for the retreat can be found in *Appendix 5*. Following the retreat there have been regular meetings with the Faculty Lead, ICLN, Advisor, ICLN & Operating Model, Director of Transitions and Director of Institutional Strategic Projects to move the ICLN forward. A governance structure for ICLN has been established. The Faculty Lead, ICLN has also been actively involved in engaging physicians, health care providers, family health teams, hospitals and community members to be involved in the UGME program (*Appendix 6*).

Equity, Diversity, and Inclusion (EDI), along with Indigenous perspectives, are foundational to multiple facets of the School of Medicine, including admissions, curriculum design, assessment practices, and governance structures (*see Appendices 9, 13 and 14*). The EDI initiatives within the UGME program are closely aligned with York University's Equity, Diversity, and Inclusion Strategy (2022–2027), "Moving Towards a Future with Health Equity for All: Addressing Systemic Racism Through Action, Accountability, and Authenticity",[38] as well as York's Faculty of Health report entitled "*Advocacy Framework and Action Plan*: Sub-committee on Decolonizing, Equity, Diversity and Inclusion, April, 2024.[39] The Indigenous aspects align

[38] York University | Equity, Diversity, and Inclusion Strategy 2022-2027

[39] DEDI_Report_FINAL2-Apr_2024.pdf

with the Truth and Reconciliation Report Calls to Action[40] specifically actions 22 to 24 which deal with medical school education as well as The Indigenous Framework for York University: A Guide to Action.[41]

The Student Admissions Committee has recommended two streams of applicant support in addition to the general pool of applicants; one for Black individuals and the second for Indigenous individuals. While these streams are designed to reduce systemic barriers and promote representation, they are part of a broader, strategic, and holistic approach to admissions planning and learner engagement. Following consultation with a Black scholar at York University, and the Student Admissions Committee's review of relevant literature, data, and expert input, it was decided that **all applicants will be assessed using the same admissions criteria to promote fairness, transparency, and consistency across the applicant pool**. These focused admissions streams shape upstream activities including recruitment, outreach, and support, with the lens of these communities in mind, and guide the application review processes. Application review within these streams will be conducted by individuals with similar backgrounds and lived experiences to better contextualize applicants' journeys in a holistic admissions process. To further enhance access, we will develop prospective learner engagement programs for middle school and high school students interested in a career in health professions, including medicine, for Black students and Indigenous students. These programs are intended to enhance opportunities by providing earlier exposure to the health professions, as well as tutoring, mentoring, peer groups and other supports.

Additionally, applicants from York University will have the option to apply through an undergraduate Accelerated Track to Interprofessional Programs (ATIP). The ATIP includes one interprofessional health (IPH) course from York University and one course focused on EDI or Indigenous subject matter. Faculties (for instance, Science, Liberal Arts and Professional Studies [LA&PS], Lassonde, Environmental and Urban Change, and Health) were consulted in Summer 2025 and provided input on possible course offerings that would align with the ATIP requirements. This 60-credit, two-year track is designed to promote smoother transitions into the medical program while strengthening foundational competencies in interprofessional collaboration (IPC), a core principle of the School's educational philosophy, as well as in EDI or Indigenous ways of knowing, being and doing, which are two themes of the UGME curriculum. The ATIP will emphasize equity-informed, team-based care and will serve to prepare learners for the collaborative practice environments central to modern health systems. The ATIP is offered outside of the School of Medicine and will allow undergraduate students to not only apply to medicine but also prepare for other health related programs at York.

With respect to the curriculum, EDI and Practices, and Indigenous Ways of Knowing, Being and Doing are two of four themes which will be interwoven in the three courses Generalist Health

[40] IR4-8-2015-eng.pdf

[41] Indigenous-Framework-for-York-University-A-Guide-to-Action.pdf

Care, Emerging Concepts and Innovations in Health, and Becoming a Professional across the three years of study. An Indigenous Health and Wellness Curriculum Working Group will be established following the appointment of the Indigenous Health Lead, a position that is currently in the process of recruitment. This working group will provide recommendations about the Indigenous Health Curriculum. Program Learning Outcomes (PLOs) have been developed and there are outcomes which address EDI and Indigenous Ways of Knowing, Being and Doing (*see QAF 2.1.2.2*). The assessment framework will be developed with input from Indigenous people and individuals from other EDI groups to ensure assessment is culturally sensitive and relevant. The governance structure has proposed an Associate Dean for Indigenous Health for the entire Faculty of Health and the Faculty of Health already has an Associate Dean, Faculty Affairs and Inclusiveness. Hiring has begun for the following: a Faculty Lead, Indigenous Health, Faculty Lead, Black Health, and Faculty Lead, Disability Health. Membership on the advisory committees have representation from the Indigenous Physicians Association of Canada (IPAC), Indigenous Primary Health Care Council (IPHCC), Black Physicians Association of Ontario (BPAO), Black Health Collaborative, and Canadian Association of Physicians with Disabilities. Supports including mentorship will be made available to Indigenous and Black medical learners. Consultations have occurred with some Indigenous communities and the IPHCC to determine if the undergraduate and postgraduate learners can have clinical/community placements in Indigenous facilities and programs. Two Black scholars at York University contributed their expertise to the development of the curriculum—one through the Transitional Curriculum Committee and the other through the Learner Outcomes Advisory Committee. Both provided valuable insights on how best to meaningfully incorporate principles of equity, diversity, and inclusion (EDI) into the curriculum.

Although we are not starting with any joint degrees at this time, consultations have taken place with several other Faculties to look at the potential joint degrees such as an MD and Master of Education or an MD and a Master of Business Administration, and will be developed further through the establishment of a pan-University Health Education and Research Committee.

Objectives of the Program (QAF 2.1.2.1)

5. Describe the program's objectives (see definition and guidance from Quality Council).

The Doctor of Medicine (MD) Program envisions preparing learners to learn the art and science of medical care through a generalist lens. Trained in the heart of the communities they serve, the graduate of the York MD program is collaborative, compassionate, culturally responsive, advances health equity, strengthens local health systems, and redefines what it means to care. This vision is rooted in **generalism**, defined as:

> *"a 'philosophy of care' focused on understanding that health needs occur in unique persons within their life circumstances and support systems, rather than just as disease(s). Generalism in medical education serves to equip future doctors to provide comprehensive care: across all stages of life; in various settings; with a commitment to the whole person's diverse health needs, cultural and community influences; and within team-based care."*

The MD Program is designed to create a physician who embodies the following six attributes:

I. Community-Rooted
   - Deeply embedded in the diverse communities of York Region, Vaughan, and north to Muskoka.
   - Trained to understand and address local health disparities, social determinants of health, and culturally responsive care.

II. Primary Care-Focused
   - Specializing in family medicine and other generalist specialties, with a strong emphasis on continuity of care and preventive medicine.
   - Prepared to lead in community-based, interprofessional longitudinal care models.

III. Interprofessional and Team-Based
   - Trained in interprofessional education (IPE) from day one, working alongside nurses, social workers, pharmacists, and other allied health professionals.
   - Skilled in collaborative leadership and shared decision-making.

IV. Innovative and Systems-Oriented
   - Equipped with tools in digital health, quality improvement, and health systems science.
   - Encouraged to be change agents who can innovate within the healthcare system to improve access, equity, and outcomes.

V. Socially Accountable and Equity-Driven
   - Committed to health equity, anti-oppression, and reconciliation with Indigenous communities.
   - Trained to advocate for marginalized populations and to practice trauma-informed care.

VI. Lifelong Learner and Educator
    - Reflective practitioner who embraces lifelong learning, community teaching, and mentorship.
    - Prepared to contribute to the next generation of healthcare professionals.

The MD Program at York University aspires to be a new kind of program focused on integrated, team-based primary care, community health and wellness throughout the life course. It is guided by **four principles**:

- Primary Care & Generalism
- Interprofessional Care
- Evidence & Innovation
- Community Health

Primary Care and Generalism

Graduates will be the first point of contact for persons seeking care within the healthcare system, and they will provide comprehensive, continuous care, managing a variety of health conditions across the life course of different populations, while prioritizing actions to promote overall health and personalizing care based on individual contexts.

Interprofessional Care

Graduates will be active participants in the delivery of healthcare as part of a team of workers from different professional backgrounds working collaboratively and with shared responsibility to achieve a common health outcome.

Evidence & Innovation

Graduates will employ evidence-informed methods and innovative practice in the delivery of care to improve health outcomes.

Community Health

Graduates will serve our communities, in their various forms, including geographically defined communities in our service area, and including other social groupings with shared sets of cultures, norms, customs, religions and identities, addressing critical gaps in the overall health and wellbeing of community members.

Program Objectives

The principles described above are reflected in the **program objectives**, which are to prepare graduates who:

1. Are committed to generalism and delivering person-centred, community-based, primary care

2. Embrace new concepts and emerging technologies to improve diagnoses and increase access to care
3. Actively collaborate in interprofessional teams to provide comprehensive care and improve health outcomes
4. Have the resilience, versatility and innovative mindset to adapt to evolving, patient, community and health system needs
5. Are empathic, compassionate, socially accountable and reflective of the diversity of the communities in which they will serve
6. Can address systemic inequities and the implications of determinants of health, incorporating the unique needs, practices and ways of knowing of Indigenous, Black and other equity-deserving populations
7. Are lifelong learners and act with the highest standards of the profession and ethical practice

6. Describe the degree nomenclature given the program's objectives.

The degree nomenclature for the MD Program at the York University School of Medicine is Doctor of Medicine. That degree nomenclature is consistent with the nomenclature for the corresponding degree granted at the other medical schools across Canada.

7. Describe the consistency of the program with the institution's mission and academic plans.[42]

The Doctor of Medicine Program is consistent with the overarching vision of York University's Academic Plan (UAP) which is to provide a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves. It has been designed to intentionally support the core values that are embedded in the vision and the mission of the university:

- Excellence in fulfilling all aspects of its mission
- Progressiveness in encouraging open minded inquiry, innovative approaches and forward-looking solutions
- Championing diversity and inclusivity, embracing differing perspectives, peoples and ways of knowing and fostering cross-cultural knowledges and seamless operation in a global context.
- Advancing social justice and equity through critical insight, creative problem solving and socially responsible action

[42] This can include the 2020-2025 University Academic Plan, the 2018-2023 Strategic Research Plan, the UN Sustainable Development Goals (SDGs), A Framework and Action Plan on Black Inclusion, the Indigenous Framework for York University, and others, along with Faculty plans and frameworks.

- Upholding sustainability—environmental, social and fiscal—as a vital compass for decisions and initiatives[43]

The proposed School of Medicine will be able to achieve this in multiple ways by:

- Increasing the numbers of primary care health providers and access to health services.
- Providing access to medical education through the admissions process, to students who otherwise would not be able to pursue this ambition.
- Providing opportunities to diversify the health workforce to better reflect the population of its service area.
- Contributing to much-needed health system reforms and better health outcomes.
- Playing a transformative role in medical and health professional education.

In addition to the immense societal benefits and increased access to medical education for our students, establishing a medical program would further York University's broader institutional mission of "coming together to make positive change for our… local and global communities"[44] in the face of an unprecedented healthcare crisis and in ways that will tangibly benefit our existing faculty, learners, and staff. These benefits would extend well beyond the medical school itself, by opening new academic and research opportunities across the University. For example, York can create new interdisciplinary programs to drive enrolments in other Faculties before these programs become mainstream in Ontario and Canada. A broad swath of disciplines at York can be expected to benefit from increased interest in York as an obvious place to pursue studies that lead to medicine and a range of other health-adjacent or health related-professions and careers.

At the undergraduate level, a medical program would support the general demand for education in the sciences at York, helping to fund the additional faculty complement, labs, and equipment needed to continue building our excellence in areas of basic and applied research. Importantly, however, pre-medical education has moved well beyond the traditional focus on basic sciences to include pathways in and through the social sciences and humanities. As was discussed in consultations with Faculty Councils and the SoM Planning Group in 2024-25, there is scope for multiple units to grow existing or create new health-adjacent programs to support either preparation for the medical school, or to provide alternative exit ramps for students who are not admitted to medical school or who decide to pursue other health-related degrees at York.

Although this proposal focuses on the MD degree, at the graduate level, consultations across the University, including through meetings of the SoM Planning Group with each Faculty

[43] York University Academic Plan 2020-2025.

[44] York University Academic Plan 2020-2025.

Council in 2024-25, have confirmed the substantial interest and opportunity that exists for future joint or complementary graduate programs and projects between the School of Medicine and other Faculties and units. As a result of these consultations, it was agreed that a pan-University Health Education and Research Committee be established to identify and catalyze collaborative programming. These could include both professional and research graduate programs. Examples of joint degree programs that have been suggested in consultations or that are offered with medicine at other universities include: Masters in Medical Education (with the Faculty of Education), Biomedical engineering programs (with Lassonde School of Engineering), MD plus Masters of Business Administration programs (with Schulich School of Business), an MD plus Masters of Public Health on population and planetary health (a program that would cross a range of Faculties); and MD plus Masters of Science or Doctorate (PhD) degrees in Artificial Intelligence (AI) and Digital Health, Biostatistics, Epidemiology, or in basic sciences (with the Faculty of Science). New joint degree programs involving the School of Medicine, whether with the Faculty of Health or other Faculties, would go through the required quality assurance and University governance processes for review and approval.

From a research and philanthropic perspective, a School of Medicine will substantially accelerate York's progress toward achieving the research intensification goals outlined in the UAP and SRP. It will attract new sources of funding and partnerships for which York is not now a candidate, by opening opportunities for Federal and non-Federal grant programs that involve medicine and population health. Specifically, it can:

- Create eligibility for a wider range of granting programs in the public and non-profit sectors; and
- Enable research partnerships with practitioners and health care organizations in the medical school's network of health providers, including access to clinical data.

These enhanced research activities and funding would benefit a broad range of York researchers within and beyond the School of Medicine itself, including existing organized research units and faculty members across all disciplines whose work intersects with health and wellness issues. There are specific opportunities to expand translational research that bridges basic sciences into clinical interventions and then evaluates those interventions for publication and influence on policy and practice (e.g. muscle health, immunology, physiology, nutrition, toxicology, metabolic and genetic research, biomechanics, robotics, psychopathology, neuroscience). A School of Medicine will also help York to expand social determinants and population health areas of research, education, and community practice (e.g. epidemiology, biostatistics, infectious disease modelling, digital health, healthy aging, health economics and political economy, critical disability studies, medical anthropology, social work, health analytics and administration).

A sizable proportion of overall research funding in Canada and internationally is reserved for medical and clinical health research, and some of these sources are restricted either formally or informally to scholars affiliated with medical universities. This is why medical universities on average have much higher research income than non-medical universities, more research infrastructure, and more externally funded research-intensive faculty positions including Canada Research Chairs (CRCs). Establishing a medical school at York University would enable York scholars to access the full range of research funding opportunities available in Canada, including for research infrastructure.

Additionally, the MD Program will support the university's commitment to equity diversity inclusion, its Framework and Action Plan on Black Inclusion and its Indigenous framework. The principles of equity, diversity, and inclusion in the selection and accommodation of our learners will be core values of the MD program. The AFMC has provided evidence-based recommendations for undergraduate medical education in Canada, which in the context of their social accountability mandates, identified that Faculties must "recruit, select, and support" medical student classes that are "representative of the Canadian population."[45] But Canadian medical students are less diverse than the communities they serve.[46] A survey of Canadian medical students indicates that Indigenous and Black students are under-represented in medical schools compared to Canadian society.[47]

The MD Program will be working with Indigenous Communities and the Indigenous Primary Health Care Council to provide opportunities for Indigenous learners to enter medicine and the health professions — such as an Indigenous admissions pathway — as well as placement opportunities during undergraduate medical education and residency training. Within the curriculum, there will be dedicated modules to learn about Indigenous healing practices and their use for Indigenous persons as well as reflect on the impact of colonization and colonial practices on Indigenous communities and Indigenous health.

More broadly, the program is committed to providing educational opportunities to any potential students who have the desire and capacity to pursue a degree in medicine. We will work closely with our community partners to effectively recruit and support a diverse population of medical students to ensure our graduates both reflect and are committed to serving our communities. A two-year undergraduate Accelerated Track to Interprofessional Programs (ATIP) is being developed at York in which students can take one interprofessional health course and one equity, diversity, inclusion or Indigenous course. This accelerated track

[45] The future of medical education in Canada: a collective vision for MD education. (2010) Ottawa: Association of Faculties of Medicine of Canada. Available at: https://www.afmc.ca/wp-content/uploads/2022/10/2010-FMEC-MD_EN.pdf

[46] Khan R, Apramian T, Kang JH, et al (2020). Demographic and socioeconomic characteristics of Canadian medical students: a cross-sectional study. BMC Med Educ 20, 151.

[47]Khan R, Apramian T, Kang JH, et al (2020). Demographic and socioeconomic characteristics of Canadian medical students: a cross-sectional study. BMC Med Educ 20, 151.

will offer all students, including mature, Indigenous, Black, economically disadvantaged, or those who self-identify as disabled, the opportunity to prepare for health-related and health-profession programs, including medicine.

Finally, although data on disabilities among medical school applicants and students are lacking, medical education in Canada has historically excluded and devalued trainees with disabilities, ignoring the strengths that those living with disabilities can impart, and the benefits to patients with disabilities and more broadly to the health system for inclusion of these students.[48] Working with the Canadian Association of Physicians with Disabilities, we plan to incorporate best practices for admissions, effective accommodations and supports for disabled medical trainees.[49]

[48] Gertsman S, Dini Y, Wilton D, Neilson S. (2023). Tackling barriers in Canadian medical school admissions for students with disabilities. CMAJ 195:E1512-6. doi: 10.1503/cmaj.230734

[49] Gertsman S, Dini Y, Wilton D, Neilson S. (2023). Tackling barriers in Canadian medical school admissions for students with disabilities. CMAJ 195:E1512-6. doi: 10.1503/cmaj.230734

Program Requirements (QAF 2.1.2.2) and Learning Outcomes

8. Identify the program requirements.

Learners are required to complete all three of the MD program's longitudinal course sequences—Generalist Health Care (GHC), Becoming a Professional (BAP), and Emerging Concepts and Innovations in Health (ECIH)—to be eligible for graduation with an MD degree. Each sequence is composed of three courses, taken concurrently in each academic year. In Year 1, learners take HH/MED 1010 GHC I, HH/MED 1020 BAP I, and HH/MED 1030 ECIH I. In Year 2, they take HH/MED 2010 GHC II, HH/MED 2020 BAP II, and HH/MED 2030 ECIH II. In Year 3, successful completion of HH/MED 3010 GHC III, HH/MED 3020 BAP III, and HH/MED 3030 ECIH III is required for graduation eligibility. As part of HH/MED 3010 GHC III, learners complete 16 weeks of elective learning through Focused Generalist Experiences (*refer to Glossary*) and a capstone learning experience (*see Appendix 7*).

Overall, the MD program consists of 120 credits, delivered through 132 weeks of instruction over three years (other 120 credit programs occur over four years). The number of three-year programs is growing in the United States and Canada, with currently over 30 programs adopting this model. This includes two out of 18 accredited Canadian schools and one new one out of two other Canadian schools in development. Evaluations of these programs continue to show strong and equivalent educational outcomes to four year programs, with evidence also demonstrating substantial returns on investments for students (they face lower costs and lower student debt, they get into practice sooner, and the programs have enabled a greater diversity of students enrolled), medical schools (e.g. there is greater reliability that students will go into residencies in the area, and with lower transaction costs in the process), and communities (e.g. more students who come from the region and are trained there end up practicing in the region). [50] [51]

The GHC set of courses are the key program courses involving the most curricular time to integrate the foundational sciences with determinants of health and health systems sciences and develop the clinical skills for generalist primary care. Given the integrated nature of the curriculum, this learning is complemented by the BAP and ECIH sets of courses which provide essential support in professional development and identity formation and offer context in current medial practice and innovations in healthcare essential for person-centred care. The relative time spent in each course is reflected in the credit weight of each course.

Generalist Health Care (GHC)

HH/MED 1010 GHC I: This course will be delivered in three units that run sequentially and modules that run concurrently over 49 weeks of learning during the first year of the program

[50] Palmer K. Are 3 years of medical school as good as 4? Inside Higher Education. Nov 4, 2024.

[51] Santen SA, Gonzalez-Flores A, Coe CL. *et al.* Return on Investment of Three-Year Accelerated Programs for Students, Medical Schools, Departments, and Community. *Med.Sci.Educ.* 2024; **34**, 919–925.

(*Appendix 7*). The sequential units focus on the principles of medicine and applying knowledge of the biomedical, behavioural and social sciences. The concurrent modules consist of anatomy and clinical skills development in a simulated environment and a bimonthly clinical learning experience in a family practice.

HH/MED 2010 GHC II: This course consists of a Longitudinal Integrated Clinical Learning Experience (LICLE) in a family medicine clinic along with clinical experiences in acute hospital and community care (*Appendix 7*). Learners will complete one academic half day of small group learning (in most cases this learning will occur remotely). GHC II 2 runs for 50 weeks of learning over the second year of the program.

HH/MED 3010 GHC III: This course runs over 33 weeks during the final year of the program and prepares learners for the transition to residency. GHC III includes 16 weeks of learning in Focused Generalist Experiences (FGEs) in the fall term, followed by a 15-week capstone learning experience (*see Appendix 7*). The FGEs may include clinical learning, research, or independent learning activities such as community service, advocacy, or leadership. FGEs may be completed at York University, with clinical or community affiliates in the York region, or elsewhere in Canada or internationally. The FGE learning will be assessed and evaluated by the faculty members supervising them. Each FGE must be a minimum of two weeks or a maximum of four weeks in length.

During the capstone learning experience, learners engage in required in-person learning at the York University School of Medicine or at clinical and community affiliates, as well as up to the equivalent of seven weeks of defined selective learning. Definitions of FGEs and elective and selective learning can be found in the *Glossary*.

GHC III consolidates program learning to ensure graduates meet the program learning outcomes and develop the skills needed for a successful transition to residency.

Becoming a Professional (BAP) and **Emerging Concepts and Innovations in Health (ECIH)**

HH/MED 1020 BAP I and **HH/MED 1030 ECIH I** run concurrently with **HH/MED 1010 GHC I** over the 49 weeks of learning the first year of the MD Program. It is expected that knowledge acquired in these required complementary courses is integrated and applied in the GHC courses in each year of the program.

HH/MED 2020 BAP II and **HH/MED 2030 ECIH II** run concurrently with **HH/MED 2010 GHC II** over the 50 weeks of learning in the second year of the program during the academic half-day of learning.

HH/MED 3020 BAP III and **HH/MED 3030 ECIH III** run concurrently with **GHC III** over the 33 weeks of learning during the final year of the program.

9. Identify the Program Learning Outcomes.[52]

The nine courses in the MD program curriculum are mapped to Program Learning Outcomes which are informed by the CanMEDS 2015 "physician competency framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve"[53] and were developed through a rigorous and iterative process involving the input and oversight of the Learning Outcomes Advisory Committee (*Appendix 18*), the Transitional Curriculum Committee (*Appendix 19*), the Assessment Committee (*Appendix 10*) and the MD Program Development Steering Committee (*Appendix 4*), each consisting of physicians and faculty members from York University.

1. Medical Expertise (ME)

Integrate medical knowledge, critical awareness of health determinants, professional skills, systems science and evidence-informed decision-making to deliver effective and equitable holistic care to persons throughout the life course.

2. Communicator (CM)

Apply communication strategies that establish and advance inclusive relationships with persons, their families, communities and colleagues, promote teamwork and contribute to culturally safe person-centred healthcare.

3. Professional (PR)

Integrate ethical values and principles with the highest personal and regulatory standards into learning, clinical care, research and interactions.

4. Health Advocate (HA)

Distinguish multidimensional determinants of health and health inequity, while working to address barriers to the improved wellbeing of the person and socially just health outcomes in communities.

5. Scholar (SC)

Demonstrate independent learning, teaching and research habits that will allow lifelong improvement of knowledge, skills, attitudes and professional behaviours in person-centred care and quality improvement.

6. Leader (LD)

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[52] Ideally, a program would have 8-12 Program Learning Outcomes (PLOs) that clearly reflect how the program meets Ontario's Degree Level Expectations. Support for visioning, defining, and mapping your PLOs can be found in the Office of the Vice Provost Academic.

[53] https://www.royalcollege.ca/en/standards-and-accreditation/canmeds.html

Demonstrate adaptive and empathic guidance within teams and the healthcare system to meet the needs of the person and community in delivering ethical high-quality healthcare.

7. Collaborator (CL)

Demonstrate effective, respectful and reciprocal engagement in inter-and intra-professional healthcare teams to facilitate evidence-informed person-centered care.

8. Doctor as Person (DP)

Demonstrate self-awareness, a growth mindset, resilience and the ability to ensure personal well-being while contributing to quality healthcare practice.

10. Describe and/or map how your Program Learning Outcomes map onto Ontario's Degree Level Expectations.

MAP OF PLOS TO ONTARIO'S UG DEGREE LEVEL EXPECTATIONS							
		Depth and breadth of knowledge	Knowledge of methodologies	Application of knowledge	Communication skills	Awareness of limits of knowledge	Autonomy and professional capacity
1.ME	Integrate medical knowledge, critical awareness of health determinants, professional skills, systems science and evidence-informed decision-making to deliver effective and equitable holistic care to persons throughout the life course.	X	X	X	X		
2. CM	Apply communication strategies that establish and advance inclusive relationships with persons, their support networks, communities and colleagues, promote teamwork and contribute to culturally safe person-centred healthcare.			X	X		
3. PR	Integrate ethical values and principles with the highest personal and regulatory standards into learning, clinical care, research and interactions.	X	X	X		X	X
4. HA	Distinguish multidimensional determinants of health and health inequity, while working to address barriers to the improved wellbeing of the person and socially just health outcomes in communities.	X	X	X			X
5. SC	Demonstrate independent learning, teaching and research habits that will allow lifelong improvement of knowledge, skills, attitudes and professional behaviours in person-centred care and quality improvement.	X	X	X		X	X
6. LD	Demonstrate adaptive and empathic guidance within teams and the healthcare system to meet the needs of the person and community in delivering ethical high-quality healthcare.			X			X
7. CL	Demonstrate effective, respectful and reciprocal engagement in inter-and intra-professional healthcare teams to facilitate evidence-informed person-centered care.			X	X		X
8. DP	Demonstrate self-awareness, a growth mindset, resilience and the ability to ensure personal well-being while contributing to quality healthcare practice.			X		X	X

11. Describe how the program's structure and requirements meet the program objectives and Program Learning Outcomes.[54] Provide a curriculum map as an appendix (*Appendix 8*).

The program will use a **competency-based medical education (CBME)** framework to meet the program objectives. This learner-centred framework requires learners to demonstrate competency in course learning outcomes (*Appendix 15*) that are sequenced progressively to facilitate a developmental approach to learning. This approach incorporates tailored learning experiences and competency-focused instruction that is intentionally designed to support learner progression toward the learning outcomes. Learner progress is regularly assessed to ensure learners remain on track in meeting competency milestones.

This framework will be applied to our curriculum of three longitudinal courses, which are each offered concurrently over the three years of the program (*Appendix 7*):

- Generalist Health Care (GHC)
- Becoming a Professional (BAP)
- Emerging Concepts and Innovations in Health (ECIH)

Learning will be scaffolded in each course over the three years of the program in increasing depth and complexity.

While there will be considerable integration of concepts and content across the three courses, the curriculum, as a whole, will be bound together by **four themes** that are woven throughout the courses (*Appendix 7*):

- Foundational Science
- Health Services & Systems
- Equity Diversity & Inclusion and Practices
- Indigenous Ways of Knowing, Being and Doing

The **Foundational Science** theme provides learners with a comprehensive understanding of the scientific principles underlying medicine, integrating biomedical, clinical, behavioural, and social sciences. Not only is this essential for comprehending both the principles of medicine and mechanism of disease that underpin generalist primary care, but it moves beyond the previous paradigm which placed a heavy emphasis on biomedical science at the expense of a wholistic understanding of the person, their lived experience and sociocultural context. Within the **Health Services & Systems** theme, learners learn about the health system as a collection of organizations, people and resources that work to promote, restore, or maintain health, while understanding health services as actions that contribute to improved health, such as diagnosis,

[54] The proposal should make a clear distinction between Degree Level Expectations, program objectives, and Program Learning Outcomes (See Quality Council's website for definition and guidance in differentiating these program elements).

treatment and rehabilitation. The **Equity, Diversity & Inclusion and Practices** theme demonstrates a commitment to understanding and addressing systemic inequities and their impact on health. It prepares learners to deliver culturally competent care and promote health equity for diverse patient populations by incorporating intersectionality and fostering inclusivity. Finally, the **Indigenous Ways of Knowing, Being and Doing** theme provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

A wide range of learning strategies are employed throughout the curriculum to meet the Program Outcomes. These include:

- Facilitated reflection (longitudinal & systematic)
- Small group learning
- Interprofessional team problem-solving
- Plenary lectures, demonstrations, and presentations combined with small group seminar sessions
- Self-directed learning
- Supervised projects on learning and applying principles of evidence-informed medicine and clinical decision-making in addition to quality care
- Experiential learning and skills practice in community and clinical settings
- Reflective portfolio development and review of clinical cases, medical procedures, ethical dilemmas, social considerations, and community health cases.

Grounding the curriculum through all years of the program is **Case-Based Learning** (CBL), which is intended to consolidate learning to meet the MD Program's Learning Outcomes. In this inquiry-driven learning strategy, learning is centred on cases that require learners to develop foundational science knowledge and apply it in clinical scenarios. This method supports critical thinking, clinical reasoning, and integration of knowledge—core competencies expected of generalist primary-care physicians. Cases will include a range of themes from social and community health to Indigenous wisdom and healing practice while incorporating social and structural determinants of health and other foundations of person-centred care that cover Physiology, Pathology, Diagnostics, Pharmacology, Clinical and Social/Behavioural interventions. Foundational science learning in the cases will be supported by integrated systems-based modules that learners can engage with asynchronously online or synchronously via team-based learning or just-in-time teaching during large group sessions. At the same time, learners will participate in simulation sessions and community-based placements that are aligned with CBL cases and the integrated systems modules by incorporating authentic clinical questions. This allows learners to apply theoretical knowledge of the foundational sciences in practical settings and supports the development of clinical skills, empathy, and community engagement.

Underpinning the inquiry-driven practice of CBL is Evidence-Based Medicine (EBM). The information literacy that is at the core of EBM will be integrated throughout the curriculum

starting in week one. Learners will perform literature searches and develop their critical appraisal skills to identify valid sources of foundational science knowledge and apply them to the cases. This will also be complemented through asynchronous EBM modules and large group learning sessions dedicated to fine-tuning these skills.

As the curriculum is competency-based, learners will be regularly assessed on competencies developed for the program. Learners' progression will be carefully assessed, and clear communication of expectations and advancement milestones will be provided in advance. Learners will demonstrate competence in the key attributes of being community-rooted; primary care-focused; interprofessional and team-based; innovative and systems-oriented; and lifelong learners and educators.

Generalist Health Care

The first year of GHC provides learners with a foundation in principles of medicine, preparing them for their clinical learning in GHC II. They will be introduced to primary, interprofessional and generalist care that integrates the foundational sciences (biomedical, behavioural and social sciences) with the values of the person seeking care, determinants of health, and systems of care to understand health presentations and outcomes. The course will consist of three modules. One module is divided into three sequential units that spiral learning of the clinical and foundational sciences in increasing depth and complexity, moving from a foundational understanding of the material to application to clinical presentations commonly seen by family physicians or primary care clinicians and involving three or more body systems. Foundational science topics like histology and anatomy will be supported by laboratory learning. The other two modules, Clinical Skills and Simulated Patient Care Learning and Community Integrated Person-Centred Care, run concurrent to the three units over the academic year. In these modules learners learn how to approach clinical encounters through simulation and immersion in a clinic under the supervision of other health professionals. Both may involve interprofessional learning with students from other disciplines within the Faculty of Health, including but not limited to fields of Nursing, Psychology and Kinesiology and Health Sciences.

In the second year of GHC the learners continue learning about the integrated, person-centred approach to primary care, interprofessional practice and generalism by applying the principles of medicine that they learned in the first year in a variety of prescribed clinical care environments. Learning occurs in cohorts of six to eight learners that will be assigned to Longitudinal Integrated Clinical Learning Experiences (LICLEs) in either an urban or rural stream. The LICLEs will consist of a minimum 24-week longitudinal learning experience in a Family Medicine Clinic (rural-based for learners in the rural LICLE stream) working with other health professionals in the delivery of care; acute care learning experiences defined by the MD program (e.g. Emergency Medicine, Obstetrics, Internal Medicine, Surgery) in a mixture of inpatient and outpatient settings in a hospital and/or community care facility under direct supervision of faculty; community care clinical learning experiences, defined by the MD

Program in a community-based setting, such as Long-Term Care or community treatment clinics; and a four-week mandatory rural learning experience with a primary care physician for learners in the urban LICLE stream.

In addition to the clinical learning experiences, learners participate in one academic half day of hybrid case-based learning (CBL) or small group learning (SGL) in teams at regional clinical sites under faculty supervision. As well, learners will return to the campus for three Learning Retreat Weeks (LRW) throughout the year to consolidate and expand their medical and care knowledge. LRWs support deeper learning through learners reflecting on their clinical learning experiences; practicing and being assessed on skills that cannot be performed by medical students in a clinical setting (i.e. delivering bad news, simulation skills); project work; seminar or team based learning on defined key topics and outcomes; interprofessional learning; and completing assessments such as progress tests, Entrustable Professional Activities (key clinical tasks that learners must be able to perform independently by the time they enter residency) and Objective Structured Clinical Examinations (OSCEs).

The third year of GHC prepares learners for graduation and residency by consolidating learning from the previous two years of GHC through self-directed and active small group and large group learning, simulation and clinical learning; 16-weeks of elective learning through Focused Generalist Experiences (FGEs) of independently selected learning in clinical care/research/community/research learning experiences; community care experiences; and a capstone learning experience that includes up to the equivalent of seven weeks of defined selective learning at YUSoM locations. GHC III ensures learners have met the EPA, MD Program Outcomes and key competencies required to graduate with their Doctor of Medicine degree (MD).

Becoming a Professional (BAP)

In the three years of BAP, learners develop the ethos, values and attributes that shape their professional identity as future socially accountable, community-focused, primary-care generalist physicians. To develop this identity, course content across the three years will focus on Indigenous communities, history and ways of knowing, being and doing; the impact and legacy of colonization; ethics, bias and anti-racism; professionalism; community service; self-care and career development. Learners will also develop cultural humility and awareness of traditional healing practices, including opportunities to learn about and collaborate with Traditional Wellness Practitioners, where possible, and apply to relevant learning elsewhere in the integrated curriculum. In year 1, learners will participate in a one-year immersion in a community affiliated partner for a minimum of 20 hours of service-learning to help learners better understand determinants of health and/or the health and community systems. In year 2, learners will complete a one-year Quality Improvement project focused on community care and patient safety (preferably in the Family Medicine site for their LICLE). And in year 3, learners will complete a transition module that helps them develop the professional tools they need to succeed in residency and prepare for their future careers.

Emerging Concepts and Innovations in Health (ECIH)

The three years of ECIH are intended to keep pace with the rapid development of new concepts and innovations impacting healthcare, health systems and/or outcomes. Specifically, the course will provide deeper learning on health services and systems; technology and care, including artificial intelligence in healthcare; global and planetary health; interprofessional collaboration; new concepts in medicine; and advances in care and delivery. Additionally, some ECIH sessions will be used to further develop information literacy skills, like critical appraisal, and their application to evidence-based medicine. Over the three years of the course, learners will complete a team-based project that incorporates critical appraisal, developing a research question, formulating a project plan and ethics (if necessary).

Clinical Placements

Meaningful clinical experiences are essential to developing competent generalist physicians. By clearly defining the roles, expectations, and contributions of learners within community and interprofessional settings, the School of Medicine ensures that learners are active participants in clinical care while advancing the goals of generalist primary care. This approach emphasizes structured, competency-based learning, interprofessional collaboration, and alignment with community-based practice settings, supported by appropriately resourced faculty and robust community partnerships. Concentrating learners in community-based settings rather than primarily in large hospitals will allow them to demonstrate competencies in real-world contexts.

The LICLE model, in particular, puts person-centred care at the heart of the curriculum, and applies core principles of continuity for people, learning, clinical supervision, and communities – this makes it an excellent fit for primary health care and a generalist medical education. By embedding learners in the community through the LICLE model, the MD Program will ground learning in real-world experiences. Learners will engage with patients, gaining a first-hand understanding of the true impact of primary care. Additionally, the LICLE model emphasizes teamwork and practical experience, which aligns with the MD Program's goal of producing well-rounded, community-focused generalist physicians.

Faculty will be appropriately resourced and supported to enable learners to take meaningful and active roles during clinical placements such as the first year Community Integrated Person-Centred Care module (Family Medicine clinical placement), the LICLE, the FGEs and selectives. Success in this action depends heavily on the effective implementation of longitudinal learning experiences. Robust and supportive community partners will be developed, enabling learners to make a meaningful impact as will the creation of a robust Integrated Community-based Learning Network (ICLN) which will further facilitate and enhance the learning experience. Curriculum and clinical placements will integrate the multicultural diversity of Vaughan to prepare learners for culturally responsive practice.

Faculty Engagement and Development

Successful delivery of this curriculum depends on faculty engagement and development. The MD Program anticipates a core group of funded instructors for years 1-3 with a significant portion of generalist faculty, especially family physicians. This will be supported by a comprehensive engagement process with faculty across York University with expertise in areas such as ethics, health systems and global health. All of this will be strengthened by high-quality faculty development and advancement opportunities such as a mentorship program and the establishment of a regular and sustained process to acknowledge and celebrate achievements, ensuring continuous reinforcement of curricular goals.

12. Describe how your program reflects the current state of the discipline or area of study.

The quality of medical education standards in all medical schools in Canada is overseen by the Committee on Accreditation of Canadian Medical Schools (CACMS).[55] Accreditation is based on detailed standards concerning not only the Medical Doctor (MD) Program curriculum, but all aspects of operations including the School's leadership and administration, how faculty and students are selected and supported, social accountability, resourcing and infrastructure.[29] Like the MD programs in all other Canadian Schools, York's School of Medicine will comply with CACMS standards. Not only does this assure the quality of the medical education learners received is consistent with the state of the discipline in Canada, it also provides some uniformity in patient encounters and procedures students are required to learn, outpatient and inpatient experiences students must have, the context in which clinical learning experiences must occur, elements of curricular content across the biomedical, behavioural and social sciences as well as the lifecycle, and modes of assessment. Additionally, the York MD Program will abide by the CanMEDS competency framework which "identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve."[56] CanMEDS outlines key roles that these abilities are grouped into, which inform the Program Learning Outcomes of all medical schools across Canada, including the MD Program at York University.

All medical students in Canada are required to successfully pass the Medical Council of Canada Qualifying Exam (MCCQE) to be eligible for the Licentiate of the Medical Council of Canada as a requirement to practice medicine in Canada. All students advancing to Post Graduate Medical Education (i.e. a residency program) must successfully complete the MCCQE. The MCCQE is a "summative examination that assesses the critical medical knowledge and clinical decision-making ability of a candidate at a level expected of a medical student completing their medical

[55] https://cacms-cafmc.ca/about-cacms/. Accessed March 21, 2025

[56] https://news.royalcollege.ca/en/standards-and-accreditation/canmeds. Accessed March 21, 2025.

degree in Canada."[57] The program will use MCCQE results as an external benchmark to inform curriculum strengths, identify gaps, and drive continuous improvement, while not using them for progression decisions. Internal assessments will be mapped to MCCQE objectives for longitudinal tracking and early intervention. Areas of learning would include the following:

- Biomedical Sciences
- Social and Behavioural Sciences
- Systems Sciences
- Moral Reasoning and Judgement
- Social, Cultural, and Structural Dimensions of Health
- Anti-racism and Cultural Safety
- Indigenous Health Care, History, Ways of Knowing
- Population Health and Health Systems
- Digital Health and use of Artificial Intelligence in Medicine and Society
- Clinical Decision-making & Evidence-informed Practice
- Relationship Management
- Quality Improvement and Patient Safety
- Ethics
- Leadership, Teamwork, and Professionalism
- Effective Communication
- Interprofessional Learning and Practice
- Clinical Skills and Simulation
- Advocacy
- Self-Care and Wellness in the Profession
- Climate Change and Care

All MD programs in Canada, including York's, are structured to prepare students with the knowledge, skills and abilities to pass this regulatory examination.

As is the case in other medical schools, the curricular approach at York SoM is organized around a specific medical school schedule. This schedule in other Canadian medical schools consists of a Pre-Clerkship, Clerkship and Post-Clerkship phase which prepares them for residency. Though York does not use the term Clerkship, given its origins in a traditional apprenticeship model and its association with a colonial educational mindset, it roughly follows a similar trajectory. At York, the Clerkship phase is replaced by a Longitudinal Integrated Clinical Learning Experience (LICLE), where learners begin spending time in various clinical and community settings. In the first phase of our Curriculum, learners enter a foundational period, where they integrate the basic biomedical, behavioural and social sciences with the clinical skills to prepare them for the LICLE. Learners will also have learning experiences in clinical and community settings in their first year. Following the LICLE, learners

[57] https://mcc.ca/examinations-assessments/mccqe-part-i/. Accessed March 21, 2025.

participate in a final year of study where they apply for residency and have the opportunity for additional learning in Focused Generalist Experiences and selectives to better prepare them for their potential residency matches.

The MD program's use of a **competency-based medical education (CBME)** framework to meet its Program Objectives and support learner attainment of the Program Learning Outcomes is consistent with current trends in medical education. More and more schools are embracing these outcomes-based approaches to curriculum development, particularly in Canada, where it is being integrated into the CanMEDS framework.[58] This framework aims to provide a more authentic, real-world learning experience for students by placing an emphasis on practical skill development that integrates the biomedical and clinical sciences into student learning. Concomitant with this shift to CBME is the adoption of **programmatic assessment** as an assessment model to ensure the medical competencies are met.[59] Programmatic assessment, which the MD program is also adopting, is a critical element of CBME which emphasizes continuous feedback and improvement. It includes various assessment methods such as progress tests, student portfolios, Objective Structured Clinical Examinations (OSCEs) and Workplace-Based Assessments.[60] The curriculum will be reviewed and adapted to incorporate updates to the CanMEDS Physician Competency Framework as needed. All Canadian schools, including York, employ Entrustable Professional Activities (EPAs)—specific tasks or activities that medical students must be able to perform independently to demonstrate their competency and readiness for unsupervised practice.[61]

Within the curriculum, the MD program will employ Case-Based Learning (CBL), which is used widely throughout medical schools in North America. This learner-centred pedagogical approach employs real-world scenarios that learners work through in groups to "solve" the case and satisfy the learning outcomes. It complements the CBME framework as the cases can be designed to lead the students to desired learning outcomes while helping them develop the skills required to manage clinical cases such as critical and clinical thinking, decision-making

[58] Alharbi, NS. Evaluating Competency-Based Medical Education: A Systemized Review of Current Practices. *BMC Medical Education* 2024; 24, https://doi.org/10.1186/s12909-024-05609-6

[59] Gilchrist C and Bismilla Z. Objective Structured Clinical Examinations Practices Across Canadian Medical Schools: A National Overview. CMEJ 2025. https://journalhosting.ucalgary.ca/index.php/cmej/article/view/80144

[60] Wong, RY. The Future of Competency Based Learning and Workplace Based Assessment in Medical and Health Education. UBCMJ 2019; 10.2, 10-12.

[61] Royal College of Physicians and Surgeons of Canada. Entrustable Professional Education Activity (EPA) Fast Facts. https://www.royalcollege.ca/content/dam/documents/accreditation/competence-by-design/directory/cbd-epa-fast-facts-e.pdf.

and problem-solving.[62] Moreover, it emphasizes teamwork and collaboration, core skills needed in today's digital and fast paced world.

13. Does your program involve any significant innovative or creative approaches to content and/or delivery, especially relative to other such programs in Ontario or Canada? If so, what are they?

Learning in the MD program at York University will occur through a transformational community-based and person-centred curriculum that is supported by emerging technologies and aimed at the delivery of primary health care through interprofessional teams. It will be designed to produce Family Physicians as well as highly needed generalist specialists to whom family doctors most commonly refer their patients: pediatrics, general internal medicine, psychiatry, obstetrics & gynecology, and general surgery. Learners will benefit from opportunities to learn in multiple settings where patients are seen (e.g. home, clinic, hospital, long-term care, etc.), often seeing the same patients across those settings. This proposed approach is in stark contrast to traditional models of medical education where clinical training is largely or entirely hospital-based, focused on acute care, and typically organized as a series of rotations through specialty medicine departments, and without the longitudinal connections learners will have to patients, families, and teachers in the York curriculum. The traditional model is based on centring different diseases or pathologies, rather than centring people and their families through a continuity of experiences with prevention, early detection, illness or injury, treatment, rehabilitation, and recovery to wellness.

The learners will benefit from opportunities to train in multiple clinical and community settings, including Indigenous primary care health organizations (IPHCOs) in our service area which covers communities in northern Toronto, York Region, Simcoe County, the District of Muskoka, and adjacent rural areas. York will seek specific Relationship Agreements with the IPCHOs in our service area. The hospitals in this service area are community-focused hospitals, which are different than the provincially designated academic health sciences centres that are typically affiliated with older medical schools. They are well aligned with the vision for medicine at York. These and other health providers would come together with the University to form an Integrated Community-based Learning Network (ICLN). The ICLN would work collaboratively to provide York's medical learners with a sequence of placements and learning experiences focused on primary care. Agreements will also be made with hospitals and their primary care partners to facilitate these placements.

This community-based approach addresses both supply and demand barriers to access while placing social determinants of health and population health methodologies at the forefront of the curriculum, providing learners with an understanding of their implications across the spectrum of health promotion and illness prevention. This reinforces the MD program's holistic

[62] Maia D, Andrade R, Alfonso J, et al. Academic Performance and Perceptions of Undergraduate Medical Students in Case-Based Learning Compared to Other Teaching Strategies: A Systemic Review with Meta-Analysis. *Educ. Sci.* 2023, 13(3), 238; https://doi.org/10.3390/educsci13030238

approach to person-centred care by incorporating wellness promotion strategies including nutrition, physical activity, lifestyle and health behaviour change into learning, along with illness prevention, cure, chronic care management, rehabilitation, and palliation.

Unlike the traditional model, York's MD Program will also emphasize learning and working in interprofessional teams, strengthening primary health care through collaborative expertise and providing care to patients and communities. This will involve learners learning with, from, and about other health profession students in primary care including, but not limited to, nurses, nurse practitioners, rehabilitation therapists, social workers, pharmacists, dieticians, and others.

Additionally, the MD program will leverage the most recent emerging health technologies, artificial intelligence (AI), machine learning analytic methods, and innovation ecosystems and lifecycles to address individual and community health issues. When funding for the capital project becomes available, an anchor facility will be constructed in the Vaughan Healthcare Centre Precinct, near the Cortellucci Vaughan Hospital operated by Mackenzie Health. As the first new hospital to be built in Ontario in more than 30 years, a partnership with the Cortellucci Vaughan Hospital provides opportunities for training in smart technology systems and a data-rich environment.

Bringing these various innovations together is the MD program's Longitudinal Integrated Clinical Learning Experience (LICLE) model. In this model, learners begin spending time in various clinical and community settings early in their program, while they also undertake classroom learning. This has the advantage of creating educational continuity through medical school, residency and practice; continuity with patients and their families over time and across settings; continuity with clinical faculty; and continuity with communities. While maintaining a primary care focus, the LICLE model also allows for the integration of specialist training in fields that work most closely with Family Medicine, such as Obstetrics/Gynecology, and Psychiatry. A balance between specialization and family practice care will broaden learners' expertise to respond to current and future societal needs. This model will result in learners receiving better training, people experiencing better care, and communities becoming healthier and more resilient.[63] This innovative approach supports a meaningful health care experience that consolidates learning in real world health care settings and allows learners to develop deeper relationships with communities where they may then choose to practice. By making the LICLE model a cornerstone of the SoM's program, York University can showcase its commitment to producing excellent primary care providers who are ready to make positive

[63] Research consistently demonstrates equivalent or better outcomes for LICLE training compared to traditional block rotations across a wide range of outcomes for clinical and academic performance, satisfaction with clerkships, strong supervisor outcomes, better patient reported outcomes, and take up of family medicine and rural practices. See, for example: Dodsworth et al. 2023; Stupart et al 2020; Myhre et al 2014; Poncelet et al 2014; Woloschuk et al 2014; Poncelet et al 2011 Denz-Penhey & Murdoch 2010; Worley et al 2004

change in their communities within new innovative models of team-based care that embrace technology and focus on the health outcomes of the person and community.

Another innovation is the MD program's focus on producing family medicine and generalist physicians. This will be supported by the Focused Generalist Experiences (FGEs) and capstone learning experience which both appear in GHC III. Learners spend the first sixteen weeks completing elective learning in FGEs. The FGEs complement the MD program's focus on family medicine and generalist careers by being centred around the "Big 6" generalist career paths: Family Medicine, Psychiatry, Pediatrics, Obstetrics & Gynecology, General Surgery, Internal Medicine. The FGEs might include clinical learning, research, or independent study (i.e. community service, advocacy, leadership, law, health systems or education). In some cases, the FGEs could result in formal recognition for career development through badges or certificates. Policies and processes for FGEs will be developed to ensure alignment with program goals while respecting accreditation requirements. Strong messaging, mentorship, and coaching will be provided in years 1 and 2 so learners understand the focus on the "Big 6" career paths.

The second half of GHC III consists of the capstone learning experience, a critical opportunity to consolidate learning and prepare learners for residency and careers as Family Medicine and other generalist physicians. By aligning the experience with the FGEs and the attributes of a graduate of the York MD program, the capstone ensures that learners develop advanced competencies in clinical care, health systems, interprofessional collaboration, leadership and professional development.

Finally, the MD program incorporates Indigenous ways of knowing, being and doing into its curriculum as a recurring module that is spiraled throughout the three years of the Becoming a Professional course and as a theme woven throughout the curriculum. Educating Indigenous physicians and those interested in serving in Indigenous communities and incorporating traditional knowledge and ways of healing into the medical curriculum are central to the MD program's mandate of increasing accessibility to quality culturally appropriate healthcare. Also, it demonstrates the MD program's commitment to the Truth and Reconciliation Commission's Calls to Action, directly addressing calls to action 22 to 24 in a way that other medical schools do not. [64]

Truth and Reconciliation Commission of Canada: Calls to Action

Of the 94 Calls to Action, there are several that have direct implications for the admissions and curriculum of Canadian Medical Schools, and which have been taken up by all Canadian Medical Schools, as reflected in the Association of Faculties of Medicine of Canada (AFMC)

[64] Truth and Reconciliation Commission of Canada (2015). Truth and Reconciliation Commission of Canada: Calls to Action. Available at: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Joint Commitment to Action on Indigenous Health (JCAIH) Reports.[65] York's SoM, and the health professional programs in the Faculty of Health, will embrace and implement the following Calls to Action:

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

    i. Increase the number of Aboriginal professionals working in the health-care field.

    ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

    iii. Provide cultural competency training for all healthcare professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

York's MD program is specifically geared to graduating outstanding students who choose to enter a career as primary care physicians to address the most important gap in our current health care system. It is progressive and different from traditional medical school curricula which have a greater emphasis on hospital-based medicine and on exposing students to specialists and sub-specialists in treating acute disease. While these other schools are excellent at what they do, they have relatively low uptake for primary care (as a career of first choice) among their graduates which is unsurprising given how little focus is paid to primary care in students' education. While many medical schools are now working toward greater focus on primary care, established curricula, systems, and infrastructure change slowly. York's biggest innovation will be that it can build an MD program **in a different way from the ground up.**

14. Describe how the proposed mode(s) of delivery facilitate students' successful completion of the Program Learning Outcomes.

[65] Anderson M, Crowshoe L, Diffey L, Green M, Kitty D, Lavallee B, Saylor K, Richardson L, (Writing Working Group) on behalf of the Indigenous Health Network. (2019). Joint Commitment to Action on Indigenous Health. Association of Faculties of Medicine of Canada. Available at: https://www.afmc.ca/wp-content/uploads/2022/10/AFMC_Position_Paper_JCAIH_EN.pdf

Learning in the MD Program will predominantly occur in person. GHC I will consist mainly of case-based, small-group, large group, simulation and clinical learning. GHC II consists of the LICLEs, mainly clinical learning at various affiliated healthcare sites ranging from family practices to hospitals. During the LICLE, one half-day of GHC II or BAP II learning will occur in either a hybrid or virtual capacity. GHC III consists of a mixture of active learning case-based, small-group, large group and simulation learning with FGEs and selective learning that will predominantly occur in clinical settings. The BAP and ECIH courses will be delivered mainly through small group learning.

Overall, the development of learning content, choice of delivery modalities and selection of faculty teaching assignments are based on the following assumptions which lay at the core of the MD Program Outcomes:

- Organizing the curriculum around the principle of improving person-centered care (understanding the whole person and their experience in the context of their community), working in interprofessional teams, and improving outcomes provide a basis for successful and sustainable LICLEs, wherein the learner has meaningful participation in person-centered care that benefits patients and clinicians.
- Medical program quality, sustainability, and learner experience are best served by ensuring there is a stable group of dedicated family medicine clinician educators coordinated with generalist specialists and other health professions.
- Primary care medicine at York University requires multi-disciplinary perspectives.

The proposed modes of delivery support the active and experiential learning pedagogies on which contemporary medical education is based given the breadth and depth of knowledge required to deliver healthcare. They foster the development of self-directed, lifelong learning skills which are essential to the success of any practicing physician, and they are specifically geared to graduating outstanding learners as primary care physicians capable of addressing the most important gaps in our current health care system.

Additionally, in alignment with the School's commitment to equity and social accountability, the delivery model also includes tailored supports for Black and Indigenous learners. These supports will recognize the unique contexts, barriers, and strengths these students bring, and will include mentorship opportunities with Black and Indigenous physicians, Elders, and community leaders; culturally safe learning environments; and connections to community agencies and networks. Learners will be supported to engage with organizations such as the Black Physicians' Association of Canada (BPAC), the Black Medical Students' Association of Canada (BMSAC), the Indigenous Physicians Association of Canada (IPAC), and other student-led networks that foster belonging, advocacy, and mentorship. In addition, program delivery will integrate principles of cultural humility, reconciliation, and anti-racism to ensure that Black and Indigenous learners are fully supported to thrive and succeed in meeting the Program Learning Outcomes.

Assessment of Teaching and Learning (QAF 2.1.2.4)

15. Describe the methods for assessing student achievement of the Program Learning Outcomes and Degree Level Expectations and the appropriateness of these methods.[66]

The course learning outcomes are mapped to the MD Program Outcomes, and all assessments methods are linked to, and chosen to reflect, the course outcomes. The assessment strategy for the MD Program is a combination of formative and summative assessments, using two frameworks:

i. **Programmatic assessment**: A method that collects assessment outcomes in a meaningful way to gain a holistic picture of the learner's competence and development.[67] This framework, utilizing both formative and summative type of assessments, emphasizes continuous, integrated assessments that capture many competencies over time. Formative assessments help learners receive ongoing, diverse feedback across various skills. Summative assessments add good quality evidence to the collected data and thus, strengthen assessment decisions about each learner's performance.

ii. **Competency based medical education** (CBME): This framework includes clearly articulated outcome competencies, competencies that are sequenced progressively to facilitate a developmental approach, incorporating tailored learning experiences and competency-focused instruction.[68]

A core component of the assessment method for MD Program learners will be their mandatory use of a portfolio with an assigned Faculty Academic Coach (FAC). The FAC acts as another set of eyes to help interpret the patterns in the assessment data and provides coaching and/or support for the learner. The use of portfolios, at their most basic, can be likened to a simple filing cabinet or storage locker, holding various assessments collected by the learner. Importantly for this MD Program, the use of portfolios for assessment in medical education will be more complex in that its use is designed to structurally support a move away from relying on "snapshot" (i.e., single point in time) examinations towards broader methods, determining

[66] Programs should ensure that the plans for monitoring and assessing learner achievement provide an assessment of learners currently enrolled in the program, as well as post graduation metrics for alumni. Please see guide on Assessment of Teaching and Learning from Quality Council on how to satisfy these criteria.

[67] Torre D, Schuwirth L. Programmatic assessment for learning: A programmatically designed assessment for the purpose of learning: AMEE Guide No. 174. Med Teach. 2024 Oct 5:1-16. doi: 10.1080/0142159X.2024.2409936. Epub ahead of print. PMID: 39368061.

[68] Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J; International Competency-based Medical Education Collaborators. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009. doi: 10.1097/ACM.0000000000002743. PMID: 30973365.

if the articulated learning outcome(s) have been met.[69] The broader method of considering assessment data and reflective feedback using a portfolio, along with a supportive FAC, encourages closer links between the outcome of an assessment and the direction of learning the learner should take. The use of a portfolio is also thought to enhance the assessment and consideration of areas that are difficult to assess by traditional methods in a wide range of clinical contexts, such as attitudes, personal attributes, reflection, and professionalism.

Five steps occur in the portfolio assessment process, modified from those proposed by Davis et al.:[70]

1. Collection of the evidence of learning using various assessment methods chosen to purposely fit specific learning objectives.
2. Reflection on the knowledge, skills, and behaviours demonstrated by the learner, guided by an FAC.
3. The identification of learning need(s) of that learner moving forward (e.g., where has the required knowledge, skills, and behaviours expected of the program been effectively demonstrated or in need of more work).
4. Evaluation of the assessment evidence in the individual being by a group exclusive of the FAC. Evaluation of the assessment evidence for the individual is conducted by a committee excluding the FAC.
5. An assessment decision based on pre-defined criteria.

In the MD Program, the various assessment methods have been determined. For context, there are three courses that recur in each of the three years of the MD Program. The clinical experiences required by medical learners are integrated learning experiences throughout the three years. The choice of specific assessment tool(s) – reviewed and recommended by the MD Program Assessment Committee (MDAC) – is outlined below in *Table 1* and *Appendix 8,* and is linked to each learning outcome by course and program. The current MDAC is tasked with developing the assessment component of the proposed MD program.[71] Its role and responsibilities will evolve once the MD program is operational (*Appendix 10*).

Courses: will be structured into modules and if a learner does not complete the assignments or requirements outlined in the course syllabus for a specific module, a remedial work plan will be developed, discussed with the learner and implemented. Learner performance will be assessed against pre-established performance benchmarks, conveyed using rubrics where appropriate.

Credit/No-Credit: All courses in each year of the MD Program will award Credit or No-Credit standings. There will not be a minimum passing grade for learners to achieve, but learners

[69] Haldane T. "Portfolios" as a Method of Assessment in Medical Education. Gastroenterol Hepatol Bed Bench, 2014:7(2):89-83

[70] Davis MH, Ponnamperuma GG. Portfolios, Projects and Dissertations. In: Dent JA, Harden RM, editors. A Practice Guide for Medical Teachers. London: Elsevier Churchill Livingstone; 2006

[71] Assessment Committee - School of Medicine

must demonstrate the learning outcomes of the course have been met to be awarded the standing of Credit.

Assignments: Learners' will be required to complete (depending on the task either individually and/or in teams) various assignments as outlined in the course syllabus throughout the MD Program. These may include reflections, concept maps, oral presentations (individual or group), quality improvement (QI) projects, scholarly projects and critical appraisal activities, with opportunities for feedback.

Community Feedback: Provides an opportunity for learners to receive feedback from individuals and groups in the community based on their experiences and interactions in person-centered care. This feedback will help learners strengthen their communication and professionalism skills.

Feedback in Small Group Learning: Prepares learners for giving and receiving feedback about their participation and contribution to the learning process, as well as allowing them to focus on their progression. It will also serve as a metric for their participation in various MD-Program defined competencies (e.g., Collaborator, Communicator, Leader etc.). Self and peer assessments will provide learners with the opportunity to reflect on their learning, participation, communication, and team function skills, while also improving their collaborative skills. Facilitators will provide formative feedback episodically (e.g., every three to four weeks) throughout small group learning experiences as well as at regular intervals/checkpoints throughout the year, helping learners identify strengths and areas for improvement.

Simulated Setting Assessment: Refers to the assessment of learner performance by faculty or trained assessors in simulated environments. This includes direct observation of skills, decision-making, communication, and professionalism.

Objective Structured Clinical Examinations (OSCEs): Provides learners with a simulated environment designed to assess clinical skills, communication and a person-centered approach to care. In addition to informal feedback from faculty during these simulated sessions, there will be a series of multi-station OSCEs throughout all 3 years of the MD program. OSCEs will assess learners through timed stations, involving a simulated or standardized patient (SP), with learner performance assessed against a standardized scoring rubric. Formative OSCEs will offer an opportunity for learners to receive feedback from the faculty, before moving on to the next station.

Peer Feedback: Provides an opportunity for learners to receive constructive feedback from their peers (intra- and inter-professional) based on observed interactions, collaboration, and professionalism. This will promote communication and teamwork skills and encourage reflective practice and mutual learning.

Progress Tests: Will be administered three times annually during the MD Program to assess cumulative knowledge and its application using a person-centred care approach. The progress

tests will be designed to complement the curriculum's structure to support, reinforce and advance learning. They will integrate learning material from prior learning modules or experiences into future assessments, supporting learners in meeting the MD program learning outcomes and preparing them for residency in a generalist entry stream at the end of Year 3. This approach will also help learners self-assess their understanding, identify knowledge gaps, and facilitate the early identification of learners who may benefit from additional support. Any learner who fails to achieve the passing standard will be reviewed and may be required to complete remedial work and/or undergo repeat testing.

Quizzes: Consists of multiple-choice questions covering content from the learning sessions. Feedback on correct and incorrect answers will help reinforce learning and identify areas for improvement.

Standardized Patient Feedback: Provides learners with insight into their communication, professionalism, and clinical skills. Trained standardized patients will simulate real patient encounters and offer structured feedback based on predefined criteria. This approach supports self-reflection, promotes person-centered care, and enhances clinical readiness in a safe, simulated environment. SP feedback can be a standalone activity or can be incorporated as part of an OSCE.

Workplace-based assessment (WBA): Occurs throughout simulated, small group, community based, and clinical learning across all three years of the MD program at regular intervals, with faculty assessing learners' knowledge skills and abilities to reach the defined program level of competence.

Entrustable Professional Activities (EPAs): Defined as "tasks or responsibilities to be entrusted to the unsupervised execution by a learner once he or she has attained sufficient competence".[72] Ratings of various EPAs are a foundational assessment method for use in a CBME medical curriculum. The AFMC created the undergraduate medical education EPAs list (*Table 2*) to represent the "tasks of a physician that all learners entering a residency program in Canada are expected to perform under indirect supervision".[73] Each EPA will have defined pre-entrustable and entrustable behaviours and milestones, which will serve to guide the assessor. EPAs themselves only become a method of assessment when used with an EPA rating scale (*Table 3*).[74] EPAs will be embedded in various assessment tools that are "fit for purpose" for the MD program. The assessment rubrics (to be developed) will be mapped to various EPAs and learning outcomes, and it is expected that learners will progress from direct supervision to increased independence as they demonstrate competence.

[72] ten Cate O. Nuts and Bolts of Entrustable Professional Activities. J Grad Med Educ 2013; 5:157-8

[73] Association of Faculties of Medicine of Canada, AFMC Entrustable Professional Activities for the Transition from Medical School to Residency, 2019. Available from: https://www.afmc.ca/wp-content/uploads/2022/10/AFMC_Entrustable-Professional-Activities_EN_Final.pdf . Accessed March 13, 2025

[74] ten Cate O. A Primer on Entrustable Professional Activities. Korean J Med Educ 2018;30(1):1-10

Self-Assessment: Learners reflect on their performance, identify strengths and areas for improvement, and set goals for educational and professional growth. Through reflections, self-assessment will promote self-directed learning, and the development of critical thinking and lifelong learning skills.

Portfolio Review: Provides learners with an opportunity to reflect on their academic and professional growth by compiling evidence of learning, feedback, and achievements over time. The FACs will review the portfolio to offer formative feedback on progress toward competencies, helping learners identify strengths, address gaps, and set goals for continued development.

Guided Self-Review: Provides a collaborative process between the learner and the FAC to identify patterns and insight following a review of multiple assessment tools contained in the portfolio gathered over a defined time (Curriculum Check points). These finding will be captured as a part of the learner portfolio.

Universal Design for Assessment: Universal Design for Assessment (UDA) ensures that assessments are fair, accessible, and supportive of all learners, regardless of their backgrounds or abilities. For YUSoM MD program that utilizes programmatic assessment and a competency-based approach, UDA will be implemented in the following ways:

1. Representation

   The MD program will use a diverse set of assessment methods such as formative quizzes, progress tests, workplace-based assessments, and reflective work to assess learning in multiple ways, ensuring that no single method disadvantages any learner. This is supported by structured assessments that are validated and reliable, with clear instructions and rubrics, making expectations transparent. The program will also aim to provide assessments in multiple formats, such as digital or written, and ensure accessibility for learners with disabilities (e.g., screen reader compatibility, etc.).

2. Action and Expression

   The MD program incorporates a competency-based approach to assessment. Learners will be provided the opportunity to demonstrate competencies through different modalities such as progress tests, written reflections, clinical interactions, and OSCEs. FACs will guide learners in using feedback from various assessments to identify learning gaps and adjust their learning strategies.

3. Engagement

   The MD Program incorporates personalized learning plans, competency-based progression, and a supportive learning environment. Through reflective journaling, learners will actively engage in self-assessment and goal setting, making their learning journey more meaningful. The MD Program Success and Progression

committee (MDSPC) will use a holistic review of assessment data rather than relying on high-stakes exams, reducing test anxiety and allowing for a more individualized approach to learner development. The MDSPC terms of reference can be found in *Appendix 11*. Small group learning and FAC will provide ongoing feedback, helping learners stay engaged and motivated.

16. Describe the program's plans to monitor and assess the overall quality of the program.

The MD Program Curriculum Committee (MDCC) will oversee all operational committees within the MD program. It monitors all aspects of the curriculum to ensure alignment with accreditation standards, is organized and integrated across all three years, and aims to continually improve the delivery to best fulfill the MD Program's vision and defined outcomes. Each operational committee reports to the MDCC and plays a specific role in the design, management, integration, evaluation, and continuous improvement of the curriculum.

This section covers the MD Program's approach to documenting learner performance levels to assess the overall quality of the program.

Ongoing Course Review and Faculty Development

Internal to the MD Program, several methods of data review will be utilized to maintain and improve program quality over time.

- Through the Learning Management System (LMS), the medical learners will have the opportunity to provide confidential feedback throughout the courses/themes each year on their learning experience, curriculum, resources, organization and other aspects of course delivery.
- Each of three courses per year will have a Faculty Lead, as well as a Theme lead. These leads will have the responsibility of regularly reviewing course outcomes and evaluation data to ensure the MD program is meeting its goals.
- An aggregate annual report will be created for the MD Program Curriculum Committee (MDCC) based on the feedback, and recommendations for improvement will be generated for review by the MDCC to monitor quality against standards and improve the overall learning experience.
- All three progress tests, as well as the Objective Structured Clinical Examinations (OSCEs) will have post-administration psychometric item analysis to determine the performance characteristics of the test items. For the progress tests and quizzes, all item writers will be trained in the construction of higher-quality questions that assess at the desired level of Bloom's taxonomy,[75] and the MD program will use the feedback from psychometric item analysis reports from the progress tests to help item-writers

[75] Anderson, L. W., Krathwohl, D. R., & Bloom, B. S. (2001). A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives. New York: Longman

and OSCE examiners to continuously improve the questions. For OSCEs, all examiners will be trained and calibrated as per best-practices in assessment. Post-exam analyses will provide feedback, add validity to the assessment process, and provide feedback for examination and examiner improvement.

- All Faculty Academic Coaches (FACs) working with learners and their portfolios will be trained in determining holistic performance from multiple data points amassed by their assigned learner. They will be trained to use a supportive coaching framework, working with the learner to help them improve and learn. FACs will not "assess" the learner per-se except if the learner does not engage in the process – leading to a professionalism citation.
- Sessions utilizing simulation will be debriefed, with records kept over time to look for patterns for both individual learners and teams of learners. The simulation laboratory will have a Faculty Lead and will produce an annual report of activities and quality initiatives with action plans in place.
- Faculty leaders and core educators will meet bi-annually (twice a year) to assess what is working well and what may need to change based on their experience, new innovations and findings in the literature, and program evaluation data collected. Any recommendations will be shared with the MDCC.

Within the governance structure of the MD Program, the MD Program Assessment Committee (MDAC) is tasked with determining the best approach to assessment and reviewing defined outcome metrics for tools used for a given learning objective. To ascertain which assessment method is 'fit for purpose' and will support and promote learner learning and progression, the Committee will utilize van der Vleuten's utility index formula,[76] which provides a structured approach to decision making by considering the combined impact of reliability, validity, educational impact, feasibility and acceptability. This index is not a psychometric tool itself but rather a guiding model for evaluating the overall usefulness of different assessment methods. Selecting an assessment method involves context-dependent decisions and an appreciation that assessment is not simply a measurement tool but an instructional design strategy, comprising educational, implementation and resource aspects.

The Associate Dean, UGME will report to the Dean through the MDCC annually on the strengths and weaknesses of the MD Program's approaches to monitoring of, determinations of, celebrations of, and planned responses to concerns related to and changes planned to enhance the quality of the MD Program assessment process.

External to the MD Program, the school will be expected to participate in the cyclical review process overseen by the medical school accreditation body: the Committee on Accreditation of Canadian Medical Schools (CACMS) – see *Question #19* below for more detail on accreditation.

[76] van der Vleutin C, Schuwirth L. Assessing Professional Competence: From Methods to Programmes. Med Educ 2005;39(3):309-17

Ongoing Learner Evaluation

- Learners will have the opportunity to evaluate Clinical and Non-Clinical Faculty teachers and Faculty Academic Coaches (FACs) using York University faculty evaluation questionnaires that will be standardized to align with York processes for evaluation (see section below).
- Faculty who are core teachers in the program, will be required to participate in faculty development training to help them in providing feedback to learners, as well as to assist them in using various assessment tools to measure learner outcomes.
- Faculty will receive annual individualized feedback on the frequency and type of feedback they have given to Learners. The goal is to aide in identifying possible improvements each faculty member could consider in their approach to improving their feedback.
- Faculty will have access to their evaluation reports at the end of each academic year, provided they meet the minimum number of evaluations completed for them.
- Learners will be involved in evaluating all aspects of the assessment methods chosen among other aspects of the curriculum.
- Learners will have representatives on the assessment governance committee. Learner input is a crucial component of the CACMS accreditation process through the Independent Student Self Study and with interviews from the site team (*Appendix 9*).

17. Describe the program's plans to monitor and assess whether the program is achieving in practice its proposed objectives.

External metrics: The MD Program will utilize various metrics to assess whether program objectives are being met. These will include advancement and graduation rates, Medical Council of Canada (MCC) examination results, Canadian Residency Matching Service (CaRMS) success rates, learner residency choices by discipline, eventual practice settings, AFMC Student Questionnaire (Entry, Pre-clerkship, Graduation) and the readiness for residency survey. A dedicated committee will be established (MD Program Evaluation and CQI Committee - MDECQIC) that will meet three times a year to review this data and present the findings to the MDCC. Any concerns identified are discussed, and recommendations are forwarded to the relevant committees to support curricular improvements.

Advancement and graduation: The MD Program anticipates that all learners will advance to the next year on time and graduate at the end of three years of the MD program. Learners with academic challenges will be monitored closely to ensure early intervention and support. The MD Program Student Success and Progression Committee (MDSPC) will track learners' performance-related data and forward to the MD program Learning Support Committee (MDLSC), for any necessary learning-related action plan. The MDLSC terms of reference can be found in *Appendix 12*.

Performance on the Medical Council of Canada's (MCC) national examination: The MD program will monitor the pass rate for third-year learners on the MCC examination. The report

showing the performance of learners across all of the eight dimensions of the MCC blueprint will be reviewed by the MDCC and recommendations will be made to the relevant operational committees in the governance structure. The target is to be at the level of or above the national standard.

CaRMS Match rate and speciality: The CaRMS match rate of MD Program learners into residency programs will be reviewed, as well as the speciality to which the learners are matched. The MD Program's target speciality where most of the learners will be matched to is Family Medicine; and the MD program will also target generalist specialists, to meet the societal demands and the vision of YUSoM.

Practice setting of graduates: The MD Program anticipates that learners enrolled in the program will choose Ontario as their preferred province to practice medicine. With a focus on primary and generalist care and clinical experience starting from Year 1, learners will be encouraged to choose family medicine and generalist specialist residency programs with Ontario as their first choice. This approach aligns with the growing demand for family physicians and generalist specialists in the region.

The Association of Faculties of Medicine of Canada (AFMC) Student Questionnaire. (ASQ): The AFMC ASQ sends out three surveys during medical school: one at the start of Year 1 (Entry survey), one before clerkship (Pre-clerkship or mid-point survey), and one at the end of Year 3 (Graduation survey). These surveys provide additional insight into how learners perceive their educational experience. The data from these three surveys will also be triangulated to provide an overall picture of how learners perceive their medical school experience at different stages.

18. Describe the program's plans to monitor and assess whether its students are achieving the Program Learning Outcomes.

Assessment in the MD Program is integral to guiding and supporting learners in their journey to meet all defined program outcomes required for graduation. The program has adopted a competency-based medical education framework that, by design, is learner-centered, programmatic in approach, and timely in providing feedback. These principles and processes for successful learner progression through MD Program assessment across all courses of the 3-year curriculum are discussed below.

Role of the MD Program Success and Progression Committee (MDSPC)

The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The MDSPC functions as the key operational committee responsible for monitoring the performance of both individual learners and yearly cohorts throughout the MD program. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios. The following assessment-related data will be monitored and

reviewed regularly at predefined checkpoints (approx. 1-2 months) throughout the academic year:

- Performance in modules, defined learning experiences, courses, and thematic concepts
- Regular formative quizzes for self-informed learning
- Progress tests (administered three times per year)
- Objective Structured Clinical Examinations (OSCEs)
- Workplace-based assessments
- Small group learning assessments
- Assignments and projects
- Reflective learning portfolios

This wholistic approach to assessment uses the above information to ensure that progression decisions are based on multiple data points collected over time, allowing for a progression decision based on multiple assessments and assessment methods over time rather than relying on point-in-time examination results

The MDSPC will include faculty members from across the University with relevant expertise in medical education and assessment. Membership will also intentionally incorporate individuals with an EDI lens to ensure that progression decisions are informed by principles of equity, diversity, inclusion, and social accountability. This representation will help safeguard fairness and cultural safety in reviewing learner performance and making progression decisions.

In addition, professionalism is an integral component of academic performance and is an essential criterion for progression through the MD program. Should a learner be found to have a lapse in professionalism (as per the School of Medicine's Professionalism Policy), the MDSPC will be notified of the outcome and will collaborate with the MD Program Professionalism Committee to integrate any required remediation into the learner's remediation plan. The MDSPC will also monitor the learner's adherence to these professionalism remediation measures alongside academic supports, ensuring a coordinated approach to safeguard progression decisions.

The MDSPC is responsible for:

- Assigning a progression status to each learner (*Table B*)
- Referring learners to the MD Program Learning Support Committee (MDLSC) when the learner's academic performance suggests that additional support or remediation is deemed necessary
- Monitoring learner compliance and outcomes while undergoing all levels of remediation
- Liaising with the MD Program Professionalism Committee to coordinate and implement required professionalism remediation within the learner's remediation plan

- Notifying the Associate Dean, Undergraduate Medical Education (UGME) of any learner assessment or progression concerns
- Requesting a review of an assessment process or tool by the Assessment Committee due to class or cohort outcomes
- Recommending graduation eligibility to the Associate Dean, UGME

Triggers for Intervention

The MDSPC intervenes when a learner demonstrates a pattern(s) of concern in their assessments, including:

- Failure to meet defined stages of module, defined learning experiences, course, or thematic requirements
- Achieving below the defined benchmark serving as the competency threshold on assessments
- Patterns of concern emerging in the learner's portfolio (visualized through a "heat map" of the learner's assessments to date)

If a learner is categorized as Progressing with Support or Not Progressing, they are referred to the MD Program Learning Support Committee (MDLSC) for an individualized remediation learning-action plan created to support learners in achieving the learning outcomes (*Table C*).

Learning Portfolios as a Core Assessment Tool

A portfolio is composed of the various assessments amassed by that learner over a period of time. A collection of assessments is not an assessment method. But portfolios, with the aid of an appropriately trained FAC, facilitate and support reflective work undertaken by the learner on how they are demonstrating how they meet the learning objectives and outcomes, and where their energies for further learning or study might need to be further focused. The FAC can help improve the insight a learner gleans during their reflective work and can provide guidance as to possible learning plans, approaches, and experiences to strengthen any areas deemed needing more attention. The learning portfolio helps learners meet competency expectations over a defined unit or time of learning. Progression is not solely determined by the outcome of a single, high-stakes assessment method (e.g., examination), but by the learner demonstrating multiple performance points within and across the program's learning objectives and outcomes.

Each learner maintains a learning portfolio, which is an electronic tool requiring regular attention by learners to:

- Track progress across required, selective and Focused Generalist Experiences
- Link directly the assessments to the program learning outcomes
- Facilitate guided reflection with the support of a FAC
- Provide data for the MDSPC to make progression decisions

Each learner will be assigned a FAC who will meet regularly with their learner one-on-one to discuss the pattern of assessments amassed in the portfolio and to support the learner in generating the required self-assessment insight and narrative reflection component. FACs are supports for competency success. As such, their status in the MD Program is protected and monitored to ensure they do not render, assign, or recommend an assessment or progression status decision for the learner they are assigned to.

Assessment Ranking and Progression Decisions

Assessment outcomes from all the various methods used are categorized into three levels (*Table A*). After each Progress Test (three per year), the MDSPC will meet to review all learners' portfolios. The MDSPC will look at the patterns of green, yellow, and red ratings generated from all the collected, completed assessments (i.e., a heat map) for each individual learner, looking for areas where additional support can be provided or beneficial.

From a practical point of view, we envision sub-committees of the MDSPC eventually being formed to separate the portfolio reviews into first-, second-, and third-year cohorts — both from a workload-management rationale and for expertise in operationalizing remedial learning-action plans in each of the different academic years.

The MDSPC uses each portfolio's heat map to inform progression status decisions after each portfolio review (*Table B*). A key aspect of monitoring and assessing whether the learners are achieving the intended program learning outcomes is the regular review of the learner portfolio at designated checkpoints throughout the academic year. For those deemed not meeting the program learning outcomes, clear remediation and probation processes will be in place to help the learner meet the expected performance levels.

Remediation and Probation

If a learner is identified as showing evidence of concern from the portfolio review, the MDSPC assigns them to one of five levels of intervention (*Table C*)

Progressing with Academic Warning

A learner is notified they are Progressing with Academic Warning if they have:

- Not achieved the defined standards as set by the MD Program
- Repetitive absences
- Not completed the assigned assessment
- Not complied with their FAC meetings
- Been identified under the Professionalism process under Level 2 of the Professionalism Policy

Progressing with Support

This status will require some remediation and, if unique, will not be recorded in their Medical Student Performance Record (MSPR). Many in this category will arise as learners transition to MD learning and, after support and remediation, will likely not recur. Review must include an assessment by the Learner Affairs Office (LAO) Repeat warnings or warnings in Year 3 will be interpreted as deeper concerns.

Academic Probation

A learner will be deemed on Academic Probation if they are:

- Unable to, or have failed to, demonstrate the knowledge, skills, and/or behaviours set forth in their Red-level remediation learning-action plan designed by the MD Program Learning Support Committee (MDLSC) and monitored by the MDSPC
- Placed on Academic Warning for a second time
- Not completing the required learning portfolio after a warning is issued
- Repeatedly not meeting with their FAC or completing the learning portfolio
- Receiving a Progressing with Academic Warning status in the final 6 months of the program
- Demonstrating professionalism concerns at Levels 3 or 4 of the Professionalism Policy

If placed on probation by the Associate Dean, UGME, a new Probation-level learning-action plan must be developed by the MDLSC and monitored by a specially formed Probation Committee. This Probation Committee is formed by the Associate Dean, UGME. The Probation Committee must monitor the learner on probation, then make a report and a recommendation as to next steps to the MDSPC at the end of the learner's probation period. The MDSPC then reviews and reports to the Associate Dean, UGME, either supporting or refuting the recommendation(s) as to next steps.

Recommended Dismissal

This designation is reserved for a learner who demonstrates:

- Failure of required remediation under Academic Probation
- Failure of a course for the second year (i.e., failed GHC I and then after remediation failed GHC II) where 'no credit' is provided (*Appendix 7*)
- Repeated non-compliance with completion of the learning portfolio and FAC meetings
- Actions confirmed under program processes as meeting Level 4 Professionalism
- Patient safety issues and/or an inability to satisfactorily meet the requirements of their Academic Probation learning-action plan

Remediation Plan Implementation in a Three-Year Curriculum

Remediation is a process to support learner academic success. It is impacted by many factors and, in a three-year curriculum, must be operationalized within the constraints of timing and completion to allow the learner to graduate with their class cohort.

Remediation falls into the categories of:

- Brief and focused – from a single process or personal short-term leave
- Short-term – defined as needing more time (due to Leave of Absence (LOA) or academic support (to understand concepts or deliver to outcomes)
- Long-term – due to longer LOA or from repeated adverse outcomes and/or severe outcomes (e.g., fail Progress Test in early or late Year 3)
- Repeated – pattern dependent

Failure to Progress: Next Steps

If a learner continues to struggle despite remediation, the MDSPC may recommend to the Associate Dean, UGME, to consider:

- Extension of remediation with individualized support
- Repeating a Progress Test or module
- Academic leave or workload reduction
- Probation with ongoing monitoring
- Review of suitability for continued enrolment

Key Considerations for MDSPC Decision-Making

- A Red ranking can be assigned without a prior Yellow ranking.
- Multiple Yellow or Red rankings signal the need for a more in-depth review of a learner's overall trajectory.
- Persistent competency gaps despite remediation indicate the need for reassessment of a learner's ability to succeed in the program.
- The MDSPC must balance academic standards with available remediation opportunities, given the program's limited flexibility

TABLE A: COMPETENCY CONCERN LEVELS

Rank-Level	Meaning
Green	No concerns noted. Continue as planned.
Yellow	Mild to moderate concerns noted. Requires remediation plan without modification to learner schedule
Red	Major concerns noted. Requires remediation plan with modification to learner schedule

TABLE B: PROGRESSION STATUSES ASSIGNED BY MD PROGRAM SUCCESS AND PROGRESSION COMMITTEE (MDSPC)

Status	Meaning
Progressing	Meeting or exceeding expectations.
Progressing with Academic Warning	Minor concerns noted but no formal remediation required.
Progressing with Support	Moderate concerns on progress, requires remediation without modification to learner schedule
Not Progressing	Not meeting progress standards, requires remediation with modification to learner schedule

TABLE C: REMEDIATION LEVELS

Level of Remediation	Description
Progressing: Warning	Minor concerns identified, but no formal remediation required. MDSPC monitors progress.
Progressing with Support: Yellow Remediation	Requires a formal remediation plan with monitoring. Associate Dean, UGME is informed.
Not Progressing: Red Remediation	Serious concerns requiring structured remediation. Associate Dean, UGME is informed.
Academic Probation	Failure to improve under Red Remediation. Intensive support required. Associate Dean, UGME is informed.
Recommended Dismissal	If competency gap(s) persist despite interventions, a dismissal recommendation is made to the Associate Dean, UGME.

19. Describe the program's plans for how the resulting information will be documented and subsequently used to inform continuous program improvement.

The MD Program will implement ongoing, evidence-based continuous quality improvement (CQI) initiatives incorporating various data sources and informed by governance committees. This work will enable the MD program to identify and address gaps in the curriculum, learner performance, learning experiences, and available learner and faculty resources. The MD Program Evaluation and Continuous Quality Improvement Committee (MDECQIC), which reports to the MD Program Curriculum Committee (MDCC), will be responsible for developing and monitoring these CQI initiatives. The MDECQIC will review evaluation-related data at regular intervals and use the findings to recommend and support curricular improvements.

Data Collection and Documentation

As outlined in *Question #16*, various types of qualitative and quantitative data will be collected through a dedicated learning management system (LMS) to support documentation requirements, report creation and data visualization.

The LMS will facilitate:

- Building of learner portfolios incorporating all the outcomes from assessment methods
- Tracking of assessments to be submitted (completed and pending) for each learner
- Automated reminders for learner reflective activities with their FACs
- Collection and management of feedback from learners and faculty
- Reports created on individual and cohort-level performance, aligned with program learning outcomes
- Tracking of faculty activity in assessing various learners

Feedback for Program Improvement

The MD program will use four main sources for feedback to guide program improvement initiatives. These include:

- Learner feedback on curriculum elements, learning experiences, and school resources
- Faculty feedback on curriculum design, the generalist level of learning objectives and outcomes, and the alignment of assessment methods
- Faculty observations in follow-up courses regarding learner preparedness and demonstration of relevant knowledge, skills, and behaviours
- Partner organization feedback on alignment of placement experiences with contributions to shared organizational goals

Monitoring and Alignment with Accreditation Requirements

The Committee on Accreditation of Canadian Medical Schools (CACMS) accredits Canadian medical schools using a multi-phase process that includes review of the school's data

collection instrument (DCI), medical school self-study (MSS), and an on-site visit by an accreditation team.

CACMS uses a structured approach to accreditation that includes the following:

- A defined set of 12 accreditation standards regularly reviewed and updated, that evaluate all aspects of the medical education program such as curriculum design, assessment methods, faculty qualifications, learner support, and institutional resources (*See Question #8*).
- A prescribed accreditation with established medical schools reviewed every eight years and new MD programs following a phased process that involves preliminary, provisional, and full accreditation at varying intervals. After a new MD program receives full accreditation, the status is reviewed by CACMS by means of a full accreditation visit five years after the initial award of full accreditation.
- Accreditation status that remains in effect once accredited until the program voluntarily terminates its accreditation status or the CACMS formally withdraws the accreditation through its established review process.

To ensure YUSoM MD program's alignment with CACMS standards, various processes and procedures will be embedded in various activities across all three years of the MD program. These processes, procedures and activities will help the MD program with the self-study documentation. These initiatives will be led by the MD Program Evaluation and Continuous Quality Improvement Committee (MDECQIC).

Oversight and Continuous Quality Improvement (CQI) Cycles

The MD program's approach to CQI will be comprehensive, data-informed, and embedded across all aspects of the curriculum. The MDECQIC will play a key role in designing, implementing, and refining CQI initiatives, and will provide recommendations arising from evaluation findings. These recommendations will be presented to the MD Program Curriculum Committee (MDCC) for action planning. As part of its CQI efforts, the MDECQIC will ensure that actions taken, associated timelines, and resulting outcomes are documented, as these would be an important part of the self-study document. The use of structured feedback and regular monitoring will help in responding to the needs of the learners, faculty and the MD program, as well as achieving and maintaining CACMS accreditation standards.

TABLE 1: MAPPING OF ASSESSMENT METHODS TO COURSE OUTCOMES (YEAR 3)

GHC – Generalist Health Care
BAP – Becoming a Professional
ECIH – Emerging Concepts in Healthcare

Course LO#	Course Learning Outcomes	Assignments	Community Feedback	Faculty feedback SGL	Simulated Setting Assessment (including OSCE)	Peer feedback	Progress Tests	Quizzes	SP Feedback	WBA (including EPAs)	Portfolio Review	Self-Assessment	Total #
GHC III LO1	Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic and complex conditions across body systems and throughout the life course.	✓		✓	✓		✓	✓		✓	Collection of all assessment tools used	Reflective component of Portfolio Review	8
GHC III LO2	Perform and document complete clinical assessments across the life course and tailored to the context of care for the presentation and person.	✓			✓					✓			5
GHC III LO3	Perform MD program defined advanced procedural skills safely in a clinical environment.				✓				✓	✓			5
GHC III LO4	Demonstrate a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist, equitable approach in all individual and community encounters.	✓	✓	✓	✓	✓			✓	✓			9
GHC III LO5	Demonstrate cultural humility, inclusive practices and empathic approaches in the delivery of equitable, compassionate person-centred care.	✓		✓	✓	✓			✓	✓			8

Course LO#	Course Learning Outcomes	Assignments	Community Feedback	Faculty feedback SGL	Simulated Setting Assessment (including OSCE)	Peer feedback	Progress Tests	Quizzes	SP Feedback	WBA (including EPAs)	Portfolio Review	Self-Assessment	Total #
GHC III LO6	Demonstrate professional conduct in all interactions with persons, their support networks, the community and other healthcare professionals.		✓	✓	✓				✓	✓			7
GHC III LO7	Demonstrate a collaborative and reciprocal approach to working with other health professionals in the delivery of primary care and community and population health improvement activities.			✓	✓	✓				✓			6
GHC III LO8	Apply evidence informed biomedical, social, behavioural and health system sciences to recommendations for person-centred care.	✓		✓	✓		✓	✓		✓			8
GHC III LO9	Apply knowledge of determinants of health in person-centred care.	✓		✓	✓		✓	✓		✓			8
GHC III L10	Communicate in a context appropriate manner to persons, their support networks, healthcare providers, and the community				✓				✓	✓			5
BAP III LO1	Discuss a plan for the development of your professional identity as a physician.	✓		✓						✓			5
BAP III LO2	Apply personal and professional ethics in clinical decision-making, healthcare provision, advocacy, communication, leadership and collaboration.	✓		✓	✓		✓			✓			7

Course LO#	Course Learning Outcomes	Assignments	Community Feedback	Faculty feedback SGL	Simulated Setting Assessment (including OSCE)	Peer feedback	Progress Tests	Quizzes	SP Feedback	WBA (including EPAs)	Portfolio Review	Self-Assessment	Total #
BAP III LO3	Discuss the importance of self-awareness and resilience strategies to maintain personal and financial wellbeing and navigate the demands of medical practice.	✓						✓					4
BAP III LO4	Apply leadership, management, and systems thinking skills in person-centered care and within healthcare teams and health organizations.	✓		✓				✓		✓			6
BAP III LO5	Advocate for culturally appropriate healthcare for Indigenous, Black and other historically underserved and marginalized communities when deemed appropriate.	✓	✓	✓		✓				✓			7
ECIH III LO1	Critically appraise current and emerging innovations in healthcare and community and population health.	✓		✓						✓			5
ECIH III LO2	Apply principles of health systems science to improve individual, community and population health outcomes.	✓	✓		✓		✓						6
ECIH III LO3	Complete a scholarly or research project that incorporates critical appraisal and application of evidence.	✓				✓							4
ECIH III LO4	Describe how to apply sustainable practices in healthcare delivery to address the impact of global and planetary factors on individual, community and population health.	✓		✓				✓					5

TABLE 2: ASSOCIATION OF FACULTIES OF MEDICINE OF CANADA (AFMC) ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS – PAGE 43)

AFMC ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)	
EPA 1	Obtain a history and perform a physical examination adapted to the patients' clinical situation
EPA 2	Formulate and justify a prioritized differential diagnosis
EPA 3	Formulate an initial plan of investigation based on the diagnostic hypotheses
EPA 4	Interpret and communicate results of common diagnostic and screening tests
EPA 5	Formulate communicate and implement management plans
EPA 6	Present oral and written reports that document a clinical encounter
EPA 7	Provide and receive the handover in transitions of care
EPA 8	Recognize a patient requiring urgent or emergent care, provide initial management and seek help
EPA 9	Communicate in difficult situations
EPA 10	Contribute to a culture of safety and improvement
EPA 11	Perform general procedures of a physician
EPA 12	Educate patients on disease management, health promotion and preventive medicine

TABLE 3: SUGGESTED ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS) RATING SCALE

The EPA Entrustment and Supervision scales outlined below are provided as a reference. A decision will be made by the relevant committee to adopt a rating scale that fits the purpose of the MD program. The scale offers a structured approach to assessing the level of supervision required by a learner while performing EPAs in simulated settings, small groups, clinical environments, or community settings.

One Possible Entrustment and Supervision Scale		
1	Not allowed to practice EPA	a. Inadequate knowledge/skill; not allowed to observe b. Adequate knowledge/ some skill; allowed to observe
2	Allowed to practice EPA only under proactive, full supervision	a. As co-activity with supervisor b. With supervisor in room ready to step in as needed
3	Allowed to practice EPA only under reactive/on-demand supervision	a. With supervisor immediately available, all findings and decisions double checked b. With supervisor immediately available, key findings and decisions double checked c. With supervisor distantly available (e.g., by phone), findings in decisions promptly reviewed
4	Allowed to practice EPA unsupervised	a. With remote monitoring (e.g., next day check in for learner questions) b. Without monitoring
5	Allowed to supervise others in practice of EPA	a. Allowed to supervise others in practice of EPA

Admission Requirements (QAF 2.1.2.5)

20. Describe the program's admission requirements and their appropriateness, given the program objectives and Program Learning Outcomes.

York University School of Medicine (YUSoM) program admissions requirements are based on the review of the literature, best practices in Canada for admission to Canadian medical schools, YUSoM's vision and mission statements and the demographics of the York University catchment area. The admission requirements are also aligned with the programs primary goal of educating community-based generalists, including family physicians and generalist specialists, providing comprehensive and continuous care. A student admissions committee was developed to discuss and provide recommendations to the Medical Degree Program Development Steering Committee (MDPSC).

All applicants for the York MD Program must: be a Canadian citizen or landed immigrant; pass a criminal background check and vulnerable sector screen; have successfully completed training in BCLS/first aid and satisfy provincial guidelines with respect to immunizations for work in a clinical environment; and demonstrate and abide by York University's student code of conduct.[77]

The tradition of requiring applicants to Canadian medical schools to satisfy explicit undergraduate course pre-requisites has been replaced with a need for a more diverse undergraduate experience and perspective as well as considering applicants with prior experience as health care providers. While many applicants continue to choose STEM coursework in their undergraduate years, this flexibility has allowed a greater variety of academic interests to enrich our medical schools.

The York University School of Medicine will consider applicants who have completed any 3-year undergraduate degree at an accredited University as well as students in the second year of an Accelerated Track to Interprofessional Programs (ATIP) which is an undergraduate 60 credit track at York University which includes a minimum of one three-credit course in an interprofessional health topic and a minimum of one three-credit course in the area of equity, diversity and inclusion or Indigenous history and knowledges. No minimum grade is required for these courses; they contribute to the applicant's overall Grade Point Average (GPA).

In addition to undergraduate credits, an applicant's academic competitiveness will be assessed by their GPA and MCAT scores. In addition to MCAT scores (described below), undergraduate GPA offers predictive value, ensuring that learners accepted into the York MD Program have sufficient baseline knowledge and academic strength to successfully complete a medical degree.

[77] Code of Student Rights & Responsibilities | Division of Students | York University

With respect to GPA, it has been recommended that the GPA cutoff score be 3.5 on a 4.0 scale from the applicants two best years of full-time undergraduate study. Although the average GPA among YUSoM's matriculants will almost certainly be higher than 3.5, enabling students to apply with GPAs below 3.7 will augment the school's opportunity to recruit students from more grade-competitive programs and more diverse backgrounds and facilitate a more holistic admissions process.

No additional credit will be given for advanced degrees such as a Master's or PhD.

Most schools regard the MCAT exam as an adequate and standardized assessment of core knowledge in science and critical reasoning that is highly predictive of success in medical school.[78] With respect to the MCAT, the entire score will be used rather than certain subsections. The minimum total MCAT score will be 495 on the 528 scale. An applicant's MCAT score will be valid for a period of 5 years. The admissions committee will use the applicant's highest score across multiple attempts (within 5 years). Published peer-reviewed studies have demonstrated that the diversity of applicants is increased if the MCAT cut-off is closer to the median score (approximately 500) with a negligible effect on overall outcomes as measured by likelihood to graduate.[79] [80]

On the basis of fulfilling basic requirements and competitive GPA and MCAT scores (which are treated as threshold scores rather treating higher scores with greater weighting), a subset of applicants will be invited to interview. The admissions committee has recommended a two-step interview process beginning with an online/virtual Multiple Mini Interview (MMI)-style interview that would accommodate a larger number of applicants.[81] [82] The MMI is a standardized interview format, designed to assess non-academic attributes such as communication skills, critical thinking, ethical reasoning and empathy whereby an interviewee rotates between a series of short stations (usually 6 to 10) where they are asked to respond to

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[78] https://journals.lww.com/academicmedicine/fulltext/2013/05000/the_predictive_validity_of_the_mcat_exam_in.31.aspx

[79] Terregino, Carol A. MD; Saguil, Aaron MD, MPH; Price-Johnson, Tanisha PhD; Anachebe, Ngozi F. PharmD, MD; Goodell, Kristen MD. The Diversity and Success of Medical School Applicants With Scores in the Middle Third of the MCAT Score Scale. Academic Medicine 95(3):p 344-350, March 2020. | DOI: 10.1097/ACM.0000000000002941

[80] https://journals.lww.com/academicmedicine/fulltext/2013/05000/the_predictive_validity_of_the_mcat_exam_in.31.aspx

[81] Hanson JT, Busche K, Elks ML, Jackson-Williams LE, Liotta RA, Miller C, Morris CA, Thiessen B, Yuan K. The Validity of MCAT Scores in Predicting Students' Performance and Progress in Medical School: Results From a Multisite Study. Acad Med. 2022 Sep 1;97(9):1374-1384. doi: 10.1097/ACM.0000000000004754. Epub 2022 May 24. PMID: 35612915

[82] Royal, Kenneth D., Meyer, Christian, Guercio, Erik, Speicher, Mark, Flamini, Joseph, Sandella, Jeanne M., Tsai, Tsung-Hsun and Searcy, Cynthia A.. "The predictive validity of MCAT scores and undergraduate GPA for COMLEX-USA licensure exam performance of students enrolled in osteopathic medical schools" *Journal of Osteopathic Medicine*, vol. 125, no. 1, 2025, pp. 9-18. https://doi.org/10.1515/jom-2023-0265

a question or situational judgement test. An applicant's performance at the first interview will determine their eligibility for a second interview. The second interview will be in person and will be conducted in the form of a standardized panel interview. Applicants who are unable to attend an in-person standardized panel interview will be given the option for it to be conducted virtually/online.

Applicants will be required to submit an autobiographical sketch. A scoring rubric has been developed to guide the review of these sketches by trained reviewers, enabling meaningful comparison and identification of traits and experiences aligned with a career in health care and with the mission and vision of YUSoM. The rubric will evaluate five key traits: resilience and adaptability; coachability and lifelong learning; commitment to primary care and generalism; leadership and systems thinking; and altruism and service orientation. Other relevant experiences, including leadership, teamwork, community service, overcoming challenges, preference for family and generalist practice, and work experience, will also be considered. To encourage veracity, applicants will be notified that YUSoM reserves the right to verify any component of an applicant's file, including details within their autobiographical sketch.

As part of the standard process employed by Ontario Universities' Application Centre (OUAC) / Ontario Medical School Application Service (OMSAS), all applicants are required to identify referees to support their application. Each referee is required to complete a confidential assessment form that provides the referees with an opportunity to comment on an applicant's strengths and weaknesses in addition to their commitment to community service, generalist care, and commitment to the York mission. Two reference letters will be required. Referees must be very familiar with the applicant and must have known them for a minimum of 6 months. A standardized rating system will be developed to assess the reference letters and will focus on school-valued traits and accomplishments including the applicant's interest in primary or generalist care, interprofessional care and community-based care. Historically, reference letters have correlated poorly with outcomes and are used primarily to identify red flags. Friends, family members, and employees or others who have been remunerated in any way by the applicant, friends or family are not permitted to act as referees. The admissions criteria will be reviewed annually for the first five years after the first cohort matriculates, and with periodic evaluation (e.g. every five years) of how learner outcomes, types of residencies pursued, and practice locations are associated with admissions criteria.

The YUSoM Admissions committee had identified priority populations that speak to Canadian, provincial and school-centric/regional inequities. An Indigenous applicant stream and a Black applicant stream will be developed in recognition of these underrepresented demographics in practice and in Canadian and Ontario medical schools. There will be a subcommittee for the Indigenous applicant stream and one for the Black applicant stream. The terms of reference for these subcommittees are currently being developed with anticipated approval by September 2025. Once we have an Indigenous Health Lead , which is currently a posted position, the Indigenous Health Advisory committee will begin. A Black Health Lead has just been hired and will start the Black Health Advisory committee in the fall of 2025. The

admissions committee will consult with the Indigenous Health Advisory and Black Health Advisory committees about the applicant streams. These streams represent a wholistic and strategic approach to equitable admissions, encompassing outreach, engagement, recruitment, and review processes tailored to address systemic barriers. These admissions streams allow for application review by those from similar backgrounds and experiences to better contextualize their application in a wholistic admissions process. **Having a stream does not imply lower standards, different criteria for admission, or quotas**, but reflects a **deliberate and inclusive admissions philosophy that incorporates upstream efforts and contextual understanding of applicants' lived experiences by including people and processes that are congruent with applicants' backgrounds**.

The success of the admissions strategy for admission of those committed to the school's vision, mission and high level program goals will be tracked through the required program evaluation activities in terms of outcomes and number of graduates who train in generalist care, both family physicians and generalist specialists.

21. **Describe any applicable alternative admission requirements (e.g., minimum grade point average, additional languages or portfolios, and how the program recognizes prior work or learning experience.)**

Refer to *Question #20*

Resources (QAF 2.1.2.6)

22. Describe the planned/anticipated class sizes.

The class size is determined between the Ministry of Health (MOH) and the senior administration at York University. The class size when the school opens in August of 2028 will be 80 undergraduate learners. The curriculum is three years in duration so when the school is operating three cohorts, there will be a total of 240 undergraduate medical education learners at steady state.

23. Given the program's planned/anticipated class sizes and cohorts, as well as its Program Learning Outcomes, provide evidence of participation of a sufficient number and quality of core faculty who are competent to teach and/or supervise in and achieve the goals of the program and foster the appropriate academic environment. Note that it may be helpful to create a table or map detailing faculty teaching assignments.

Medical schools have a different type of faculty complement compared to other university units because a significant proportion of the teaching must be done by clinical faculty—practicing physicians or other health care professionals, and most of the learning takes place in clinical or community settings outside of traditional classrooms. These individuals contribute a portion of their time in their clinical practice to educate the next generation of doctors. These clinical faculty who are appointed to the University vastly outnumber the more traditional academic non-clinical faculty who will also form part of the faculty complement. While the exact numbers of clinical and non-clinical faculty and staff needed depend on how the curriculum is designed, the interests of our partner organizations and existing York faculty members to participate in teaching in the SoM, and how research programs develop, the resourcing needs and plans at this stage of the program development are outlined below.

Non-clinical faculty (full-time tenure stream academics) may teach in such areas as foundational sciences (e.g. anatomy, biochemistry, pathology, behavioural and social sciences) ethics, and other inter-disciplinary fields. The number of non-clinical positions will be relatively small (e.g., less than ten faculty members) and may be filled by current York faculty members or new faculty recruitment. A phased approach to building the faculty complement is being developed by York's subject matter experts based on program objectives, the proposed curriculum, and experience/knowledge of other medical programs in Ontario.

Clinical faculty members in the SoM will have different types of appointments than faculty members in other schools and departments in the university. In other medical programs, they are also called academic physicians, clinical teaching faculty, and designated as geographic full-time (GFT) or geographic part-time (GPT) faculty.[83] These designations can be confusing as

[83] Geographic full-time (GFT) faculty are defined somewhat differently at each medical school. These faculty have clinical responsibilities and serve as clinical staff of an affiliated hospital or other medical organization but are not

they do not refer to being a full-time or part-time member of the university faculty complement, but rather the degree of their availability for academic/clinical supervision, research, and administrative work as part of their work occurs within the hospital or other health care organization where they are affiliated. In addition to having a faculty appointment in the SoM, currently under development, clinical faculty members will likely also have appointments and credentialing in hospitals and other health care organizations in the SoM's network of health care partners. For accreditation purposes, these clinical faculty members require academic appointments at York SoM to supervise and evaluate medical learners, both undergraduate and postgraduate, in their clinical settings as well as in the classroom. The SoM will also provide pedagogical training and support to clinical teaching faculty through faculty development. This may include access to resources, in-person sessions or online modules on clinical teaching strategies—such as just in time teaching—bedside teaching techniques, giving effective feedback and assessing learners; one-one-one training with an educational developer, instructional designer or other pedagogical expert; or workshops on curriculum design and delivery, the use of simulation in education, mentorship and coaching and maintaining boundaries in teaching/mentoring roles.

Unlike typical university professors, academic physicians typically derive most of their income from clinical practice activities, funded through the MOH and the Ontario Health Insurance Plan (OHIP). In traditional medical schools, the ratio of academic physicians to medical learners is about 1.5 FTE physicians per medical learner, but the ratio may be five times higher in distributed medical education models (where there are many sites each with physicians who support medical learners), and particularly when community-based physicians are engaging in clinical supervision. Faculty and community preceptors will provide structured supervision and mentorship, emphasizing interprofessional collaboration, competency development, and alignment with program outcomes. Since this proposed undergraduate medical education program will be community based, and as the second year is designed as a longitudinal clinical learning experience, the number of community-based physicians to deliver the program will be higher than the 1.5 FTE academic physicians per medical learner which results in more individualized attention on the learner, enhanced learner engagement in the learning and richer and more fulsome feedback and assessment all leading to better learning outcomes.

Because of their other roles in clinical care, in addition to their teaching, research, or administrative roles, there will therefore be many more clinical faculty than medical learners, and the number of clinical faculty appointments may change over time. Based on the proposed curricular design, a minimum complement of about 400 individual clinical faculty is projected to establish the program. This number could change considerably as the curriculum is established, particularly as the Longitudinal Integrated Clinical Learning Experience (LICLE)

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employed on a full-time basis for the purpose of fixing compensation payable from the University. All their professional services and activities are conducted at an affiliated hospital or medical organization and they are available on a full-time basis for clinical, instructional or research purposes with an affiliated hospital or medical organization. Geographic part-time (GPT) faculty are similarly serving at affiliated hospitals or medical organizations and are available for instructional or research purposes on a part-time basis. The York SoM is not planning to use the GFT or GPT designations, but will have clinical professorial appointment track and a clinical educator track that is analogous to GFT and GPT designations elsewhere.

models are further refined and the Integrated Community-based Learning Network (ICLN) of providers takes shape**.** The pool of clinical faculty should grow over time to allow for the natural ebbs and flows of life and physician interest in being involved in the program. However, the experience in other schools is that not all faculty members participate equally, and that most of the teaching is likely to be undertaken by a smaller number of faculty members, perhaps about 200 academic physicians, with others providing less intensive teaching. The exact numbers will vary over the years and will be dependent largely on how the learning experiences are organized at each of the main clinical sites. *Table 8.1* outlines the current projections on the number of clinical and non-clinical faculty members. Resources and supervision models for the ICLN will be allocated to ensure robust experiential learning across community and clinical sites, with faculty oversight and mentorship.

The Faculty Appointments Policy Committee has drafted a policy specifically for clinical faculty members, which includes physicians and other regulated health care professionals licensed to practice in Ontario. This draft policy is scheduled to be submitted to the University's Board of Governors for approval in September 2025. Once approved, the School of Medicine will be able to begin appointing clinical faculty.

Initial appointments will focus on recruiting senior academic leaders, such as Associate Deans and other key leadership roles, including course leads. Over time, additional clinical faculty will be appointed to contribute to the School of Medicine's academic mission through teaching and educational activities, clinical service, research and scholarly work, and/or leadership and administrative responsibilities. Recruitment plans are underway to ensure timely hiring of program and curriculum leads, with roles prioritized to support early curriculum development, teaching, and mentorship.

In the interim, the Faculty Lead, Integrated Community-based Learning Network (ICLN), is actively engaging with community physicians and other health care professionals to encourage future participation as clinical faculty members.

TABLE 8.1 SCHOOL OF MEDICINE PROJECTED CLINICAL FACULTY AND NON-CLINICAL FACULTY (HEADCOUNTS) AT STEADY STATE (2032)

Category	Projected Number
Clinical Faculty Leadership*	13-18
Clinical Faculty (non-leadership)	~75 (core clinical professorial track faculty); 325 + (clinical educator track faculty)
Non-Clinical Faculty Leadership**	3-10
Non-Clinical Faculty (non-leadership)	3-10

*Clinical Faculty Leadership positions include Department Heads and Residency directors but not including decanal positions

**Non-Clinical Faculty Leadership positions include Department Heads and Course leads, not including decanal positions

At the current stage of curricular development, the types of faculty teaching leadership roles are outlined in Table 8.2 for each type of course.

TABLE 8.2 FACULTY TEACHING ROLES IN THE SCHOOL OF MEDICINE

Faculty Teaching Roles/Courses	Description
Generalist Health Care I-III (GHC) Case Based Learning (CBL)	Facilitated by trained facilitators with medical care expertise, such as MDs, other health professionals, or other non-clinical faculty (at York).
Generalist Health Care I-III (GHC) Large Group Learning (LGL)	Taught by clinical faculty or other non-clinical faculty (at York)
GHC Clinical Skills/Simulation sessions	Specially trained clinical faculty teach a group for one term or more.
Faculty Academic Coach (FAC)	Clinical faculty appointed to support 4 learners from a single cohort.
Longitudinal Family Medicine Learning	Clinical faculty take 2 dyads of learners in alternating weeks, accepting 4 learners per year.
GHC II Clinical Longitudinal Integrated Clinical Learning Experience (LICLE)	Clinical faculty supervisors in clinical and community health settings in Year 2.
GHC III Elective Learning (Focused Generalist Experiences)	Clinical faculty supervisors in clinical and community health settings in Year 3
GHC III Selective Learning	Clinical faculty supervisors in affiliated clinical and community health settings
Indigenous Health curriculum	Instructor type to be determined with the future SoM Indigenous Health Lead.
Becoming a Professional (BAP)	Clinical faculty teaching in longitudinal small groups that remain unchanged over 3 years.
BAP II Quality Improvement Project	Clinical faculty or medical care expert with QI expertise
Emerging Concepts & Innovation in Health (ECIH)	Taught by guest instructors/facilitators based on their area of expertise. May comprise a mix of clinical and non-clinical faculty.
Anatomy	Taught and assessed in- person by a combination of clinical and other qualified faculty from the university.
Project Learning	Supervised by clinical faculty (MD), other health professionals, or non-clinical faculty from York University.
Community Service Learning	Supported organization overseeing the care site, with learners working in groups of 3 at a minimum. York SoM faculty members will supervise the learners.
IPE Faculty Teachers	Clinical faculty, other health professionals and non-clinical faculty from York with IPE experience
Mentors	Clinical faculty and/or residents and community physicians retained by Learner Affairs to guide learners during their MD journey.

Clinical and non-clinical faculty involved in this proposed program may also be involved in the education of graduate students from the Faculty of Health or other faculties where they are performing health-related research, and are proposed to be eligible to apply to join the Faculty of Graduate Studies (FGS) in one of the relevant FGS membership categories.[84] Clinical and non-clinical faculty members will also be involved in research and service.

Within the proposed service area of the SoM, there are already clinicians who are teaching through other schools of medicine. The Council of Ontario Faculties of Medicine (COFM) has in place an agreement for all Ontario medical schools to collaborate on distributed medical education through community-based placement programs. The agreement includes reciprocity in medical school learner and residency supervision, and recognition of clinical teaching faculty appointments from any Ontario medical school to be a clinical preceptor (supervisor) for any medical learner (*Appendix 16*). The SoM would seek to participate in these arrangements.

24. As applicable, and given the program's planned/anticipated class sizes and cohorts, as well as its Program Learning Outcomes, discuss and/or explain the role and approximate percentage of adjunct/part-time faculty/limited term appointments[85] used in the delivery of the program, including plans to ensure the sustainability of the program and the quality of the student experience.

As mentioned above, the nature of medical education is such that a significant portion of the teaching will be done by practicing clinical faculty rather than full-time tenure stream academics. The Competency Based Medical Education (CBME) framework, which aims to provide a more authentic, real-world learning experience for learners by placing an emphasis on practical skill development, and the LICLE model that emphasizes teamwork and practical experience, guide the need for clinical faculty in this proposed program. Program learning outcomes, which are competency based, and course learning outcomes, which require varying levels of supervision, also support the need for the number of clinical faculty. The exact numbers will vary over the years and will be dependent largely on how the learning experiences are organized at each of the main sites. *Table 8.1* above outlines the current projections of clinical and non-clinical faculty members anticipated for the program at the current stage of curricular development.

To ensure consistency and quality in the learning experience with such a large and diverse faculty, the YUSoM will employ rigorous quality assurance and quality improvement to its program. Quality assurance will be overseen by the MD Program Evaluation and Continuous

[84] Appointments Policy | Graduate Faculty Membership | Academic Affairs | Faculty & Staff | Faculty of Graduate Studies (FGS) | York University

[85] For programs in which sessional/adjunct faculty have a large role, provide evidence of a long-term plan to ensure that a sustainable, quality program will be delivered when a large proportion of the courses are to be taught by sessional instructors/adjunct faculty. This should include a rationale for the use of a large number of sessional faculty for program delivery, how and from where sessional instructors will be recruited, concrete plans for how a stable and consistent approach to teaching the Program Learning Outcomes will be ensured, and information regarding how a consistent assessment of the learners' achievement of these learning outcomes will be maintained under these circumstances.

Quality Improvement Committee which will meet a minimum of ten times per year. This committee employs quantitative and qualitative data on teaching and learning, such as teaching evaluations, satisfaction surveys, and academic performance, to ensure the consistency and quality of the learning experience throughout the program. It reports to the MD Program Curriculum Committee (MDCC) where it makes recommendations for improvement. The MDCC, which has oversight of the entire curriculum, may act on these recommendations mandating changes in the design and delivery of the curriculum to ensure a high level. Where necessary, quality improvement to the design and delivery of curriculum, including clinical learning, will be supported by Faculty Development, which may include access to online modules and resources for faculty to review, in-person or virtual one-on-one consultation sessions or group workshops, or, where necessary, mandated training sessions with pedagogical experts.[86]

25. If applicable, given the program's planned/anticipated class sizes and cohorts, as well as its Program Learning Outcomes, describe the program's experiential learning components (this includes classroom-based activities, community-based learning, and internships and placements) as well as the provision of supervision of these components.

The very nature of medical education is experiential. Best practices, particularly in competency-based medical education, have medical students integrating and applying what they have learned about the biomedical, clinical, behavioural, social and health systems sciences in authentic real-world scenarios and situations to reinforce and consolidate that learning.[87] Consequently, the competency-based approach to person-centred primary care and generalism that the MD Program at York University delivers necessitates that experiential learning plays a prominent—if not central role—in curricular programming. Components that can be found in the program include Case-Based Learning, Simulation, clinical learning experiences, Focused Generalist Experiences, selectives, community service-learning, a QI project and a research/scholarly project.

Case-Based Learning

The cornerstone of the in-class component of the MD program is case-based learning. This constitutes one of the principal modes of learning in the GHC suite of courses. Students will be divided into 10 groups of eight students each where they will work their way through a clinical case grounded in a real-world presentation. The cases will be spiralled to evolve in complexity over the course of the three years of the curriculum. Some of the cases will involve working with learners in other professional training, including Nursing, Physiotherapy, Occupational

[86] Yardley S, Teunissen PW, Dorman T. Experiential learning: transforming theory into practice. Med Teach. 2012; 34(2): 161-4; Pal D, Taywade M, Gopi K. Experiential learning: How pedagogy is changing in medical Education. Cur Med Issues 2022; 20: 198-200.

[87] Yardley S, Teunissen PW, Dorman T. Experiential learning: transforming theory into practice. Med Teach. 2012; 34(2): 161-4; Pal D, Taywade M, Gopi K. Experiential learning: How pedagogy is changing in medical Education. Cur Med Issues 2022; 20: 198-200.

Therapy, Psychotherapy, and/or Social Work to provide different perspectives on cases and gain experience in interprofessional collaboration. Each week, under the supervision of a case facilitator, students will be required to integrate and apply their knowledge of the foundational, clinical, and health systems sciences to complete the case, reinforcing and consolidating what they have learned.

The case facilitator will have medical care expertise, such as MDs, other health professionals, or other York faculty. They will be trained through faculty development to facilitate our case-based learning curriculum.

Simulation

Complementing the CBL component of the MD curriculum is the simulation-learning component. Students will be divided into 14 groups of three students each where they will undergo clinical skills training under the guidance of their clinical skills facilitator. Students may learn in simulated patient encounters drawn from the case of the week with standardized patients, or they may practice basic skills and procedures with task trainers and/or mannequins. In certain cases, larger groups of MD students may engage in interprofessional simulations with students from other schools or departments within the faculty of health such as nursing, kinesiology or psychology under the supervision of clinical faculty from the MD program and/or faculty from the Faculty of Health.

The supervisors will be specially trained clinical faculty who will teach a group for one term or more.

Clinical Learning Experience – Year 1

In the first year, learners begin their clinical learning experiences in dyads and are placed in a community health clinic or family practice for a half day every second week. Medical learners will learn basic clinical skills and procedures and apply what they have learned in their simulation-learning in real patient encounters under the supervision of their primary care faculty member. Not only does this further consolidate their in-class learning in an experiential manner, but it also has the added benefit of preparing students for the second-year Longitudinal Integrated Clinical Learning Experience (LICLE).

The first-year clinical learning experience is envisioned to see two dyads at each community clinic or practice on alternating weeks, requiring 20 supervisors in total.

Clinical Learning Experience – Year 2 (LICLE)

In the second year Longitudinal Integrated Clinical Learning Experiences (LICLEs), learners continue to be embedded in the community in family or other health team clinics where they enjoy exposure to a broader range of person encounters. This longitudinal approach applies core principles of continuity for people, learning, supervision, and communities, while grounding student learning in real-world experiences. Additionally, it integrates specialist

training in other fields that work closely with family medicine such as obstetrics/gynecology, psychiatry, internal medicine, emergency medicine and general surgery in a variety of settings into the longitudinal experience. This innovative approach to the clinical learning experience allows learners to gain a first-hand understanding of the true impact of primary care while preparing them to excel in real-world healthcare settings.

Learners will be assigned to cohorts of six to eight members for the LICLE and supervision will vary by location of the clinical learning experience. In some cases, supervision will consist of clinical faculty which could include a physician or another health profession. In other cases, supervision may be performed by a resident from the York University School of Medicine or another Ontario medical school. As some LICLE experiences are team-taught, and others are 1:1, it is difficult to determine the exact number of clinical faculty members required (Refer to *Appendix 7* for sample learning experiences in both urban and rural LICLE settings). Planning is currently underway with potential clinical affiliate partners within the Integrated Community-based Learning Network (ICLN) to determine the number of faculty available at each site to ensure adequate supervision of our learners for all clinical learning experiences. It is anticipated we will have the urban and rural LICLE sites determined during the fall of 2025.

Focused Generalist Experiences

In the third year of the program, learners spend 16 weeks of elective learning completing approved independently selected Focused Generalist Experiences (FGEs). The FGEs available for the learners to choose from will focus on a narrow set of generalist career paths (Family Medicine, Psychiatry, Pediatrics, Obstetrics & Gynecology, General Surgery, Internal Medicine) and they could include clinical learning, research, or independent study (i.e. community service, advocacy, leadership, law, health systems or education). The FGEs could be done at York University, clinical or community affiliates in the York region or elsewhere in Canada and internationally. The learners will be supervised by faculty members at York university, or other Canadian or international universities. The FGEs must be assessed and evaluated. Each FGE runs for a minimum of two weeks and a maximum of four weeks.

Selectives

In the third year of the program, learners spend up to the equivalent of seven learning weeks during the capstone learning experience completing defined learning at York University, York University School of Medicine or clinical/community affiliates of York. The defined learning experiences can be clinical or non-research (i.e. community service, advocacy, or leadership). The learners will be supervised by faculty members at York University. These selectives must be approved, assessed and evaluated.

Community Service Learning

In the first year of the Becoming a Professional (BAP) course set, learners participate in a one-year immersion in a community affiliated partner for a minimum of 20 hours of service

learning. Learners will engage in hands-on, problem solving at the direction of the community affiliated partner. They will each be supervised by one of dedicated faculty members from the medical program and supported by the organization where the service learning occurs.

Quality Improvement Project

Experiential learning continues in the second year of BAP where learners complete a QI project focused on community care and patient safety, preferably in their family medicine site for the LICLE. Each project will be overseen by one of ten dedicated faculty members. Students have the option of working in pairs.

Research Project

Over the three years of the Emerging Concepts and Innovations in Health (ECIH) longitudinal course set, learners participate in a team-based research/scholarly project that incorporates critical appraisal, developing a research question, formulating a research plan and ethics (if necessary). Ideally, the projects will draw on student learning and apply principles of evidence-informed medicine and clinical decision making along with quality care. Learners will work in groups of three and be supervised by a clinical faculty member from the medical program. In some cases, depending on the nature of the project, groups of learners might collaborate on an ongoing York research project, complementing the existing work being done. In that case supervision may involve a faculty member from another York program or faculty depending on the project's focus of inquiry. Roughly 27 projects would need to be supervised per cohort, totalling 81 projects at steady-state in 2031-2032 when there will be cohorts in all three years of the medical school.

26. **Describe the administrative unit's planned use of existing human, physical, and financial resources, including implications for other existing programs at the university as well as any additional institutional resource commitments to support the program in step with its ongoing implementation.**

Outline and Principles of Resourcing Model

The York University SoM will be funded through the Ontario MOH and the MCU, through tuition paid by students, and by contributions from other partners and levels of government (*Table 11.1*). Government has approved operational funding for the SoM with 240 undergraduate places and 293 residencies at steady state. Schools of Medicine and Nursing are currently the only University programs in Ontario for which expansion is being funded by the provincial government, and the operating funds provided through MCU are additional to the core enrolment grants provided under the Strategic Mandate Agreements (SMA) with universities.

A fundamental principle of the resourcing model is that a school of medicine must not imperil the operating resources or viability of other academic units at the University.

The external funding for a building in Vaughan would need to be in place and approved by York's Board of Governors before the capital project can begin. Given the tight timelines to prepare for the first intake of medical students in 2028, if the new building will not be ready before the opening of classes, the initial cohort(s) of 80 students per year would be housed in other learning spaces on the York University campus. Alternative plans are being developed as learning spaces for the initial medical student cohorts, informed by a detailed functional space plan and using existing spaces at the Keele campus, led by York's Capital Planning team and in consultation with the MD Program Development team. Planning for the permanent anchor facility is ongoing, with preliminary site preparation expected to begin as early as 2025–2026, and future occupancy to follow the completion of fundraising and construction.

- **The capital cost of constructing an anchor facility for the SoM will be raised without assuming additional debt by the University and will require substantial funding sources from outside the University's operating budget including philanthropic donations as well as potential contributions from partners and government (*see Table 11.1*).** As with any major new initiative, the University may have to contribute some of its own money to attract contributions from external partners and funders.

TABLE 11.1: OUTLINE OF COSTS FOR SCHOOL OF MEDICINE

Revenue and Expenditure Categories	Projected Amount	Sources of Revenue
Planning costs - Accreditation preparations	$9 million cost	Government of Ontario planning grant provided
Start-up costs		
- Training community physicians - Developing IT needs for network of health organizations	To be costed in 2025-26	MoH commitment to support these costs once estimates are complete
Operating costs	Estimated minimum ~$100 million per year by year 3	MCU/MOH commitment that "York University will also receive ongoing operating funding to support the cost of delivering undergraduate and postgraduate medical education."
- Operating costs - salaries and facilities costs - Resident salaries - Clinical faculty compensation for clinical supervision	Residencies ~$25 million at steady state at current rates Clinical faculty teaching compensation To Be Determined (TBD)	MOH funds residency training at the rates agreed with PARO MoH commitment to support negotiations with OMA for clinical teaching costs
- Pathways programs and student supports	To be costed in 2025-26	MOH; Philanthropy (TBD)
- Provincial Educational Grants and Tuition - Faculty leadership, staffing, and course costs	$17.2 million MCU grant $39.5 million MoH educational grant	MCU committed grant funding (Additional to SMA Corridor) MOH educational grant committed funding base

	$6.2 million per year in student tuition (projection)	Student tuition Funded scholarships and bursaries from MoH and Philanthropy (TBD)
Capital costs		
- Medical School building	SoM new Building ~ $350 million Land at Vaughan ~ $20 million	Philanthropy Governments (City of Vaughan provided land) University (if needed to attract external money)[88]
- Backup plans for temporary sites in existing spaces in 2028 if construction delayed	To be costed in 2025* *Currently underway	Philanthropy, government, University (if necessary to renovate space that will also address other future priorities)[89]
- Conversion and upgrades of community sites to support learning	To be costed in 2025-26	MOH commitment to support these costs
Research Revenue[90]		
- Indirect Research Revenue	RSF projected to increase by $17.4 million per year Overhead income projected to increase by $6.72 million per year	Federal Government (Tri-Council) (Research Support Fund) Other public and Non-Profit Funders (Overhead charges) Industry (Overhead charges)
- Canada Research Chair (CRC) Revenue	CRCs projected to increase by $13 million per year based on growth from 35 to 65 CRCs	Federal Government (Tri-Council)

Planning and Operating Costs

The Ontario government is the main source of funds for operating expenditures of all schools of medicine in Ontario, including York's SoM. All provincial governments in Canada closely regulate the number of undergraduate and postgraduate seats, and fund medical school operations in their province accordingly. The Ontario government provides the funding for operational costs related to the number of trainees, the number of teachers involved, and negotiates adjustments for specific features related to the curricular model and other

[88] Any matching funds should they be necessary will not impact the operating budgets of other Faculties and will not involve new borrowing. Any contribution from the University Fund will be limited to monies set aside for strategic initiatives and be commensurate with support benefiting other Faculties.

[89] No new borrowing.

[90] Research revenue does not include the potential direct costs covered for carrying out the research project. Research revenues are not included in the estimates of annual operating revenues and costs (Table 11.2).

contextual factors, such as the location of teaching and practice, and types of student's supports that fit those locations.

After working directly with York University on the funding required for different enrolment scenarios, in November 2023 the Government of Ontario confirmed its agreement for a model that would support 80 undergraduate seats and up to 102 postgraduate seats per year starting in 2028 and would support up to 240 undergraduates and 293 postgraduates at steady state. Following the March 2024 budget announcement, York University received $9 million in start-up funding from the provincial government to support the planning for accreditation associated with establishing this model. At that time, the provincial government recognized the baseline operating costs they would need to cover was over $100 million per year when operating with a steady state of learners, both undergraduate and postgraduate.

Accreditation Standards require that "present and anticipated financial resources of a medical school are adequate to sustain the medical education program and to accomplish other goals of the medical school."[91] In late January 2025 the MCU provided additional details of their funding commitments which will help satisfy this requirement. The MCU has confirmed that in addition to the $9M planning grant York University will also receive "ongoing operating funding to support the cost of delivering undergraduate and postgraduate medical education."

Using the funding commitments of the MOH and MCU, the current overview of operating expenditures and revenues at steady state of operations (in 2032, when all 240 medical students and 293 residents are in place) is shown in *Table 11.2*. The anticipated annual revenues ($115.9 million) exceed the anticipated expenditures ($104.7 million). $69.2 million represents base revenues already committed by the MOH and MCU, while another $38 million is estimated to be flow-through funding (the agreed revenues will go directly to expenditures) that is related to residents and academic physicians funding plans and is subject to further negotiation. The other operating revenue for the operations of the ICLN (currently estimated at $15 million) is to be costed during 2025 and 2026 in collaboration with the MOH and ICLN partners. Hiring of most of the faculty and staff after the current planning grant would occur in 2027 and be phased and supported by start-up funding from the MOH. The specific amounts are to be determined through more detailed start-up costing and a part of the regular meetings with MOH/MCU in the period before the opening of the SoM (see section on start-up costs).

TABLE 11.2 OVERVIEW OF ANNUAL REVENUES AND EXPENDITURES AT STEADY STATE

Revenues	Annual ($M)	Note
- Ministry of Colleges and Universities UGME Funding	$ 13.0	(1)
- Ministry of Colleges and Universities PGME Funding	$ 4.2	(1)
- Ministry of Health Base Academic Operating Funding	$ 39.5	(1,2)
- Tuition (UGME)	$ 6.2	(3)

[91] Standard 5.1.

- Ministry of Health Distributed Medical Education Operating Funding (ICLN-related). Funding from MOH with levels to be determined based on costs estimated in 2025-26	$	15.0	(4)
- Flow-through Revenues (e.g. Residents (PARO) and academic physician funding plan). Funding from MOH with levels subject to negotiations	$	38.0	(5)
Total	**$**	**115.9**	
Expenses			
- Faculty leadership (Deans and Department Chairs)	$	5.8	(3)
- Core Clinical faculty & non-clinical faculty	$	21.6	(3)
- Clinical faculty involved predominantly in clinical teaching	$	11.5	(3)
- Administrative leadership and support staff	$	4.7	(3)
- Academic Operating Costs (Class and ICLN-related)	$	5.9	(3)
- Shared Services and General Institutional Costs	$	17.6	(3)
- Flow-through Expenditures (matches Flow-through Revenues) Funding from MOH with levels subject to negotiations	$	38.0	(3)
Total	**$**	**104.9**	
Revenue after Expenses	**$**	**11.1**	

Table Notes

(1) MCU & MOH Base Funding Commitment - Jan 28, 2025

(2) MOH Base Funding Commitment - Jan 28, 2025; based on residencies and to be shared with clinical partners

(3) Deloitte Financial Analysis for 240 student medical school, June 2023.

(4) Amounts to be determined as per MCU & MOH base funding commitment - Jan 28, 2025. Costs are to be shared with clinical partners

5) Amounts to be determined as per MCU & MOH base funding commitment - Jan 28, 2025. Funding provided to residents and other physicians.

(6) Does not include all additional revenues (or operating costs) provided to hospitals from MOH for hosting learners

More specifically, the MCU has confirmed they will fund York's undergraduate medical seats at a rate of $61,078.71 per eligible student FTE for the first year and second year of studies, and $40,824.63 per eligible FTE in the third year of study. In addition, the MCU will fund the new postgraduate medical positions at a rate of $14,241.15 per eligible FTE per annum. Given the enrolment plan, at maturity, the MCU will be providing $13.0 million annually for 240 undergraduate seats, and $4.2 million annually for 293 postgraduate seats, for a total of $17.2 million per year. In meeting with the government subsequent to its letter, MOH and MCU clarified that the rates they've provided are based on current rates, and that they expect the rates to change by the time the medical school opens in 2028, and that we would receive the rates prevailing at that time.

Furthermore, to assist with the required financial planning of medical schools in the implementation of medical education expansion, the MOH estimates that "at least $1.3 million in base operating funding will be provided in 2028-29, growing up to $39.5 million at maturity annually" (these amounts do not yet include the costs of resident salaries or the full costs of physician teaching and learner support programs described below). Operating funding from both ministries would begin in 2028-29 and would increase until steady state operation is reached in 2033-34. The $62.9 million annual funding base at steady state from the MOH/MCU (not including flow-through funding or ICLN related costs that are to be determined) for the educational program will be sufficient to cover the costs of SoM course teaching (*Table 8.2*), leadership, and administration.

The specific level of compensation for clinical supervision of medical students still needs to be negotiated between the MOH and the Ontario Medical Association (OMA), and both organizations have committed to working with York University in identifying and agreeing on an appropriate level of funding, which will be provided by the MOH. Since the swearing-in of the new provincial cabinet on March 19, 2025, the University has reinstated regular scheduled meetings with the MOH and MCU to work out all aspects of funding levels and flow. The full framework is to be agreed by the end of 2026, with the detailed agreements in place in 2027 when students should be applying for admission. To be clear, this is consistent with the experience of other new medical schools seeking accreditation, and it will not be possible to open the York SoM until we have finalized these detailed funding agreements, without which no university could operate a medical school.

Physician compensation models in Ontario are very diverse across the province and will need to account for the distributed medical education model proposed by the SoM. As discussed above, the compensation for physicians involved in academic clinical care will be negotiated with the provincial government and multiple parties, with the OMA being the representative for physician compensation discussions with the Government by virtue of a longstanding agreement, but with involvement of the University and hospital(s) given the role of the different organizations in academic medicine.

Salaries are set for all residents across Ontario through negotiations between the Professional Association of Residents of Ontario (PARO) and the Ontario teaching hospitals, with the involvement of Council of Ontario Faculties of Medicine (COFM) and the MOH. At current rates, residents' salaries are estimated to cost about $25 million per year when at full capacity. The government also recognizes that additional operating costs related to the consumables used by medical learners for clinical activities and provides additional funding for this, which is paid to the hospital to cover these items. The costs of the special features of our program related to community-based learning and pathways and supports programs for student populations that are under-represented in medicine are also part of our operating costs and are being discussed with government and potential donors.

Hospitals and their related foundations and other philanthropies frequently contribute to covering operating costs in the hospitals, often through contributions of staff, learning spaces in clinical settings, and through gifts and contracts for specific research, educational and

service programs. These sources of revenue have not been factored into financing plans at this time, and we expect them to build over time as the ICLN partnerships develop.

Start-up Costs

In addition to providing for the operating costs of medical education, the Ontario government also provides for start-up costs related to medical education expansion. In recognizing the need to provide additional start-up costs for community-based physician education, the provincial government also committed to work with our clinical partners to develop and fund capacity to deliver this distributed model of medical education. In addition to infrastructure improvements to prepare for learners at clinical sites, the support will also include the training of physician teachers to hone their supervision and evaluation skills, and to ensure consistency of approaches for cultural competence in dealing with diverse learners and patients.

Faculty and staff also need to be hired prior to the admission of the initial cohort of learners. These categories of costs need to be estimated over the next two years, and the government has committed to covering those categories of costs, as well as for the necessary information systems. Information technology systems will also need to be developed, in close collaboration with our partners, for supporting medical learners, both undergraduate and postgraduate, across sites, and to safely and efficiently manage individual patient information, as well as aggregated data used for learning and management of teams, as well as for decision-making within clinical units and for community health applications. Mackenzie Health, one of the lead partners to the SoM and a key player in the ICLN, will also bring its industry-leading IT infrastructure to develop novel platforms for data sharing and analytics, while maintaining patient confidentiality in communications.

Capital Costs

The York University SoM will ultimately have an anchor facility in the Vaughan Healthcare Centre Precinct (VHCP) on land generously transferred by the City of Vaughan. The VHCP is an 82-acre parcel of land at Jane Street and Major Mackenzie Drive in the City of Vaughan, which is fast becoming a destination to drive excellence in health care, education, research, commercialization, and innovation.

The capital cost of constructing an anchor facility for the SoM will be raised without assuming additional debt by the University and will require substantial funding sources from outside the University's operating budget including philanthropic and partner contributions. Operational funding, capital investment, and fundraising strategies are in development to ensure sustainability and support for program infrastructure, faculty, and educational resources.

York University recognizes that the development of a permanent, purpose-built facility in Vaughan is contingent on securing sufficient capital funding. Planning for this facility continues to advance under the leadership of the President's Office in collaboration with University Advancement. To support the province's goal of welcoming the first cohort of medical learners in 2028 and to mitigate potential delays, the University is also developing contingency plans.

These include the potential use of renovated space on the Keele campus that is not currently occupied by other York University units to accommodate learners if needed. Any renovations would address deferred maintenance and ensure the space remains viable for future institutional use. All planning activities are being guided by York's established capital and financial processes to ensure fiscal responsibility and project readiness. Regular updates on progress and contingency planning are being reported to the School of Medicine Steering Committee—chaired by the President of York University—through the Capital Planning Team, and to the Quality Council to ensure appropriate oversight and transparency.

The SoM building site will be located next to the Cortellucci Vaughan Hospital, the first hospital to be built in the City of Vaughan and the first net new hospital to be built in Ontario in more than 30 years. As part of Mackenzie Health, Cortellucci Vaughan Hospital is described as the first "smart hospital" in Canada that includes integrated smart technology systems and medical devices that can speak directly to one another to maximize information exchange and improved patient care. It has rapidly become highly in demand for clinical services and already has the second or third busiest Emergency Department in Ontario based on monthly variation. Mackenzie Health is a lead partner for the York SoM, and in addition to playing a major role in providing clinical placements in the hospital setting, it is also the administrative home of the Western York Region Ontario Health Team (OHT) to advance community health goals, of which York University is the academic partner. Furthermore, Mackenzie Health is also planning further development into primary care and specialist outpatient services on the VHCP, where they would accommodate learners from York SoM. There are also plans to develop a long-term care facility and senior's living space next to the land dedicated to York SoM. This would provide additional learning, research, and service opportunities for medical and interprofessional programming. Furthermore, the site dedicated to the York SoM provides ample space for additional expansion of capacity in the future, including space for two additional buildings.

The University is creating many exciting high-impact philanthropic opportunities for individuals, foundations, corporations, and many community groups committed to the best health care and a future of positive change for all Ontarians. These are focused on the capital costs of the SoM, learner scholarships and supports, and eventually on faculty research chairs.

The momentum of the SoM planning phase has already attracted a great deal of philanthropic interest. ln addition, the President, in collaboration with the Division of Advancement is in discussions with several leading community benefactors with an interest in contributing to the SoM capital project. York University is also exploring discussions with construction partners to develop the new campus for the SoM in phased building stages.

In the provincial government's Fall Economic Statement,[92] the government announced that it will commit over $50 billion for new health infrastructure over the next decade, primarily for hospital expansion and long-term care facilities. Through the 2024 Budget, the government also committed $546 million over three years to improve access to primary care. This

[92] 2024 Ontario Economic Outlook and Fiscal Review: Building Ontario for You

investment will connect approximately 600,000 people to team-based primary care by expanding and creating new interprofessional care teams across the province, an approach that support's York's plans for training interprofessional teams.

At the end of January 2025, before the start of the election period, the provincial government announced that $1.8 billion would be invested in primary health care,[93] and specifically mentioned their support for a medical school at York University as part of its plans (the only University mentioned in the announcement). Given these commitments and their alignment with the York SoM plans, the University is also holding discussions with the provincial government about obtaining capital funding for the medical school.

Once underway, medical learners will be educated at clinical learning sites located across northern Toronto, York Region, Simcoe County, the District of Muskoka, and surrounding rural areas. This distributed learning model will allow York to utilize existing spaces at local learning sites to reduce capital requirements and costs at the University. In discussions with the provincial government, they have recognized that some capital investment from government is also needed to help the community partners to be able to provide space for learners on their premises. These will be integrated into the financial framework to be agreed with the government prior to opening.

Research Revenue Potential

Based on York University's 2023/24 externally sponsored research income, the Office of the Vice President, Research and Innovation forecasts an increase in operating revenue associated with a SoM within the range of, and up to $39 million to cover the indirect costs of research. Notably, this estimate does not include the externally sponsored research income itself that is provided to cover the direct costs of research.

Indirect Research Revenue is made up of Overheads (on contract research sponsored by industry and some government contracts) and Federal Research Support Fund (RSF) calculated based on a three-year rolling average of Tri-Council income:

- The RSF in 2023-2024 was $6M. If the SoM income grows four-fold (4x) based on the assumptions below, then RSF is anticipated to grow to approx. $24M or an **increase to about $18M in RSF.**
- Overhead income in 2023-2024 was $2.24M. If the SoM income grows 4x then overhead income is anticipated to approx. $8.96M or **increase to about $6.72M in overhead.**

[93] Ontario Investing Over $1.8 Billion to Connect Every Person in Ontario to a Family Doctor and Primary Care Teams | Ontario Newsroom

Canada Research Chair (CRC) income in 2023-2024 was $4.76M. Multiplying this by 4x leads to $19.04M. This is equivalent to 65 Tier 1 CRCs. (A Tier 1 CRC is equivalent to two Tier 2 CRCs, or **an increase of about $14.28M**.)

The total of the above increases is about $39M in added funding to support research infrastructure at the University. We have not accounted for external graduate scholarships that should increase substantially as well with this level of finding.

It is assumed that this level of research income will be realized over time as the assumptions of four-fold increases are compared to schools of medicine that have long track records of research funding. The research revenues would be expected to rise after a lag period of about five years from the opening of the School of Medicine. It is also not clear how the mix of research activity (e.g. biomedical basic sciences research; clinical research; health services research; and social, cultural, environmental, and population health research) will change with a SoM. Finally, the above numbers are calculated on a 3-year averaging window so once we reach this level of research funding, it will take another two years for adjustments to be made to York's entitlement to CRCs and other funding envelopes.

27. Provide evidence that there are adequate resources to sustain the quality of scholarship and research activities produced by students, including library support, information technology support, and laboratory access.

The Vice President, Research and Innovation developed a summary list of all faculty at York University who are involved in Health Research (*Appendix 17*). These faculty members will be approached to gauge their interest in being involved with the YUSoM for collaborative research projects with the YUSoM faculty members once hired as well as interest in being involved in teaching research aspects of the curriculum and providing supervision of medical learners in research activities (*Appendix 17*). In addition, a Libraries Committee, led by the Associate Dean, Research & Open Scholarship, has been established to determine the library resources required to support the School of Medicine. This includes investigating relevant collections, subscriptions, space and resources needed to sustain high-quality scholarly and research activity by students. A YUSoM planning team member sits on this committee, and work is underway to quantify these requirements. The committee is also engaging with clinical affiliates to identify available resources and ensure that learners and clinical faculty have sufficient access to necessary materials and subscriptions.

To support digital infrastructure and technology needs, an Information Technology (IT) Task Force has been convened, co-led by the Executive Director, Operations & Resource Planning and the University's Chief Information Officer. This group is assessing the infrastructure required to support learners at both academic and clinical sites, including evaluation of key platforms such as the learning management system (LMS) and other educational and research technologies. A representative from a key clinical affiliate partner is actively participating in this working group, and additional interested and affected parties are engaged as planning progresses.

The School will implement a learner-centered, integrated LMS that supports curriculum mapping, assessment, accreditation reporting, ePortfolios, interprofessional learning, and clinical/community-based tracking. Implementation follows a structured 8-month RFP-to-deployment timeline, ensuring full readiness for the first cohort in Summer 2028.

28. Indicate whether the new program is intended to be funded or full cost-recovery.

Please refer to answer in *Question 26*.

In summary, the SoM will be funded from a variety of sources including the government (MOH, MCU), student tuition fees, philanthropy, research funding agencies, and potential community partners, and for revenues to exceed expenses at steady state.

Quality and Other Indicators (QAF 2.1.2.8)

29. Provide evidence of quality of the faculty (e.g., qualifications, funding, honours, awards, research, innovation, and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the program and commitment to student mentoring)[94] and staff to achieve the goals of the program.

Given that no faculty have been hired at this time, there is no direct evidence regarding faculty qualifications or scholarly achievements. However, the recruitment strategy is intentionally designed to ensure that incoming faculty are well qualified and prepared to deliver high quality medical education, conduct or support research, and mentor learners effectively. To ensure the faculty and staff complement reflects the School's mission and academic priorities, a structured, phased recruitment strategy has been drafted and will be updated over the summer of 2025. Position descriptions and selection criteria for each job category - including founding academic leadership, clinical and research faculty, and professional staff - are being finalized in Summer 2025, with postings beginning in Fall 2025. Hiring will unfold in waves aligned with program development milestones: foundational academic and leadership roles by early 2026, core faculty and administrative positions throughout 2026–2027, and clinical faculty appointments beginning in 2027 in advance of learner placements. Onboarding processes will emphasize interdisciplinary orientation, equity-informed teaching practices, and mentoring capacity. Criteria across all roles prioritize scholarly excellence, community-based experience, commitment to team-based care, and alignment with the School's values of equity, Indigenous reconciliation, innovation, and person-centredness.

The school plans to recruit both clinical and non-clinical faculty. Clinical faculty members, primarily physicians and other health care professionals, will typically hold an MD or other relevant clinical qualification (e.g. accompanied by a Master's degree or other advanced qualification like certification of the Canadian College of Family Physicians (CCFP) or Fellowship in the Royal College of Physicians and Surgeons of Canada (FRCPSC)). Non-clinical faculty generally hold a Master's degree in a relevant field or a PhD, ensuring strong interdisciplinary expertise to support the needs of the program. Clinical faculty will be expected to be involved primarily in teaching but may also be involved in research and administration. Some core clinical faculty members will be appointed in order to do a significant amount of teaching. Most of the clinical faculty will be involved in clinical teaching. A small number of clinical faculty members will be recruited for the various roles outlined above, e.g., course leads, simulation lead, anatomy lead, etc. Several job descriptions for the roles described have been developed and will be posted by the end of June 2025 with expected time to start in the fall of 2025. Other job descriptions are currently in progress. These job descriptions outline the preferred skills and attributes the School is looking for to

[94] This section is distinguished from the section on Resources (questions 26-31) (QAF 2.1.2.6 a) in its focus on the quality of the faculty and their capacity to ensure the intellectual quality of the student experience, whereas questions 26-31 (QAF 2.1.2.6 a) addresses whether sufficient numbers of core faculty are available to cover the program's teaching/supervision duties.

complete the roles. Once the clinical faculty appointments policy has been approved by the University (anticipated for September 2025) then clinical faculty will be recruited. Initial clinical faculty hires will be the decanal leadership roles and curriculum leadership roles. Following these hires, department heads and other clinical faculty who will be considered core teachers who will be developing curriculum content, facilitating small and large group learning, and engaging in other key educational roles will be hired. After these core teachers are hired clinical faculty who will be predominantly involved in clinical supervision and assessment with then be hired. All clinical faculty hired will have job descriptions and will be appointed to departments which will be led by a department head.

A small number of key staff have been hired including: the Director of Transitions; Director of Institutional Strategic Projects; Executive Director, Operations and Resource Planning; Director, Medical Education Innovation; an Undergraduate Medical Education Manager; an Assessment and Evaluation Manager; an Accreditation Project Implementation Manager; a Project Coordinator; and an Executive Assistant .The Director of Transitions was a Registered Nurse who has worked in tertiary care hospitals and industry and subsequently led the pandemic response for York University which was recognized by the provincial government as they used some of the strategies and tools developed by this individual. Recruitment of an Indigenous Health Lead, Black Health Lead, Disabilities Health Lead and an ICLN Director are happening now. Other administrative positions will need to be hired as the YUSoM evolves. Robust job descriptions outlining the roles and responsibilities of the position as well as the qualifications for these roles will be developed. Decanal roles in the SoM will involve competition for posted positions.

30. Provide evidence of additional elements of the program and faculty that will ensure the intellectual quality of the student experience.

Due to the applied and experiential nature of medical education, curriculum design and delivery predominantly occurs by clinical faculty who are practicing physicians or other practicing health care professionals.

Development of the core medical components of the program will be overseen by clinical faculty or, in certain cases, other appropriately qualified healthcare professionals or York university faculty, in the following roles:

Role	FTE	# of positions	Description
Generalist Health Care (GHC) Leads	0.2-0.4	3	Oversee development of experiential clinical learning and longitudinal patient care exposure.
Lead, Becoming a Professional (BAP)	0.4	1	Sole course chair integrating professionalism, ethics, and self-development across all program years.

Lead, Emerging Concepts & Innovations in Health (ECIH)*	0.4	1	Drives curriculum innovation in AI, planetary health, evolving healthcare models and other emerging healthcare issues.
Leads, Theme-Based Learning*	0.2-0.4	4	Experts in Health Services and Systems (HSS), Equity, Diversity, Inclusion & Practice (EDIP), Indigenous Ways of Knowing, Being & Doing, and Foundational Sciences.
Lead, Case Based Learning	0.2	1	Oversee the development of cases to support the MD Program curriculum
Lead, Simulation Based Learning	0.2	1	Develop simulation-based approaches to support clinical learning in the MD Program
Lead, Anatomy*	0.2-0.4	1	Integrates anatomy into case-based and experiential learning
Lead, Coaching	0.4	1	Establishes a faculty-learner coaching model for professional development.
Lead, Family Medicine Clinical Learning	0.2	1	Develops structured primary care experiences.
Lead, Clinical Learning Specialities	0.2	1	Develops structured specialty care experiences.
Lead, Community-Based Learning*	0.2-0.4	1	Builds service-learning projects with local healthcare organizations.
Lead, Interprofessional Learning*	0.2	1	Embeds interprofessional collaboration across medical training.
GHC I Unit Leads	0.2	4	Design and implement Year 1 learning units.
Lead, Research & Scholarship	0.1	1	Guides medical learner research and scholarly inquiry.
Lead, LICLE Modules	0.1	7	Leads defined specialty clinical learning experiences.
Lead, Professionalism & Self-Care	0.1	1	Develops medical learner well-being initiatives.

*Denotes positions which may be filled by a qualified non-physician health professional or York university faculty member.

In terms of the actual teaching complement, the MD program will be largely delivered by clinical faculty, but with a combination of non-physician health professionals and York faculty members who will be selected for their roles based on their expertise and qualifications, ensuring the high intellectual quality of the learner experience and appropriateness of medical training.

Generalist Health Care

The Case-Based and active large group Learning sessions of the GHC courses will be facilitated by expert facilitators with medical expertise and may include MDs, other health professionals or members of the York Faculty of Health. Clinical skills sessions, including simulation, will be taught by clinical faculty specially trained in clinical skills education and simulation. For certain

sessions, such as sensitive exams or age-specific exams, facilitators with added training in that area will be required. The anatomy portion of the GHC curriculum will be taught by a combination of clinical faculty and experts from the Faculty of Health at York. The Longitudinal Family Medicine Clinical Experience in the first year will be taught by primary care physicians in family or community practices. The instructors in the Longitudinal Integrated Clinical Learning Experience (LICLE) in the second year will be clinical faculty from the MD program's affiliated partners. Elective learning in Focused Generalist Experiences (FGEs) and selective learning in the third year of GHC will, in most cases, be supervised by clinical faculty but for FGEs there may be cases where supervision occurs by York faculty in the Faculty of Health and other faculties or by faculty in other medical schools.

Becoming a Professional

The curriculum will mainly be delivered by clinical faculty who will be facilitating small group and active large group learning and project learning. Individual components, such as the community service-learning component in the first year and the quality improvement project in the second year, will be supervised by clinical faculty, other health professionals, or faculty from the Faculty of Health depending on the focus of the project. Sessions in the Indigenous Knowledge and Ways of Being and Doing module will be facilitated by specialists in Indigenous studies, ideally with expertise in health.

Emerging Concepts and Innovations in Health

Due to the need to remain current with innovations and emerging concepts, this course will predominantly be facilitated by guest speakers and facilitators with expertise in the content delivered. These instructors will be clinical faculty, faculty from York University, or external experts. Learning will occur through large group active sessions and project-based learning.

Additional Support

In addition to the instructors identified above, learners in the MD program will also be supported by Faculty Academic Coaches (FAC) and mentors. FACs, assigned to work with four learners from a single class, will be clinical faculty. Mentors could be physicians, other health professionals, or researchers. Mentorship could occur one on one or in groups.

To support career development, the program recognizes that learner support must be tailored to the York learner, whose career goals are focused on family medicine and a narrow set of generalist specialties. Career and academic supports will be designed to align with the high-level program goals, ensuring learners receive guidance that prepares them for success as graduates of the York MD Program. Career fairs for first-year students will be targeted, generalist-oriented events with workshops, mentorship, and guidance centered on primary care, family medicine–related enhanced skills, and other identified generalist specialties. Career advising, mentorship, and coaching will focus on these areas, avoiding unnecessary exposure to unrelated specialty options early in the curriculum. Resources and supports will

also be designed to facilitate success in community-based, interprofessional, and longitudinal learning experiences. The program will continually review and adjust learner support based on feedback, program outcomes, and evolving evidence in medical education.

An additional element of the MD program that will ensure its intellectual quality is its intentional focus on meeting the needs of the Ontario health system and directly addressing the current crisis in healthcare. This is evident in its placement of the school of medicine in the Faculty of Health and establishment of the Integrated Community-based Learning Network (ICLN). Together, these elements enhance the intellectual quality of the learner experience by complementing the medical knowledge our learners will gain, enabling them to deliver community-focused, person-centred care.

Embedding the school of medicine within the Faculty of Health builds on the multidisciplinary research and teaching strengths of the five existing units within the Faculty of Health, while also being open to having other units or faculty members join the SoM or the Faculty of Health in the future. Positioning various health disciplines in a faculty under one Dean fosters a more comprehensive approach to health. Collaborating with psychology, nursing, and kinesiology, focused on professional clinical care, as well as global health, and health policy and management focused on addressing issues of public and population health and the social and structural determinants of health, will enhance medical education and overall health outcomes for Ontarians. Additionally, it strengthens the program's ability to deliver on interprofessional education (IPE) and provide a stronger social determinants perspective on health which fully supports the MD program's holistic approach to medical education. Combined, IPE and understanding the implications of social determinants of health across the spectrum of health promotion and illness prevention provides our learners with the training and hands-on, problem-solving experiences to excel as practitioners capable of illness prevention and providing wellness promotion strategies.

These collaborative learning opportunities would be supported by the MD program's network of clinical learning sites including hospitals, family health centres, community health clinics, long-term care and rehabilitation facilities. York University has become a member of the Western York Region Ontario Health Team (WYROHT), one of 58 Ontario Health Teams established by the province to foster a better continuum of care through integration of different services and professionals. The hospitals in our service area are community-focused hospitals, which are different than the provincially designated academic health sciences centres that are typically affiliated with older medical schools. They are well aligned with the vision for medicine at York and will provide our medical learners with a sequence of placements and learning experiences focused on primary care. Additionally, this approach will build mutually beneficial and respectful partnerships, leveraging the community for the student learning experience. And, as mentioned previously, we intend to leverage the most recent emerging health technologies, AI, and machine learning analytic methods to address individual and community health issues, particularly through our proposed partnership with the Cortellucci Vaughan Hospital with its smart technology systems data-rich environment.

Finally, the overall quality of the intellectual experience of the medical program is grounded in the YUQAP Cyclical Program Review process and the accreditation process of the Committee on Accreditation of Canadian Medical Schools (CACMS). Once fully accredited, as is standard for all new medical schools, the school will undergo a five-year accreditation review cycle before transitioning to the standard eight-year cycle used by CACMS. This includes a comprehensive review at the five-year mark, followed by full reviews every eight years thereafter, with interim reporting as required. Accreditation is based on detailed standards concerning not only the Medical Doctor (MD) curriculum, but all aspects of operations including the School's leadership and administration, how faculty and learners are selected and supported, social accountability, resourcing and infrastructure.[95] These institutional and external reviews will ensure the intellectual rigour and high standards of the program are maintained.

[95] The CACMS Standards for accreditation can be found here: https://cacms-cafmc.ca/. A list of the associated Program Development Committees and their terms of reference is available here: https://www.yorku.ca/medicine/planning/.

Ensure the following appendices are included:

A curriculum map (*Appendix 8*)
Library Statement (*Appendix 28*)
Dean's Letter of Support (*Appendix 29*)
President's Letter of Support (*Appendix 30*)
Ensure that Faculty CVs are submitted as a separate document. – Separately submitted

Appendix 1. Planning Prospectus on a School of Medicine: Sequencing of Actions and Governance Processes

PHASE 1: Consultations and Defining the Vision for the School *Spring 2021 – February 2022*	
Actions	**Major Steps / Processes**
External consultations on the potential School of Medicine	Medical Education subject matter experts: • sitting and former Deans/Directors of Schools of Medicine • medical school accreditation experts • academics, clinicians, and administrators with experience in medical school start up and progressive models of medical education External healthcare community consultations across the catchment area, including: • Hospital, notably Mackenzie Health and Cortellucci Vaughan Hospital (CEOs, clinical, teaching, and research leads) • Ontario Health Teams • primary care providers, including practicing physicians • public health agencies, chief medical officers of health • rehabilitation centres, women's shelters, non-profit care providers, housing and other providers • long-term care facilities • community health centres and agencies (e.g. Black Creek Community Health Centre) Provincial, national and international consultations, including: • municipal and regional government officials • non-profit agencies • Indigenous government and community leaders • businesses
Internal consultations	APPRC and Senate Faculty Councils, departments, schools, individual faculty members Board Academic Resources and Executive committees, and Board of Governors York community via Town Halls Office of Institutional Planning and Analysis (enrolment modelling)
Establish the vision for the School of Medicine	Preparation of a conceptual proposal. Broadly established:

	• the design of York's SoM to address Ontario's 21st century health and wellness needs through innovative curriculum, technology, and collaborations • the central features of the medical program (i.e., two-year pre-health program as an access bridge; a three-year degree program option; interprofessional primary care and population health-focused curriculum; integration of digital health technologies to enhance continuum of care; distributed learning model with community preceptors) • enrolment plan and business model principles for an initial cohort of 60 students in year one, growing to an entry cohort of 120 by year five and steady state enrolment of 360 students by year seven. Conceptual Proposal submitted to Province February 2022.
PHASE 2: Advancing the Conceptual Proposal and Seeking Government Support to Proceed *Spring 2022- March 2023*	
Actions	**Major Steps / Processes**
Further defining the conceptual proposal	Continued internal consultations to share ideas and receive input on the conceptual plan, and additional directions and options, to further its development. *APPRC:* February and March 2022; Sept and November 2022; March 2023 *Senate:* March 2022 (consultation) *Faculty Councils:* throughout Continued external consultations to share ideas and receive input on the conceptual plan to further its development. Medical education experts, physicians, health care providers, community partners in catchment area. Discussions confirmed enthusiasm for the initiative and the identification of broad opportunities for teaching, research and knowledge mobilization collaborations, and student placements / community based experiential learning options.
SoM location planning	Consultation with City of Vaughan on the provision of land at the VHCP (adjacent to the Cortellucci Hospital) for health-related education, research, innovation purposes including anchor facility for a potential School of Medicine. Agreement reached with City of Vaughan for provision of land: June 2022 (option for University to exercise within 8 years).

Preparation of Major Capacity Expansion Framework submission to Province.	Drawing on information and discussions from the internal and external consultations on the conceptual plans for a potential School of Medicine, preparation of a Major Capacity Expansion submission that builds on the Conceptual Proposal submitted to the Province (February 2022) and includes business case considerations aligned with the MCE criteria. MCE submission to Province September 2022 APPRC confidential review and feedback on MCE submission, further discussion and input on content of proposal, additional information needed for collegial review, and collegial governance processes (Fall 2022/Winter 2023).
PHASE 3: Engaging collegial governance processes to advance academic planning *(Following Province's announcement of support for a School of Medicine at York University in March 2024.)* *April -December 2024*	
Actions	**Major Steps /Processes**
Creation of a School of Medicine Planning Group (SoM PG) Membership finalized October 2024	Creation of an advisory group to guide and facilitate the next steps in shaping the academic components of the School of Medicine, by 1 July 2024. Chaired by the School of Medicine Dean of Record, and in collaboration with APPRC, the SoM PG includes representation from faculty members from across the University with health-related knowledge and experience to ensure that disciplinary and interdisciplinary perspectives inform planning. Additional subject matter experts in medicine and medical education support the SoM PG with advice. SoM PG is mandated initially to identify the core academic components to be defined in the first planning phase, including: • Administrative architecture of the SoM (e.g., new Faculty and its structure; new unit within an existing Faculty; new Faculty that is a combination of existing and new units) • degree program(s) to be offered (including core features such as program length, admissions, interprofessional learning, population health focus, community-based learning, digital health) • related academic program areas for possible development • research and innovation focus areas • broad academic resource plans including impact on existing academic units and activities • potential academic, research, and community collaborations in the Vaughan Healthcare Centre Precinct and broader catchment area The PG will also liaise with the Accreditation Program Development Committees to coordinate plans.

Creation of an APPRC Ad Hoc Oversight Group (AOG)	A School of Medicine Ad Hoc Oversight Group (AOG) supports both APPRC and the SoM Planning Group by overseeing a strategic and effective process for the development, consideration, and approval of the academic components of the school of medicine through the legislative approval path to ensure that the University is making coordinated and informed decisions for program development, resource allocation, medical research enhancement, and compliance with accreditation requirements. The overall mandate of the AOG is to guide and facilitate the development of plans for the academic components of the school of medicine. In Phase 3, the AOG in liaison with the *SoM PG*, will *lead consultation and collegial discussions* on the following academic planning matters: • the unit architecture • new academic programming and the curricular approach • impact on existing programs / Faculties • implications for research areas of strength and research culture • identification of resource issues • opportunities to integrate York's values and a range of research areas in the school of medicine such as global health, climate change, and sustainability to support the vision for the school of medicine
Consultations October – November 2024	Focused consultations on the academic planning aspects of the school of medicine facilitated by the SoM PG and the AOG. Regarding the administrative architecture of the SoM, consultation and proposal development will commence with all Faculty Councils and the Libraries. An APPRC planning forum will also focus on the school of medicine to share information and facilitate collegial input in the planning of the initiative. Discussions to include matters of: • the new unit structure • new academic programs to be offered • impact on existing programs • implications for research areas of strength and research culture • identification of resource issues
Regular liaison between the SoM Planning Group, the Ad Hoc Oversight Group, APPRC, Senate	Through the Dean of Record, the SoM PG, and the AOG regular consultations and progress reports will be provided to Senate APPRC and through it, to Senate.
PHASE 4: Approval in Principle for a School of Medicine	

Fall 2024, for Senate approval by December 2024	
Actions	**Major Steps /Processes**
Preparation of an *Approval in Principle* proposal for APPRC and Senate approval.	*Approval in Principle* by Senate is helpful in providing APPRC, the administration and proponents of a major academic initiative with a sense of Senate's general views and specific interests prior to intensive consultations, refinement of concepts and preliminary plans, and the development of associated plans. The *SoM Planning Group* will have the responsibility of preparing a proposal for *approval in principle* to establish the school of medicine, including the administrative architecture of the new unit. Information in the proposal to include: • administrative structure, name, composition and core features of programs • rationale for its establishment: ○ teaching and learning ○ research opportunities ○ benefits to the university as a whole, and benefits to the community, province ○ advancement of University Academic Plan priorities and related strategies • enrolment projections and faculty complement • the curriculum (degree types and programs to be offered and future areas to explore) • possible inter-Faculty / interdisciplinary collaborations on programming • planned / possible collegial governance structures for the school in line with the structure • resource implications / budget framework • consultation processes that informed the planning and proposal
Faculty Council(s) review of *Approval in Principle* proposal	If the proposed structure for the SoM in the *Approval in Principle* proposal is either for a new unit within an existing Faculty, or a new Faculty that is a combination of existing and new units, the proposal proceeds to the relevant Faculty Council(s) for review and approval.
AOG and APPRC review of *Approval in Principle* proposal	The AOG will review the draft proposal for *Approval in Principle* to establish a school of medicine subsequent to Faculty Council(s) approval (as necessary) prior to the proposal proceeding to APPRC. AOG's focus will be on completeness of the proposal on the expected information to be addressed, and confirmation that input from consultations was considered by the SoM Planning Group. Following AOG's oversight review of the approval in principle proposal, it will proceed to APPRC for approval and recommendation to Senate.

Senate review of *Approval in Principle* proposal	Upon recommendation by APPRC, Senate review and approval of the proposal by December 2024.
PHASE 5: Approval of a School of Medicine through Senate and Board Processes *Spring 2025, for approval by 1 July 2025*	
Actions	**Major Steps / Processes**
SoM Planning Group prepares the proposal for statutory approval to establish a School of Medicine *Winter 2025*	Following approval in principle, the SoM PG continues the considerations of academic planning, research, academic resources, and Faculty governance structures, dovetailing with accreditation matters as necessary. It facilitates with the APPRC Ad Hoc Oversight Group necessary, appropriate and timely consultations that provides opportunities for all interested parties at the University to comment on the proposal. Senate committees invited to comment on the proposal from the standpoint of their mandates. From that final consultation, the SoM PG builds on the approval in principle proposal to develop the full proposal and a rationale for statutory approval. The rationale will address the following: • alignment with the UAP and university strategies • impact on York's profile overall and in health • enrolments and recruitment • faculty complement • funding model, funding sources, and impact on the academic budget • risk mitigation plans
AOG review of draft final proposal	The AOG reviews the full proposal to establish a school of medicine for completeness, and confirmation that issues and matters raised in the approval in principle and subsequent consultation phases are addressed in the proposal, liaising with the SoM PG as necessary.
Proposal proceeds through the Senate and Board governance processes *Spring 2025*	Proposal proceeds for approval by 1 July 2025 to: • Faculty Council(s) (as necessary) • APPRC • Senate; a Statutory Motion, requiring Notice of Motion first, approval at subsequent meeting • Board Academic Resources Committee and Board of Governors
Attendant changes to existing Faculties if structure for SoM is either a new unit within an existing Faculty, or a new	Approval of changes if necessary for merger / dis-establishment of a Faculty by 1 July 2025. Proposal(s) to relevant Faculty Councils, APPRC, Senate, and Board of Governors for approval by 1 July 2025

Faculty that is a combination of existing and new units.	

PHASE 6: Implementation and Attendant Processes

Following Approval of the establishment of a School of Medicine by July 2025

i. **Approval of Academic Programs**
ii. **Establishment of Faculty governance framework and related Senate governance changes**
iii. **Operational planning**

Actions	**Major Steps / Processes**
Development and review of proposals for new degree programs	Approval of proposals for establishment of new programs in accordance with the York University Quality Assurance Procedures. Approval through all governance paths, including Quality Council, accrediting bodies and MCU where relevant.
Establishment of new academic administrative positions	Identification and arrangements for associated new academic leadership administrative positions (e.g., Dean, Director of a School) Possibility of interim appointments to facilitate SoM implementation.
Establishment of a Faculty Council / governance body Changes to other governance structures	Identification of governance structures for the SoM / Faculty, and any associated changes to existing Faculty Council structures Possibility of the establishment of an interim Faculty Council to facilitate SoM planning and implementation. Identification of changes to Senate governance structures to reflect establishment of the SoM.
Finalize the budget framework; and budget planning	Under the guidance of a project implementation team and through consultations.
Full-time faculty complement and labour relations planning	Under the guidance of a project implementation team and through consultations.
Enrolment and recruitment planning	Under the guidance of a project implementation team and through consultations.
Physical space planning	Under the guidance of a project implementation team and through consultations.
Registrarial planning for the support of SoM	Under the guidance of a project implementation team and through consultations

Appendix 2. Academic Policy, Planning, and Research Committee (APPRC) Report to Senate for its meeting of December 12, 2024

APPRC

At its meeting of 12 December 2024

FOR INFORMATION

APPRC met on 5 December 2024 and brings forward this report to Senate.

a. School of Medicine Planning: Senate discussion of administrative architecture

At this meeting APPRC is facilitating a consultation on the administrative architecture for the planned School of Medicine within the University's structure.

APPRC and its Ad Hoc Oversight Group (AOG) have been actively supporting planning for a school of medicine. In preparations for the possibility of the University receiving provincial support to establish a school of medicine, a *Planning Prospectus on a School of Medicine: Sequencing of Actions and Governance Processes* was developed and shared with Senate by APPRC [~~April 2023: updated version attached, Appendix B~~][96]. The administrative architecture of the school was identified as a core academic component to be defined in an early phase of the planning. The Prospectus specified three potential unit options to be considered in the collegial governance planning process:

- **A.** new Faculty and its structure
- **B.** new unit within an existing Faculty
- **C.** new Faculty that is a combination of existing and new units

APPRC and the AOG believe that the structure of the school is a foundational feature of the plans that deserves examination within a Senate context. A full Senate discussion provides an opportunity for reflections, concerns or alternative ideas about the architecture to be surfaced and considered before the next phase of the planning exercise, which is approval in principle by APPRC and Senate. It is important that the recommendation for approval in principle gives clear direction on the architecture for the school as it informs the next stages of planning, including the critical companion exercise of accreditation. Therefore, at this meeting, APPRC is facilitating a discussion with Senate on the administrative architecture options for the planned new academic unit. Its feedback on this matter will be considered by the *School of Medicine Planning Group* and the AOG prior to moving forward with a proposal for approval in principle.

Background information to support Senate's deliberations on the structural models is attached as *Appendix A.* It sets out visual representations of each of the three models with the respective advantages and considerations for each one, along with the research, comparative information

[96] The crossed out text refers to materials not included in the SOM proposal, though a newer version of the *Prospectus* is at Appendix 2

and considerations undertaken so far in the examination of the options for the school given its vision and York's Faculty composition. Within the Appendix the Committee has also set out framing questions for this consultation session, which will be led by the AOG Chair, Professor Lisa Farley.

APPRC looks forward to full and constructive deliberations on this pivotal academic planning question for the University.

The *Planning Prospectus on a School of Medicine: Sequencing of Actions and Governance Processes* that has been shared with Senate and updated this fall, identified early on the need for planners to address the administrative architecture of the School of Medicine (SoM) as a "core academic component to be defined in the first planning phase," with examples including:

D. new Faculty and its structure;
E. new unit within an existing Faculty;
F. new Faculty that is a combination of existing and new units.

The planning exercise included a close study of these options. The current draft proposal from the SoM Planning Group (SoM PG) favours the second as the preferred model to realize the vision of the SoM for interprofessional education and team-based clinical practice, and to support inter-disciplinary research. It is also the model consistent with the research showing a clear trend in progressive medical school design across Canada, toward embedding medicine in a larger Faculty along with other health-related disciplines.
Senate Executive members have suggested that this academic planning issue deserves further discussion within a Senate context. A full Senate discussion provides an opportunity for any concerns or alternative ideas about the architecture to be surfaced and examined before Senate is presented with a recommended option for approval in principle. It is important that the recommendation for approval in principle does give clear direction on the matter of architecture, as this is needed to inform drafting of the final proposal for Senate, but also for accreditation purposes. The Committee on Accreditation of Canadian Medical Schools (CACMS) provides deadlines to reach each stage of accreditation, and approval for a medical school, either as a standalone Faculty or part of a larger Faculty, is an early decision needed to map out the governance structures, policies, curriculum design and approvals, and other academic infrastructure and resource needs that are required for the next stage. Therefore, the December Senate meeting is a good time for a culminating discussion on the administrative architecture. Any new feedback received can then be considered by the SoM PG and the AOG prior to moving forward with a proposal for approval in principle.

Background information is being provided to ensure the Senate discussion about the three structural models is well informed.

Review of Consultations and Research on Administrative Architecture Choices

A. Early Consultations (Prior to Provincial Commitment in March 2024)

Starting in 2022, extensive consultations were held across the York University community to gather input on the vision for a potential school of medicine and how it could build on our existing pan-institutional strengths in health-related research and education.[97] Led by then-Provost & VP Academic Lisa Philipps, the consultations were at a fairly high level and did not focus on administrative architecture *per se*. However it is notable that even at this stage there was clear interest across Faculties and units in maximizing interdisciplinary collaboration for both educational and research purposes, for example through arts and design-based approaches to health and health services, biomedical engineering, health leadership and administration, disease modelling and data science applications in public health and medicine, movement and physical therapy, and life sciences including such areas as biochemistry, microbiology, genetics, and biology of cancer. Department of Biology faculty in particular expressed the view that biology has a great deal of salience for medical education and should be centrally involved in future planning. A more detailed summary of collaboration opportunities suggested by community members appears below, under "Faculty Council Consultations (Fall 2024)".

B. Literature Review and Research

Prior to the provincial commitment in March 2024, the University retained Dr. Margaret Steele as an expert Advisor, Curriculum and Accreditation.[98] To shed light on the question of administrative architecture, Dr. Steele conducted a literature review on medical school governance.

The majority of published literature focuses on the governance arrangements between medical schools and academic medical centres (hospital and related clinical partners that support teaching and research), and mostly on ways to preserve the balance of academic, clinical practice, and research missions in governance and financing arrangements, and is very context specific. There is a dearth of literature that specifically relates to the governance of medical schools and their relationships to Universities (other than historical literature on the emergence of University-affiliated medical schools at the beginning of the 20th century and the development of science-based curriculum and formal admissions criteria).

The available literature suggests that when establishing a governance structure for a medical school, it is helpful to determine metrics which are aligned with the strategic plan of the medical school. The metrics would be related to the key missions of the medical school:

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[97] A list of early consultations with summary notes is available here: https://www.yorku.ca/medicine/py-community-area/resources/

[98] Dr. Margaret Steele's career includes a decade of progressive decanal experience at the Schulich School of Medicine & Dentistry at The University of Western Ontario and, between 2016 and 2023, the dean of the Faculty of Medicine at Memorial University of Newfoundland. She has been a full professor of psychiatry since 2008. Dr. Steele has been a distinguished leader in child and adolescent psychiatry in Canada and was elected in 2018 as a Fellow of the Canadian Academy of Health Sciences. In 2019, she was named Professor Emerita at The University of Western Ontario. She was the chair of the board of the Association of Faculties of Medicine of Canada (AFMC) between April 2022 and August 15, 2023. Dr. Steele has also served on Canadian accreditation teams for various medical schools including McGill and the new medical school at SFU.

education, research, clinical care, and social accountability & community engagement, which will facilitate accountability of the medical school.[99] These metrics should be continually monitored to provide feedback to key stakeholders including governance entities, individual decision-makers, community partners, government, accreditors, regulators and the public.[100, 101] In Canada, Dr. Steele determined that about three-quarters of medical schools are organized to integrate multiple schools within a larger Faculty (Table 1). A number of medical schools have consolidated schools under a single Faculty (or equivalent), as has been done in the last 5 to 10 years by the University of Manitoba (2015) and McGill University (2020), while others have had this integrated model for much longer (e.g. McMaster University, Queens University, University of British Columbia).

Table 1: Canadian Faculties of Medicine and Integration of other Health-Related Academic Units

University	Name of Faculty (School of Medicine)	Other Schools, Colleges and other Academic Programs Integrated with Medical Faculty	Academic Health Units Outside Medical Faculty
Dalhousie University	Faculty of Medicine	School of Biomedical Engineering	Faculty of Health with 8 Schools and College of Pharmacy
McGill University	Faculty of Medicine and Health Sciences (School of Medicine)	Ingram School of Nursing School of Biomedical Sciences School of Communication Sciences & Disorders School of Physical & Occupational Therapy School of Population and Global Health	
McMaster University	Faculty of Health Sciences (Michael G. DeGroote School of Medicine)	School of Nursing School of Rehabilitation Science Includes: Undergraduate Programs in Midwifery, Physician Assistant	
Memorial University of Newfoundland	Faculty of Medicine	No other Schools or Colleges Includes: Divisions of Population and Applied Health Sciences, BioMedical Sciences, and Clinical Sciences	Faculty of Nursing Western Regional School of Nursing (Grenfell campus) School of Human Kinetics and Recreation School of Pharmacy

[99] Veralon, 2015. Analysis of Governance Models for Academic Health Centers. Prepared for The Center for Mississippi Health Policy.

[100] Stratton, T.D., Rudy, D.W., Sauer, M.J., Perman, J.A., & Jennings D. (2007). Lessons from industry: one school's transformation toward "lean" curricular governance. *Academic Medicine. 82(4)*:331-340. https://doi.org/10.1097/ACM.0b013e3180334ada.

[101] Casiro, O., & Regehr, G. (2018). Enacting pedagogy in curricula: On the vital role of governance in medical Education. *Academic Medicine 93(2)*:p 179-184. https://doi:org/10.1097/AMC.0000000000001774 .

University	Name of Faculty (School of Medicine)	Other Schools, Colleges and other Academic Programs Integrated with Medical Faculty	Academic Health Units Outside Medical Faculty
Northern Ontario School of Medicine University	Northern Ontario School of Medicine University MD Program	Stand-alone medical university Includes: Masters Degree Program in Medical Studies; Undergraduate Programs in Dietetics and Rehabilitation Studies	
Queen's University	Faculty of Health Sciences (School of Medicine)	School of Nursing School of Rehabilitation Therapy Includes: Other Graduate Degree Programs in Biomedical Sciences, Public Health Sciences, and Translational Medicine; Undergraduate Programs in Health Sciences	
Université de Montréal	Faculty of Medicine	School of Kinesiology and Physical Activity Sciences School of Speech Therapy and Audiology School of Rehabilitation	
Université de Sherbrooke	Faculty of Medicine and Health Sciences	School of Rehabilitation School of Nursing Includes: Basic Life Sciences Graduate Programs	Faculty of Physical Activity Sciences
Université Laval	Faculty of Medicine	Includes: Professional Masters Programs in Rehabilitation Medicine and Public Health and 10 Research Graduate Degree Programs; Bachelors Programs in Occupational Therapy, Kinesiology, Physiotherapy, Biomedical Sciences, and Sexology	Faculty of Dentistry Faculty of Pharmacy Faculty of Nursing Sciences
University of Alberta	College of Health Sciences (Faculty of Medicine & Dentistry)	Faculty of Kinesiology, Sport and Recreation Faculty of Nursing Faculty of Pharmacy & Pharmaceutical Services School of Public Health Faculty of Rehabilitation Medicine	
University of British Columbia	Faculty of Medicine	School of Audiology & Speech Sciences School of Biomedical Engineering School of Population & Public Health	
University of Calgary	Cumming School of Medicine	None	Faculty of Kinesiology Faculty of Nursing
University of Manitoba	Rady Faculty of Health Sciences (Max Rady College of Medicine)	Dr. Gerald Niznick College of Dentistry College of Nursing College of Pharmacy College of Rehabilitation Sciences	Joint Undergraduate Interdisciplinary Health Program
University of Ottawa	Faculty of Medicine	School of Epidemiology and Public Health School of Pharmaceutical Services.	Faculty of Health Sciences with 5 Schools

University	Name of Faculty (School of Medicine)	Other Schools, Colleges and other Academic Programs Integrated with Medical Faculty	Academic Health Units Outside Medical Faculty
		Includes: Graduate and Undergraduate Degree Programs in Translational and Molecular Medicine	
University of Saskatchewan	College of Medicine	School of Rehabilitation Sciences	College of Dentistry College of Kinesiology College of Nursing College of Pharmacy and Nutrition School of Public Health in College of Graduate and Postdoctoral Studies
University of Toronto	Temerty Faculty of Medicine	No other Schools or Colleges Includes: Professional Masters Degree and Research Graduate Degree Programs in Rehabilitation Sciences; Undergraduate Degree Programs for Physician Assistant, Medical Radiation Sciences	Faculty of Dentistry Faculty of Kinesiology & Physical Education Faculty of Nursing Leslie Dan Faculty of Pharmacy Dalla Lana School of Public Health
University of Western Ontario	Schulich School of Medicine & Dentistry	Includes: Professional Program Dental Surgery; Graduate Degree Program in Medical Biophysics	Faculty of Health Sciences with 7 Schools

Because of the limited information from the literature, Dr. Steele conducted structured interviews with Deans of all medical schools in Canada (and Deans of two new medical schools). These interviews were conducted confidentially to elicit the most possible candid response and advice. The majority (13/17) of Canadian Deans advocated for an integrated Faculty inclusive of medicine and health, in large part, because "if you put medicine on its own it will not come on side with other health faculties or listen to other schools" (Dean of School of Medicine with experience in both integrated and separate Schools of Medicine), which prevents meaningful interprofessional and interdisciplinary collaborations.

Interviewees also noted advantages of aligning the strategic priorities for health-related schools and their partners in the health care system. They observed that with alignment comes increased interprofessional education (IPE) and interdisciplinary research collaborations.

Convergence of curricular approaches and resources was cited as another advantage of an integrated model. To further enhance IPE, various offices can be shared including support units for experiential learning (e.g. standardized patients, simulation), interprofessional clinical placements, as well as student affairs. Schools within an integrated Faculty can share best practices in pedagogy and share faculty resources, for example establishing a team of educators on a variety of specific topics that need to be covered in multiple health and medicine programs. Learning from other health disciplines was also cited as a benefit that can increase

the quality of the educational programs, reduce inequities between schools, and improve continuity of care.

Operational efficiencies and streamlined administrative operations, policies and procedures were offered as further reasons for an integrated Faculty. Functions like human resources, finance, administration, communications and advancement, and information technology can be provided as shared services within one integrated Faculty. Further, cross-cutting support functions can be addressed across an entire Faculty of Health including a school of medicine instead of reinventing the wheel for each health discipline; for example, Indigenous Affairs; Equity, Diversity, Inclusion and Anti-Racism, and research administration.

For medical schools where Faculties have recently undergone an organizational change towards an integrated Faculty, there were considerable change management challenges to ensure that all the constituent Colleges (or Schools) were on board with the approach, even though there was considerable consensus on the vision and rationale. When the operational streamlining produced flexible funding that was distributed among the other Colleges, and as more experience was gained in interprofessional curricular offerings, support for the integrated Faculty became even stronger and widespread. In the cases of two other medical schools in development, Simon Fraser University and Toronto Metropolitan University, University leaders informed us that because of hesitation from other health-related schools, they decided from a pragmatic perspective to go ahead with a standalone Faculty of Medicine, so that greater attention could be devoted to pursuing accreditation rather than focusing on the additional collegial consultation and change management that would be needed to create an integrated Faculty. And while both Universities aim to promote interprofessional education (as is the case with all medical schools in Canada), interprofessional education and practice does not play as central a role in their models as it does in the vision for the York SoM.

C. Consultations Following Provincial Funding Approval (Spring/Summer 2024)

Following Provincial approval to fund a new School of Medicine at York University, as announced in the March 2024 Budget speech, academic leaders in the Faculty of Health recognized that this announcement had particular implications for the Faculty especially as interprofessional education was so central to the vision endorsed by the province. Discussions were initially held among the Faculty of Health Chairs/Directors, Associate Deans, and Dean about what this might mean for the Faculty, and a follow-up discussion was requested with the Faculty Council Executive & Planning Committee. An update on the medical school was provided to the Executive & Planning Committee at its meeting of April 25, 2024, with a plan to update Faculty Council and have a preliminary discussion about the options for the proposed School of Medicine being either within or outside the Faculty of Health, to be followed by discussions at the School/Department level over the summer. Faculty Council discussed this matter on May 1, 2024, and a series of School/Department Council Meetings in the Faculty of Health were held over the course of May – June 2024. Those meetings included:

- School of Global Health Council (June 19, 2024)
- School of Kinesiology & Health Science Academic Council (June 7, 2024)
- School of Health Policy & Management Council (June 5, 2024)

- School of Nursing Council (May 21, 2024)
- Department of Psychology Council (May 13, 2024)

The unit level meetings included an overview of the vision and key features of the proposed School of Medicine as well as discussions related to different options for its organizational location (i.e., within the Faculty of Health or in a separate Faculty outside the Faculty of Health).[102] After the unit-by-unit consultations, feedback was further solicited from the Faculty of Health collegium at large through a survey of faculty members (84 responses). Over 63% of respondents were in favour of housing the School of Medicine under the Faculty of Health, compared to 11% who preferred it to be outside the Faculty of Health (the remaining 26% were undecided).

Common themes among those in favour of Health housing the School of Medicine include:

Appropriate fit: Respondents noted the overlap in health-related disciplines and the benefits of creating a cohesive academic environment for health-related disciplines.

Avoids Siloing: Desire to prevent the creation of silos between health-related fields of study and to enhance interdisciplinary/ interprofessional collaboration.

Resource sharing: Leveraging existing health resources and expertise between departments was seen as beneficial.

Holistic health perspective: Interest in fostering a holistic approach to health, integrating the study of physical, mental, and community needs with medical education. Belief that integration will enrich educational opportunities by allowing learners to have a wider range of expertise and disciplines.

Common themes among those who prefer other models or were undecided include:

Leadership and influence: Concern that future Deans might be MDs, potentially shifting the focus and priorities of the Faculty.

Governance and Autonomy: Concerns that the governance of the Faculty of Health may change. Uncertainty was expressed regarding whether the autonomy of existing Schools/Departments could become compromised.

Resource concerns: Potential resource allocation issues and strain on existing programs and resources.

Resource drain: Concerns that the new SoM could drain resources from existing programs, potentially leading to a reduction in quality or support for those programs.

Need for more information: Undecided due to a lack of information about the implications of integrating the School of Medicine within the Faculty. Expressed need to understand both the benefits and potential drawbacks more fully.

Following the unit-level consultations and survey, a Faculty of Health Working Group of champions for a School of Medicine proposal was composed of faculty members who responded over the summer expressing an interest to engage further in this initiative, along with academic administrators from the Dean's office. The consultation results and early

[102] It was discussed that merging with other units from outside the Faculty of Health could also occur, and that this could be explored further through further in the Faculties of the Future consultations.

discussions of the Working Group were shared with the Faculty of Health Council at its meeting on September 11, 2024, with members encouraged to share questions and information related to the organizational location (i.e. architecture) for the SoM. Plans were also made to schedule consultation meetings with other Faculties, and to expand the Working Group beyond the Faculty of Health (evolving into the School of Medicine Planning Group as directed by APPRC).

After an initial meeting between the Deans of Health and Science in the summer of 2024 to discuss collaborative approaches, it was agreed that further meetings would occur in the Fall between Faculty of Health representatives and the broader Science leadership group, and then with Science Faculty Council, to discuss opportunities for both Faculties to participate in pre-medical or pathway programs into health professions, as well as School of Medicine planning *per se*.

D. Discussions with SoM Planning Group and APPRC Academic Oversight Group (Fall 2024)

With new members in place and building upon work done by the original Faculty of Health Working Group, the SoM Planning Group confirmed its support for an integrated model that would see the SoM established as a new academic unit within Health, rather than as a separate Faculty. However, it was noted that Faculty Council consultations may surface additional input on this question.

The Ad Hoc Oversight Group established by APPRC reviewed an early draft proposal to establish the school. On the matter of administrative architecture, the AOG generally endorsed the benefits of an integrated model but asked the SoM Planning Group whether a separate Faculty of Medicine could have any reputational advantages that would assist in raising philanthropic funding needed for the capital project. This question was brought back to the SoM Planning Group which determined that examples of named schools of medicine can be found in Canada with either an integrated or separate Faculty model, suggesting there is no inherent advantage to either model from a philanthropic perspective.

E. Faculty Council Consultations (Fall 2024)

The School of Medicine Planning Group Co-Chairs along with the Dean of Record have requested invitations to all Faculty Councils this Fall and these visits will be concluded by early December. As of writing, the idea of locating the school of medicine within the Faculty of Health has not met with specific concerns. Other issues have been raised by Faculty Council members, including the need for additional information on how a school of medicine will be resourced in light of current financial pressures on York and other Ontario universities. Information on the preliminary resourcing plan will be provided in the proposal for approval in principle. Overall, the consultations have been positive about the opportunity the school of medicine represents for the University, its diverse students, and the broader community. The exception was LA&PS Council where several members in attendance voiced concern about the University's ability to establish a school of medicine at this time in the absence of fuller information about the resource plan for it.

Discussions with the Faculty of Science that began in the Summer continued into the Fall. The Dean of Health and leaders from the FOH Working Group met with the Dean of Science and leadership of the Department of Biology and other Departments and academic leaders in the Faculty of Science on October 7, 2024. The discussion focused on the potential for multiple pre-medical and pre-health pathway programs to be offered, and to address concerns about maintaining the strength of medical biology (pre-med) enrolments in the Faculty of Science, as well as the initial designs of the SoM plans. The Faculty of Science Council met on November 12, 2024 to discuss the SoM plans – many of the questions concerned opportunity for pre-medical and medical curricular approaches, the location and opportunities for wet-laboratory spaces and collaboration, and nature of faculty appointments, as well as opportunities for engagement in the accreditation and program development committees; there were no concerns raised about whether the SoM would be part of the Faculty of Health.

The Faculty of Health Council will continue to discuss plans for the School of Medicine in its December and January Council meetings, and expects to vote on approval in principle of the proposal, thereafter, submitting it to AOG for review as needed, and subsequently to APPRC for recommendation to Senate for approval.

Aside from the Faculty of Health, no other Faculty Council has thus far voiced interest in housing the school of medicine within it, or in joining up with another Faculty that includes a school of medicine. However, all Faculties have continued to express interest in collaborating with a school of medicine in future, often circling back to themes raised in the 2022 consultations. A common thread in these discussions has been the opportunity for other Faculties to create interdisciplinary pre-medical pathway programs, to contribute to the non-clinical aspects of the MD curriculum, and to establish joint degrees for graduate learning and research that complement the MD degree. Not all students who enter a pre-medical pathway will end up in medical school, creating further opportunities for other units to absorb upper year students into other existing programs or new health-adjacent programs.

The following summary consolidates ideas for crossover programming and research that were identified in either or both of the 2022 and 2024 rounds of consultations:

School of the Arts, Media, Performance & Design – In both 2022 and 2024 Faculty Council consultations, a number of opportunities were identified to link visual arts, music, and performance to research and applications in medicine. Parallels between sport and exercise medicine are noteworthy and offer potential opportunities for partnerships. Considerable opportunities were seen for potential collaborative research, including examining the linkages between games and health, artistic processes and health & wellness, and around music therapy. Artistic endeavours were also seen as an important avenue for promoting health knowledge and behaviour. Actors could be engaged to be involved in simulation health scenarios which are used for training students in medical history-taking and counseling.

Faculty of Education – In the 2024 Faculty Council consultation, faculty and staff identified ways of being involved in providing consultation around curriculum design and evaluation,

education/training in the caring professions, as well as in the development of a Masters of Medical Education degree.

Faculty of Environmental & Urban Change – Consultations at Faculty Council are yet to occur, though there are some clear opportunities for collaboration, which have emerged through informal conversations. The medical community is engaged in understanding and addressing the effects of climate change on health, and embracing One Health and Planetary Health approach to research, policy and practice, so there are numerous potential collaborative education and research opportunities.

Lassonde School of Engineering – In both 2022 and 2024 Faculty Council consultations, considerable synergies were seen, particularly as medicine moves to the future where there is greater need for collaboration with engineering in areas such as precision medicine, population health, AI and data analytics, digital health, biomedical engineering, robotics, among other topics. In the 2024 consultation, the school also identified its experience in Kindergarten to Industry Pathways approaches in under-served communities, and offered to share experience in developing these approaches alongside the School of Medicine, which has similar interests in promoting such approaches.

Faculty of Liberal Arts & Professional Studies – The 2024 consultations at Faculty Council identified a few opportunities for collaboration with the School of Medicine, though it was noted that courses taught in LA&PS would be applicable to students applying for medicine. It was explained that a medical school curriculum is designed differently from regular curriculum, as much of the teaching is done in clinical settings, but there are nonetheless opportunities for interdisciplinary learning both in the undergraduate MD curriculum and through joint graduate degrees. Prior discussions with LA&PS faculty have identified potential collaborations with various programs, including in history, where there is an opportunity to develop a Hannah Chair in medical history (a program funded by AMS Healthcare to teach the history of medicine in health care education, women studies, and social work). Social work students should also have the opportunity to be involved in interprofessional experiential learning with medical students and other health professions given the important role of social work in community health.

Osgoode Hall Law School – The 2024 Faculty Council consultation identified a number of opportunities for collaboration on education and research in growing areas of law such as privacy in a digital world, medical litigation, bioethics, and in community services. They also expressed an interest in how to design admissions that promotes opportunities for students from communities that are under-represented in medicine.

Schulich School of Business – Faculty Council meetings in both 2022 and 2024 identified many areas of collaboration and mutual benefit. Medical students at the undergraduate and postgraduate level, as well as clinical faculty, will be interested in learning more about health care leadership and potential joint business of medicine and leadership programs can be developed. Active areas of scholarship in health care management, health systems change, informatics and AI, comparative cost-effectiveness of health interventions, among others, were identified.

Faculty of Science – Consultations in 2022 involved the Faculty Council as well as Departments of Biology, Mathematics & Statistics, and identified considerable interests in collaborative research, the potential for MD/PhD opportunities, and in a medicine curriculum that includes data science and addresses population health issues. The Department of Biology discussions in particular highlighted the importance of Biology in pre-medical, multidisciplinary, and a physician curriculum. The 2024 Faculty Council consultations, as discussed above, also identified many research collaborations could be forged on basic and computational sciences and their translation to clinical and population health applications for a wide range of health conditions. Specific areas of research strength from the Faculty of Science consultation include: Data Science and Disease Modeling; Sensory biophysics; Microbiology and cancer virology; Immunology; Human genetics; Vaccine and antibody therapeutics; Addressing anti-science and anti-vaccine sentiment with better ways of communicating science and technology information to the general population. Given the role of basic life sciences in the medical curriculum, it will be important to engage interested Science faculty in the curricular design, and consider ways cross-appointments, joint Departments, or other alternatives to organizational design for the basic life sciences.

Glendon – In both 2022 and 2024 Faculty Council consultations, potential for collaborations around health care for francophone populations, or collaboration around speech and language pathology, and medical translation were identified.

Libraries – Prior to the 2024 Faculty consultation, Libraries faculty had already developed ideas and initial plans around organizing for the critical role that libraries play in academic medicine. This is particularly different from traditional models in the distributed medical education system being proposed, where students and preceptors need access to specialized medical information to support clinical decision-making in spaces where they see patients. Expertise and access to source materials for knowledge synthesis for clinical care, health services management, and population health has been identified, as well as the need for consultation space for students and faculty with librarians, which have become important supports for modern academic medicine. Librarians are key partners with researchers in medicine, particularly in the areas of knowledge synthesis and systematic reviews. Their expertise in these areas ensures that research is comprehensive, accurate, and up-to-date. The Libraries team also has experience in mentoring students in pathways programs to the health professions and expressed an interest in helping to design and participate in such programs. Additionally, the Libraries team is committed to developing innovative resources and services to support the new medical school, including virtual collections and advanced research support tools.

Appendix A: Organizational Options for a School of Medicine

Key Principles

The organizational design of the Faculty or School of Medicine should address the following key principles:

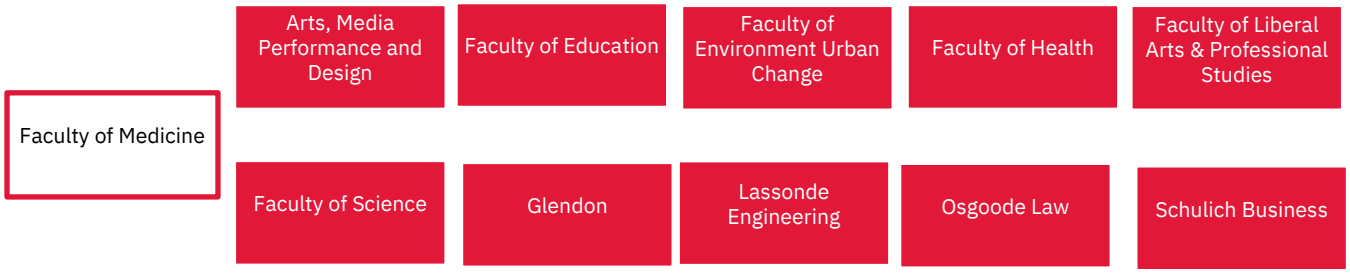
1. Build on York values, strengths, and vision for the School, which includes:
    - Integrating with the community in our service area;
    - Promoting interprofessional teams;
    - Fostering interdisciplinarity in academics and research; and
    - Supporting a social justice orientation.

2. Meet the CACMS accreditation standards, including social accountability, and particularly the commitments to the Truth & Reconciliation Commission Calls to Action

Addressing ways to promote interprofessional teams and fostering interdisciplinarity in academics and research involve nurturing a collaborative and service-oriented organizational culture that is supported through the structures and processes.

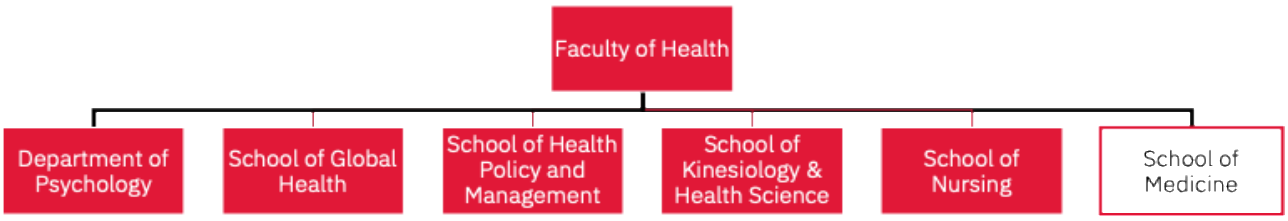
Whatever the organizational design, the medical school will need to find ways to promote IPE, which is also embedded in the accreditation standards, and should take advantage of new opportunities for joint or complementary degrees and academic programs (e.g. MD-MBA, MD-MSc, MD-MPH, and MD-PhD dual degree programs, or health and humanities programs, etc.). Finding ways to encourage cross-faculty collaboration on research is also important, such as through joint appointments, or shared research supports that promote collaboration.
One way to address the interest in promoting interdisciplinarity and IPE, and build on York's overall strengths related to health, could be to create an entity that provides a venue to ensure ongoing and inclusive planning and constant interchange across all units with related interests, such as by a *University Health Coordination Committee*. The potential for such a committee is being explored in the development of a proposal and is seen as equally possible in each of the organizational options. Programs could be organized in specific areas of common interest (e.g., coordinating health professional programs and/or organized in topical areas of common interest like: Aging, Women's Health, Indigenous Health, Implementation Research, Disability Programming), as well as Collaborative education and research programs across the University (e.g., Biomedical Engineering, Bioethics, Business of Health, Arts-based Wellness, etc.). The Committee could also serve to provide connections for York faculty and units outside of a SoM to an expanded set of Institutional Partners external to York (e.g., Ontario Health Teams, hospitals, international and community-based NGOs, Industry collaborators, etc.).

Organizational Options for the York University School of Medicine
Model 1: Stand Alone New Faculty of Medicine



Advantages	Challenges
- Smaller and potentially more nimble - May be more efficient to develop a school of medicine without having to make changes in other schools - Can make the accreditation deadlines to open in 2028 - Simpler to communicate, particularly if the vision for a school were to become more traditional - May make it easier to set up governance arrangements with hospital/clinical organizations and physicians if the school is autonomous - Simpler arrangements to separate clinical faculty from those in other Schools - Can provide naming opportunity for a separate Faculty (2 such Canadian medical schools are supported by named gifts)	- Much harder to integrate inter-disciplinary and interprofessional approaches - More difficult to promote integrated care and population health - More expensive administratively as it requires separate structures - Harder to take advantage of community-engaged and socially oriented scholarship strengths of FOH - Greater isolation from the rest of Health's Schools and the University - More difficult to meet TRC commitments need to involve all health professions and pre-professional education; there's a risk of losing economies of scale and ability to learn and support if separated - Duplication of administrative structures with an additional Faculty which carries higher costs

Organizational Options for the York University School of Medicine
Model 2: New School of Medicine within Existing Faculty
Example of the Faculty of Health



**Note:* The name of the Faculty could also change in this model.

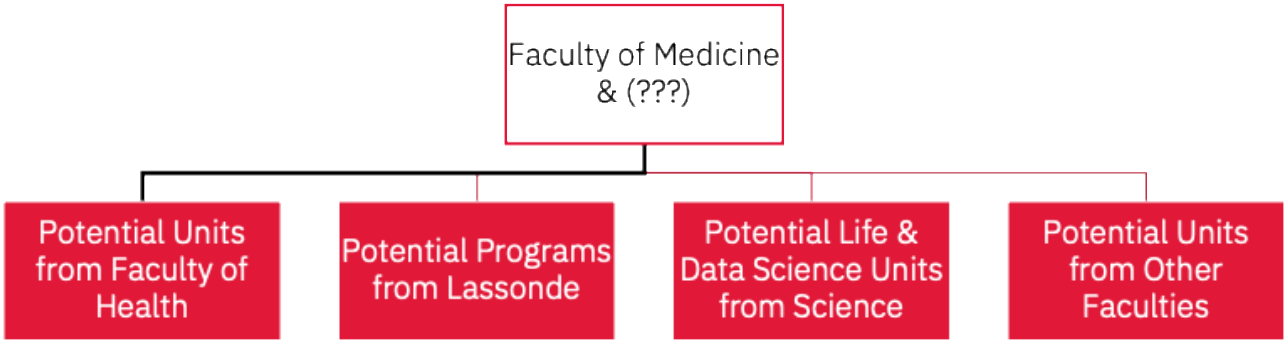
Advantages	Challenges
- Strongest ability to promote York values and strengths (inter-disciplinarity, community-engaged and socially oriented), and population health programming in teaching, research and practice across health professions - Can make the accreditation deadlines to open in 2028 - Lower cost and more efficient administration through sharing resources with other schools and creating economies of scale; avoids cost of creating another Faculty with a separate Dean's office and administrative functions (budgeting, operations management, HR, research administration, clinical placements, etc.) - Better communicates a vision of integration and interprofessional approaches - Greater potential to change medical education, health systems, and the practice of medicine - Easier to pursue research grants involving multiple disciplines - Provides greater access to medical partner networks to other schools - Can provide naming opportunity for a medical school as well as at Faculty level (3 integrated medical schools are supported by named gifts, and such gifts are also seen for the Faculty and constituent schools)	- Need to manage change with other schools in the Faculty, particularly for interprofessional programming and team-based approaches - Conceptualizing mechanisms to ensure other units are equitably prioritized for resource sharing and recognition, and are not "left behind" in a school of medicine - Greater difficulty in managing a larger and more complex Faculty of Health

Dr Steele also identified a number of units that are typically a part of Faculties of Medicine in Canada that would be more efficiently shared across all health-related schools in an integrated Faculty combining Schools of Medicine and other Schools. These include units with leadership positions for:

- *Indigenous Health* – these are typically more specific and operational with community partners working in health and related services than University-wide units dedicated to Indigenous Relationships, in part because of the central role of health services and relatively higher demand for services. Canadian medical schools often have both an office of Equity, Diversity, Inclusion and Anti-racism in addition to an additional focus on Indigenous Health, which supports pathway programs, admissions, curriculum and evaluation of Indigenous programs, and engages with knowledge-keepers, elders and Indigenous communities.
- *Health Systems and Community Engagement* – these typically involve the health care organizations, physician groups, and community organizations involved in health services. There is also an expectation that a SoM representative will be involved in the Medical Advisory Committees or Boards of major hospitals.
- *Human Resources* – a large number of physician and other health care professions are involved, and require specialized knowledge and coordination over credentialing at clinical sites, appointments (at SoM and affiliated clinical partners), licensing, and continuing professional education.
- *Advancement* – often there is an additional group of philanthropic interests related to health, and because many of the hospital and health care network partners also have their own philanthropic teams that involves greater efforts on collaboration.
- *Interprofessional Education* – sharing a centre with a collaborative interprofessional health education unit would be more effective and efficient when involving multiple schools, and encourages sharing of learnings, spaces and better scheduling for experiential learning, standardized patient programming and simulation, and to make practical interprofessional placements.

It was also noted that Research functions serve a larger volume of work with a school of medicine, and may involve having a larger unit for research supports, and potentially a separate ethical review board for clinical research & quality improvement when the volume of work and specialized knowledge justifies it, which would more effectively be shared across a number of schools working in health related areas in the same Faculty.

Organizational Options for the York University School of Medicine
Model 3: New Faculty of Medicine Comprised of New and Existing Units



Advantages	Challenges
- Depending on which units are involved, it has potential to strongly promote York values, and still has ability to demonstrate interprofessional approaches - Similar advantages as model 2 if all of Faculty of Health units are included, and may bring in additional synergies from other units - If it involves an existing Faculty merging with other units to form new, larger Faculty, then the costs could be more like model 2. - Naming opportunity similar to both model 1 and model 2 - Potential for Administrative costs similar to model 2	- Requiring initial mergers to set up the new Faculty will make it nearly impossible to meet accreditation deadlines to be able to open in 2028 - Likely more costly to administer if resource sharing from model 2 is foregone and if an additional Faculty is created - If the plan involves adding a Faculty while leaving existing Faculties in place it has the extra costs of model 1. - Most disruptive for current units - Potential for complicated accreditation across different programs - For Faculty of Health units not included in model 3, opportunities to collaborate would be jeopardized if they remain separate

Framing Questions for Discussion at December Senate Meeting

APPRC poses the following framing questions for the Senate discussion:

> *The vision for the planned School of Medicine at York University centres on community health and primary care with a transformational community-based and person-centered curriculum, informed by emerging technologies and the delivery of primary health care through interprofessional teams. Which of the three models best position the University to support the achievement of the vision?*
> *Noting the structural array each of the three models present, together with the advantages and academic, operational and resource considerations each carries, do any of the models pose a distinctive disadvantage as an option?*
> *Are there other considerations / questions about the models that need to be examined in the ongoing planning work by the School of Medicine Planning Group?*

Appendix 3. School of Medicine Planning Group Fall 2024 Presentations

Forum	Meeting date
Glendon Faculty Council	October 25, 1:35-2:05pm
APPRC Planning Forum	October 31, 10:00am – 12:30pm
Faculty of Education Council	October 31, 3:20-4:20
Faculty of Graduate Studies Faculty Council	November 7, 4:15 p.m.
Osgoode Hall Law School Faculty Council	November 11, 12:30-2:20 p.m.
Faculty of Science Faculty Council	November 12 at 3:45pm – 4:25pm
LA&PS Faculty Council	November 14, 4-5pm
Library Academic Matters	November 15
AMPD Faculty Council	November 20, 1-2 PM
Lassonde School of Engineering Faculty Council	November 22, 12:30-2:30
Schulich School of Business Faculty Council	November 29, 12-1pm
EUC Faculty Council	December 13

Appendix 4. MD Program Development Steering Committee Terms of Reference

Terms of Reference

MD PROGRAM DEVELOPMENT STEERING COMMITTEE (MDPDSC), VERSION 2, UPDATED DECEMBER 12, 2024

Mandate

Introduction

The MD Program Development Steering Committee (MDPDSC) of the York University School of Medicine is a committee established to oversee the development of the MD Program, ensuring it meets all York University requirements and aligns with the standards prescribed by the Committee on Accreditation of Canadian Medical Schools (CACMS). The MDPDSC will ensure that all necessary policies and procedures are developed, revised, or modified to support the MD Program's successful implementation.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors who represent the diversity of the communities in which they live and work to not only thrive in a new interprofessional, team-based health care environment but to continue to adapt to evolving patient, community, and health system needs.[1]

Purpose

The MD Program Development Steering Committee functions to provide oversight, review and input into the key components of the MD Program (outlined below) and to approve their advancement through formal planning and governance processes, as required. The committee ensures that these components align with institutional requirements and accreditation standards, while recognizing that final approvals may rest with other governing bodies, such as the Senate or Board of Governors. The key components include but are not limited to:

- MD Program Proposal for Senate
- Curriculum Structure
- Assessment and Evaluation Frameworks
- Institutional and school specific policies and guidelines as it pertains to the MD program.
- Admissions processes for learner selection and retention
- Learner support processes and procedures
- Resources required to support educational, clinical and research missions of the School
- Data Collection Instrument (DCI) and Medical School Self-Study documentation pertaining to the CACMS accreditation process

Term

The Terms of Reference is effective for a period of one year commencing January 2025, after which it will be reviewed and revised, as appropriate.

Membership

Full Members:

- Dean of Record (Chair)
- Faculty Undergraduate Accreditation Lead
- Advisor, Curriculum & Accreditation
- Advisor, UGME Curriculum & Operations
- Advisor, Assessment
- Advisor, Admissions
- Advisor, Research
- Advisor, Faculty Affairs
- Advisor, Faculty Development
- Advisor, Learner Affairs
- Faculty Lead, Integrated Community Based Learning Network
- Faculty Lead, Indigenous Health and/or delegate

***Guests:** Additional committee co-chairs, members or advisors may be invited as needed to present recommendations, deliverables, or updates relevant to the MD Program Development agenda.

Ex-Officio Members:

- Accreditation Project Implementation Manager
- Director, Transition Team
- Advisor, UGME Program Development
- Executive Assistant (EA) to Dean of Record

Operations

- The MDPDSC will meet monthly or at the call of the Chair.
- Meetings will be two hours in duration.
- Quorum will consist of 50% plus one of the committee members.
- Meeting minutes will document committee activities.
- Members are expected to attend at least 75% of meetings.
- Key internal and external advisors will be invited as needed.

Committee Member Expectations

- Attend at least 75% of meetings.
- Prepare for meetings in advance.
- Complete agreed tasks in a timely manner.
- Provide collegial and constructive input

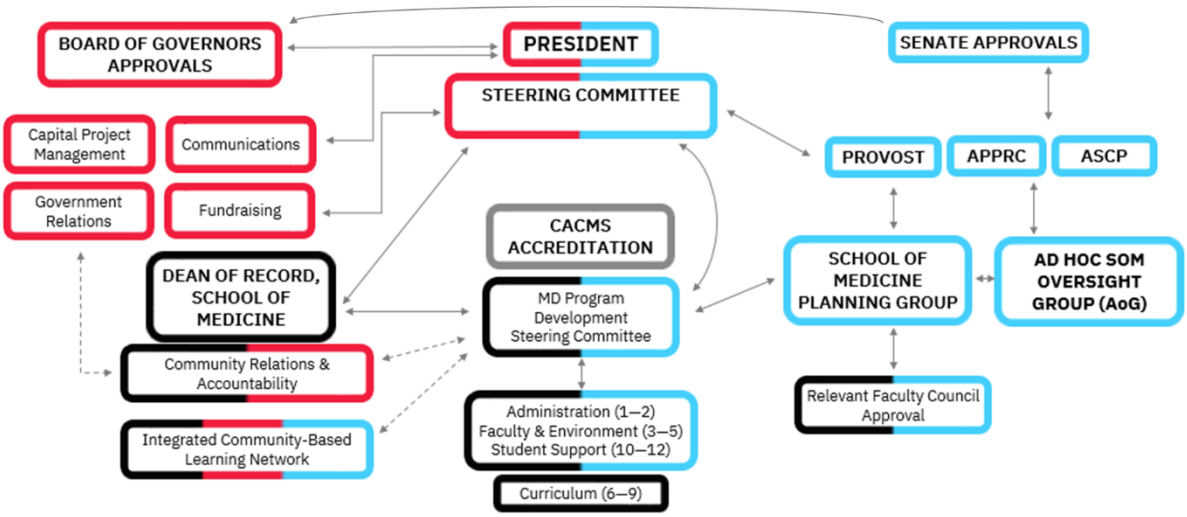
Roles and Responsibilities

- Validate recommendations, policies and proposals developed by the various program committees to ensure alignment with institutional and accreditation requirements.
- Oversee the development, advancement and approval of key program components as outlined under the Purpose section of this Terms of Reference.
- Collaborate with Program Committees to ensure alignment with CACMS standards and York University processes.
- Integrate principles of equity, diversity, inclusion, and decolonization into all policies, procedures and recommendations.
- Allocate responsibility to individuals and/or groups to lead the write-up of the Data Collection Instrument (DCI).
- Review of the DCI prior to analysis by the MSS Steering Committee and/or its subcommittees.
- Draft the Terms of Reference for the MSS Steering Committee. The purpose of the MSS Steering Committee will be to ensure compliance with the Committee on Accreditation of Canadian Medical Schools (CACMS) standards and elements by coordinating the analysis of the Data Collection Instrument (DCI), validating the MD Program's alignment with accreditation requirements, and preparing a comprehensive Medical School Self-Study Summary Report.
- Review of the final MSS Summary Report.
- Determine external reviewers for review of DCI and MSS.
- Suggest and approve external reviewers for the mock accreditation site visit.

Reporting

The MDPDSC reports to the School of Medicine (SOM) Steering Committee, as well as other governance bodies as outlined in the SOM Planning Structure provided below. The Dean of Record serves as the institutional lead for the School of Medicine. All recommendations and proposals from the MDPDSC will be submitted through the Dean of Record for formal institutional review and approval.

School of Medicine Planning Structures



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Appendix 5. Integrated Community-Based Learning Network (ICLN) – Partner Retreat

Date: Friday, December 6th, 2024
Time: 8:00 a.m. to 4:30 p.m.
Location: Schulich School of Business, York University, Keel Campus, 111 Ian MacDonald Blvd, North York

Item	Topic	Presenter	Time
Networking Breakfast: 8:00 am – 8:30 am			
1.0	Welcome and Land Acknowledgement	Rhonda Lenton	8:30 a.m. - 8:35 a.m.
2.0	Review of Purpose and Outcomes		
3.0	Review of Agenda, Norms, and Tools	Erin Landry-Baker	8:35 a.m. - 8:45 a.m.
4.0	Introductions – Which hat are you wearing?	All	8:45 a.m. - 9:00 a.m.
5.0	Current State Review	Dr. David Peters	9:00 a.m. - 9:30 a.m.
10 Minute Break and Panel Set-Up: 9:30 a.m. - 9:40 a.m.			
6.0	Longitudinal Integrated Clinical Learning Experiences (LICLE) Panel	Dr. Sarah Wood Dr. Lindsay Mazotti Dr. David Hirsh	9:40 a.m. - 10:25 a.m.
7.0	Q and A Session	All	10:25 a.m. - 10:40 a.m.
8.0	Exploring the LICLE Model – Breakout Activity	Breakout Groups	10:45 a.m. - 12:00 p.m.
45 Minute Lunch: 12:00 p.m. - 12:45 p.m.			
9.0	Exploring the LICLE Model: Report Back – Plenary	Table Scribe/Facilitators	12:45 p.m. - 1:15 p.m.
10.0	Exploring Governance and Resourcing	Dr. David Peters Jeff Goodyear	1:15 p.m. - 1:45 p.m.
11.0	Collaborative Start Up Governance Structure: Who and How – Breakout Activity	All	1:45 p.m.- 2:15

12.0	Graffiti Feedback Board Set- Up	All	2:15 p.m. - 2:25 p.m.
15 Minute Break: 2:25 p.m. – 2:40 p.m.			
13.0	Gallery Walk	All	2:40 p.m. - 2:55 p.m.
14.0	Whole Group Synthesis – Plenary	All	2:55 p.m. - 3:25 p.m.
15.0	Next Steps	Dr. David Peters	3:25 p.m. - 3:35 p.m.
16.0	Closing Reflections and Commitments – Commitment Circle	All	3:35 p.m. - 4:00 p.m.
17.0	Final Remarks	Dr. David Peters	4:00-4:05

Attendees/Participants

Title	Organization
President and CEO	**Mackenzie Health**
Vice President Medical Planning and Chief of Staff	**Mackenzie Health**
Executive Vice President, Chief Operating Officer, Chief Nurse Executive	**Mackenzie Health**
Director, Strategy Management	**Mackenzie Health**
VP, Medical Affairs	**Southlake**
President and CEO	**Southlake**
Director, Medical Administration & Academic Affairs	**Southlake**
Executive Vice President, Clinical Services, Chief Operating Officer	**Southlake**
President and CEO	**Waypoint**
VP Research and Academics & Chief Scientific Officer	**Waypoint**
Medical Director- Integrated Care	**Waypoint**
VP Medical Affairs & Chief of Staff	**Waypoint**
Director, Academic and Medical Affairs	**Royal Victoria Regional Health Centre**
Manager, Medical Education, Simulation and Physician Assistant Program	**Royal Victoria Regional Health Centre**
Emergency Medicine/Critical Care **Chief and Medical Director of Intensive Care** **Director of Medical Education**	**Royal Victoria Regional Health Centre**
Chief of Staff	**Oak Valley**
VP, Clinical and Chief Nurse Executive	**Oak Valley**

Interim Director of Medical Education, Oak Valley Hospital Family physician, Health for All Family Health Team Assistant Professor, University of Toronto	**Oak Valley**
President & Vice-Chancellor	**York University**
Interim Provost & Vice-President Academic	**York University**
Faculty Lead, ICLN	**York University**
Advisor, ICLN Governance and Funding Model	**York University**
Advisor, Accreditation and Curriculum	**York University**
Director, Transition Team, School of Medicine	**York University**
Director, Institutional Strategic Projects	**York University**
FACILITATOR	
FACILITATOR	

Panelists

- **Sarah K. Wood, MD FAAP, Director, Harvard Macy Institute, Harvard Medical School**
- **Lindsay Mazotti, MD, FACP, Chief Medical Officer, Medical Education and Science, Sutter health**
- **David Hirsh, MD, FACP, Assoc. Dean, Undergraduate Medical Education, Harvard Medical School / Cambridge Health Alliance**

ICLN Retreat Outcomes & Next Steps

Next Steps

- **End of December**:
  - Retreat report distributed
  - Hospital partners confirm commitment to move forward
- **January 2025**:
  - Hospital partners identify executive and senior manager leads
  - Delivery Management and Alignment group formed to activate Executive Committee and workstreams
  - Schedule Winter Executive Committee
  - Joint communique celebrating collaboration commitment between hospitals and the School of Medicine
- **Winter 2025:**
  - Executive Committee and workstreams create project structures and schedule
- **Summer 2025:**
  - Workstreams identify and begin assessment on priority deliverables
  - Initial report from workstreams to Executive Committee
- **Fall 2025:**
  - Opportunities and risks report for priority workstreams delivered to Executive Committee

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Next Steps and Commitment Circle

- Dr. David Peters reviewed next steps with retreat participants.
  - **Near-term next steps** included distribution of a Retreat Report for partners and confirmation that the five five partners are moving forward to work with York University to advance the innovative School of Medicine model in their communities.
  - **Early in the new year,** the first five partners were asked to identify executive and senior manager leadership for the project and support the establishment of project structures. Following the renewed expressions of commitment from the partners, York is proposing a join communique celebrating collaboration commitment between hospitals and the School of Medicine.

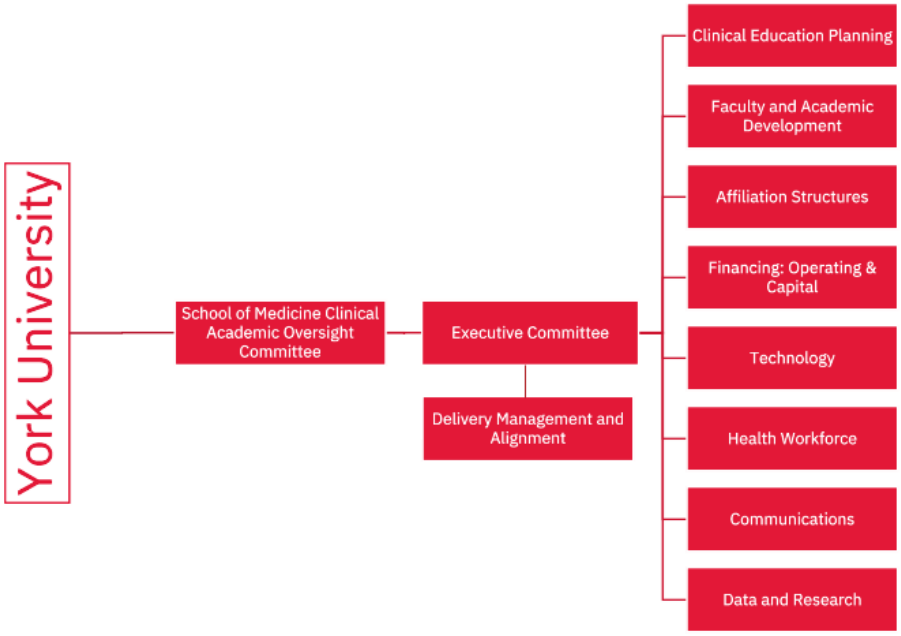


- The meeting was concluded with a Reflection and Commitment Circle. Retreat participants stood in a circle and were asked to provide their reflections on the day and/or their commitments following the retreat.

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Appendix 6. ICLN governance structure at Start Up



Creates clear path for sharing information, hearing input and decision making

Minimizes overhead and focuses resources on outcomes

Delivery management group supports the Executive Committee and directs outcomes across all streams

Workstreams achieved via agile workgroups composed of subject matter experts with focused outcomes

York University is accountable for accreditation and academic performance, it retains final decision authority

Executive Committee Roles & Responsibilities

	School of Medicine Clinical Academic Oversight Committee	Executive Committee (ExComm)	Delivery Management and Alignment Group (DMAG)	Workstreams
Participants	CEOs from each partner hospital and Dean of Record	VPs from each partner hospital	York University Directors and external consultants	Subject matter experts representing institutions
Role	Strategic decision making and advisory to Dean or Record	Operational decision-making body	Coordinate and lead working group supporting ExComm to achieve workstream deliverables	Short-term, outcomes-based working groups
Responsibilities	• Advisor the Dean of Record • Establish & approve strategic framework & decisions • Set priorities for decision making • Ensures resources are in place for development and implementation within their organizations	• Decision making on program design • Moving decisions and deliverables through hospitals • Engage other community organizations and bring them into the local process • Confirm deliverables for workstreams	• Support Executive Committee in overall coordination • Support monitoring and escalation of key issues • Ensure connections and achievement of workstream goals • Coordinate project communications	• Co-ordinated and project managed by DMAG • Develop key work products to support accreditation • Ensure needs and perspectives of all partners are includes in recommendations

Workstream Focus 2025



Clinical Education Planning

Identification of principles for planning and allocation of learners and academic roles

Breakdown curriculum models into a site/community partner-based plan for learner assignments

Connection between institutional and community partners

Core issues identified and tracked

Coordination with Finance and Capital workstream

Faculty & Academic Development

Faculty requirements identified

Volume and location of faculty defined by discipline and training year

Recruitment program designed

Faculty development needs assessment underway

Affiliation Structures

Accreditation agreements in place with all hospital partners

Expanding governance model to include community-based organizations, e.g. primary care, OHTs

Financing: Operating & Capital

Top-level capital needs assessment and operating financial model complete

Principles and approaches in place to ensure funding trails learners

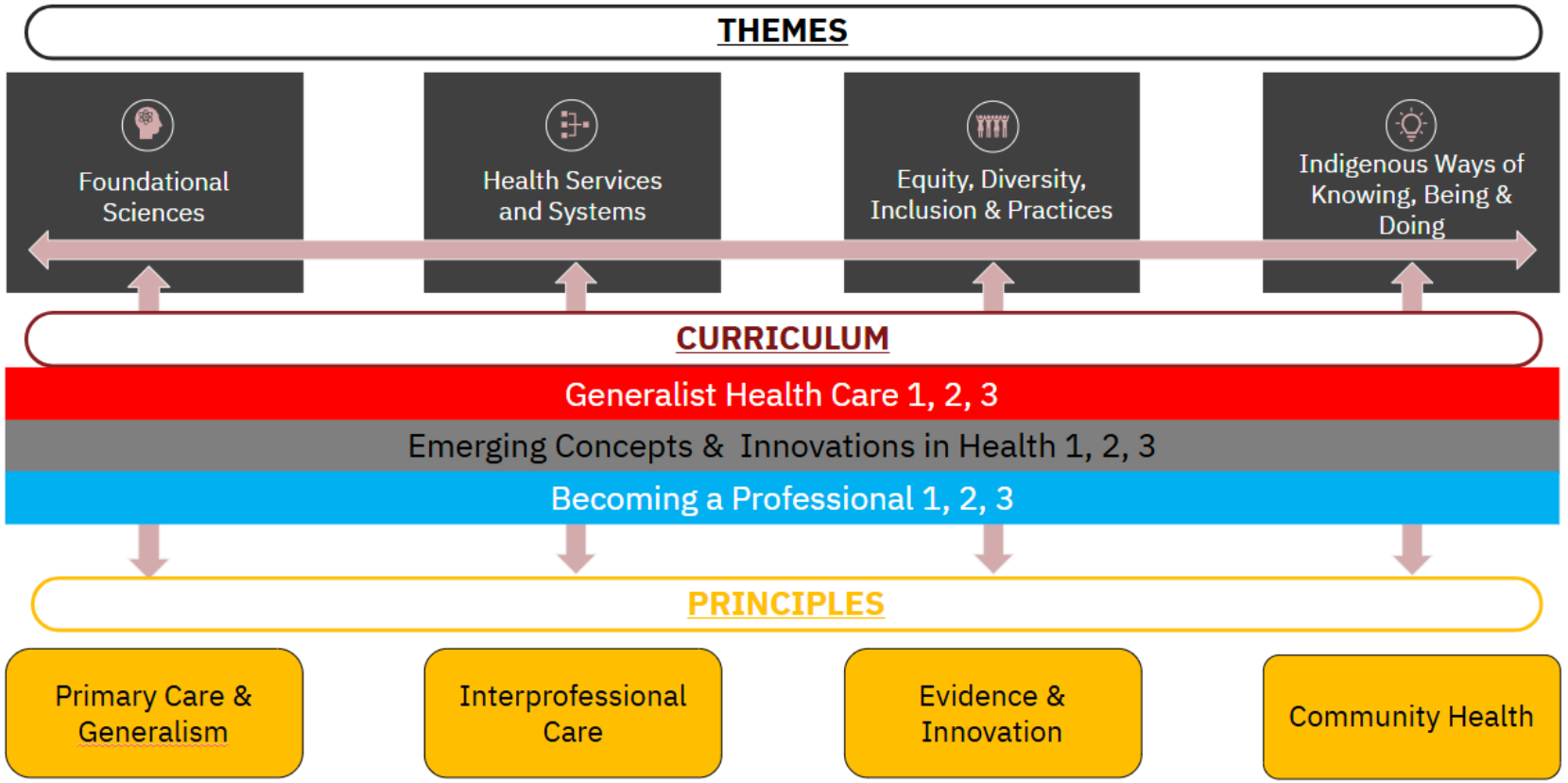
Financial framework complete and provided to MOH to shape fiscal planning

Resource request for MOH/MCU underway

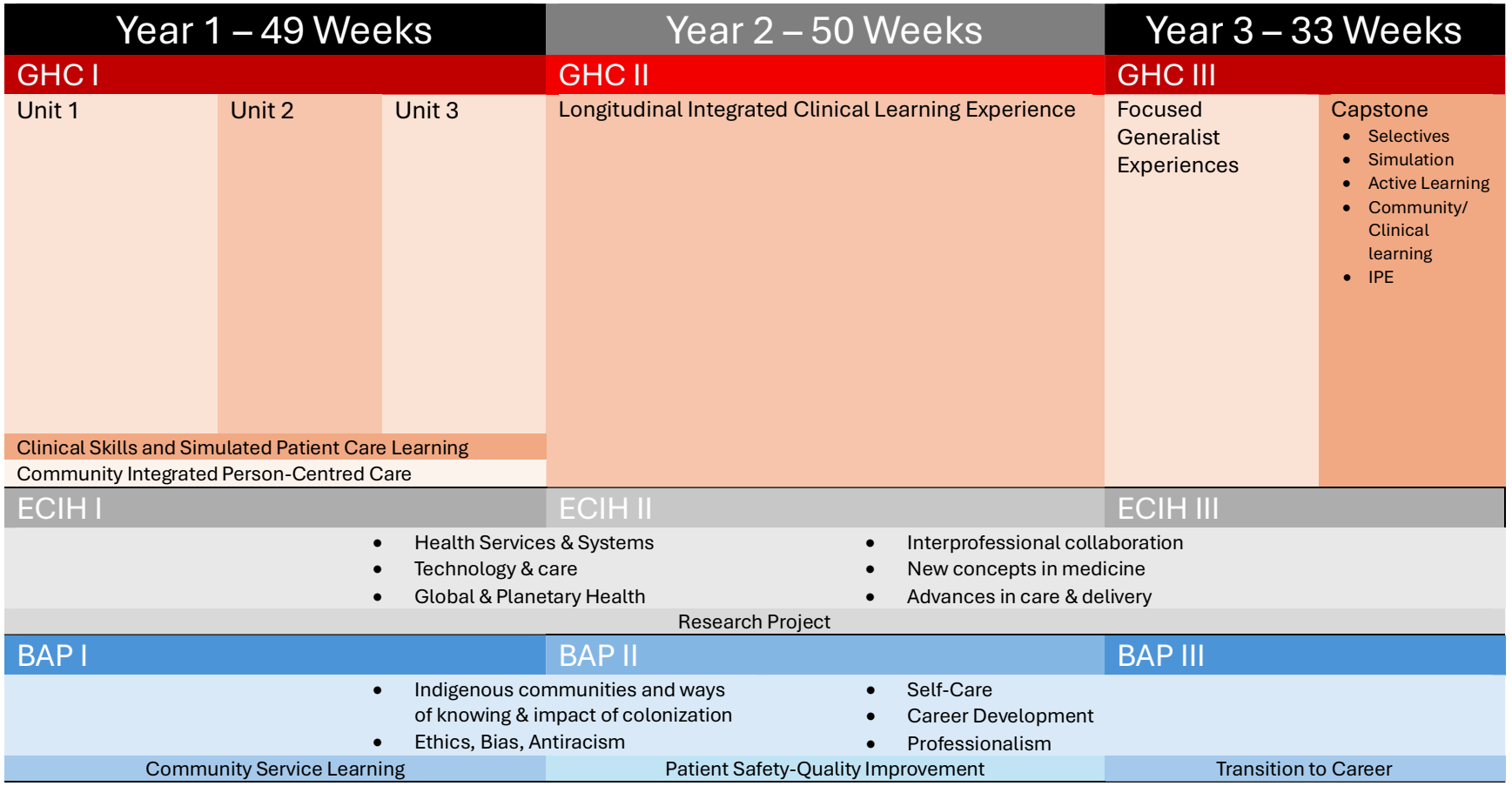
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Appendix 7. Themes, Curriculum, Principles, Curriculum Timeline



Curriculum Timeline*



*Note: this is a working draft of the curriculum schemata that will evolve.

URBAN LONGITUDINAL INTEGRATED CLINICAL LEARNING EXPERIENCE (LICLE)*

	Aug	SEPT			OCT		NOV		DEC				JAN		FEB		MARCH				APRIL		MAY		JUNE		JULY			AUG	AUG
WEEKS	1	1	1	2	2	2	2	2	1	2	2	Brk	2	2	2	2	2	1	1	Brk	2	2	2	2	2	2	1	2	2	2	1
1		Orient	FM	FM ORIENT	FM ORIENT	REHAB/ LTC	MED	MED	LRW	SURG	SURG		FM	FM	FM	FM	FM	FM	LRW		OB/WH/PED/Psych	OB/WH/PED/Psych	Rural	Rural	FM	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS			1	1	1			1	1				1	1					1	1		1	1		1				
2		Orient	FM	FM ORIENT	FM ORIENT	SURG	SURG	REHAB/ LTC	LRW	MED	MED		OB/WH/PED/Psych	OB/WH/PED/Psych	FM	FM	FM	FM	LRW		Rural	Rural	FM	FM	FM	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS					1	1	1				1	1			1	1	1			1	1	1		1	1		1		
3		Orient	FM	FM ORIENT	FM ORIENT	FM	FM	FM	LRW	FM	FM		SURG	SURG	REHAB/ LTC	MED	MED	FM	LRW		FM	FM	FM	FM	OB/WH/PED/Psych	OB/WH/PED/Psych	LRW	Rural	Rural	FM	FM
	ERS	HIFTS		1					1	1	1				1	1					1			1	1	1		1	1		
4		Orient	FM	FM ORIENT	FM ORIENT	FM	FM	FM	LRW	FM	FM		MED	MED	REHAB/ LTC	SURG	SURG	FM	LRW		Rural	Rural	OB/WH/PED/Psych	OB/WH/PED/Psych	FM	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS			1	1		1						1	1	1					1			1	1			1	1		
5		Orient	FM	FM ORIENT	FM ORIENT	Rural	Rural	OB/WH/PED/Psych	LRW	OB/WH/PED/Psych	FM		FM	FM	FM	FM	FM	FM	LRW		SURG	SURG	REHAB/ LTC	MED	MED	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS		1	1		1	1		1						1	1	1	1			1	1			1	1				
6		Orient	FM	FM ORIENT	FM ORIENT	REHAB/ LTC	MED	MED	LRW	SURG	SURG		FM	FM	FM	FM	FM	FM	LRW		OB/WH/PED/Psych	OB/WH/PED/Psych	Rural	Rural	FM	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS			1	1	1			1	1				1	1					1	1		1	1		1				
7		Orient	FM	FM ORIENT	FM ORIENT	SURG	SURG	REHAB/ LTC	LRW	MED	MED		OB/WH/PED/Psych	OB/WH/PED/Psych	FM	FM	FM	FM	LRW		Rural	Rural	FM	FM	FM	FM	LRW	FM	FM	FM	FM
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8		Orient	FM	FM ORIENT	FM ORIENT	FM	FM	FM	LRW	FM	FM		SURG	SURG	REHAB/ LTC	MED	MED	FM	LRW		FM	FM	FM	FM	OB/WH/PED/Psych	OB/WH/PED/Psych	LRW	Rural	Rural	FM	FM
	ERS	HIFTS		1					1	1	1				1	1					1			1	1	1		1	1		
9		Orient	FM	FM ORIENT	FM ORIENT	FM	FM	FM	LRW	FM	FM		MED	MED	REHAB/ LTC	SURG	SURG	FM	LRW		Rural	Rural	OB/WH/PED/Psych	OB/WH/PED/Psych	FM	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS			1	1		1						1	1	1					1			1	1			1	1		
10		Orient	FM	FM ORIENT	FM ORIENT	Rural	Rural	OB/WH/PED/Psych	LRW	OB/WH/PED/Psych	FM		FM	FM	FM	FM	FM	FM	LRW		SURG	SURG	REHAB/ LTC	MED	MED	FM	LRW	FM	FM	FM	FM
	ERS	HIFTS		1	1		1	1		1						1	1	1	1			1	1			1	1				

FM – Family Medicine; LRW – Learning Retreat Week; LTC – Long Term Care; MED – Hospital-Based Medicine; OB – Obstetrics; PED – Pediatrics; Psych – Psychiatry; SURG – Surgery; WH – Women's Health

*Note: this is a working draft of a potential Urban LICLE curriculum schemata that will evolve.

RURAL LONGITUDINAL INTEGRATED CLINICAL LEARNING EXPERIENCE (LICLE)*

1	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	ER	MED	MED	SURG	SURG	OB/WH/PED/Psych	OB/WH/PED/Psych
	ER SHIFTS				1	1	1				1		1			1	1					1	1	1								
1	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	MED	MED	ER	OB/WH/PED/Psych	OB/WH/PED/Psych	SURG	SURG
	ER SHIFTS					1	1		1					1	1			1			1			1								
3	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	SURG	SURG	MED	MED	ER	OB/WH/PED/Psych	OB/WH/PED/Psych
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4	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	OB/WH/PED/Psych	OB/WH/PED/Psych	SURG	SURG	MED	MED	ER
	ER SHI	1	1		1	1		1							1	1	1					1	1									
5	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	ER	MED	MED	SURG	SURG	OB/WH/PED/Psych	OB/WH/PED/Psych
	ER SHI	1	1	1	1		1	1			1						1	1			1			1								
6	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	SURG	SURG	ER	MED	MED	OB/WH/PED/Psych	OB/WH/PED/Psych
	ER SHI	1	1	1			1	1		1			1	1		1							1	1								
7	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	OB/WH/PED/Psych	OB/WH/PED/Psych	SURG	SURG	ER	MED	MED
	ER SHIFTS			1	1				1	1			1		1	1		1													
8	FM intro/ AC Intro	FM	FM	FM	FM	FM	FM	FM	LRW	FM	FM		FM	FM	FM	FM	FM	FM	LRW		FM	FM	FM	FM	LRW	SURG	SURG	OB/WH/PED/Psych	OB/WH/PED/Psych	MED	MED	ER
	ER SHI	1	1	1			1	1					1	1	1		1	1				1										

ER – Emergency Medicine; FM – Family Medicine; LRW – Learning Retreat Week; LTC – Long Term Care; MED – Hospital-Based Medicine; NEURO – Neurology; OB – Obstetrics; PED – Pediatrics; Psych – Psychiatry; SURG – Surgery; WH – Women's Health

*Note: this is a working draft of a potential Rural LICLE curriculum schemata that will evolve.

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 1010

Credit Weight: 24.00 (e.g. 3.00, 6.00) **Effective Session:** Fall 2028 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Generalist Health Care I

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Generalist Health Care I

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Provides learners with a foundation in principles of medicine. Learners are introduced to, and involved in, a person-centred approach to primary, interprofessional and generalist care that integrates the biomedical sciences with the values of the person seeking care, determinants of health, systems of care and the social and behavioural sciences to understand health presentations outcomes.

List course(s) where applicable:

Prerequisites:	None
Corequisites:	HH/MED 1020 9.00, HH/MED 1030 9.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III; and BAP I, II and III) that run concurrently in each year of the MD program. GHC I provides the foundation (in biomedical, clinical, social, and behavioural sciences) for program learning, and complements the content provided in the other two concurrent courses (ECIH I and BAP I).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 49 weeks during the first year of the program. It is delivered in three sequential units delivering content in the biomedical, behavioural and social sciences. Concurrent clinical focused experiential learning occurs in anatomy and clinical skills development along with bimonthly clinical learning in family practice settings.

Contact hours vary per week across the three terms and can range from approx. 8 hours per week to up to approximately 24.5 hours per week during intensive periods of learning.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the university and province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

GHC I Lead; GHC I Unit Leads; Case-Based Learning facilitators; Indigenous knowledge holders and guest facilitators who are anticipated to teach some sessions based on their area of expertise are required to teach this course over the 49-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member’s home school/department

UPD/Chair.

There may be opportunities for guest speakers or lecturers during the course delivery, in relation to biomedical, behavioural or social science content. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Generalism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the:

- Foundational sciences
  - Anatomy
  - Physiology
  - Biochemistry
  - Histology
  - Embryology
  - Pathology
  - Pharmacology
  - Microbiology
  - Immunology
  - Genetics
  - Behavioral Science/Psychology
  - Biostatistics and Epidemiology
  - Medical Ethics and Professionalism
  - Population health
  - Clinical Reasoning
- Social and health systems sciences
- Management and prevention
- Person-Centred Care

- Clinical Assessments
- Family Medicine
- Indigenous Health and Health Practices
- Procedural skills
- Strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist perspectives and practice
- Empathy, cultural humility and inclusive practices
- Professional interaction and communication
- Interprofessional care (roles and responsibilities of other health professionals)
- Community Care
- Determinants of health

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?	**X**	
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?	**X**	
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?	**X**	

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Indigenous Ways of Knowing, Being and Doing is one of the four themes that are woven throughout the courses of the curriculum. It provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

An Indigenous Health Lead will be hired to provide subject matter and pedagogical expertise for the integration of Indigenous Ways of Knowing, Being and Doing into the MD curriculum and for this course. The course will include (but not be limited to) Indigenous knowledge, knowledge systems and content, the application of Indigenous ways of being and doing with regards to the conception of health and wellness and delivery of healthcare, and integration of Indigenous pedagogy in the design and delivery of the learning experiences.

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education: The Indigenous Health Lead will provide guidance on the most appropriate way to engage Indigenous communities on experiential education for this course.	**X**	

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:
- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:
- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?

- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic clinical conditions across body systems and throughout the life course in simulated settings and/or a clinical learning environment under direct supervision. (Aligns with PLOs: ME, HA, SC)
2. Perform MD program defined person-centred clinical assessments across contexts and the life course in simulated settings and/or a clinical learning environment under direct supervision. (Aligns with PLOs: ME, CM, PR, CL, DP)
3. Perform MD program defined procedural skills safely in a simulated setting. (Aligns with PLOs: ME, CM, PR, HA, CL)
4. Apply a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist approach to MD program defined person-centred care encounters. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
5. Apply empathy, cultural humility and inclusive practices in MD program defined person-centred care encounters. (Aligns with PLOs: ME, CM, PR, HA, LD, CM, DP)
6. Demonstrate foundational elements of contextually specific professional conduct for interactions with persons, their support networks, the community and other healthcare professionals. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
7. Discuss the roles and responsibilities of other health professionals involved in the delivery of primary care and community and population health improvement activities. (Aligns with PLOs: LD, CL)
8. Apply evidence-informed biomedical, social, behavioural and health system sciences in case-based learning, simulated sessions, and MD program defined clinical presentations. (Aligns with PLOs: ME, PR, HA, SC, LD, CL)
9. Discuss the impact of determinants of health on the delivery of care in MD program defined clinical care encounters. (Aligns with PLOs: ME, PR, HA, SC)
10. Communicate in a context appropriate manner to persons, their support networks, the community and other healthcare professionals in MD program defined encounters. (Aligns with PLOs: ME, CM, PR, HA, SC, LD, CL, DP)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

The course curriculum is competency-based. Case-based, small-group, large group, simulation and clinical learning/observation opportunities will be provided to enable students to apply course topics and concepts to meet course outcomes.

Content will be organized in units to support learning and achievement of foundational competencies.

Case-based learning approach employs real world scenarios that learners work through in groups to “solve” the case and satisfy the learning outcomes. It complements the Competency-Based Medical Education framework as the cases can be designed to lead the students to desired learning outcomes while helping them develop the skills required to manage clinical cases such as critical and clinical thinking, decision-making and problem solving. Moreover, this case-based approach emphasizes teamwork and collaboration, core skills needed in today’s digital and fast paced world.

Coaches will support progression and student learning; remediation policies and procedures will support completion of outcomes.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1, 2, 4, 5, 8, 9
Community Feedback (on learner performance)	Credit/No Credit standing as described above	CLO 4, 6
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 4, 5, 6, 7, 8, 9
Simulated Setting Assessment (including Objective Structured Clinical Evaluations [OSCEs])	Credit/No Credit standing as described above	CLO 1-10
Peer Feedback	Credit/No Credit standing as described above	CLO 4, 5, 7
Progress Tests	Credit/No Credit standing as described above	CLO 1, 8, 9
Quizzes	Credit/No Credit standing as described above	CLO 1, 8, 9

Standardized Patient Feedback	Credit/No Credit standing as described above	CLO 3, 4, 5, 6, 10
Workplace-Based Assessment	Credit/No Credit standing as described above	CLO 1-10
Portfolio Review	Credit/No Credit standing as described above	CLO 1-10
Self-Assessment	Credit/No Credit standing as described above	CLO 1-10

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take.

As such, the formative strategies include, but are not limited to: tests, quizzes, OSCEs, clinical and simulation performance, case-based activities, etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

	For EE Activities Only

Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Case-based learning	*CLO 1, 4, 5, 7, 8, 9*	*N*	*Students will work through real-world case presentations individually and in case-based learning groups. They will reflect on learning through guided discovery, led by the group facilitator. They will draw on analysis of topic relevant to the week's case raised in small- and large-group discussion.*	*1*
Small-group discussion	*CLO 1, 4, 5, 7, 8. 9*	*N*	*Students will discuss topics related to the week's case in greater detail in case-based learning groups. Topics may include foundational sciences, determinants of health related to the presentation, possible clinical approaches to managing the presentation, professional conduct. Students will reflect on how the topic relates to/furthers understanding of the case presentation.*	*1*
Large group discussion	*CLO 1, 4, 5, 7, 8, 9*	*N*	*Clinical challenges of a common health issue related to the week's case will be presented to larger groups for review and reflection on how the learning related to/furthers understanding of the case presentation (with consideration of clinical partner perspectives and context).*	*1*
Simulation	*CLO 1-10*	*N*	*Students individually and in groups actively participate in simulation scenarios with standardized patients, and debrief with peers and standardized patient actors*	*1*
Clinical learning/observation opportunities	*CLO 1-10*	*N*	*Students document clinical learning experiences in terms of CLO and reflection on progress*	*3*

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities. Other supplemental technologies such as Anatomage Tables, High Fidelity Task Trainers and online medical teaching platforms such as Osmosis or ScholarRx are planned to be used throughout the program.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments, such as progress tests, OSCEs and Workplace Based Assessments, will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

Bates, B. (2023). *Bates' Guide to Physical Examination and History Taking.* 13th ed. Wolters Kluwer.
Standring & Tubbs. (2025). *Gray's Anatomy: The Anatomical Basis of Clinical* Practice. 43rd ed. Elsevier.
Netter. *Netter Atlas of Human Anatomy*. 8th ed. Elsevier.
Ralston & Penman. (2022). *Davidson's Principles and Practices of Medicine*. 24th ed. Elsevier.
Langford. (2022). *Harrison's Principle's of Internal Medicine.* 21st ed. McGraw-Hill.
Casanova. (2023). *Beckman & Ling's Obstetrics and Gynecology*. Lippencott Wolters Kluwer.
Goldbloom. (2010). *Pediatric Clinical Skills*. 4th ed. Elsevier.
Marcdante, KJ. Kliegman, RM. Schuh AM. (2023). *Nelson's Essentials of Pediatrics*. 9th ed. Elsevier.
Brunton LL. & Knollmann, BC. (2023). *Goodman & Gilman's: The Pharmacological Basis of Therapeutics*. 14th ed. McGraw-Hill.
Hall & Hall (2026). *Guyton and Hall Textbook of Medical Physiology*. 15th ed. Elsevier.
AFMC. *AFMC Primer on Population Health*. 3d ed. AFMC – ebook
Anderman, A. (2012). *Evidence for Health*. Cambridge.
Weinberger, S. Cockrill, B. Mandel, J (2024). *Principles of Pulmonary Medicine*. Elsevier.
Lilly L. (2020). *Pathophysiology of Heart Disease*. Wolters Kluwer.
Rannke, H. Denker, B. (2024). *Renal Pathophysiology*. Wolters Kluwer.
Persaud, T. Torchia, M. (2025). *The Developing Human.* 12th ed. Elsevier.
Gartner, L. Lee, L. (2023). *Gartner and Hiatt's Atlas and Text of Histology*. Wolters Kluwer. Elsevier.
Kumar, V. Abbas, A. Aster, J. Deyrup, A. (2023). *Robbins and Kumar Basic Pathology*. 11th ed.
Fletcher, G. (2021). *Clinical Epidemiology: The Essentials*. 6th ed. Wolters Kluwer.
Boland, R. Verdun, M. Ruiz, P. (2021). *Kaplan's and Sadock's Synopsis of Psychiatry*. 12th ed. Wolters Kluwer.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

AccessMedicine - Comprehensive online medical resource providing point of care information for residents, nurse practitioners, physician assistants, and physicians. Contains videos, self-assessment, medical textbooks and diagnostic texts and tools, that facilitate decision-making at the point-of-care.

ClinicalKey - Online clinical search tool and medical reference platform providing access to evidence-based content and support informed decision-making at point-of-care for healthcare professionals. Includes books, journals, drug monographs, clinical guidelines, and multimedia resources.

NCBI Bookshelf - Open access books from the NCBI (National Center for Biotechnology Information)

Levitzky, M. (2022). *Pulmonary Physiology*. McGraw-Hill.
Harris, D. Heller, L., Mohrman D. (2023). *Mohrman and Heller's Cardiovascular Physiology*. 10th ed.McGraw-Hill.
Barrett, K Barman, S. Yuan, J. (2019). *Ganong's Review of Medical Physiology*. 26th ed. McGraw-Hill.
Rohen, J. Chihiro Yokochi, Lutjen-Drecoll, E. (2022). *Photographic atlas of Anatomy*. 9th ed. Wolters Kluwer.
Agur, A. Dalley, A. (2024). *Moore's Essential Clinical Anatomy*. 7th ed. Wolters Kluwer.
Escher, A. (2024). *Junqueira's Basic Histology: Text and Atlas.* 17th ed. McGraw-Hill.
Vanderah T. (2023). *Katzung's Basic and Clinical Pharmacology.* 16th ed. McGraw-Hill.
Greenhalgh, T. Dijkstra, P. (2025). *How to Read a Paper.* 7th ed. Wiley Blackwell.
Guyatt, G. (2015). *User's Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice*. 3rd ed. McGraw-Hill
American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders. 5th ed*. American Psychiatric Association.
Bhatia, M. (2024). *Essentials of Psychiatry*. 10ed. CBS Publishers

Selected readings from Journals such as:

The Journal of the American Medical Association
The New England Journal of Medicine
The Lancet
The Canadian Medical Association Journal
Canadian Family Physician
The Canadian Medical Education Journal

These recommended readings will be identified as the curriculum becomes further developed and will align with the units' foci. Other non-medical journal articles will be referenced to build interprofessional and complementary healthcare knowledge.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. **Computing:**
   Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

- Anatomy software will be required, such as Anatomage
- Medical learning platform such as Osmosis or ScholarRx

Any anticipated costs to students will be clearly communicated at the outset of the course and will be kept to a minimum as much as possible in consideration of medical students' financial burdens.

2. Classroom Space:

Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required regularly throughout the year.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		**X**

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size: Space will be required for 10 Case-Based Learning Groups of 8 students each. Simulation and Anatomy Lab space will be required for 80 students throughout the course at varying intervals. For example, it is anticipated that each cohort of students will be divided into two groups of 40 students, so 40 students would be in the Simulation Lab while the other 40 students would be in the Anatomy Lab at one time, then the groups would switch labs.	**X**	

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		**X**

d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:

	YES	NO
○ Will the instructor need to travel to visit the off-campus community partner(s)?	**X**	
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:		**X**

○ Is the placement intended to be domestic or international, or both?

- Domestic **X**
- International ☐
- Both ☐

	YES	NO
e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:		**X**

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources,

with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Generalist Health Care I**

Summary

York University Libraries will be well positioned to support the proposed *Generalist Health Care I* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased. A quick search of the Libraries' online resources indicates available publications related to areas such as person-centered care, medical ethics, equity and diversity, Indigenous Ways of Knowing relating to health care, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online

- Cambridge Core
- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services

Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 1020

Credit Weight: 9.00 (e.g. 3.00, 6.00)

Effective Session: Fall 2028 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Becoming a Professional I

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Becoming a Professional I

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Introduces learners to physician identity, values, and self-care. Covers career development, and the impact of health determinants on care and health care. Explores community-focused care, Indigenous perspectives, and ethical practice through social accountability. Emphasizes professional and interprofessional conduct. Learners engage in service learning to understand community partnerships and apply concepts in real-world settings.

List course(s) where applicable:

Prerequisites:	None
Corequisites:	HH/MED 1010 24.00, HH/MED 1030 9.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III;; and BAP I, II and III;) that run concurrently in each year of the MD program. This first course in BAP provides the foundation for developing the ethos, values and professionalism of a physician that builds across the program, and complements the content provided in the other two concurrent courses (ECIH I and GHC I).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 49 weeks during the first year of the program. It is delivered in-person for learning about physician identity, determinants of health, Indigenous practices and values.

Contact hours are approximately 3 hours per week across the three terms and include a minimum of 20 hours of service learning in a community agency.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

BAP Lead; specialists in Indigenous studies; guest facilitators who are anticipated to teach only a few sessions a year based on their area of expertise are anticipated to be required to teach this course over the 49-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member’s home school/department UPD/Chair.

There may be opportunities for guest speakers or lecturers during the course delivery, in relation to wellness, determinants of health, Indigenous perspectives and ethics. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Generalism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the general topic areas to be covered:

- Community partnerships
- Indigenous health practices
- Indigenous ways of knowing, being and doing
- Impact of colonization; decolonization of health care
- Ethics in medicine
- Biases in health care
- Social accountabilty
- Health determinants
- Antiracism
- Self-Care
- Reflective practice
- Career development and career trajectories
- Professionalism and regulatory requirements

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?	**X**	

Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?	**X**	
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?	**X**	

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Indigenous Ways of Knowing, Being and Doing is one of the four themes that are woven throughout the courses of the curriculum. It provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

An Indigenous Health Lead will be hired to provide subject matter and pedagogical expertise for the integration of Indigenous Ways of Knowing, Being and Doing into the MD curriculum and for this course. The course will include (but not be limited to) Indigenous knowledge, knowledge systems and content, the application of Indigenous ways of being and doing with regards to the conception of health and wellness and delivery of healthcare, and integration of Indigenous pedagogy in the design and delivery of the learning experiences.

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education: An Indigenous community member will be hired to advise and co-create the full course and its implementation, to ensure respectful and accurate teaching and learning about any Indigneous language, history, culture or traditional knowledge that will be shared in this course.	**X**	

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:

- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:

- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Describe the principles of professionalism applicable to an undifferentiated physician. (Aligns with PLOs: PR, HA, LD, CL, DP)
2. Explain the importance of applying personal and professional ethics in clinical care. (Aligns with PLOs: PR, HA, LD, CL, DP)
3. Discuss tools to address the challenges to personal and financial wellbeing of a medical career. (Aligns with PLOs: PR, DP)
4. Discuss leadership, management, and systems thinking strategies for team-based person-centered care. (Aligns with PLOs: PR, LD, CL, DP)

5. Describe the impact of historic social and systemic injustices on the health of Indigenous, Black and other historically underserved and marginalized communities. (Aligns with PLOs: ME, CM, PR, HA, SC, LD, CL)
6. Outline the benefits of applying Indigenous ways of knowing and doing to the delivery of care. (Aligns with PLOs: ME, CM, PR, HA, SC, CL)
7. Describe community and population healthcare initiatives that address determinants of health and promote health outcomes. (Aligns with PLOs: ME, PR, HA, LD, CL)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

Formative assessment is competency based (as is summative assessment).

Small-group active learning sessions are used primarily in this course. These include, but are not limited to seminar discussions, role playing, workshops and reflection.

Community service learning and community-based research occur in a community agency.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1-7
Community Feedback (on learner performance)	Credit/No Credit standing as described above	CLO 5, 6, 7
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 2, 4, 5
Peer Feedback	Credit/No Credit standing as described above	CLO 5, 7
Progress Tests	Credit/No Credit standing as described above	CLO 2, 3, 4
Quizzes	Credit/No Credit standing as described above	CLO 2, 3, 4
Workplace-Based Assessment	Credit/No Credit standing as described above	CLO 1, 2, 4, 5
Portfolio Review	Credit/No Credit standing as described above	CLO 1-7
Self-Assessment	Credit/No Credit standing as described above	CLO 1-7

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take.

As such, the formative strategies include, but are not limited to: tests, quizzes, simulation performance,etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

			For EE Activities Only	
Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Small-group discussion	*CLO 1-7*	*N*	*Students will discuss topics related to the week's learning. Topics may include professional identity formation, determinants of health and their impacts, wellness, Indigenous knowledge; interprofessional practice, anti-racism. Students will reflect on how the topic relates to/furthers the development of their identity as a physician in discussion and a journal.*	*1*
Large group discussion	*CLO 1-7*	*N*	*Guest-speakers may be invited to lead a large group session on a particular topic such as professionalism, ethics, career development, leadership. Students will reflect on how the topic relates to/furthers the*	*1*

			development of their identity as a physician in a journal.	
Community-based placement	*CLO 5, 7*	*N*	*Community-Service Learning to understand determinants of health and health and community systems. Students will reflect on how the topic relates to/furthers the development of their identity as a physician in a journal.*	*2*

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments such as progress tests will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

Cruess, RL. (2016). *Teaching Medical Professionalism*. 2d ed. Cambridge.
Reading package on **Determinants of Health** (WHO Commission on Social Determinants of Health, 2008).
Canadian Public Health Association. (2018). *Social Determinants of Health in Canada: A Public Health Perspective.* 2018.
Greenwood, Margo, de Leeuw, Sarah, Lindsay, Norman. (2018). *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social.* 2nd edition. Canadian Scholars Press, 2018.
Truth and Reconciliation Commission of Canada. (2015).*Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the TRC.* Government of Canada.
National Collaborating Centre for Indigenous Health. (2019). *Indigenous Cultural Safety: An Overview.* NCCIH.
CanMEDS 2015 Physician Competency Framework. Royal College of Physicians and Surgeons of Canada.
Canadian Medical Association. (2018). *CMA Code of Ethics and Professionalism.* CMA.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

Freire, Paulo. (2018). *Pedagogy of the Oppressed.* 50th anniversary ed. Bloomsbury.
Kirmayer LJ, Fletcher C, Watt R. (2009). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada.* UBC Press.
Farmer P. (2004). Pathologies of Power: Health, Human Rights, and the New War on the Poor. University of California Press.
Browne AJ, Varcoe C, Lavoie J, et al. (2012). *Equity-Oriented Health Care: A Policy- and Evidence-Informed Approach to Health System Transformation.* Springer.
Allan B, Smylie J. (2015). *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada.* Wellesley Institute.
Paul, Danette. (2022). *Decolonizing Healthcare: Indigenous Voices and Leadership in Healing.* Fernwood.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. Computing:
Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

N/A

2. Classroom Space:
Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required regularly throughout the year.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		X

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size:		X

	YES	NO

c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		**X**

d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
○ Will the instructor need to travel to visit the off-campus community partner(s)?	**YES**	**NO**
	X	
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:	**YES**	**NO**
		X
○ Is the placement intended to be domestic or international, or both? ▪ Domestic **X** ▪ International ☐ ▪ Both ☐		

e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:	**YES**	**NO**
		X

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Becoming a Professional I**

Summary

York University Libraries will be well positioned to support the proposed *Becoming a Professional I* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased. A quick search of the Libraries' online resources indicates available publications related to areas such as decolonization of medicine and health care, cultural competence in health care, medical ethics, Indigenous Ways of Knowing relating to health care, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online

- Cambridge Core
- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services
Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course, or competency. Some librarians also specialize in areas such as Knowledge Synthesis, and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 1030

Credit Weight: 9.00 (e.g. 3.00, 6.00)

Effective Session: Fall 2028 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Emerging Concepts and Innovations in Health I

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Emerging Concepts and Innovations in Health I

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Presents emerging concepts and innovations in healthcare and systems to foster foundational understanding of evolving care models and technologies shaping health outcomes. Topics include health services, artificial intelligence in care, global health, interprofessional collaboration, and medical advances. Learners initiate a team-based research project that continues across the program.

List course(s) where applicable:

Prerequisites:	None
Corequisites:	HH/MED 1010 24.00, HH/MED 1020 9.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III;; and BAP I, II and III;) that run concurrently in each year of the MD program. This first course in ECIH provides the foundation for understanding emerging concepts and innovations in healthcare and systems that builds across the program, and complements the content provided in the other two concurrent courses (BAP I and GHC I).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 49 weeks during the first year of the program. It is delivered in-person for learning about emerging concepts and innovations in healthcare and systems.

Contact hours average approximately 3-9 hours every 4 weeks.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

ECIH Lead; guest facilitators who are anticipated to teach only a few sessions a year based on their area of expertise) are anticipated to be required to teach this course over the 49-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member’s home school/department UPD/Chair.

There may be opportuinities for guest speakers or lecturers during the course delivery, in relation to emerging concepts and innovations in healthcare and systems. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Genralism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the general topic areas to be covered:

- Health services and systems
- Technology and care
- Artificial Intelligence in healthcare
- Global and planetary health
- Sustainable development goals
- Interprofessional collaboration
- New concepts in medicine
- Advances in care and delivery
- Research process
- Interdisciplinary research

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?		**X**
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?		**X**

Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?		**X**
• If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:		
Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education:		**X**

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:

- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:

- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Describe current and emerging innovations in healthcare and community and population health. (Aligns with PLOs: ME, HA, SC, LD, CL)
2. Explain the role of health systems in improving healthcare outcomes. (Aligns with PLOs: ME, PR, HA, SC, LD)
3. Plan a scholarly or research project that incorporates critical appraisal and application of evidence. (Aligns with PLOs: PR, HA, SC)
4. Describe how global and planetary factors impact individual, community and population health. (Aligns with PLOs: ME, HA, SC, LD)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?

- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

Formative assessment is competency-based (as is summative assessment).

Small group active learning sessions are used primarily in the course. These include, but are not limited to, seminar discussions, case studies and reflection.

A team-based research project occurs longitudinally across the three ECIH courses.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1-4
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 4
Peer Feedback	Credit/No Credit standing as described above	CLO 3
Progress Tests	Credit/No Credit standing as described above	CLO 2, 4

Quizzes	Credit/No Credit standing as described above	CLO 2, 4
Project Assessment	Credit/No Credit standing as described above	CLO 3
Portfolio Review	Credit/No Credit standing as described above	CLO 1-4
Self-Assessment	Credit/No Credit standing as described above	CLO 1-4

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take.

As such, the formative strategies include, but are not limited to: tests, quizzes, assignments, etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

	For EE Activities Only

Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Small-group discussion	*CLO 1-4*	*N*	*Students will discuss topics related to the week's learning. Topics may include health services and systems, technology and care, AI, global and planetary health.Students will reflect on how these topics complement their development as a physician in discussion and a journal.*	*1*
Large group discussion	*CLO 1-4*	*N*	*Guest-speakers may be invited to lead a large group session on a particular topic such as new concepts in medicine and advances in care and delivery. Students will reflect on how these topics compelement their development as a physician in a journal*	*1*
Project	*CLO 3*	*N*	*Students will work as a team to conduct a research project across the three years of the program. They will reflect on how they have developed as researchers in a journal*	*1*

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments such as progress tests will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

The readings for the ECIH courses are intended to change from year-to-year to reflect new innovations in the delivery of care and rapid advances in the evolution of healthcare.

Reflective titles are:

Bodenheimer, T., Grumbach, K. *Understanding Health Policy: A Clinical Approach.* 8th edition. McGraw-Hill, 2020.
World Health Organization. *Health Systems Framework.* WHO, 2007.
Canadian Academy of Health Sciences. *Optimizing Scopes of Practice in Canada's Health System.* 2020.
Emanuel, Ezekiel J., et al. *What Makes Clinical Research Ethical? JAMA*, 2000.
Canadian Institute for Health Information (CIHI). *Health System Performance Reports* (latest edition).
Berwick, D., Nolan, T.W., & Whittington, J. *The Triple Aim: Care, Health, and Cost. Health Affairs*, 2008.
Institute for Healthcare Improvement. *Science of Improvement: How to Improve.*
Topol, Eric. *Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again.* Basic Books, 2019.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

The readings for the ECIH courses are intended to change from year-to-year to reflect new innovations in the delivery of care and rapid advances in the evolution of healthcare.

Reflective titles are:

Porter, M.E., Teisberg, E.O. *Redefining Health Care: Creating Value-Based Competition on Results.* Harvard Business Review Press, 2006.
Marmot, M. *The Health Gap: The Challenge of an Unequal World.* Bloomsbury, 2015.
Berwick, D.M. *Disseminating Innovations in Health Care.* JAMA, 2003.
World Health Organization. *Global Health Estimates and Reports.* (Updated annually).
Frenk, Julio et al. *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World. The Lancet Commission*, 2010.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. **Computing:**
   Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

N/A

2. **Classroom Space:**
   Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required regularly throughout the year.

3. **Teaching Support:**

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		X

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size:		X

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		X

	YES	NO
d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
○ Will the instructor need to travel to visit the off-campus community partner(s)?		X
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:		X
○ Is the placement intended to be domestic or international, or both? ▪ Domestic ☐ ▪ International ☐ ▪ Both ☐		

	YES	NO
e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:		X

4. **Statements of Support** (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

Revised August 2024

YORK UNIVERSITY LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Emerging Concepts and Innovations in Health I**

Summary

York University Libraries will be well positioned to support the proposed *Emerging Concepts and Innovations in Health I* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased especially for emerging areas like Artificial Intelligence. A quick search of the Libraries' online resources indicates available publications related to areas such as Artificial Intelligence and health care, technology and health care, a wide array of topics covering advances in health care, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online

- Cambridge Core
- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services

Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 2010

Credit Weight: 33.00 (e.g. 3.00, 6.00)

Effective Session: Fall 2029 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Generalist Health Care II

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Generalist Health Care II

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Provides learners with a more advanced understanding of the principles of medicine through clinical experience. Learners develop a person-centred approach to primary, interprofessional and generalist care that integrates the biomedical sciences with the values of the person seeking care, determinants of health, systems of care and the social and behavioural sciences to analyze and interpret health presentations outcomes.

List course(s) where applicable:

Prerequisites:	HH/MED 1010 24.00, HH/MED 1020 9.00, HH/MED 1030 9.00
Corequisites:	HH/MED 2020 6.00, HH/MED 2030 3.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		X

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III; and BAP I, II and III) that run concurrently in each year of the MD program. GHC II deepens learners' understanding of the biomedical, clinical, social, and behavioural sciences for program learning, and complements the content provided in the other two concurrent courses (ECIH II and BAP II).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 50 weeks during the second year of the program and consists of the longitudinal integrated clinical learning experience (LICLE) model proposed for the MD program. It is mainly delivered through clinical placements in family practice settings, community health centres, hospitals and long-term care centres. in three sequential units delivering content in the biomedical, behavioural and social sciences. Concurrent clinical focused experiential learning occurs in anatomy and clinical skills development along with bimonthly clinical learning in family practice settings.

Contact hours vary per week across the three terms and can range from approx. 10 hours per week up to approximately 36 clinical hours per week during intensive periods of learning.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the university and province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

GHC II Lead; Case-Based Learning facilitators; clinical faculty who will be teaching in the Longitudinal Integrated Clinical Learning Experience [LICLE]; Indigenous knowledge holders and guest facilitators who are anticipated to teach some sessions based on their area of expertise, are required to teach this course over the 50-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member's home school/department UPD/Chair.

There may be opportunities for guest speakers or lecturers during the course delivery, in relation to biomedical, behavioural or social science content. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Generalism; Interprofessional Care; Evidence & Innovation; and Community Health.
This course reflects these themes and principles in the:

- Foundational sciences
  - Anatomy
  - Physiology
  - Biochemistry
  - Histology
  - Embryology
  - Pathology
  - Pharmacology
  - Microbiology
  - Immunology
  - Genetics
  - Behavioral Science/Psychology
  - Biostatistics and Epidemiology
  - Medical Ethics and Professionalism
  - Population health
  - Clinical Reasoning

- Social and health systems sciences
- Management and prevention
- Person-Centred Care
- Clinical Assessments
- Family Medicine
- Indigenous Health and Health Practices
- Procedural skills
- Strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist perspectives and practice
- Empathy, cultural humility and inclusive practices
- Professional interaction and communication
- Interprofessional care (roles and responsibilities of other health professionals)
- Community Care
- Determinants of health

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?	**X**	
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?	**X**	
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?	**X**	

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Indigenous Ways of Knowing, Being and Doing is one of the four themes that are woven throughout the courses of the curriculum. It provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

An Indigenous Health Lead will be hired to provide subject matter and pedagogical expertise for the integration of Indigenous Ways of Knowing, Being and Doing into the MD curriculum and for this course. The course will include (but not be limited to) Indigenous knowledge, knowledge systems and content, the application of Indigenous ways of being and doing with regards to the conception of health and wellness and delivery of healthcare, and integration of Indigenous pedagogy in the design and delivery of the learning experiences.

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education: The Indigenous Health Lead will provide guidance on the most appropriate way to engage Indigenous communities on experiential education for this course.	**X**	

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:
- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:
- What essential knowledge, skills, and attitudes etc. should students acquire?

- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic and complex conditions across body systems and throughout the life course in simulated settings and a clinical learning environment under limited supervision. (Aligns with PLOs: ME, HA, SC)
2. Perform complete person-centred clinical assessments across the life course and tailored to the context of care for the presentation and person in a clinical learning environment under limited supervision. (Aligns with PLOs: ME, CM, PR, HA, CL, DP)
3. Perform MD program defined procedural skills safely in a clinical learning environment under limited supervision. (Aligns with PLOs: ME, PR, HA, CL)
4. Demonstrate a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist approach in simulated settings and a clinical learning environment under limited supervision. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
5. Apply empathy, cultural humility and inclusive practices in the delivery of person-centred care in simulated settings and a clinical learning environment under limited supervision. (Aligns with PLOs: ME, CM, PR, HA, LD, CM, DP)
6. Demonstrate professional conduct in MD program defined interactions with persons and their support networks under limited supervision, the community and other healthcare professionals. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
7. Discuss how to collaboratively and reciprocally incorporate other health professionals in the delivery of primary care and community and population health improvement activities. (Aligns with PLOs: ME, HA, LD, CL)
8. Apply evidence informed biomedical, social, behavioural and health system sciences to recommendations for person-centred care in clinical situations under limited supervision. (Aligns with PLOs: ME, PR, HA, SC, LD, CL)
9. Apply knowledge of determinants of health to the delivery of care for clinical care encounters under limited supervision. (Aligns with PLOs: ME, PR, HA, SC)
10. Communicate in a context appropriate manner to persons, their support networks and other healthcare professionals in a clinical learning environment under limited supervision. (Aligns with PLOs: ME, CM, PR, HA, LD, CL)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community

service learning)

List the teaching strategies and learning activities that will be included in this course:

The course curriculum is competency-based, primarily through clinical learning opportunities.

Case-based, small-group, large group and simulation opportunities will be provided to supplement clinical learning and enable students to apply course topics and concepts to meet course outcomes.

Case-based learning approach employs real world scenarios that learners work through in groups to “solve” the case and satisfy the learning outcomes. It complements the Competency-Based Medical Education framework as the cases can be designed to lead the students to desired learning outcomes while helping them develop the skills required to manage clinical cases such as critical and clinical thinking, decision-making and problem solving. Moreover, this case-based approach emphasizes teamwork and collaboration, core skills needed in today’s digital and fast paced world.

Coaches will support progression and student learning; remediation policies and procedures will support completion of outcomes.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1, 2, 4, 5, 8, 9
Community Feedback (on learner performance)	Credit/No Credit standing as described above	CLO 4, 6
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 4, 5, 6, 7, 8, 9
Simulated Setting Assessment (including Objective Structured Clinical Evaluations [OSCEs])	Credit/No Credit standing as described above	CLO 1-10
Peer Feedback	Credit/No Credit standing as described above	CLO 4, 5, 7
Progress Tests	Credit/No Credit standing as described above	CLO 1, 8, 9

Quizzes	Credit/No Credit standing as described above	CLO 1, 8, 9
Standardized Patient Feedback	Credit/No Credit standing as described above	CLO 3, 4, 5, 6, 10
Workplace-Based Assessment	Credit/No Credit standing as described above	CLO 1-10
Portfolio Review	Credit/No Credit standing as described above	CLO 1-10
Self-Assessment	Credit/No Credit standing as described above	CLO 1-10

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take.

As such, the formative strategies include, but are not limited to: tests, quizzes, OSCEs, clinical and simulation performance, case-based activities, etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

	For EE Activities Only

Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Clinical learning/observation opportunities	*CLO 1-10*	*N*	*Students document clinical learning experiences in terms of CLO and reflection on progress*	*3*
Case-based learning	*CLO 1, 4, 5, 7, 8, 9*	*N*	*Students will work through real-world case presentations individually and in case-based learning groups. They will reflect on learning through guided discovery, led by the group facilitator. They will draw on analysis of topic relevant to the week's case raised in small- and large-group discussion.*	*1*
Small-group discussion	*CLO 1, 4, 5, 7, 8. 9*	*N*	*Students will discuss topics related to the week's case in greater detail in case-based learning groups. Topics may include foundational sciences, determinants of health related to the presentation, possible clinical approaches to managing the presentation, professional conduct. Students will reflect on how the topic relates to/furthers understanding of the case presentation.*	*1*
Large group discussion	*CLO 1, 4, 5, 7, 8, 9*	*N*	*Clinical challenges of a common health issue related to the Learning Retreat Week's topic will be presented to larger groups for review and reflection on how the learning related to/furthers understanding of the Learning Retreat Week topic (with consideration of clinical partner perspectives and context).*	*1*
Simulation	*CLO 1-10*	*N*	*Students individually and in groups actively participate in simulation scenarios with standardized patients, and*	*1*

			debrief with peers and standardized patient actors	

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities. Other supplemental technologies such as Anatomage Tables, High Fidelity Task Trainers and online medical teaching platforms such as Osmosis or ScholarRx are planned to be used throughout the program.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments, such as progress tests, OSCEs and Workplace Based Assessments, will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the <u>required readings</u> for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

Rakel, R. Rakel, D. (2016). *Textbook of Family Medicine.* 9th ed. Elsevier.
Agabegi, S. Agabegi, E. Duncan, M. Chuang, K. (2020). *Step-Up to Medicine*. 5th ed. Wolters Kluwer.
Washington University Department of Medicine. (2014). *The Washington Manual of Medical Therapeutics*. 34th ed. Lippincott Williams & Wilkins.
Tintinalli, J. Stapczynski, J. Ma, O. Yealy, D. Meckler, G. Cline, D. (2020). *Tintinalli's Emergency Medicine.* McGraw-Hill.
Halter, J., Ouslander, J. Studenski, S. High, K., Asthana, S. Supiano, M Ritchie, C. Schmader, K. (2022). *Hazzard's Geriatric Medicine and Gerontology.* 8th ed. McGraw-Hill.
Kane, R. Ouslander J. Resnick, B. Malone, M. (2018). *Essentials of Clinical Geriatrics*. 8th ed. McGraw-Hill.
Pfeifer, S. (2012). *NMS Obstetrics and Gynecology*. 7th ed. Wolters Kluwer.
Ralston & Penman. (2022). *Davidson's Principles and Practices of Medicine*. 24th ed. Elsevier.
Langford. (2022). *Harrison's Principle's of Internal Medicine.* 21st ed. McGraw-Hill.
Casanova. (2023). *Beckman & Ling's Obstetrics and Gynecology*. Lippencott Wolters Kluwer.
Goldbloom. (2010). *Pediatric Clinical Skills*. 4th ed. Elsevier.
Brunton LL. & Knollmann, BC. (2023). *Goodman & Gilman's: The Pharmacological Basis of Therapeutics*. 14th ed. McGraw-Hill.
Hall & Hall (2026). *Guyton and Hall Textbook of Medical Physiology*. 15th ed. Elsevier.
Anderman, A. (2012). *Evidence for Health*. Cambridge.
Weinberger, S. Cockrill, B. Mandel, J (2024). *Principles of Pulmonary Medicine*. Elsevier.
Lilly L. (2020). *Pathophysiology of Heart Disease*. Wolters Kluwer.
Rannke, H. Denker, B. (2024). *Renal Pathophysiology.* Wolters Kluwer.
Persaud, T. Torchia, M. (2025). *The Developing Human.* 12th ed. Elsevier.

Gartner, L. Lee, L. (2023). *Gartner and Hiatt's Atlas and Text of Histology*. Wolters Kluwer. Elsevier.
Kumar, V. Abbas, A. Aster, J. Deyrup, A. (2023). *Robbins and Kumar Basic Pathology*. 11th ed.
Boland, R. Verdun, M. Ruiz, P. (2021). *Kaplan's and Sadock's Synopsis of Psychiatry*. 12th ed. Wolters Kluwer.
Carlat, D. (2017). *The Psychiatric Interview*. 4th ed. Wolters Kluwer.
Quick, C. Biers, S. Arulampalam, T. (2020). *Essential Surgery: Problems, Diagnosis and Management.* 6th ed. Elsevier.
Lawrence, P. (2013). *Essentials of General Surgery*. 5th ed. Wolters Kluwer.
Doherty, G. (2020). *Current Diagnosis & Treatment: Surgery*. 15th ed. McGraw-Hill.

Further required readings will be identified as the curriculum becomes further developed and will align with the particular LICLE.

b) Please list any <u>suggested readings</u> for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

AccessMedicine - Comprehensive online medical resource providing point of care information for residents, nurse practitioners, physician assistants, and physicians. Contains videos, self-assessment, medical textbooks and diagnostic texts and tools, that facilitate decision-making at the point-of-care.

ClinicalKey - Online clinical search tool and medical reference platform providing access to evidence-based content and support informed decision-making at point-of-care for healthcare professionals. Includes books, journals, drug monographs, clinical guidelines, and multimedia resources.

NCBI Bookshelf - Open access books from the NCBI (National Center for Biotechnology Information)

Bates, B. (2023). *Bates' Guide to Physical Examination and History Taking.* 13th ed. Wolters Kluwer.
Standring & Tubbs. (2025). *Gray's Anatomy: The Anatomical Basis of Clinical* Practice. 43rd ed. Elsevier.
Netter. *Netter Atlas of Human Anatomy*. 8th ed. Elsevier.
Marcdante, KJ. Kliegman, RM. Schuh AM. (2023). *Nelson's Essentials of Pediatrics*. 9th ed. Elsevier.
Levitzky, M. (2022). *Pulmonary Physiology*. McGraw-Hill.
AFMC. *AFMC Primer on Population Health*. 3d ed. AFMC – ebook
Fletcher, G. (2021). *Clinical Epidemiology: The Essentials*. 6th ed. Wolters Kluwer.
Harris, D. Heller, L., Mohrman D. (2023). *Mohrman and Heller's Cardiovascular Physiology*. 10th ed.McGraw-Hill.
Barrett, K Barman, S. Yuan, J. (2019). *Ganong's Review of Medical Physiology*. 26th ed. McGraw-Hill.
Rohen, J. Chihiro Yokochi, Lutjen-Drecoll, E. (2022). *Photographic atlas of Anatomy*. 9th ed. Wolters Kluwer.
Agur, A. Dalley, A. (2024). *Moore's Essential Clinical Anatomy*. 7th ed. Wolters Kluwer.
Escher, A. (2024). *Junqueira's Basic Histology: Text and Atlas.* 17th ed. McGraw-Hill.
Vanderah T. (2023). *Katzung's Basic and Clinical Pharmacology.* 16th ed. McGraw-Hill.
Greenhalgh, T. Dijkstra, P. (2025). *How to Read a Paper.* 7th ed. Wiley Blackwell.
Guyatt, G. (2015). *User's Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice*. 3rd ed. McGraw-Hill
American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders. 5th ed*. American Psychiatric Association.
Bhatia, M. (2024). *Essentials of Psychiatry*. 10ed. CBS Publishers.
Sadock, B. Sadock, V. (2011). *Kaplan & Sadock's Concise Textbook of Child & Adolescent Psychiatry.*
Stahl, S, Grady M. Muntner N. (2021). *Stahl's Essential Psychopharmacology: Prescriber's Guide*. Cambridge.
Longergan. (1996). *Clinical Manual of Geriatric Medicine*. Appleton & Lange.
Reuben, D. (2013). *Geriatrics at Your Fingertips*. 15th ed. American Geriatrics Society.
Timiras, P. (2011). *Physiological Basis of Aging and Geriatrics*. 4th ed. Informa Healthcare.
Caplan, R. (2023). *The Care of the Older Person*. 5th ed. CRC Press.
Callahan, T. Caughey, A. (2013). *Blueprints Obstetrics & Gynecology.* 6th ed. Lippincott Williams & Wilkins.
Toy, E. Ross, P. (2022). *Case Files, Obstetrics and Gynecology*. 6th ed. McGraw-Hill.

Selected readings from Journals such as:

The Journal of the American Medical Association
The New England Journal of Medicine
The Lancet

The Canadian Medical Association Journal
Canadian Family Physician
The Canadian Medical Education Journal

These recommended readings will be identified as the curriculum becomes further developed and will align with the particular LICLE. Other non-medical journal articles will be referenced to build interprofessional and complementary healthcare knowledge.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. Computing:

Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

- Anatomy software will be required, such as Anatomage
- Medical learning platform such as Osmosis or ScholarRx

Any anticipated costs to students will be clearly communicated at the outset of the course and will be kept to a minimum as much as possible in consideration of medical students' financial burdens.

2. Classroom Space:

Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required at varying points (Learning Retreat Weeks) throughout the year.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		**X**

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size: Space will be required for 10 Case-Based Learning Groups of 8 students each during Learning Retreat Weeks. Simulation and Anatomy Lab space will be required for 80 students throughout the course during Learning Retreat Weeks.	**X**	

	YES	NO

c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		**X**

d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
○ Will the instructor need to travel to visit the off-campus community partner(s)?	**YES**	**NO**
	X	
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:	**YES**	**NO**
		X
○ Is the placement intended to be domestic or international, or both? ▪ Domestic **X** ▪ International ☐ ▪ Both ☐		

e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:	**YES**	**NO**
		X

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Generalist Health Care II**

Summary

York University Libraries will be well positioned to support the proposed *Generalist Health Care II* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased. A quick search of the Libraries' online resources indicates available publications related to areas such as determinants of health, equity in health care, culturally sensitive health care, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health and Faculty of Science.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online
- Cambridge Core
- Taylor & Francis eBooks

- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Biological Abstracts
- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services
Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/biology (Biology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 2020

Credit Weight: 6.00 (e.g. 3.00, 6.00)

Effective Session: Fall 2029 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Becoming a Professional II

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Becoming a Professional II

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Develops physician identity with an emphasis on values, and self-care, incorporating professional and interprofessional conduct. Explores community-focused care, Indigenous perspectives, and ethical practice through social accountability. Learners continue their career development, deepen their understanding of the impact of health determinants on care, and engage in a quality improvement project.

List course(s) where applicable:

Prerequisites:	HH/MED 1010 24.00, HH/MED 1020 9.00, HH/MED 1030 9.00
Corequisites:	HH/MED 2010 33.00, HH/MED 2030 3.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III;; and BAP I, II and III;) that run concurrently in each year of the MD program. This second course in BAP continues the development of the ethos, values and professionalism of a physician, and complements the content provided in the other two concurrent courses (ECIH II and GHC II).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or intergrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

	LECT (fully face to face)
X	**BLEN (blended)** – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered in a blended mode over a period of 50 weeks during the second year of the program. It is delivered online while students are doing their Longitudinal Integrated Clinical Learning Experiences (LICLE) in GHC II and in-person during three Learning Retreat Weeks when learners return to campus.

Contact hours occur at specific points during the year; 24 hours total of synchronous and asynchronous online delivery over 8 days during LICLE (GHC II) and 12 hours of in-person learning during the Learning Retreat Weeks (approximately 4 hours per week).

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

67%

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

BAP Lead; specialists in Indigenous studies; guest facilitators who are anticipated to teach only a few sessions a year based on their area of expertise are anticipated to be required to teach this course over the 50-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member's home school/department UPD/Chair.

There may be opportunities for guest speakers or lecturers during the course delivery, in relation to wellness, determinants of health, Indigenous perspectives and ethics. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Genralism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the general topic areas to be covered:

- Community partnerships
- Indigenous health practices
- Indigenous ways of knowing, being and doing
- Impact of colonization; decolonization of health care
- Ethics in medicine
- Biases in health care
- Social accountabilty
- Antiracism
- Self-Care
- Reflective practice
- Career development and career trajectories
- Professionalism and regulatory requirements

2. **Indigenous Knowledge**

YES	NO

Will the course have substantial Indigenous (Aboriginal)* content?	X	
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?	X	
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?	X	

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Indigenous Ways of Knowing, Being and Doing is one of the four themes that are woven throughout the courses of the curriculum. It provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

An Indigenous Health Lead will be hired to provide subject matter and pedagogical expertise for the integration of Indigenous Ways of Knowing, Being and Doing into the MD curriculum and for this course. The course will include (but not be limited to) Indigenous knowledge, knowledge systems and content, the application of Indigenous ways of being and doing with regards to the conception of health and wellness and delivery of healthcare, and integration of Indigenous pedagogy in the design and delivery of the learning experiences.

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education: An Indigenous community member will be hired to advise and co-create the full course and its implementation, to ensure respectful and accurate teaching and learning about any Indigneous language, history, culture or traditional knowledge that will be shared in this course.	X	

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:

- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:

- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Apply principles of professionalism to your development as an undifferentiated physician. (Aligns with PLOs: PR, HA, LD, CL, DP)
2. Demonstrate personal and professional ethics in clinical decision-making, healthcare provision, advocacy, communication, leadership and collaboration. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
3. Describe how self-awareness and resilience strategies can maintain personal and financial wellbeing and navigate the demands of medical school. (Aligns with PLOs: PR, DP)

4. Describe the importance of leadership, management and systems thinking skills in person-centred care and within healthcare teams and health organizations. (Aligns with PLOs: LD, CL, DP)
5. Discuss the importance of culturally appropriate healthcare for Indigenous, Black and other historically underserved and marginalized communities. (Aligns with PLOs: ME, CM, PR, HA, LD, CL)
6. Demonstrate acceptance of Indigenous ways of knowing and doing into the delivery of care. (Aligns with PLOs: ME, CM, PR, HA, CL)
7. Apply the principles and practices of quality improvement and patient safety in a team-based project. (Aligns with PLOs: PR, LD)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

Formative assessment is competency based (as is summative assessment).

Small-group active learning sessions are used primarily in this course. These include, but are not limited to seminar discussions, role playing, workshops and reflection.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1-7
Community Feedback (on learner performance)	Credit/No Credit standing as described above	CLO 5, 6, 7
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 2, 4, 5
Peer Feedback	Credit/No Credit standing as described above	CLO 5, 7
Progress Tests	Credit/No Credit standing as described above	CLO 2, 3, 4
Quizzes	Credit/No Credit standing as described above	CLO 2, 3, 4
Workplace-Based Assessment	Credit/No Credit standing as described above	CLO 1, 2, 4, 5
Portfolio Review	Credit/No Credit standing as described above	CLO 1-7
Self-Assessment	Credit/No Credit standing as described above	CLO 1-7

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take.

As such, the formative strategies include, but are not limited to: tests, quizzes, clinical and simulation performance,etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

			For EE Activities Only	
Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Small-group discussion	*CLO 1-7*	*N*	*Students will discuss topics related to the week's learning. Topics may include professional identity formation, determinants of health and their impacts, wellness, Indigenous knowledge; interprofessional practice, anti-racism. Students will reflect on how the topic relates to/furthers the development of their identity as a physician in discussion and a journal.*	*1*
Large group discussion	*CLO 1-7*	*N*	*Guest-speakers may be invited to lead a large group session on a particular topic such as professionalism, ethics, career development, leadership. Students will reflect on how the topic relates to/furthers the*	*1*

			development of their identity as a physician in a journal.	

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments such as progress tests will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

Sanfilippo, A. (2025). *The Doctor's We Need: Imagining a New Path for Physician Recruitment, Training, and Support*. Sutherland House Experts.
Institute for Healthcare Improvement (IHI). Patient Safety Essentials Toolkit.
Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. (2009). *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.* 2nd edition. Jossey-Bass.
Canadian Patient Safety Institute. (2020). *Patient Safety and Incident Management Toolkit.*
Berwick DM. (1996). *A Primer on Leading the Improvement of Systems.* BMJ.
Truth and Reconciliation Commission of Canada. (2015).*Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the TRC.* Government of Canada.
National Collaborating Centre for Indigenous Health. (2019). *Indigenous Cultural Safety: An Overview.* NCCIH.
CanMEDS 2015 Physician Competency Framework. Royal College of Physicians and Surgeons of Canada.
Canadian Medical Association. (2018). *CMA Code of Ethics and Professionalism.* CMA.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

Frank, J.R., Snell, L., Sherbino, J. (Eds). *CanMEDS 2015 Physician Competency Framework.* (For integration of QI into practice).
Vincent C, Amalberti R. (2016). *Safer Healthcare: Strategies for the Real World.* Springer.
Browne AJ, Varcoe C, Lavoie J, et al. (2012). *Equity-Oriented Health Care: A Policy- and Evidence-Informed Approach to Health System Transformation.* Springer.
Allan B, Smylie J. (2015). *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada.* Wellesley Institute.
Paul, Danette. (2022). *Decolonizing Healthcare: Indigenous Voices and Leadership in Healing.* Fernwood.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. Computing:
Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

N/A

2. Classroom Space:
Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required periodically throughout the year.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		**X**

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size:		**X**

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		**X**

d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
○ Will the instructor need to travel to visit the off-campus community partner(s)?	**YES**	**NO**
		X
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:	**YES**	**NO**
		X
○ Is the placement intended to be domestic or international, or both? ▪ Domestic ☐ ▪ International ☐ ▪ Both ☐		

e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:	**YES**	**NO**
		X

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Becoming a Professional II**

Summary

York University Libraries will be well positioned to support the proposed *Becoming a Professional II* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased. A quick search of the Libraries' online resources indicates available publications related to areas such as determinants of health, equity in health care, culturally sensitive health care, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online
- Cambridge Core

- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services

Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 2030

Credit Weight: 3.00 (e.g. 3.00, 6.00) **Effective Session:** Fall 2029 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Emerging Concepts and Innovations in Health II

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Emerging Concepts and Innovations in Health II

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Explores emerging concepts and innovations in healthcare and systems and offers opportunities to analyze and interpret evolving care models and technologies shaping health outcomes. Topics include more advanced health services and artificial intelligence in care, and increasingly complex aspects of global health, interprofessional collaboration, and medical advances. Learners continue work on a team-based research project that is implemented across the program.

List course(s) where applicable:

Prerequisites:	HH/MED 1010 24.00, HH/MED 1020 9.00, HH/MED 1030 9.00
Corequisites:	HH/MED 2010 33.00, HH/MED 2020 6.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III;; and BAP I, II and III;) that run concurrently in each year of the MD program. The second course in ECIH continues to develop understanding of emerging concepts and innovations in healthcare and systems, and complements the content provided in the other two concurrent courses (BAP II and GHC II).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over the three Learning Retreat Weeks when learners return to campus during the second year of the program. It is delivered in-person.

There are a total of 12 contact hours over the three Learning Retreat Weeks (approximately 4 hours in each retreat week).

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

ECIH Lead; guest facilitators who are anticipated to teach some sesssions based on their area of expertise over the 50-week period. (includes the three Learning Retreat Weeks)

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member’s home school/department UPD/Chair.

There may be opportuinities for guest speakers or lecturers during the course delivery, in relation to emerging concepts and innovations in healthcare and systems. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Genralism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the general topic areas to be covered:

- Health services and systems
- Technology and care
- Artificial Intelligence in healthcare
- Global and planetary health
- Sustainability
- Interprofessional collaboration
- New concepts in medicine
- Advances in care and delivery
- Knowledge translation and mobilization
- Research process and ethics

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?		**X**
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?		**X**

Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?		**X**
• If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:		
Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education:		**X**

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:

- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:

- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Describe how current and emerging innovations in healthcare can be applied at the individual, community and population level to improve outcomes. (Aligns with PLOs: ME, PR, HA, SC, LD, CL)
2. Describe how current and emerging innovations in healthcare can be applied to the health system to improve individual, community and population health outcomes. (Aligns with PLOs: ME, PR, HA, SC, LD, CL)
3. Initiate a scholarly or research project that incorporates critical appraisal and application of evidence. (Aligns with PLOs: PR, HA, SC)
4. Critically appraise strategies that address global and planetary factors impacting individual, community and population health. (Aligns with PLOs: ME, HA, SC, LD, CL)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?

- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

Formative assessment is competency-based (as is summative assessment).

Small group active learning sessions are used primarily in the course. These include, but are not limited to, seminar discussions, case studies and reflection.

A team-based research project occurs longitudinally across the three ECIH courses.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1-4
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 4
Peer Feedback	Credit/No Credit standing as described above	CLO 3
Progress Tests	Credit/No Credit standing as described above	CLO 2, 4

Quizzes	Credit/No Credit standing as described above	CLO 2, 4
Project Assessment	Credit/No Credit standing as described above	CLO 3
Portfolio Review	Credit/No Credit standing as described above	CLO 1-4
Self-Assessment	Credit/No Credit standing as described above	CLO 1-4

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take. As such, the formative strategies include, but are not limited to: tests, quizzes, assignments, etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

	For EE Activities Only

Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Small-group discussion	*CLO 1-4*	*N*	*Students will discuss topics related to the week's learning. Topics may include health services and systems, technology and care, AI, global and planetary health.Students will reflect on how these topics complement their development as a physician in discussion and a journal.*	*1*
Large group discussion	*CLO 1-4*	*N*	*Guest-speakers may be invited to lead a large group session on a particular topic such as new concepts in medicine and advances in care and delivery. Students will reflect on how these topics compelement their development as a physician in a journal*	*1*
Project	*CLO 3*	*N*	*Students will work as a team to conduct a research project across the three years of the program. They will reflect on how they have developed as researchers in a journal*	*1*

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments such as progress tests will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

The readings for the ECIH courses are intended to change from year-to-year to reflect new innovations in the delivery of care and rapid advances in the evolution of healthcare.

Reflective titles are:

Topol, Eric. *The Creative Destruction of Medicine: How the Digital Revolution Will Create Better Health Care.* Basic Books, 2012.
Canadian Interprofessional Health Collaborative (CIHC). *A National Interprofessional Competency Framework.* 2010.
Whitmee, S., Haines, A., Beyrer, C., et al. *Safeguarding Human Health in the Anthropocene Epoch: Report of The Rockefeller Foundation–Lancet Commission on Planetary Health. The Lancet*, 2015.
Emanuel, Ezekiel J., et al. *What Makes Clinical Research Ethical? JAMA*, 2000.
Canadian Institute for Health Information (CIHI). *Health System Performance Reports* (latest edition).
Berwick, D., Nolan, T.W., & Whittington, J. *The Triple Aim: Care, Health, and Cost. Health Affairs*, 2008.
Institute for Healthcare Improvement. *Science of Improvement: How to Improve.*
Topol, Eric. *Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again.* Basic Books, 2019.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

The readings for the ECIH courses are intended to change from year-to-year to reflect new innovations in the delivery of care and rapid advances in the evolution of healthcare.

Reflective titles are:

Esteva, A. et al. *A Guide to Deep Learning in Healthcare. Nature Medicine*, 2019.
Horton, R., Beaglehole, R., Bonita, R., Raeburn, J., McKee, M., Wall, S. *From Public to Planetary Health: A Manifesto. The Lancet*, 2014.
Frenk, J., Moon, S. *Governance Challenges in Global Health. NEJM*, 2013.
World Health Organization. *Global Health Estimates and Reports.* (Updated annually).
Frenk, Julio et al. *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World. The Lancet Commission*, 2010.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate

students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. Computing:

Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

N/A

2. Classroom Space:

Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required regularly throughout the year.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		X

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size:		X

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		X

	YES	NO
d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
○ Will the instructor need to travel to visit the off-campus community partner(s)?		X
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:		X

- Is the placement intended to be domestic or international, or both?
  - Domestic ☐
  - International ☐
  - Both ☐

e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:	YES	NO
		X

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Emerging Concepts and Innovations in Health II**

Summary

York University Libraries will be well positioned to support the proposed *Emerging Concepts and Innovations in Health II* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased especially for emerging areas like Artificial Intelligence. A quick search of the Libraries' online resources indicates available publications related to areas such as Artificial Intelligence and health care, technology and health care, a wide array of topics covering advances in health care, interprofessional skills in health care settings, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online

- Oxford Scholarship Online
- Cambridge Core
- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services
Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 3010

Credit Weight: 18.00 (e.g. 3.00, 6.00)

Effective Session: Fall 2030 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Generalist Health Care III

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Generalist Health Care III

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Consolidates learners' application of the principles of medicine. Learners demonstrate an advanced person-centred approach to primary, interprofessional and generalist care that integrates the biomedical sciences with the values of the person seeking care, determinants of health, systems of care and the social and behavioural sciences to evaluate health presentations outcomes.

List course(s) where applicable:

Prerequisites:	HH/MED 2010 33.00, HH/MED 2020 6.00, HH/MED 2030 3.00
Corequisites:	HH/MED 3020 9.00, HH/MED 3030 9.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III; and BAP I, II and III) that run concurrently in each year of the MD program. GHC III consolidates learners' understanding of the biomedical, clinical, social, and behavioural sciences, and complements the content provided in the other two concurrent courses (ECIH III and BAP III) to prepare them for residency learning.

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 33 weeks during the third year of the program. The first half consists of 16-weeks of Focused Generalist Experiences, two- to four-week experiences chosen by the learner that could include clinical learning, research or independent learning. The second half consists of prescribed learning experiences selected by the learner (selectives) that may include some, or all of, clinical learning, research or self-directed learning at York University, York University SoM clinical or community affiliates in the York region, and case-based and seminar learning to deliver in the biomedical, behavioural and social sciences and prepare learners for residency and a career in medicine.

Self-study/independent work time is included in the length of the course. Contact hours vary per week across the course and can range from approx. 10 hours per week up to approx. 36 clinical hours per week during intensive periods of learning.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the university and province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

GHC III Lead; Case-Based Learning facilitators; clinical faculty who will be teaching in the Focused Generalist Experience and selectives; Indigenous knowledge holders and guest facilitators who are anticipated to teach some sessions based on their area of expertise, are required to teach this course over the 33-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member's home school/department UPD/Chair.

There may be opportunities for guest speakers or lecturers during the course delivery, in relation to biomedical, behavioural or social science content. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Generalism; Interprofessional Care; Evidence & Innovation; and Community Health.
This course reflects these themes and principles in the:

- Foundational sciences
  - Anatomy
  - Physiology
  - Biochemistry
  - Histology
  - Embryology
  - Pathology
  - Pharmacology
  - Microbiology
  - Immunology
  - Genetics
  - Behavioral Science/Psychology
  - Biostatistics and Epidemiology
  - Medical Ethics and Professionalism
  - Population health
  - Clinical Reasoning

- Social and health systems sciences
- Management and prevention
- Person-Centred Care
- Clinical Assessments
- Family Medicine
- Indigenous Health and Health Practices
- Procedural skills
- Strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist perspectives and practice
- Empathy, cultural humility and inclusive practices
- Professional interaction and communication
- Interprofessional care (roles and responsibilities of other health professionals)
- Community Care
- Determinants of health

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?	**X**	
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?	**X**	
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?	**X**	

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Indigenous Ways of Knowing, Being and Doing is one of the four themes that are woven throughout the courses of the curriculum. It provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

An Indigenous Health Lead will be hired to provide subject matter and pedagogical expertise for the integration of Indigenous Ways of Knowing, Being and Doing into the MD curriculum and for this course. The course will include (but not be limited to) Indigenous knowledge, knowledge systems and content, the application of Indigenous ways of being and doing with regards to the conception of health and wellness and delivery of healthcare, and integration of Indigenous pedagogy in the design and delivery of the learning experiences.

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education: The Indigenous Health Lead will provide guidance on the most appropriate way to engage Indigenous communities on experiential education for this course.	**X**	

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:
- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:
- What essential knowledge, skills, and attitudes etc. should students acquire?

- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic and complex conditions across body systems and throughout the life course. (Aligns with PLOs: ME, HA, SC)
2. Perform and document complete clinical assessments across the life course and tailored to the context of care for the presentation and person. (Aligns with PLOs: ME, CM, PR, HA, CL, DP)
3. Perform MD program defined advanced procedural skills safely in a clinical environment. (Aligns with PLOs: ME, PR, HA, CL, DP)
4. Demonstrate a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist, equitable approach in all individual and community encounters. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
5. Demonstrate cultural humility, inclusive practices and empathic approaches in the delivery of equitable, compassionate person-centred care. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
6. Demonstrate professional conduct in all interactions with persons, their support networks, the community and other healthcare professionals. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
7. Demonstrate a collaborative and reciprocal approach to working with other health professionals in the delivery of primary care and community and population health improvement activities. (Aligns with PLOs: ME, CM, PR, HA, LD, CL)
8. Apply evidence informed biomedical, social, behavioural and health system sciences to recommendations for person-centred care. (Aligns with PLOs: ME, PR, HA, SC, LD, CL)
9. Apply knowledge of determinants of health in person-centred care. (Aligns with PLOs: ME, PR, HA, SC)
10. Communicate in a context appropriate manner to persons, their support networks, healthcare providers, and the community. (Aligns with PLOs: ME, CM, PR, HA, LD, CL)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

The course curriculum is competency-based, primarily through clinical learning opportunities in the Focused Generalist Experience and selectives.

Case-based, small-group, large group and simulation opportunities will be provided to supplement clinical learning and enable students to apply course topics and concepts to meet course outcomes.

Case-based learning approach employs real world scenarios that learners work through in groups to “solve” the case and satisfy the learning outcomes. It complements the Competency-Based Medical Education framework as the cases can be designed to lead the students to desired learning outcomes while helping them develop the skills required to manage clinical cases such as critical and clinical thinking, decision-making and problem solving. Moreover, this case-based approach emphasizes teamwork and collaboration, core skills needed in today’s digital and fast paced world.

Coaches will support progression and student learning; remediation policies and procedures will support completion of outcomes.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1, 2, 4, 5, 8, 9
Community Feedback (on learner performance)	Credit/No Credit standing as described above	CLO 4, 6
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 4, 5, 6, 7, 8, 9
Simulated Setting Assessment (including Objective Structured Clinical Evaluations [OSCEs])	Credit/No Credit standing as described above	CLO 1-10
Peer Feedback	Credit/No Credit standing as described above	CLO 4, 5, 7
Progress Tests	Credit/No Credit standing as described above	CLO 1, 8, 9
Quizzes	Credit/No Credit standing as described above	CLO 1, 8, 9
Standardized Patient Feedback	Credit/No Credit standing as described above	CLO 3, 4, 5, 6, 10

Workplace-Based Assessment	Credit/No Credit standing as described above	CLO 1-10
Portfolio Review	Credit/No Credit standing as described above	CLO 1-10
Self-Assessment	Credit/No Credit standing as described above	CLO 1-10

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take. As such, the formative strategies include, but are not limited to: tests, quizzes, OSCEs, clinical and simulation performance, case-based activities, etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

	For EE Activities Only

Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Clinical learning/observation opportunities	*CLO 1-10*	*N*	*Students document clinical learning experiences in terms of CLO and reflection on progress*	*3*
Case-based learning	*CLO 1, 4, 5, 7, 8, 9*	*N*	*Students will work through real-world case presentations individually and in case-based learning groups. They will reflect on learning through guided discovery, led by the group facilitator. They will draw on analysis of topic relevant to the week's case raised in small- and large-group discussion.*	*1*
Small-group discussion	*CLO 1, 4, 5, 7, 8. 9*	*N*	*Students will discuss topics related to the week's case in greater detail in case-based learning groups. Topics may include foundational sciences, determinants of health related to the presentation, possible clinical approaches to managing the presentation, professional conduct. Students will reflect on how the topic relates to/furthers understanding of the case presentation.*	*1*
Large group discussion	*CLO 1, 4, 5, 7, 8, 9*	*N*	*Clinical challenges of a common health issue related to the week's case will be presented to larger groups for review and reflection on how the learning related to/furthers understanding of the case presentation (with consideration of clinical partner perspectives and context).*	*1*
Simulation	*CLO 1-10*	*N*	*Students individually and in groups actively participate in simulation scenarios with standardized patients, and*	*1*

			debrief with peers and standardized patient actors	

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities. Other supplemental technologies such as Anatomage Tables, High Fidelity Task Trainers and online medical teaching platforms such as Osmosis or ScholarRx are planned to be used throughout the program.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments, such as progress tests, OSCEs and Workplace Based Assessments, will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the <u>required readings</u> for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

Ralston & Penman. (2022). *Davidson's Principles and Practices of Medicine*. 24th ed. Elsevier.
Langford. (2022). *Harrison's Principle's of Internal Medicine.* 21st ed. McGraw-Hill.
Casanova. (2023). *Beckman & Ling's Obstetrics and Gynecology*. Lippencott Wolters Kluwer.
Goldbloom. (2010). *Pediatric Clinical Skills*. 4th ed. Elsevier.
Brunton LL. & Knollmann, BC. (2023). *Goodman & Gilman's: The Pharmacological Basis of Therapeutics*. 14th ed. McGraw-Hill.
Hall & Hall (2026). *Guyton and Hall Textbook of Medical Physiology*. 15th ed. Elsevier.
Anderman, A. (2012). *Evidence for Health*. Cambridge.
Weinberger, S. Cockrill, B. Mandel, J (2024). *Principles of Pulmonary Medicine*. Elsevier.
Lilly L. (2020). *Pathophysiology of Heart Disease*. Wolters Kluwer.
Rannke, H. Denker, B. (2024). *Renal Pathophysiology.* Wolters Kluwer.
Persaud, T. Torchia, M. (2025). *The Developing Human.* 12th ed. Elsevier.
Gartner, L. Lee, L. (2023). *Gartner and Hiatt's Atlas and Text of Histology*. Wolters Kluwer. Elsevier.
Kumar, V. Abbas, A. Aster, J. Deyrup, A. (2023). *Robbins and Kumar Basic Pathology*. 11th ed.
Boland, R. Verdun, M. Ruiz, P. (2021). *Kaplan's and Sadock's Synopsis of Psychiatry*. 12th ed. Wolters Kluwer.

Further required readings will be identified as the curriculum becomes further developed and will align with the Focused Generalist Experience and selective learning experience.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

AccessMedicine - Comprehensive online medical resource providing point of care information for residents, nurse practitioners, physician assistants, and physicians. Contains videos, self-assessment, medical textbooks and diagnostic texts and tools, that facilitate decision-making at the point-of-care.

ClinicalKey - Online clinical search tool and medical reference platform providing access to evidence-based content and support informed decision-making at point-of-care for healthcare professionals. Includes books, journals, drug monographs, clinical guidelines, and multimedia resources.

NCBI Bookshelf - Open access books from the NCBI (National Center for Biotechnology Information)

Bates, B. (2023). *Bates' Guide to Physical Examination and History Taking.* 13th ed. Wolters Kluwer.
Standring & Tubbs. (2025). *Gray's Anatomy: The Anatomical Basis of Clinical* Practice. 43rd ed. Elsevier.
Netter. *Netter Atlas of Human Anatomy*. 8th ed. Elsevier.
Marcdante, KJ. Kliegman, RM. Schuh AM. (2023). *Nelson's Essentials of Pediatrics*. 9th ed. Elsevier.
Levitzky, M. (2022). *Pulmonary Physiology*. McGraw-Hill.
AFMC. *AFMC Primer on Population Health*. 3d ed. AFMC – ebook
Fletcher, G. (2021). *Clinical Epidemiology: The Essentials*. 6th ed. Wolters Kluwer.
Harris, D. Heller, L., Mohrman D. (2023). *Mohrman and Heller's Cardiovascular Physiology*. 10th ed.McGraw-Hill.
Barrett, K Barman, S. Yuan, J. (2019). *Ganong's Review of Medical Physiology*. 26th ed. McGraw-Hill.
Rohen, J. Chihiro Yokochi, Lutjen-Drecoll, E. (2022). *Photographic atlas of Anatomy*. 9th ed. Wolters Kluwer.
Agur, A. Dalley, A. (2024). *Moore's Essential Clinical Anatomy*. 7th ed. Wolters Kluwer.
Escher, A. (2024). *Junqueira's Basic Histology: Text and Atlas.* 17th ed. McGraw-Hill.
Vanderah T. (2023). *Katzung's Basic and Clinical Pharmacology.* 16th ed. McGraw-Hill.
Greenhalgh, T. Dijkstra, P. (2025). *How to Read a Paper. 7th* ed. Wiley Blackwell.
Guyatt, G. (2015). *User's Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice*. 3rd ed. McGraw-Hill
American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders. 5th ed*. American Psychiatric Association.
Bhatia, M. (2024). *Essentials of Psychiatry*. 10ed. CBS Publishers

Selected readings from Journals such as:

The Journal of the American Medical Association
The New England Journal of Medicine
The Lancet
The Canadian Medical Association Journal
Canadian Family Physician
The Canadian Medical Education Journal

These recommended readings will be identified as the curriculum becomes further developed and will align with the Focused Generalist Experience and selective learning experience. Other non-medical journal articles will be referenced to build interprofessional and complementary healthcare knowledge.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. Computing:

Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

- Anatomy software will be required, such as Anatomage
- Medical learning platform such as Osmosis or ScholarRx

Any anticipated costs to students will be clearly communicated at the outset of the course and will be kept to a minimum as much as possible in consideration of medical students' financial burdens.

2. Classroom Space:

Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required at varying points throughout the year.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		**X**

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size: Space will be required for 10 Case-Based Learning Groups of 8 students each. Simulation and Anatomy Lab space will be required for 80 students throughout the course at varying intervals.	**X**	

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		**X**

d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:

	YES	NO
○ Will the instructor need to travel to visit the off-campus community partner(s)?	**X**	
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:		**X**

○ Is the placement intended to be domestic or international, or both?

- Domestic **X**
- International ☐
- Both ☐

	YES	NO
e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:		**X**

4. **Statements of Support** (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Generalist Health Care III**

Summary

York University Libraries will be well positioned to support the proposed *Generalist Health Care III* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased. A quick search of the Libraries' online resources indicates available publications related to areas such as person-centered care, determinants of health, health care management and prevention, equity in health care, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health and Faculty of Science.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online
- Cambridge Core

- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Biological Abstracts
- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services
Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/biology (Biology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 3020

Credit Weight: 9.00 (e.g. 3.00, 6.00) **Effective Session:** Fall 2030 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Becoming a Professional III

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Becoming a Professional III

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Consolidates professional identity as community-focused, primary-care generalist physicians, refining learners' competencies for integrating health determinants and ethical practice through social accountability. Learners continue to incorporate Indigenous knowledge and perspectives and principles of interprofessional practice into their physician identity. Learners acquire professional tools to succeed in residency and prepare for careers.

List course(s) where applicable:

Prerequisites:	HH/MED 2010 33.00, HH/MED 2020 6.00, HH/MED 2030 3.00
Corequisites:	HH/MED 3010 18.00, HH/MED 3030 9.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III;; and BAP I, II and III;) that run concurrently in each year of the MD program. This third course in BAP consolidates understanding of the ethos, values and professionalism required for residency, and complements the content provided in the other two concurrent courses (ECIH III and GHC III).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 33 weeks during the third year of the program. Students will meet in-person 12 times for a total of 36 hours for learning to develop their as community-focused, primary-care generalist physicians. They meet for an in-person career development workshop to develop tools for residency and their career.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

BAP Lead; specialists in Indigenous studies; guest facilitators who are anticipated to teach only a few sessions a year based on their area of expertise are anticipated to be required to teach this course over the 33-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member’s home school/department UPD/Chair.

There may be opportunities for guest speakers or lecturers during the course delivery, in relation to wellness, determinants of health, Indigenous perspectives and ethics. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Genralism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the general topic areas to be covered:

- Community partnerships
- Indigenous health practices
- Indigenous ways of knowing, being and doing
- Impact of colonization; decolonization of health care
- Ethics in medicine
- Biases in health care
- Social accountabilty
- Antiracism
- Self-Care
- Career development and career trajectories
- Reflection on personal and professional growth
- Professional development tools and career planning strategies
- Professionalism and regulatory requirements

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?	**X**	

Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?	**X**	
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?	**X**	

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Indigenous Ways of Knowing, Being and Doing is one of the four themes that are woven throughout the courses of the curriculum. It provides an exploration of Indigenous perspectives, traditions, and approaches to health, fostering reconciliation and culturally safe care in all aspects of medicine.

An Indigenous Health Lead will be hired to provide subject matter and pedagogical expertise for the integration of Indigenous Ways of Knowing, Being and Doing into the MD curriculum and for this course. The course will include (but not be limited to) Indigenous knowledge, knowledge systems and content, the application of Indigenous ways of being and doing with regards to the conception of health and wellness and delivery of healthcare, and integration of Indigenous pedagogy in the design and delivery of the learning experiences.

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education: An Indigenous community member will be hired to advise and co-create the full course and its implementation, to ensure respectful and accurate teaching and learning about any Indigneous language, history, culture or traditional knowledge that will be shared in this course.	**X**	

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:

- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:

- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Discuss a plan for the development of your professional identity as a physician. (Aligns with PLOs: PR, HA, LD, CL, DP)
2. Apply personal and professional ethics in clinical decision-making, healthcare provision, advocacy, communication, leadership and collaboration. (Aligns with PLOs: ME, CM, PR, HA, LD, CL, DP)
3. Discuss the importance of self-awareness and resilience strategies to maintain personal and financial wellbeing and navigate the demands of medical practice. (Aligns with PLOs: PR, DP)
4. Apply leadership, management, and systems thinking skills in person-centered care and within healthcare teams and health organizations. (Aligns with PLOs: CM, LD, CL, DP)
5. Advocate for culturally appropriate healthcare for Indigenous, Black and other historically underserved and marginalized communities when deemed appropriate. (Aligns with PLOs: ME, CM, PR, HA, LD, CL)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

Formative assessment is competency based (as is summative assessment).

Small-group active learning sessions are used primarily in this course. These include, but are not limited to seminar discussions, role playing, workshops and reflection.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1-5
Community Feedback (on learner performance)	Credit/No Credit standing as described above	CLO 5
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 2, 4, 5
Peer Feedback	Credit/No Credit standing as described above	CLO 5
Progress Tests	Credit/No Credit standing as described above	CLO 2, 3, 4
Quizzes	Credit/No Credit standing as described above	CLO 2, 3, 4
Workplace-Based Assessment	Credit/No Credit standing as described above	CLO 1, 2, 4, 5
Portfolio Review	Credit/No Credit standing as described above	CLO 1-5
Self-Assessment	Credit/No Credit standing as described above	CLO 1-5

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take.

As such, the formative strategies include, but are not limited to: tests, quizzes, clinical and simulation performance,etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

			For EE Activities Only	
Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Small-group discussion	*CLO 1-5*	*N*	*Students will discuss topics related to the week's learning. Topics may include professional identity formation, determinants of health and their impacts, wellness, Indigenous knowledge; interprofessional practice, anti-racism. Students will reflect on how the topic relates to/furthers the development of their identity as a physician in discussion and a journal.*	*1*
Large group discussion	*CLO 1-5*	*N*	*Guest-speakers may be invited to lead a large group session on a particular topic such as professionalism, ethics, career development, leadership. Students will reflect on how the topic relates to/furthers the*	*1*

			development of their identity as a physician in a journal.	

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments such as progress tests will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

Frank, Jason R. et al. *The CanMEDS 2015 Physician Competency Framework: Better Standards, Better Physicians, Better Care.*
Royal College of Physicians and Surgeons of Canada. *Transition to Practice Toolkit.*
Wald, H.S., Anthony, D. (2021). *Professional Identity Formation, Professionalism, and Resilience in Medical Education.* Academic Medicine.
Bynum, William. (2021). *The Hidden Curriculum: A Guide for Medical Students.* Cambridge University Press.
Truth and Reconciliation Commission of Canada. (2015).*Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the TRC.* Government of Canada.
National Collaborating Centre for Indigenous Health. (2019). *Indigenous Cultural Safety: An Overview.* NCCIH.
CanMEDS 2015 Physician Competency Framework. Royal College of Physicians and Surgeons of Canada.
Canadian Medical Association. (2018). *CMA Code of Ethics and Professionalism.* CMA.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

West, C.P., Dyrbye, L.N., Shanafelt, T.D. (2018). *Physician Well-being: Resilience and Burnout in the Medical Profession.* Mayo Clinic Proceedings.
Browne AJ, Varcoe C, Lavoie J, et al. (2012). *Equity-Oriented Health Care: A Policy- and Evidence-Informed Approach to Health System Transformation.* Springer.
Allan B, Smylie J. (2015). *First Peoples, Second Class Treatment: The Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada.* Wellesley Institute.
Paul, Danette. (2022). *Decolonizing Healthcare: Indigenous Voices and Leadership in Healing.* Fernwood.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. Computing:
Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

N/A

2. Classroom Space:
Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required regularly throughout the Winter and Summer Terms.

3. Teaching Support:

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		**X**

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size:		**X**

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		**X**

d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
○ Will the instructor need to travel to visit the off-campus community partner(s)?	**YES**	**NO**
		X
○ Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:	**YES**	**NO**
		X
○ Is the placement intended to be domestic or international, or both? ▪ Domestic ☐ ▪ International ☐ ▪ Both ☐		

e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:	**YES**	**NO**
		X

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for **Becoming a Professional III**

Summary

York University Libraries will be well positioned to support the proposed *Becoming a Professional III* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased. A quick search of the Libraries' online resources indicates available publications related to areas such as health care bias, equity in health care, culturally sensitive health care, Indigenous Ways of Knowing, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online
- Oxford Scholarship Online

- Cambridge Core
- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services

Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

New Course Proposal Form

School/Department: Medicine

Course Rubric and Number: HH/MED 3030

Credit Weight: 9.00 (e.g. 3.00, 6.00)

Effective Session: Fall 2030 (e.g. Fall 2021, F/W 2024-25)

Course Title: *The official name of the course as it will appear in the Undergraduate Calendar.*

Emerging Concepts and Innovations in Health III

Short Title: *Maximum 40 characters, including punctuation and spaces. The short title appears on any documents where space is limited (*transcripts *and calendar copy).*

Emerging Concepts and Innovations in Health III

Brief Course Description: *For editorial consistency, start the description with an active* ***verb in the present tense****, e.g., "Analyzes the nature and extent of...,"*

This is the official description of the course as it will appear in the Undergraduate Calendar. The course description should be carefully written to convey what the course is about. If applicable, include information regarding the language of instruction if other than English. Maximum 60 words.

Critically appraises complex concepts and innovations in healthcare and systems to foster deep understanding of evolving care models and technologies shaping health outcomes. Integrated health services, evolving artificial intelligence in care, sustainable global health, interprofessional collaboration, and medical advances are appraised for their contributions to a healthy society. Learners complete a program-long team-based research project.

List course(s) where applicable:

Prerequisites:	HH/MED 2010 33.00, HH/MED 2020 6.00, HH/MED 2030 3.00
Corequisites:	HH/MED 3010 18.00, HH/MED 3020 9.00
Cross-listed to:	None
Course Credit Exclusions*:	None
Integration:**	

*Course credit exclusion is a formal status accorded to pairs of courses that are recognized as having sufficient overlap in content to warrant specifically excluding students from obtaining credit for both.

**Integrated courses are graduate courses integrated (taught with) 4000-level undergraduate courses

Include the following information only if the course is: limited to a specific group of students; closed to a specific group of students; and if there is any additional information necessary for students to know before enrolling (notes section). If the course includes experiential education, such as whether the students will work with a community partner and/or if it will involve going off-campus, please include this in the notes section.

Open to:	School of Medicine students only.
Not open to:	
Notes:	

Science Course:	**YES**	**NO**
Denotes courses in GH, KINE or PSYC to count as science credit for BSc degree programs		**X**

Section A - Course Rationale:

1. What is the rationale for creating this course (e.g., fills a gap in the curriculum, addresses a trend in the content area)?

The new MD (Medical Doctor) program curriculum is structured into three sets of courses (Generalist Health Care [GHC], Emerging Concepts and Innovations in Health [ECIH] and Becoming a Professional [BAP]) that are offered across all three years of the program. Each set is divided into three courses (GHC I, II and III; ECIH I, II and III;; and BAP I, II and III;) that run concurrently in each year of the MD program. The third course in ECIH consolidates understanding of emerging concepts and innovations in healthcare and systems, and complements the content provided in the other two concurrent courses (BAP III and GHC III).

2. Describe how this new course aligns with the School/Dept and/or Faculty and/or University Academic Plans, and the United Nations (UN) Sustainable Development Goals, as applies. For more information about these plans and the SDGs, contact your UPD, Department Chair, available online resources (i.e., SDGs, at https://www.yorku.ca/unsdgs/), and/or the Associate Dean, Learning, Teaching, & Academic Programs.

Alignment with Unit and/or Faculty Plan	The Faculty of Health (FoH), in its 2024-2028 Strategic Plan for "Building a Healthy World for All", embraced a vision of being leaders and partners for a healthy and just 21st Century world, and to positively influence health, wellness, and their determinants through leading-edge education, research and practice. In particular, in alignment with the UAP, the Faculty's Plan emphasized commitments to contribute to the development of a community-based School of Medicine in partnership with government, community groups, and health care organizations; forge new relationships; and expand the Faculty's ability to advance the health and wellness of our communities through a Vaughan health care precinct that is creating educational, research and practice opportunities. This course contributes to the achievement of the plan.
Alignment with University Academic Plan (UAP)	The UAP 2020-2025 describes how York University has gradually become "a full spectrum University"; creation of courses for medical school education meets this strategic goal. The proposed course and program aim to provide service to a broad demographic of "students with access to a high-quality education at a research-intensive institution that is committed to the well-being of the communities" it serves.
Alignment with SDG(s) (only as applies)	The SDG are included as priorities in the FoH plan and in the UAP. This course and others in the program align with the achievement of SDGs by students in terms of delivering quality education and attaining good health and well-being. The content of the medical courses will enrich student learning, connect purpose with impact, and inspire students to take meaningful action toward shaping a better future in healthcare.

3. How does this proposed course complement, align, or overlap with existing course offerings, particularly in terms of objectives and/or content? If overlap exists, please indicate the nature and extent of consultation which has taken place. If the course is to be cross-listed, integrated or listed as a course credit exclusion with another course, approval is required from all the relevant Faculties/Units.

As described in #1, this course is proposed as part of a new curriculum for the MD program. There is no overlap with any other existing course at the university. This course is not cross-listed or integrated with other courses and has no course credit exclusions with other courses.

4. What is the expected enrolment in the course? If course enrollments are below 50, please explain why.

80 students

Section B - Course Structure:

1. **Mode of Delivery**: Is this course (Please select one with "X"):

X	**LECT (fully face to face)**
	BLEN (blended) – combination of virtual, asynchronous with scheduled, in-person components (instructor will define whether virtual components are synchronous or asynchronous). Note: a blended format course is usually a restructuring of class contact hours with the goal to enhance engagement and to extend access to internet-based learning opportunities" (Garrison, Vaughn, 2008).

	ONLN (online) – virtual and normally asynchronous, may include some synchronous components (instructor will define any synchronous components). Note: The Office of the Registrar supplemented this definition on Feb 1 2022 by informing staff that ONLN means “no in-person component, exams and testing will be online”.
	HYFX (hyflex) – concurrent in both in-person and virtual synchronous
	Other (please describe):
	Indicate if this course is designed to include **Community-focused** or **Work-focused experiential education**.

2. **Number of contact hours** (defined in terms of hours, weeks, etc.): This information is important for blended and online courses as it indicates whether an effective length of term is being maintained.

This course is offered over a period of 33 weeks during the third year of the program. Students will meet in-person 3 times for a total of approximately 12 hours.

The credit weighting of this course and other HH/MED courses will be determined in consideration of the School of Medicine’s unique longitudinal course and clinical structure and York’s traditional description of credit weight: contact hours.

3. a) If this course is offered in a blended format, what percentage of the course will be taught online? If not blended, go to # 4.

b) In absence of scheduled contact hours (face-to-face or online), please provide an indication of the estimated time students are likely to spend engaged in learning activities online required by the course.

c) In the absence of scheduled contact hours (face-to-face or online), please describe how the course design encourages student engagement and supports students in achieving the learning outcomes.

N/A

4. Indicate the planned **frequency of offering** and number of sections anticipated (every year, alternate years, etc.)

Once per year, one section of 80 students.

5. Can you staff this course using current teaching capacity?

YES	NO
	X

If no, explain how this course will be resourced (e.g., additional hires proposed in hiring plan, etc.)

Medical faculty members (academic and clinical) are required to deliver this course and are in the process of being identified. The hiring process is proceeding as per the timeline and commitment to the province for a program launch of Fall 2028.

6. Please name the faculty member(s) in the school/dept who have the expertise and are willing to teach this course.

ECIH Lead; guest facilitators who are anticipated to teach some sesssions based on their area of expertise over the 33-week period.

7. Does the course rely on faculty from other programs to teach this course? If so, specify (proposed instructor(s) name and department and attach a letter of support from the faculty member’s home school/department UPD/Chair.

There may be opportuinities for guest speakers or lecturers during the course delivery, in relation to emerging concepts and innovations in healthcare and systems. Collaborations (internal to York; external partners) will be sought as the implementation of this course proposal occurs.

Section C - Course Design Information:

This section requires descriptions of the course, its design, constructive alignment, teaching activities, assessment methods, and any experiential education opportunities, technology enhanced learning and universal design for learning.

- **Experiential Education (EE)** remains a top priority for York University and the Faculty of Health and facilitates opportunities for structured, critical reflection (e.g. using polling, exit card, journal entry). Course directors can integrate EE into their course where possible, but some EE activities may not be feasible in every course. Go to https://health.yorku.ca/experiential-education/faculty/ and https://www.yorku.ca/yuexperience/wp-content/uploads/sites/42/2020/01/200110-YorkAVP_TL-EE_Booklet-r3.pdf to see definitions of course focused, community focused, and work focused EE, information on the benefits of EE for students and course directors, and other details.
- The integration of tools and strategies for **technology enhanced learning** (e.g. online learning management system like eClass, use of polling and other in class technology e.g., see https://www.yorku.ca/uit/student-services/technology-used-in-courses/) may provide useful tools for encouraging in class engagement and facilitating deeper learning. For help with online and blended learning course development go to https://lts.info.yorku.ca/health/.
- Incorporating the **UN SDGs** facilitates inclusive and equitable quality education and promotes lifelong learning opportunities for all. Go to https://www.yorku.ca/unsdgs/toolkit/ for options to embed any of the 17 goals in course design.
- **Universal design for learning** principles, i.e., offering and ensuring a diverse array of opportunities for all learners to engage, learn, and demonstrate their knowledge, can be found at: https://www.yorku.ca/teachingcommons/wp-content/uploads/sites/38/2023/01/Food_for_Thought-03-Universal-Design-for-Learning.pdf and on the Teaching Commons website.

1. Course Topics/Theories

List the key topic areas taught in this course.

Throughout all years, learners will engage with core themes such as Foundational Sciences; Health Services and Systems; Equity, Diversity, Inclusion and Practices; and Indigenous Ways of Knowing, Being and Doing. Principles embedded in the curriculum are Primary Care & Genralism; Interprofessional Care; Evidence & Innovation; and Community Health.

This course reflects these themes and principles in the general topic areas to be covered:

- Health services and systems
- Technology and care
- Artificial Intelligence in healthcare
- Global and planetary health
- Sustainability
- Interprofessional collaboration
- New concepts in medicine
- Advances in care and delivery
- Knowledge translation and mobilization
- Research process and dissemination

2. **Indigenous Knowledge**

	YES	NO
Will the course have substantial Indigenous (Aboriginal)* content?		**X**
Will the course include Indigenous (Aboriginal)* identity as either a module or field of study?		**X**
Will the course include component(s) from Aboriginal Peoples' language, history, cultural, heritage, artefacts, or traditional knowledge?		**X**

- If Yes to at least *one of the questions above*, provide a summary and/or list of the Indigenous (Aboriginal)* content or components you are proposing to include in your course:

Will the course engage Indigenous (Aboriginal) communities (including reserves, territories, departments, or community organizations, etc) on experiential education? If Yes, please comment below on how you will or might engage Indigenous (Aboriginal) communities in experiential education:		**X**

*The Constitution Act, 1982, section 35(2) defines Aboriginal Peoples to include all Indigenous people of Canada – Indians (Status, Non-Status or First Nations identified), Métis and Inuit people.

3. Course Learning Outcomes:

Learning outcomes provide a framework for assessment by stating what the learners will be able to demonstrate after completing the course. A succinct learning outcome specifies the tasks students are expected to be able to perform and the level of competence expected for the tasks. Course Learning Outcomes are observable, measurable goals for students and their learning.

Examples of course learning outcomes with single, measurable, active verbs (do not use 'understand', 'appreciate', 'acquire knowledge of', etc.):
Students will be able to:

- correctly **identify** the brain's major components and gross functional areas.
- accurately **describe** the factors that impact healthy aging.
- critically **analyze** an academic journal article for the merits and drawbacks of the published research.

To help describe learning outcomes, consider the key questions below:

- What essential knowledge, skills, and attitudes etc. should students acquire?
- How sophisticated or complex (memorization, analysis, creation, etc.) is students learning to be?
- What will students be able to do or how will they demonstrate/articulate their level of learning?
- What information is needed to be collected to verify/demonstrate students' attainment of learning outcomes?
- How informative are each of these assessment tasks to understanding the student learning process?
- Are these clearly stated and communicated to students?

More information and additional resources can be found on the Teaching Commons website.

List and number the course learning outcomes in the section below (for a 3.00 credit course, for instance, there should be 4-6; for a 6.00 credit course, 8-12 [but less than 8 may be appropriate for some courses]):

1. Critically appraise current and emerging innovations in healthcare and community and population health. (Aligns with PLOs: ME, PR, HA, SC, CL)
2. Apply principles of health systems science to improve individual, community and population health outcomes. (Aligns with PLOs: ME, PR, HA, SC, LD)
3. Complete a scholarly or research project that incorporates critical appraisal and application of evidence. (Aligns with PLOs: PR, HA, SC)
4. Describe how to apply sustainable practices in healthcare delivery to address the impact of global and planetary factors on individual, community and population health. (Aligns with PLOs: ME, PR, HA, SC, LD, CL)

4. Course Teaching Strategies and Learning Activities

What teaching strategies and learning activities (including experiential education) will take place as part of this course? What will students be doing each week in class? How will these activities help support students' learning as defined by the learning outcomes?

To identify course learning activities that will help students achieve intended learning outcomes, consider:

- How will students receive or gain the information necessary for achieving the course intended learning outcomes?
- What experiential education activities will students engage in?
- What opportunities will or could students be provided to practice the skills they will develop?
- How and when will students engage with each other, with the instructor, and/or with course content?
- If technology-enhanced learning is incorporated into the course, what activities will the students engage in?

Examples: (this is not an exhaustive list, but rather a summary of the strategies an instructor may use to encourage and facilitate meaningful learning throughout the course)

- In class discussions
- Lecture
- Online discussion forums (e.g. in eClass)
- Active learning strategies (e.g. think, pair, share; structured debates)
- Wikis (contribute to and curate collaborative content)
- EE - Classroom Focused Activities (e.g. guest speakers, role playing, visual media, case studies, simulations, workshops and laboratory, course-based research, etc.)
- EE - Community Focused EE Activities (e.g. community-based learning; community-based research, community service learning)

List the teaching strategies and learning activities that will be included in this course:

Formative assessment is competency-based (as is summative assessment).

Small group active learning sessions are used primarily in the course. These include, but are not limited to, seminar discussions, case studies and reflection.

A team-based research project occurs longitudinally across the three ECIH courses.

5. Assessment and Evaluation Strategies:

a) How will student learning be determined? List each graded component of the proposed course including the type and percentage value of each component. Indicate which course learning outcome(s) are evaluated by which assessment component.

Note: The proposed MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on "snapshot" high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer, more immediate link between the outcome of the assessment and the direction of learning the learner should take.

There are no grades awarded to learners within this framework. All courses in the MD Program will be awarded Credit or No-Credit standing. Nor will there be a minimum passing grade for learners to achieve, but learners must demonstrate (or master) the learning outcomes of the course have been met to be awarded the standing of Credit.

Learner progress is regularly assessed by the MD Program Success and Progress Committee (MDSPC) to ensure learners remain on track to meeting the course competency milestones. The MDSPC applies a structured, evidence-based review of learner performance, guided by approved program outcomes and national medical education standards. The committee makes progression decisions at defined time points in the academic year, utilizing their review of the assessment outcomes gathered into the Learning Management System (LMS) and shared through learner portfolios.

Assessment/Evaluation Strategy	Percentage (%) of Final Grade	Evaluated Course Learning Outcome(s)
Assignments (i.e., written)	Credit/No Credit standing as described above	CLO 1-4
Faculty Feedback (in Small-Group Learning activities)	Credit/No Credit standing as described above	CLO 1, 4
Peer Feedback	Credit/No Credit standing as described above	CLO 3
Progress Tests	Credit/No Credit standing as described above	CLO 2, 4
Quizzes	Credit/No Credit standing as described above	CLO 2, 4
Project Assessment	Credit/No Credit standing as described above	CLO 3

Portfolio Review	Credit/No Credit standing as described above	CLO 1-4
Self-Assessment	Credit/No Credit standing as described above	CLO 1-4

b) If the course is to be **integrated** (i.e., graduate/undergraduate), please list the additional evaluation requirements for graduate students.

N/A

6. Formative Feedback

Feedback to students during the course is not always graded. Formative feedback helps the students and instructor identify progress towards the course learning outcomes by providing ongoing, low stakes evaluation at key points in a lesson or at milestones toward completing a major assignment.

Some examples of formative feedback include:

- a pre-test or quiz (not graded) that asks students to share what they already know about a topic
- a think-pair-share exercise where students explore and discuss key course concepts individually, in pairs, and as part of a larger in class discussion
- exit cards following a lecture or lesson where students are asked to indicate what they have learned and questions they still have about the topic

List the formative assessment strategies that will be used in this course below.

As mentioned above, the MD Program learning framework is competency based and adopts a programmatic assessment model to ensure the competencies are met. It emphasizes continuous feedback and improvement based on data collected from the various assessment methods. The intent is to move away from relying on “snapshot” high-stakes assessments that only reflect learner performance at a single point in time towards broader methods of assessment that provide a wider range of assessment data collected over time. This offers a more wholistic portrayal of whether the articulated learning outcome(s) have been met, while providing a closer link between the outcome of the assessment and the direction of learning the learner should take. As such, the formative strategies include, but are not limited to: tests, quizzes, assignments, etc.

Section D - Constructive Alignment and Learning Supports

This section shows the connections between course learning outcomes (C3), teaching and learning activities (C4), and assessment/evaluation strategies (C5) that have been identified.

In the **summary table below**, for each teaching and learning activity, please i) identify the course learning outcome it will help the students achieve and ii) if it will be formally graded. For EE activities, also identify iii) how you will engage students in reflection around the activity (i.e. critically examining the experience), and iv) the type of EE strategy the activity corresponds to.

	For EE Activities Only

Teaching and Learning Activity	**Which course learning outcome/s will this activity help the student achieve?**	**Will this activity be formally graded? (Y/N)** *A detailed description of assessment and evaluation strategies will be provided in the next section.*	**How will students reflect on this activity?**	**Corresponding EE Strategy** **1-** Classroom Focused **2-** Community Focused **3-** Work Focused
Example: *1. Guest Speaker representing a community-focused agency*	*Example: Identify and critically evaluate challenges to implementing equity-informed health policies* *OR* *Learning Outcome #3*	*Example:* *N*	*Example: Think-Pair-Share- In pairs, students will discuss two key questions, and share responses with the class.*	1
Small-group discussion	*CLO 1-4*	*N*	*Students will discuss topics related to the week's learning. Topics may include health services and systems, technology and care, AI, global and planetary health.Students will reflect on how these topics complement their development as a physician in discussion and a journal.*	*1*
Large group discussion	*CLO 1-4*	*N*	*Guest-speakers may be invited to lead a large group session on a particular topic such as new concepts in medicine and advances in care and delivery. Students will reflect on how these topics compelement their development as a physician in a journal*	*1*
Project	*CLO 3*	*N*	*Students will work as a team to conduct a research project across the three years of the program. They will reflect on how they have developed as researchers in a journal*	*1*

1. EE Integration

If the course will not include any type of experiential education, please comment below on the rationale for not incorporating experiential education into the course.

N/A

2. Learning/Teaching with Technology:

a) How are learning or teaching technologies incorporated into the course?

Use of eClass will support course activities.

b) If the course does not include any type of technology enhanced learning, please comment below on the rationale for not incorporating learning or teaching technologies in the course.

N/A

c) If the proposed course employs technology-enhanced forms of delivery (e.g., replacing in-class time with online learning activities), please identify how the integrity of the learning evaluation will be maintained (e.g., using online quizzes that randomly selects questions from a test-bank; specified time length of the test, "on-site" examinations will be required, etc.)

Learning assessments such as progress tests will occur in person. Quizzes may be delivered online using features in eClass to optimize academic integrity.

3. Bibliography:

a) Please list the required readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.).

The readings for the ECIH courses are intended to change from year-to-year to reflect new innovations in the delivery of care and rapid advances in the evolution of healthcare.

Reflective titles are:

Eysenbach, G. *What is eHealth? Journal of Medical Internet Research*, 2001.
Greenhalgh, T., Wherton, J., Papoutsi, C., Lynch, J., Hughes, G., A'Court, C., et al. *Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies. Journal of Medical Internet Research*, 2017.
Emanuel, Ezekiel J., et al. *What Makes Clinical Research Ethical? JAMA*, 2000.
Canadian Institute for Health Information (CIHI). *Health System Performance Reports* (latest edition).
Berwick, D., Nolan, T.W., & Whittington, J. *The Triple Aim: Care, Health, and Cost. Health Affairs*, 2008.
Institute for Healthcare Improvement. *Science of Improvement: How to Improve.*
Topol, Eric. *Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again.* Basic Books, 2019.

b) Please list any suggested readings for the course (include ebooks, online readings, and open access resources). The reading list must contain complete bibliographical information (full name of author, title, year of publication, etc.)

The readings for the ECIH courses are intended to change from year-to-year to reflect new innovations in the delivery of care and rapid advances in the evolution of healthcare.

Reflective titles are:

Schwab, Klaus. *The Fourth Industrial Revolution.* World Economic Forum, 2016.
Montgomery, Kathleen. *Medical Professionals and the Future of Health Care. Journal of Health Organization and Management*, 2020.
Bhattacharya, S., Hayden, E. *Ethics of Artificial Intelligence in Medicine. Nature Medicine*, 2021.
World Health Organization. *Global Health Estimates and Reports.* (Updated annually).
Frenk, Julio et al. *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World. The Lancet Commission*, 2010.

c) If the course is to be integrated (graduate/undergraduate), a list of the additional readings required of graduate students must be included. If no additional readings are required, provide a rationale.

N/A

Section E - Resource Requirements:

This section may require consultation with the unit Chair/Director and Operations Manager:

1. **Computing:**
   Indicate the expected hardware, software and need for student access to computing labs, including the number of student access hours needed (e.g. access to teaching computer lab with SPSS installed; students required to bring their own device). Provide cost of software, where possible. Indicate, what the cost will be for students, if any.

N/A

2. **Classroom Space:**
   Indicate the expected specialized classroom needs (e.g. moveable table and chairs; audio/visual equipment; WiFi to support students with bringing their own device).

WiFi will be required. Space to support small group discussions is ideal (10 groups of 8 students) and will be required regularly throughout the year.

3. **Teaching Support:**

	YES	NO
a) Does the course delivery require enhanced technical support? (e.g. lab technician; UIT support). If yes, specify:		X

	YES	NO
b) Does the course require a tutorial or lab in addition to lecture/seminar hours? If yes, specify and provide expected group size:		X

	YES	NO
c) Does the course require marker/grader, teaching assistant, lab demonstrator etc. support *above those normally allocated by the department/school* offering the courses? If yes, specify why and for what duties/tasks the *extra* support is needed:		X

	YES	NO
d) If the course includes off campus practicums/placements or field experiences, such as students working with a community partner, indicate:		
o Will the instructor need to travel to visit the off-campus community partner(s)?		X
o Will the Experiential Education Coordinator be required to support and maintain the experiential education component while the course is being offered? If yes, please specify:		X

- Is the placement intended to be domestic or international, or both?
  - Domestic ☐
  - International ☐
  - Both ☐

e) If the course is blended or online, indicate whether the support of the eLearning specialist is required? If yes, please specify the type of eLearning supports you need:	YES	NO
		X

4. Statements of Support (please attach these to the proposal)

For new course proposals with resource implications please provide a supporting statement from your Chair/Director of your program. The Chair/Director should indicate how resourcing will be addressed e.g., through a reallocation of existing resources, with new/additional resources, etc.

For course proposal with impact on other programs (in the Faculty or out of the Faculty), please provide evidence of consultation and supporting statement from the other program(s).

Learning Technology Services (LTS) Statement:
If there is a technology-enhanced component to the course, a statement is required from the Learning Technology Services indicating whether resources are adequate to support the course. Requests for statements can directed to Rob Finlayson (rfinlays@yorku.ca) or Helen Brennagh (brennagh@yorku.ca). Please note, it will take two weeks to get a statement of support.

Library Support Statement:
Proposals for new courses must include a **library support statement** from the Bibliographer responsible for the relevant discipline to indicate whether resources are adequate to support the course. To request a support statement, see the list of subject and liaison librarians for Health, at http://www.library.yorku.ca/web/about-us/contact-us/liaison-librarians/.

YORK UNIVERSITY
LIBRARIES

310G Scott Library
4700 Keele St.
Toronto ON
Canada M3J 1P3
www.library.yorku.ca/

Memo

To: Professor Geoff Stewart, Curriculum Manager, School of Medicine

From: Thumeka Mgwigwi, Teaching and Learning Librarian, Scott Library

Date: 29 August 2025

Subject: Library Statement for Emerging Concepts and Innovations in Health III

Summary

York University Libraries will be well positioned to support the proposed *Emerging Concepts and Innovations in Health III* course. Faculty and students can make use of an array of library resources and services to meet their research and learning needs.

Collections

The Libraries' collections echo the curricular and research priorities of students and faculty. Care is given to select materials that reflect new courses taught at York, as well as research and publishing trends. Library personnel review reading lists supplied for proposed courses and address any potential gaps. As well, tailored purchasing profiles ensure new materials are regularly purchased especially for emerging areas like Artificial Intelligence. A quick search of the Libraries' online resources indicates available publications related to areas such as Artificial Intelligence and health care, technology and health care, a wide array of topics covering advances in health care, interprofessional skills in health care settings, to name a few. These materials are available in both print and electronic format. This course will further be supported by existing resources for other health programs within the Faculty of Health.

With the online discovery system (OMNI), researchers have access to a wide range of resources through a single interface - including books, book chapters, articles, dissertations, streaming media, etc. For example, the recently launched Automated Fulfillment Network (AFN) allows users to request materials from OMNI partner libraries. Users also have the option to browse specific online platforms directly. A selection of electronic collections of particular interest are highlighted below.

eBook Platforms:

- De Gruyter eBooks
- Elgar Online

- Oxford Scholarship Online
- Cambridge Core
- Taylor & Francis eBooks
- ProQuest eBook Central
- Scholars Portal Books

Current Subject Databases of interest:

- Medline (OVID and PubMed Platforms)
- Emcare
- Embase
- Cumulative Index to Nursing and Allied Health (CINAHL)
- Web of Science
- Scopus
- Public Health Database
- Global Health Database

Services
Library Instruction
Librarians and archivists help students build research skills and digital fluencies through workshops, online research guides, and individual research assistance. Instructors can arrange a research skills workshop (or seminar) geared to a specific assignment, course or competency. Some librarians also specialize in areas such as Knowledge Synthesis, and can deliver workshops for students in this critical area of medical research.

Current Research Guides of interest:
https://researchguides.library.yorku.ca/health (Health Studies and Global Health)
https://researchguides.library.yorku.ca/nursing (Nursing)
https://researchguides.library.yorku.ca/c.php?g=743018 (Psychology)
https://researchguides.library.yorku.ca/kinesiology (Kinesiology)
https://researchguides.library.yorku.ca/c.php?g=733388 (Systematic & Scoping Review Guide)

Library Workshops

Research Help
Online research assistance is available in both French and English via chat, text, and email. In addition, students and faculty can book one-hour research consultations with a specialist librarian or use the virtual drop-in service.

Accessibility Services
Located on the first floor of the Scott Library (Keele Campus), Library Accessibility Services (LAS) provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Library Accessibility Services:
https://www.library.yorku.ca/web/ask-services/accessibility-services/

Academic Calendar Copy

Program Level

Undergraduate

Degree Program Title

Doctor of Medicine

Description

The Doctor of Medicine (MD) Program educates clinically excellent, person-centred physicians to deliver high-quality, community-based primary and generalist care, grounded in social accountability and interprofessional collaboration through immersive learning.

See More

Faculty

Faculty of Health (HH)

Credential Earned

Doctor of Medicine (MD)

Department

School of Medicine

University-Wide Residency

A minimum of 30 course credits and at least half (50 per cent) of the course credits required in each undergraduate degree program major/minor must be taken at York University.

The School of Medicine is working on an exclusion to this policy as the MD Program requires learners to complete all course credits at the York University School of Medicine.

Admissions Requirements

Please refer to the Future Students Admission Requirements and the York University School of Medicine page.

Faculty-Wide Degree Requirements

For detailed information on the Faculty-Wide Degree Requirements, please refer to the Faculty Rules section of the Academic Calendar.

Continuing Requirements

All courses in each year of the MD Program will be awarded a Credit or No-Credit standings. There is no minimum passing grade for learners to achieve. Instead, the MD Program will use a competency-based medical education (CBME) framework that involves learners demonstrating and achieving the MD Program defined competencies through a programmatic assessment framework which integrates multiple formative assessments to provide an overall view of learner progress. Through this approach, learners must demonstrate the course and program learning outcomes have been met to be awarded the standing of Credit.
Learner progress is regularly assessed by reviewing the assessment outcome data to ensure learners remain on track in meeting competency milestones.

Graduation Requirements

All graduates must complete 120.00 credits and all required courses with Credit standing to earn the degree designation.

General Education: 0 credits/exempt
Basic Science Requirement: 0 credits/exempt
Major Credits: 120.00 credits

Students must complete a minimum of 120.00 credits in the major.
Complete all of the following courses:

- HH/MED 1010 24.00 Generalist Health Care I
- HH/MED 1020 9.00 Becoming A Professional I
- HH/MED 1030 9.00 Emerging Concepts and Innovations in Health I
- HH/MED 2010 33.00 Generalist Health Care II
- HH/MED 2020 6.00 Becoming A Professional II
- HH/MED 2030 3.00 Emerging Concepts and Innovations in Health II
- HH/MED 3010 18.00 Generalist Health Care III
- HH/MED 3020 9.00 Becoming A Professional III
- HH/MED 3030 9.00 Emerging Concepts and Innovations in Health III

Upper-level Credits: 0 credits/exempt
Required Science Credits Outside the Major: 0 credits/exempt

Electives: 0 credits/exempt

Grand Total

120.00 credits

Course Substitutes

The School of Medicine does not recognize any course substitutes for its academic course requirements.

Appendix 8. Curriculum Map

MAP OF PLOS TO MD PROGRAM COURSES										
		GHC I	GHC II	GHC III	BAP I	BAP II	BAP III	ECIH I	ECIH II	ECIH III
ME	Integrate medical knowledge, critical awareness of health determinants, professional skills, systems science and evidence-informed decision-making to deliver effective and equitable holistic care to persons throughout the life course.	I+R	R	A	I	R	A			
CM	Apply communication strategies that establish and advance inclusive relationships with persons, their support networks, communities and colleagues, promote teamwork and contribute to culturally safe person-centred healthcare.	I+R	R	A						
PR	Integrate ethical values and principles with the highest personal and regulatory standards into learning, clinical care, research and interactions.	I	R	A	I	R	A	I	R	A
HA	Distinguish multidimensional determinants of health and health inequity, while working to address barriers to the improved wellbeing of the person and socially just health outcomes in communities.	I	R	A	I	R	A	I	R	A
SC	Demonstrate independent learning, teaching and research habits that will allow lifelong improvement of knowledge, skills, attitudes and professional behaviours in person-centred care and quality improvement.	I+R	R	A	I+R	R	A	I	R	A
LD	Demonstrate adaptive and empathic guidance within teams and the healthcare system to meet the needs of the person and community in delivering ethical high-quality healthcare.	I	R	A	I	R	A			
CL	Demonstrate effective, respectful and reciprocal engagement in inter-and intra-professional healthcare teams to facilitate evidence-informed person-centered care.	I	R	A	I	R	A			
DP	Demonstrate self-awareness, a growth mindset, resilience and the ability to ensure personal well-being while contributing to quality healthcare practice.	I	R	A	I	R	A			

GHC – General Health Care; **BAP** – Becoming a Professional; **ECIH** – Emerging Concepts and Innovations in Health

I – Introduced; **R** – Reinforced; **A** – Assessed for Achievement

MAPPING OF ASSESSMENT TOOLS TO PROGRAM LEARNING OUTCOMES

Assessment Mapping to Program Learning Outcomes												
Program Learning Outcomes	**Relevant Courses and Knowledge Level** **I - Introduced** **R - Reinforced** **A - Assessed for Achievement**	**Assignments**	**Community Feedback**	**Faculty feedback in Small Group Learning (SGL)**	**Simulated Setting Assessment (including OSCE)**	**Peer feedback**	**Progress Tests**	**Quizzes**	**Standardized Patient Feedback**	**WBA (including Entrustable Professional Activities - EPAs)**	**Portfolio Review**	**Self-Assessment**
	The numbers refer to the year of the course the assessment is used (1 – Year 1, 2 – Year 2, 3 – Year 3)											
1. Medical Expertise Integrate medical knowledge, critical awareness of health determinants, professional skills, systems science and evidence-informed decision-making to deliver effective and equitable holistic care to persons throughout the life course.	**GHC I - I+R** **GHC II - R** **GHC III - A**	123		123	123		123	123		123	Collection of all assessment tools used	Reflective component of Portfolio Review
	BAP I - R **BAP II - R** **BAP III - A**	123		123	123					123		
	ECIH I - R **ECIH II - R** **ECIH III - A**	123		123			123	123				
2. Communicator Apply communication strategies that establish and advance inclusive relationships with persons, their support networks, communities and colleagues, promote teamwork and contribute to culturally safe person-centred healthcare.	**GHC I - I+R** **GHC II - R** **GHC III - A**	123		123	123	123			123	123		
	BAP I - I+R **BAP II - R** **BAP III - A**	123	12	123	123	12				123		
	ECIH I - R **ECIH II - R** **ECIH III - A**	123		123		123						
3. Professional Integrate ethical values and principles with the highest personal and regulatory standards into learning, clinical care, research and interactions.	**GHC I - I+R** **GHC II - R** **GHC III - A**	123	123	123	123	123			123	123		
	BAP I - I+R **BAP II - R** **BAP III - A**	123	123	123	123	123	123	123		123		

Assessment Mapping to Program Learning Outcomes												
Program Learning Outcomes	**Relevant Courses and Knowledge Level** **I - Introduced** **R - Reinforced** **A - Assessed for Achievement**	**Assignments**	**Community Feedback**	**Faculty feedback in Small Group Learning (SGL)**	**Simulated Setting Assessment (including OSCE)**	**Peer feedback**	**Progress Tests**	**Quizzes**	**Standardized Patient Feedback**	**WBA (including Entrustable Professional Activities - EPAs)**	**Portfolio Review**	**Self-Assessment**
	The numbers refer to the year of the course the assessment is used (1 – Year 1, 2 – Year 2, 3 – Year 3)											
	ECIH I - R **ECIH II - R** **ECIH III - A**	123		23		123						
4. Health Advocate Distinguish multidimensional determinants of health and health inequity, while working to address barriers to the improved wellbeing of the person and socially just health outcomes in communities.	**GHC I - I+R** **GHC II - R** **GHC III - A**	123	123	123	123		123	123	123	123		
	BAP I - I+R **BAP II - R** **BAP III - A**	123	123	123		123				123		
	ECIH I - I+R **ECIH I - R** **ECIH III - A**	123		123			123	123				
5. Scholar Demonstrate independent learning, teaching and research habits that will allow lifelong improvement of knowledge, skills, attitudes and professional behaviours in person-centred care and quality improvement.	**GHC I - I+R** **GHC II - R** **GHC III - A**	123		123	123		123	123		123		
	BAP I - I+R **BAP II - R** **BAP III - A**	123		123						123		
	ECIH I - I+R **ECIH II - R** **ECIH III - A**	123		123		123						
6. Leader Demonstrate adaptive and empathic guidance within teams and the healthcare system to meet the needs of the person and community in delivering ethical high-quality healthcare.	**GHC I - R** **GHC II - R** **GHC III- A**	123		123		23			23	123		
	BAP I - I+R **BAP II - R** **BAP III - A**	123		123	123					123		

Assessment Mapping to Program Learning Outcomes												
Program Learning Outcomes	**Relevant Courses and Knowledge Level** **I - Introduced** **R - Reinforced** **A - Assessed for Achievement**	**Assignments**	**Community Feedback**	**Faculty feedback in Small Group Learning (SGL)**	**Simulated Setting Assessment (including OSCE)**	**Peer feedback**	**Progress Tests**	**Quizzes**	**Standardized Patient Feedback**	**WBA (including Entrustable Professional Activities - EPAs)**	**Portfolio Review**	**Self-Assessment**
	The numbers refer to the year of the course the assessment is used (1 – Year 1, 2 – Year 2, 3 – Year 3)											
	ECIH I - R **ECIH II - R** **ECIH III - A**	1 2 3		1 2 3		1 2 3						
7. Collaborator Demonstrate effective, respectful and reciprocal engagement in inter-and intra-professional healthcare teams to facilitate evidence-informed person-centered care.	**GHC I - R** **GHC II - R** **GHC III - A**	1 2 3		1 2 3	1 2 3	1 2 3				1 2 3		
	BAP I - I+R **BAP II - R** **BAP III - A**	1 2 3		1 2 3	1 2 3	1 2 3				1 2 3		
	ECIH I - R **ECIH II - R** **ECIH III - A**	1 2 3				1 2 3						
8. Doctor as Person Demonstrate self-awareness, a growth mindset, resilience and the ability to ensure personal well-being while contributing to quality healthcare practice.	**GHC I - R** **GHC II - R** **GHC III - A**	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3			1 2 3	1 2 3		
	BAP I - I+R **BAP II - R** **BAP III - A**	1 2 3		1 2 3	1 2 3					1 2 3		
	ECIH I - R **ECIH II - R** **ECIH III - A**	1 2 3		1 2 3								

TABLE NOTES (refer to *Question 15*)

Assignments: Learners will be required to complete (individually and in teams) various assignments as outlined in the course syllabus throughout the MD Program. These may include reflections, concept maps, oral presentations, quality improvement (QI) projects, scholarly projects, capstone learning experiences, and critical appraisal activities, with opportunities for feedback.

Community Feedback: This will provide an opportunity for learners to receive feedback from individuals and groups in the community based on their experiences and interactions in person-centered care. This feedback will help learners strengthen their communication and professionalism skills.

Faculty Feedback in Small Group Learning (SGL): This will prepare learners for giving and receiving feedback, as well as allowing them to focus on their progression. It will also serve as a metric for their participation in various MD-Program defined competencies (e.g., Collaborator, Communicator, Leader etc.). Self and peer assessments will provide learners with the opportunity to reflect on their learning, participation, communication, and team function skills, while also improving their collaborative skills. Facilitators will provide formative feedback episodically (e.g., every three to four weeks) throughout small group learning experiences as well as at regular intervals/checkpoints throughout the year, helping learners identify strengths and areas for improvement.

Simulated Setting Assessment: Refers to the assessment of learner performance by faculty or trained assessors in simulated environments. This includes direct observation of skills, decision-making, communication, and professionalism.

Objective Structured Clinical Examinations (OSCEs): OSCEs will provide learners with a simulated environment focused on a person-centered approach. In addition to informal feedback from faculty during these simulated sessions, there will be a series of multi-station OSCEs throughout all 3 years of the MD program. OSCEs will assess learners through timed stations, involving a simulated or standardized patient (SP), with learner performance evaluated against a standardized scoring rubric. These OSCEs will offer an opportunity for learners to receive feedback from the faculty, before moving on to the next station.

Peer Feedback: This will provide an opportunity for learners to receive constructive feedback from their peers (intra- and inter-professional) based on observed interactions, collaboration, and professionalism. This will promote communication and teamwork skills and encourage reflective practice and mutual learning.

Progress Tests: will be administered three times each year during the MD Program to assess cumulative knowledge and its application using a person-centred care approach. The progress tests will be designed to complement the curriculum's structure to support, reinforce and advance learning. They will integrate learning material from prior learning modules or experiences into future assessments, supporting learners in meeting the MD program learning outcomes and preparing them for residency in a generalist entry stream at the end of Year 3. This approach will help learners self-assess, identify knowledge gaps, and enable the early identification of learners who may need additional support. Any learner who fails to achieve the passing standard will be reviewed and may be required to complete remedial work and/or undergo repeat testing.

Quizzes: will consist of multiple-choice questions covering content from the learning sessions. Feedback on correct and incorrect answers will help reinforce learning and identify areas for improvement.

Standardized Patient (SP) Feedback: This will provide learners with insight into their communication, professionalism, and clinical skills. Trained standardized patients will simulate real patient encounters and offer structured feedback based on predefined criteria. This approach supports self-reflection, promotes person-centered care, and enhances clinical readiness in a safe, simulated environment. SP feedback can be a standalone activity or can be incorporated as part of an OSCE.

Workplace-based assessment (WBA): These assessments will take place throughout simulated, small group, community based, and clinical learning across all three years of the MD program, with faculty assessing learners' knowledge skills and abilities to reach the defined program level of competence.

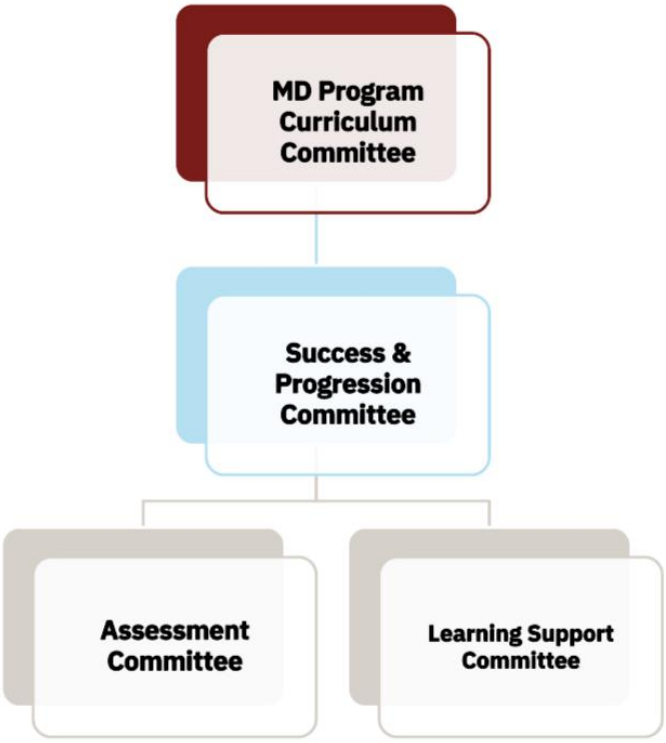
Entrustable Professional Activities (EPAs): Defined as "tasks or responsibilities to be entrusted to the unsupervised execution by a learner once he or she has attained sufficient competence" (Ten Cate, 2013), Ratings of various EPAs are a foundational assessment method for use in a CBME medical curriculum. The AFMC created the UGME EPAs list (Table 5) to represent the "tasks of a physician that all learners entering a residency program in Canada are expected to perform under indirect supervision" (AFMC, 2019). Each EPA will have defined pre-entrustable and entrustable behaviors and milestones, which will serve to guide the assessor. EPAs themselves only become a method of assessment when used with an EPA rating scale (Ten Cate, 2018)

Self-Assessment: The learners will reflect on their own performance, identify strengths and areas for improvement, and set goals for educational and professional growth. Through reflections, self-assessment will promote self-directed learning, and the development of critical thinking and lifelong learning skills.

Portfolio Review: This will provide learners with an opportunity to reflect on their academic and professional growth by compiling evidence of learning, feedback, and achievements over time. Academic coaches will review the portfolio to offer formative feedback on progress toward competencies, helping learners identify strengths, address gaps, and set goals for continued development.

Guided Self-Review: will be the learner and the coach looking for patterns and meaning after piecing together various assessment tools contained in the portfolio that have been gathered over a defined time (Curriculum Check points). These finding will be captured as a part of the portfolio.

Appendix 9. Assessment Governance Structure



Appendix 10. Assessment Committee – Evolved – Terms of Reference

Terms of Reference (DRAFT)

YUSOM MD PROGRAM ASSESSMENT COMMITTEE

MAY 2025

Preamble

The Assessment Committee for the York University School of Medicine (YUSoM) Doctor of Medicine (MD) program is responsible for overseeing the choice of assessment tools and assessment structure of the MD program. The MD program Assessment Committee (MDAC) ensures the assessment methods align with all course and program learning outcomes; the mission, vision, and values of York University School of Medicine (YUSOM) MD Program; the Committee on Accreditation of Canadian Medical Schools (CACMS) standards; and up-to-date assessment practices in medical education. The committee reviews the performance and utility of the various assessment approaches providing recommendations to the MD Program Success and Progression Committee (MDSPC) to support continuous improvement of the assessment component of the MD program.

Vision of the School

York's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Role/Purpose

The purpose of MDAC is to ensure that the assessment methods align with course and program learning outcomes utilizing evidence informed, up-to-date, and fit-for-purpose assessment practices in medical education. The MDAC will oversee the following CACMS standards:

- **Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**
    - ***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), behaviours, and attitudes specified in medical education program objectives, and that ensures that all graduates achieve the same medical education program objectives.

- ***Element 9.5 Narrative Assessment***
  - A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.
- **Element 9.6 Setting Standards of Achievement**
  - A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.
- ***Element 9.7 Timely Formative Assessment and Feedback***
  - A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.
- ***Element 9.8 Fair and Timely Summative Assessment***
  - A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

The MDAC considers two frameworks to assess learner competency. The first is **Programmatic assessment:** a method that collects information in a meaningful way to gain a holistic picture of the learner's competence and development (Torre, 2024).[103] This framework emphasizes continuous, integrated assessments that capture many competencies over time. Formative assessments over time help learners receive ongoing, diverse feedback across various skills. Summative assessments add to and can strengthen the assessment picture of the individual.

[103] Torre D, Daniel M, Ratcliffe T, Durning SJ, Holmboe E, Schuwirth L. Programmatic Assessment of Clinical Reasoning: New Opportunities to Meet an Ongoing Challenge. Teach Learn Med. 2024 May 25:1-9. doi: 10.1080/10401334.2024.2333921. Epub ahead of print. PMID: 38794865.

The second framework is **competency based medical education** (CBME) (Van Melle, 2019)[104] which include clearly articulated outcome competencies, competencies that are sequenced progressively to facilitate a developmental approach, incorporating tailored learning experiences and competency-focused instruction, and using Programmatic Assessment to document and perform a holistic review of learners' progress.

Term

Ex officio members are non-voting members while they hold their administrative appointments. Appointed full voting members serve either a two year or three-year term and are eligible for one renewal.[105] Learner members are appointed for one-year term but are eligible to be reappointed in their next year.

The Chair(s) will be appointed by the Undergraduate Medical Education Office following a call for expressions of interest from faculty.

Membership

**The membership list will be reviewed and updated as the MD program evolves.*

Full Members:

- Chair(s), from the YUSoM
- Two YUSoM faculty members, at least one who is a clinician
- Course chairs from each course
- One Learner from each year of the MD program
- One Indigenous/Black/underrepresented community representative from the YUSoM MD Program
- Learning Management System manager, UGME

Ex-officio members:

- Director, Assessment (or designate)
- Assessment and Program Evaluation Manager, UGME
- Curriculum Manager, UGME

Supports

TBD

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[104] Van Melle E, Frank JR, Holmboe ES, Dagnone D, Stockley D, Sherbino J; International Competency-based Medical Education Collaborators. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009. doi: 10.1097/ACM.0000000000002743. PMID: 30973365.

[105] Initial appointments should be staggered to ensure continuity. Initial appointments should include a balance of those who are eligible for renewal and those who are not.

Operations

- The MDAC meets minimum three (3) times per year and at the call of the chair if required.
- Quorum will be 50% plus one of the full committee members.
- Meeting minutes reflecting the activity of the committee shall be recorded. To respect privacy, discussions related to specific learners shall not have their name recorded but shall be referred to using their university ID number and year of training.
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When matters related to the content of tests are being discussed, learners will be excused from that portion of the meeting.
- Faculty members, Staff or relevant content experts from the Faculty of Health or other faculties at York University may be invited at the request of the Chair.
- Terms of Reference will be reviewed annually with any recommendations for changes to be referred to the MDSPC for their consideration.

Committee Member Expectations

- Attend at least two out of three (66%) of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

The MDAC will ensure that:

- Assessment processes are implemented across the MD program.
- Assessments are aligned and mapped to the course and program learning outcomes, graduation competencies, and AFMC Entrustable professional activities (EPAs), where applicable.
- Assessments are administered in a timely manner.
- Learners receive feedback on their skills, knowledge, and behaviours in a timely manner.
- Assessment-related policies reflect the mission, vision and values of the MD Program
- Assessment methods and tools are regularly reviewed and utilize known best practices.
- The setting of passing standards and criteria for satisfactory performance for assessments are reviewed regularly and deemed to have been set appropriately
- Response to any CACMS requirement is done in a timely manner.
- Data on the performance and outcomes of the various assessment tools and methods are gathered, reviewed, and reported to MDSPC

Appendix 11. MD Program Success and Progression Committee – EVOLVED - Terms of Reference

Terms of Reference (DRAFT)

YUSOM MD PROGRAM SUCCESS AND PROGRESSION COMMITTEE

March 6, 2025

Preamble

The Success and Progression Committee for the York University School of Medicine (YUSoM) Doctor of Medicine (MD) program is responsible for determining that undergraduate medical learners have met the assessment standards and expectations determined by the MD program and are recommended for progression to the next year of curriculum or for graduation. This committee reports to the MD Program Curriculum Committee (MDCC).

Vision of the School

York's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The purpose of the MD Program Success and Progression Committee (MDSPC) is to ensure that:

- Clear standards are created, approved, communicated, reviewed regularly, and applied to all learners for advancement and graduation within and from the MD program.
- Determinations of progression through and completion of MD program learning objectives are based on a programmatic approach to assessment.
- Course promotion decisions are consistent with York University and adhere to MD Program policies and procedures.
- Actions impacting the academic standing of an MD program learner meet defined standards that are fair, transparent, evidence-based, and timely, while adhering to established policies and guidelines.
- Accommodation recommendations are reviewed, communicated, acted upon, monitored, and evaluated for improvement in collaboration with the MD Program Learning Support Committee.

- Learner appeals on MD Program assessment and progression decisions occur in accordance with the YUSoM MD Program and York University Appeals policies and procedures.
- New MD Program assessment processes and tools, recommended by the MD Program Assessment Committee have been justified and validated by the MD Program Assessment Committee before they are approved by the MD Program Curriculum Committee.
- Ensures the MD Program Assessment Committee annually evaluates assessment processes against van der Vleuten's utility formula[106] (Reliability, Validity, Educational Impact, Acceptability, Cost Effectiveness) and a report communicated to the MD Program Curriculum Committee.
- Assessment and Progression decisions are made and communicated within the timeline and processes of the YUSoM MD Program policy.
- Other duties as assigned by the YUSoM MD Program Curriculum Committee.

Term

Ex officio members are members while they hold their administrative appointments. Appointed members are members for a four-year term and are eligible for one renewal[107]. Student members are appointed for one-year terms but are eligible to be reappointed in their next year.

The Chair(s) will be appointed by the Undergraduate Medical Education Office following a call for expressions of interest from faculty.

Membership

**The membership list will be reviewed and updated as the MD program evolves.*

Full Members:

- Chair, from the YUSoM
- Each of the three Longitudinal Course leads
- Two faculty members, at least one who is a clinician
- One learner from each year of the MD program
- Faculty member from York University's Faculty of Health.
- Faculty member from York University external to the Faculty of Health

Ex-officio members:

- Associate Dean, Undergraduate Medical Education (UGME)
- Director, Curriculum
- Director, Assessment

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[106] van der Vleuten C: The assessment of professional competence: developments, research, and practical implications. Advances in Health Science Education; 1996;1: 41 – 67

[107] Initial appointments should be staggered to ensure continuity. Initial appointments should include a balance of those who are eligible for renewal and those who are not.

- Decanal Position, Learner Affairs Office

Supports

TBD

Operations

- The MD Program Success and Progress committee meets three (3) times per year or at the call of the chair.
- Quorum will be 50% plus one of the committee members.
- Meeting minutes reflecting the activity of the committee shall be recorded. To respect privacy, discussions related to specific learners shall not have their name recorded but shall be referred to using their university ID number and year of training.
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- For any learner brought to the committee for discussion on matters of academic performance, the committee's learner-representative from the same year is to be excused from any proceedings related to that learner.
- Terms of Reference will be reviewed annually with any recommendations for changes to be referred to the MD Program Curriculum Committee for their consideration.

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

- Access and review academic records when needed for all MD program learners registered in the YUSoM to understand each learner's academic performance.
- Make advancement and promotion decisions for all MD Program learners in the YUSoM including to:
    - Assign decisions of Credit or Non-Credit for each learner to each MD course annually.
    - Promote learners to the next academic year or require them to repeat all or part of a course module or an academic year.
    - Request the creation of and/or review the progress of MD learners with accommodated learning plans.
    - Monitor and review learner learning plans as they apply to an individual learner or, if applicable, to a learner cohort.

    - Liaising with the MD Program Professionalism Committee to coordinate and implement required professionalism remediation within the learner's remediation plan
    - Grant supplemental assessments and involve the MD Program Learning Support Committee in the creation of learning plans with clear expectations of success for learners at risk of not progressing or who have not demonstrated a performance meeting expected standards in a course or required learning experience.
    - Review, approve, or suggest changes to a learning plan developed by the MD program Learning Support Committee in collaboration with the Learners Affairs Office.
    - Presents the approved learning plan to the Associate Dean (UGME) for review, after which it is actioned and monitored by the committee in addition to other school processes that are not limited to the Associate Dean (UGME).
    - Concerns regarding learners curricular or non-curricular conduct may be brought forward. A plan for remediation will be recommended to the Associate Dean (UGME), with ongoing monitoring by the committee.
    - Recommend to the Associate Dean (UGME) to consider the addition of learners' academic performance in the Medical Student Performance Report (MSPR).
- Recommend candidates for Graduation to the Associate Dean (UGME) who makes the final recommendation to the YUSoM Dean of Medicine and the York University's Office of the Registrar.
- Recommend to the MD Program Curriculum Committee changes to policies and procedures related to the role of this committee, as needed.
- Recommend strategies to fulfill and maintain compliance with accreditation standards and alignment with national outcomes (e.g., Medical Council of Canada Qualifying Examination - MCCQE).

Appendix 12. MD Program Learning Support Committee – EVOLVED - Terms of Reference

Terms of Reference (DRAFT)

YUSOM MD PROGRAM LEARNING SUPPORT COMMITTEE

April 3, 2025

Preamble

The Learning Support Committee for the York University School of Medicine (YUSOM) Doctor of Medicine (MD) program will be established to oversee learners facing academic challenges that impact their performance during the school year. The MDLSC committee would approve accommodation related requests in conjunction with the Learners Affairs Office, to support them achieve the required academic standards. The goal is to help learners succeed academically and clinically, while maintaining compliance with York University and MD program policies and procedures. This committee reports to the Medical Degree program Success and Progression Committee (MDSPC)

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The YUSOM MD program Learning Support Committee (MDLSC) purpose is to ensure that all medical learners have equal opportunities to achieve the required academic and clinical competencies while maintaining the integrity of medical education. The committee oversees accommodation requests, monitors academic performance, and implements remediation plans when necessary. It aligns with CACMS standards, including:

- **Standard 8: Curricular Management, Evaluation, and Enhancement**
    - **Element 8.7: Comparability of Education/Assessment**
        - A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.
- **Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**

- **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), behaviours, and attitudes specified in medical education program objectives, and that ensures that all graduates achieve the same medical education program objectives.
- **Element 9.7 Timely Formative Assessment and Feedback**
  - A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.
- **Element 9.10 Student Health and Patient Safety**
  - The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients. These patient safety policies include: a) timely response by the medical school b) provision of accommodation to the extent possible c) leaves of absence d) withdrawal processes

Term

Ex officio members are members while they hold their administrative appointments. Appointed members are members for a four-year term and are eligible for one renewal. Learner members are appointed for one-year terms but are eligible to be reappointed in their next year.

The Chair(s) will be appointed by the Undergraduate Medical Education Office following a call for expressions of interest from faculty.

Membership

**The membership list will be reviewed and updated as the MD program evolves.*

Full Members:

- Chair(s), from the YUSOM
- Two YUSoM faculty members, at least one who is a clinician
- Chair, Simulation/Lab
- Medical learner representative, YUSoM
- Faculty member from York University's Faculty of Health.
- Representative from York University's Student Accessibility Services

Ex-Officio Members

- Chair, MD Course Committee
- Designate, Learners Affairs Office
- Designate, MDSPC
- Designate, Curriculum Oversight

Supports

TBD

Operations

- The MDLSC meets six(6) times per year or at the call of the chair.
- The MDLSC meets prior to the MDSPC meeting to provide information in a timely manner.
- Quorum will be 50% plus one of the committee members.
- Meeting minutes reflecting the activity of the committee shall be recorded. To respect privacy, discussions related to specific learners shall not have their name recorded but shall be referred to using their university ID number and year of training.
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- Any learner brought to the committee for discussion on matters of academic performance, the medical learner representative is to be excused from any proceedings related to that learner.
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis.
- Terms of Reference will be reviewed annually with any recommendations for changes to be referred to the MDSPC for their consideration.

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

The MDLSC will ensure that:

Accommodation

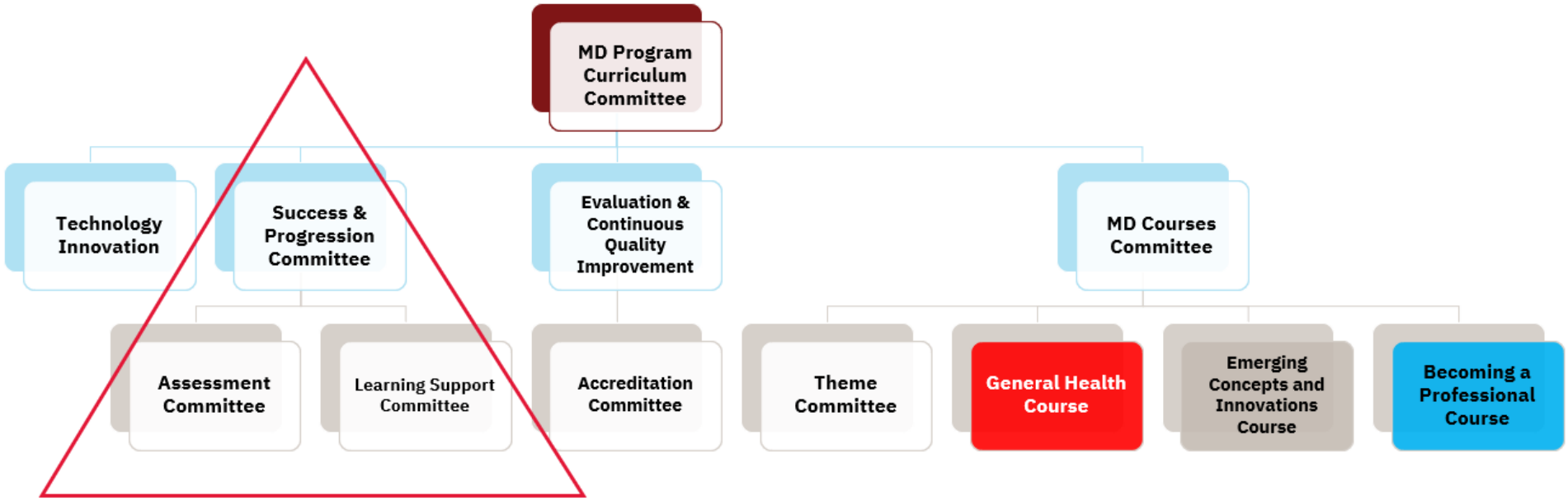
- Review accommodation requests from learners in collaboration with Learners Affairs Office.
- Review the accommodation request to ensure it meets the achievement of learning objectives/standards/graduation competencies, as outlined in the course syllabus/MD Program.
- Recommends accommodation plans to MDSPC for learners to help overcome identified barriers, within the York University and MD program policies and procedures.
- Monitors the implementation of approved accommodations requests.
- Communicate decisions regarding accommodations to the Learners Affairs Office and relevant faculty and staff in a timely manner.
- Monitors the effectiveness of accommodation plans, makes adjustments to support strategies and provides additional support to accommodate the identified barriers.

Remediation

- Review cases of learners who have failed to meet academic or clinical expectations, including their prior performance and previous remediation attempts. These cases may be brought forward to the committee through course assessment outcomes or referrals from the MDSPC.
- Learner data will be collected across all courses to assess academic and clinical performance. To maintain confidentiality, learner IDs or initials will be used when sharing data within the committee or with other committees, in accordance with York University and MD program policies and procedures.
- Create a remediation plan for learners and forward it to MDSPC
- Advise learners to access support and resources through Learners Affairs Office

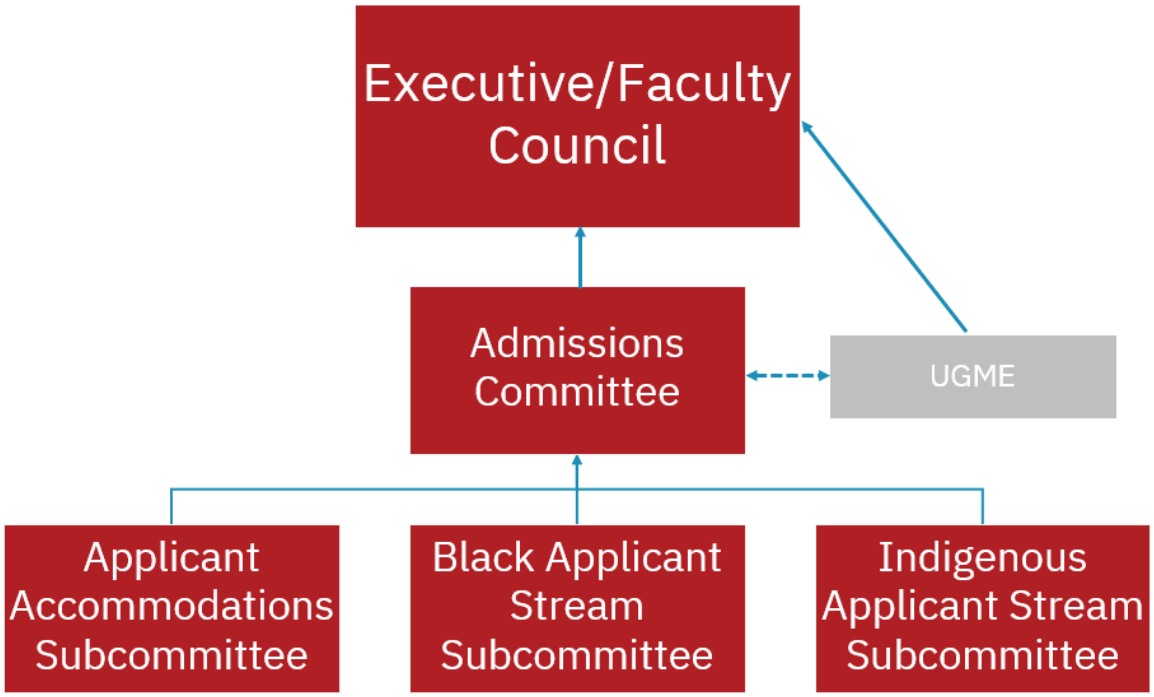
Appendix 13. Undergraduate Medical Education Program (UGME) Curriculum Governance Model

UGME Curriculum Governance Model



2 *Triangle represents the Assessment Governance (refer to Appendix 9)

Appendix 14. Admissions Governance Model



Appendix 15. Course Learning Outcomes

Generalist Health Care (GHC)

HH/MED 1010 GHC I

1. Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic clinical conditions across body systems and throughout the life course in simulated settings and/or a clinical learning environment under direct supervision.
2. Perform MD program defined[108] person-centred clinical assessments across contexts and the life course in simulated settings and/or a clinical learning environment under direct supervision.
3. Perform MD program defined procedural skills safely in a simulated setting.
4. Apply a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist approach to MD program defined person-centred care encounters.
5. Apply empathy, cultural humility and inclusive practices in MD program defined person-centred care encounters.
6. Demonstrate foundational elements of contextually specific professional conduct for interactions with persons, their support networks, the community and other healthcare professionals.
7. Discuss the roles and responsibilities of other health professionals involved in the delivery of primary care and community and population health improvement activities.
8. Apply evidence-informed biomedical, social, behavioural and health system sciences in case-based learning, simulated sessions, and MD program defined clinical presentations.
9. Discuss the impact of determinants of health on the delivery of care in MD program defined clinical care encounters.
10. Communicate in a context appropriate manner to persons, their support networks, the community and other healthcare professionals in MD program defined encounters.

HH/MED 2010 GHC II

1. Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic and complex conditions across body systems and throughout the life course in simulated settings and a clinical learning environment under limited supervision.
2. Perform complete person-centred clinical assessments across the life course and tailored to the context of care for the presentation and person in a clinical learning environment under limited supervision.

[108] "MD Program defined" indicates the skill, procedure, presentation or encounter will be specifically defined by the medical school in the learning experience.

3. Perform MD program defined procedural skills safely in a clinical learning environment under limited supervision.
4. Demonstrate a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist approach in simulated settings and a clinical learning environment under limited supervision.
5. Apply empathy, cultural humility and inclusive practices in the delivery of person-centred care in simulated settings and a clinical learning environment under limited supervision.
6. Demonstrate professional conduct in MD program defined interactions with persons and their support networks under limited supervision, the community and other healthcare professionals.
7. Discuss how to collaboratively and reciprocally incorporate other health professionals in the delivery of primary care and community and population health improvement activities.
8. Apply evidence informed biomedical, social, behavioural and health system sciences to recommendations for person-centred care in clinical situations under limited supervision.
9. Apply knowledge of determinants of health to the delivery of care for clinical care encounters under limited supervision.
10. Communicate in a context appropriate manner to persons, their support networks and other healthcare professionals in a clinical learning environment under limited supervision.

HH/MED 3010 GHC III

1. Apply the biomedical, social, behavioural and health systems sciences to the diagnosis, management and prevention of basic and complex conditions across body systems and throughout the life course.
2. Perform and document complete clinical assessments across the life course and tailored to the context of care for the presentation and person.
3. Perform MD program defined advanced procedural skills safely in a clinical environment.
4. Demonstrate a strength-based, culturally safe, trauma-informed, anti-oppressive, anti-racist, equitable approach in all individual and community encounters.
5. Demonstrate cultural humility, inclusive practices and empathic approaches in the delivery of equitable, compassionate person-centred care.
6. Demonstrate professional conduct in all interactions with persons, their support networks, the community and other healthcare professionals.
7. Demonstrate a collaborative and reciprocal approach to working with other health professionals in the delivery of primary care and community and population health improvement activities.
8. Apply evidence informed biomedical, social, behavioural and health system sciences to recommendations for person-centred care.

9. Apply knowledge of determinants of health in person-centred care.
10. Communicate in a context appropriate manner to persons, their support networks, healthcare providers, and the community.

Becoming a Professional (BAP)

HH/MED 1020 BAP I

1. Describe the principles of professionalism applicable to an undifferentiated physician.
2. Explain the importance of applying personal and professional ethics in clinical care.
3. Discuss tools to address the challenges to personal and financial wellbeing of a medical career.
4. Discuss leadership, management, and systems thinking strategies for team-based person-centered care.
5. Describe the impact of historic social and systemic injustices on the health of Indigenous, Black and other historically underserved and marginalized communities.
6. Outline the benefits of applying Indigenous ways of knowing, being and doing to the delivery of care.
7. Describe community and population healthcare initiatives that address determinants of health and promote health outcomes.

HH/MED 2020 BAP II

1. Apply principles of professionalism to your development as an undifferentiated physician.
2. Demonstrate personal and professional ethics in clinical decision-making, healthcare provision, advocacy, communication, leadership and collaboration.
3. Describe how self-awareness and resilience strategies can maintain personal and financial wellbeing and navigate the demands of medical school.
4. Describe the importance of leadership, management and systems thinking skills in person-centred care and within healthcare teams and health organizations.
5. Discuss the importance of culturally appropriate healthcare for Indigenous, Black and other historically underserved and marginalized communities.
6. Demonstrate acceptance of Indigenous ways of knowing, being and doing into the delivery of care.
7. Apply the principles and practices of quality improvement and patient safety in a team-based project.

HH/MED 3020 BAP III

1. Discuss a plan for the development of your professional identity as a physician.
2. Apply personal and professional ethics in clinical decision-making, healthcare provision, advocacy, communication, leadership and collaboration.

3. Discuss the importance of self-awareness and resilience strategies to maintain personal and financial wellbeing and navigate the demands of medical practice.
4. Apply leadership, management, and systems thinking skills in person-centered care and within healthcare teams and health organizations.
5. Advocate for culturally appropriate healthcare for Indigenous, Black and other historically underserved and marginalized communities when deemed appropriate.

Emerging Concepts and Innovations in Health (ECIH)

HH/MED 1030 ECIH I

1. Describe current and emerging innovations in healthcare and community and population health.
2. Explain the role of health systems in improving healthcare outcomes.
3. Plan a scholarly or research project that incorporates critical appraisal and application of evidence.
4. Describe how global and planetary factors impact individual, community and population health.

HH/MED 2030 ECIH II

1. Describe how current and emerging innovations in healthcare can be applied at the individual, community and population level to improve outcomes.
2. Describe how current and emerging innovations in healthcare can be applied to the health system to improve individual, community and population health outcomes.
3. Initiate a scholarly or research project that incorporates critical appraisal and application of evidence.
4. Critically appraise strategies that address global and planetary factors impacting individual, community and population health.

HH/MED 3030 ECIH III

1. Critically appraise current and emerging innovations in healthcare and community and population health.
2. Apply principles of health systems science to improve individual, community and population health outcomes.
3. Complete a scholarly or research project that incorporates critical appraisal and application of evidence.
4. Describe how to apply sustainable practices in healthcare delivery to address the impact of global and planetary factors on individual, community and population health.

Appendix 16. Collaboration in Ontario Distributed Medical Education

As referenced in *Question 23*, the Council of Ontario Faculties of Medicine (COFM) maintains a province-wide agreement that supports collaboration among Ontario medical schools in the delivery of distributed medical education through community-based placement programs. This agreement facilitates reciprocity in the supervision of medical students and residents, and affirms that clinical teaching faculty appointments from any Ontario medical school are recognized across institutions. As such, a clinical preceptor affiliated with one medical school may supervise learners from any other Ontario medical school.

Collaboration in Ontario Distributed Medical Education

Approved by COFM: May 13, 2024

Executive Summary

This document outlines strategic principles for delivering distributed medical education (DME) collaboratively across the extended network of medical schools; community-based placement programs and community partner stakeholders in Ontario. This approach is informed by several of the recommendations of the Future of Medical Education Project of the AFMC and by a number of reports from the AFMC DME Resource Group.

Background

Distributed Medical Education in Ontario has evolved from elective clinical placements in rural and community practices to a fully distributed and integrated network of academic health science centres, regional medical education campuses (MEC's), clinical education campuses (CEC's) and individual community practices. This evolution has been driven primarily by a government strategy to improve access to health care in rural communities and to increasing medical school expansion. There is evidence that clinical experiences in smaller communities and rural settings attract more trainees into family medicine, as well as general medical and surgical specialties, thereby promoting greater physician recruitment to these communities. This experience also allows medical learners (defined as undergraduate students and postgraduate residents) an opportunity to understand continuity of care in all levels of health care delivery within an interprofessional environment.

Medical schools are responsible for providing learners with an educational experience that meets accreditation standards. That involves developing curriculum, providing faculty development and orientation and ensuring appropriate education infrastructure is available. Medical schools liaise with hospitals and clinics to ensure that the necessary credentialing processes, learner supports and educational resources to deliver the educational program are in place at each site.

Community placement programs Eastern Regional Medical Education Program (ERMEP), McMaster Community and Rural Education Program (Mac-CARE), Queen's Regional Education Network (Q-REN), Rural Ontario Medical Program (ROMP), and Schulich Office of Distributed Education, as well as the Northern Ontario School of Medicine University (NOSM U), exist to facilitate the education of medical learners in distributed sites across the province. They are primarily responsible for community engagement, preceptor recruitment and stipending, and arranging placement details such as travel funding and learner accommodation. Community placement programs are also responsible for coordinating learner and preceptor evaluations and ensuring these are transmitted to the appropriate medical school. Faculty development and its curriculum are primarily the responsibility of the medical schools; however, community placement programs can facilitate faculty development of community preceptors in collaboration with the medical schools.

Communities along with their hospitals, clinics and other practice sites work with the medical schools and community placement programs to create a welcoming environment for learners. Teaching sites, with guidance and support from community placement programs must ensure that the available resources for supporting the learners are adequate, credentialing processes are in place and that all involved in teaching are aware of the expectations and necessary commitment. Hospitals collaborate with the medical schools to ensure that information about Medical Trainee Days (MTDs) is captured appropriately. Community preceptors are required to be aware of the teaching obligations of their faculty appointment, the learning objectives and competencies of the clinical learning experiences, the learner and preceptor evaluation process and the arrangements for their preceptor payment.

Clinical placements are arranged by the Ontario medical schools in conjunction with a number of Ministry of Health (MOH) funded community placement programs. To ensure an excellent clinical experience for both learner and preceptor a coordinated approach to placing learners in clinical settings across the Province is essential.

Principles for Ontario Distributed Medical Education

1. **Clear and transparent areas of engagement for a DME placement leads to increased collaboration and reduction of competition for placement**

Medical school expansion in Ontario has increased the geographical footprint of core clinical teaching sites of medical and clinical education campuses. The historical geographical boundaries of some of the community placement programs now include teaching sites that are part of the core clinical program of a medical school campus. Communities, schools and placement agencies work together to promote the medical education that is needed to address each community's priorities and needs and ensure social accountability.

Medical schools and community placement programs are required to develop a communication strategy that prevents overlapping preceptor recruitment and placements. When it is necessary for a medical school or community placement agency to place a learner outside of their historical geographical location, it is a requirement that approval is obtained prior to the placement. If a medical school is not using a clinical placement then it could become available to other medical schools. The appropriate leads at each organization or school, usually within the Office of Distributed Medical Education, will communicate with one another to address each case as it arises.

The *DME:COFM Ontario Medical School Clinical Rotation Principles and Practices for Faculty Appointment and Dispute Resolution* policy outlines the guiding principles and processes for each Ontario medical school to reciprocally honour faculty appointments from the other Ontario medical schools.

2. **To be fair and impartial, and increase sustainability of the DME system, a hierarchy of placements is proposed.**

There are many different categories of medical learners who request or require placements in the distributed network of clinical training sites across Ontario. Given the teaching capacity variation at the different DME sites, the medicals schools and community placement programs have established a proposed priority for placements. To be fair and impartial, and maintain sustainability, the hierarchy of placements will address the needs of home learners first (those attending an Ontario medical school), followed by Canadian learners (those attending Canadian

medical schools outside of Ontario), followed by international learners (those attending medical school outside of Canada). Core learning experiences will be prioritized over electives. However, the placement process will maintain flexibility to ensure community needs are met.

3. **Communication and collaboration are the key to making this approach work.**

In recognition of the essentially integrated and distributed nature of medical education in Ontario medical schools, community placement programs and communities/community preceptors will share relevant information related to learner learning objectives and competencies, rotational requirements and learner/preceptor evaluations transparently and collaborate to provide an optimal education experience for all clinical trainees. Bidirectional communication that enables DME programs to understand the recruitment/health human resource needs of communities and reasons for prioritizing learners who may not meet the standard prioritization hierarchy is necessary to ensure success.

4. **Preceptors will be fully supported to provide an exemplary clinical placement as demonstrated by timely feedback, on-going faculty development, equitable preceptor payments and streamlined processes needed to meet accreditation requirements.**

DME placements are critical for maintaining and further expanding training capacity in Ontario, and are effective in encouraging learners to consider practising in geographically undersupplied areas. Community placement programs are recognized and encouraged for their expertise in recruiting, retaining and supporting local clinical preceptors. Preceptors will also be supported by the relevant department within the schools of medicine to ensure the necessary elements of medical education are achieved.

5. **Equitable medical learner support and resource allocation.**

Recognizing that learners incur costs for travel and accommodation, learners across the province should have an equitable opportunity to access funding for these costs.

6. **Provide an exceptional educational experience for medical learners through responsible stewardship of clinical placements.**

As DME sites expand, co-location of undergraduate and postgraduate learners is a strategic goal that recognizes the importance of the integrated learning team. Where possible and appropriate, community placements for medical learners should be co-located with learners from other health professional programs. Medical schools and community placement programs should consider bundling different health professional learners together when approaching or recruiting community healthcare institutions to become new teaching sites.

7. **Goal of moving forward towards a sustainable DME program built on trust, respect and integrity.**

Determining current, and building future teaching capacity, is a dynamic process that requires ongoing close communication between the front-line community preceptors, community healthcare institutions/clinics, the community placement programs and the medical schools. The development of electronic placement databases sited in medical schools and DME placement programs linked with community sites can aid in data collection and analysis. The MOH should

also participate as those involved in distributed medical education begin to consider health human resource planning as well as interprofessional education opportunities.

DME:COFM, through the DME:COFM Stakeholder Group, should act as a forum for helping coordinate the discussions between the various DME stakeholders and the different data sources. Information will be exchanged between DME:COFM, UE:COFM and PGE/PGM:COFM. It is expected that the community placement programs will provide annual reports to DME:COFM upon request.

Since all of the major DME stakeholders are represented on the DME: COFM Stakeholder Group, this committee and/or working groups of this committee will consider not only issues of capacity-building, but also preceptor faculty appointment harmonization, MTD data collection and the preceptor payment process. DME: COFM reports to the COFM Deans.

Rules of Engagement

1. DME:COFM and/or the DME:COFM Stakeholder Group is the acceptable forum in which to discuss any issues related to distributed medical education. (For example, new sites for expansion, issues concerning the placement hierarchy, intentional rule breaking etc.)

2. If a party to this document chooses not to abide by the principles the issue will be tabled at the next DME:COFM or DME:COFM Stakeholder Group meeting. Consensus building will be the method of preferred resolution.

3. Matters pertaining to faculty appointments of community preceptors and/or dispute resolution for learners and preceptors will refer to the *DME COFM Ontario Medical School Clinical Rotation Principles and Practices for Faculty Appointment and Dispute Resolution* document.

Appendix A: Responsibilities of the DME Partners

Medical Schools:

- Define with community placement programs and communities the hierarchy of “preferred placement”.
- Define the objectives and competencies for each core undergraduate learning experience and each postgraduate learning experience.
- Define the content, format and methodology of the evaluations of preceptors and learners.
- Identify consistent and regular preceptors’ resources for the core undergraduate learning experiences and postgraduate learning experiences.
- Attempt to integrate undergraduate and postgraduate learners when possible in community learning experiences (layered learning).
- Define start, duration and end dates of rotations.
- Commit to learning experience timelines.
- Collate and review all preceptor evaluations with the responsibility of following up on any problems or concerns that have been identified.
- Facilitate completion of the appointment/re-appointment process.
- Promote interprofessional teaching and learning.
- Invite community preceptors to participate in discipline specific “Regional Rounds”.
- Conduct needs assessment for community preceptors in terms of continuing medical education (CME) and faculty development (FD).
- Collaborate with other schools of medicine to develop FD for distributed medical education preceptors based on identified needs.
- Invite and encourage community preceptors and community members to participate in admissions and selection process of undergraduate medical students, clerks and postgraduate residents.

Community Placement Programs:

- Facilitate approaches to the continuum of the medical career in the community – education through to retention.
- Community advocacy and community integration into the medical education process.
- Social Accountability: Advocate and promote rural and regional experiences in the academic centre.

- Promote interprofessional approaches to learning.
- Reenergize Generalist and Family Medicine education opportunities.
- Educate communities and learners on the advantages and challenges of family/general specialty medicine.
- Adhere to Ministry mandate for distributed medical and health education programs and funding applied to community.
- Enable learners from all six schools of medicine to have opportunities in all communities.
- Share best practices within Ontario, knowing the other community experiences.
- Evaluation of preceptors: completion, collection, distribution and follow-up with medical schools and the preceptors
- Adhere to a common cancellation policy.
- Share and integrate FD offered by schools of medicine and community placement programs and:
    - Analyze gaps; and
    - Enable FD opportunities by video, on site in community, at the academic centre, via DME program workshops/video, other provincial venues and other electronic means.
- Community integration by:
    - Individual/Community awareness and accountability;
    - Involvement in the education of medical practice community;
    - Integration of learners into the community beyond the practice experience.
- Accommodations:
    - Will be aware of capacity issues with accommodation;
    - DME program maintain consistency throughout the province for payments to learners for travel.
- Promotion of opportunities for education in the communities:
    - Core discipline learning experiences in clerkship and residency.
    - Opportunity to describe the benefits of core community learning experiences which may include:
        - Dates made available by program directors and coordinators to make presentations to medical learners at the schools of medicine.

        - Academic Rounds/Half Day presentations to postgraduate program featuring speakers from communities. Creating the awareness of elective and core PG learning experience opportunities in the community.
        - Promotion of community-based core learning experiences on the schools of medicine and DME program websites through links.
    - Schools of medicine department manuals contain outlines of each learning experience; descriptor of the housing; regional links (different sites available for core and electives).
    - Elective opportunities promoted to learners ranging from first-year medical school to postgraduate.

Community[1]:

- Create awareness with all partners that physician service is limited in some departments.
- Communicate recruitment/retention effects.
- Review and acceptance of timelines for teaching expectations and commitments.
- Participate in defining the hierarchy of “preferred learners”.
- Is aware of evaluation expectations of the schools of medicine for learners and preceptors.
- Define impact on future physician resources.
- Complete needs assessment for community preceptors in terms of CME and FD.
- Join and initiate collaborative research projects.
- Participate in schools of medicine FD and other activities.
- Participate in Community placement program FD and other activities.
- Contribute to the definition and maintenance of an effective streamlined appointment/reappointment process.

[1] Anyone in the community who supports medical education.

Appendix 17. Research

As referenced in *Question 27*, the Office of the Vice-President, Research and Innovation has developed a summary list of York University faculty members engaged in health-related research.

YORK
UNIVERSITÉ
UNIVERSITY

MACKENZIE HEALTH – RESEARCHER SUBMISSION SUMMARY REPORT

Submission Summary Report: Summaries received: 33 individual submissions across 5 Faculties, with an additional group submission from researchers in Kinesiology & Health Science (involved 23 researchers)

FACULTY OF HEALTH

KINESIOLOGY AND HEALTH SCIENCE		
Hala Tamim	Michael Boni	Christopher Ardern
Sherry Grace	Lauren Sergio	Jennifer Kuk
Janessa Drake	Veronica Jamnik	Alison Macpherson
Jaclyn Hurley	William Gage	Tara Haas
Anne Moore	David Hood	Emilie Roudier
Loriann Hynes	Taylor Cleworth	Heather Edgell
Andrea Josse	Christopher Perry	George Mochizuki
Olasunkanmi Adegoke	Rolando Ceddia	Michael Connor
SOCIAL WORK		
Atsuko Matsuoka	Maria Liegghio	Chris Chapman
Renee Sloos	Kinnon Ross MacKinnon	
SCHOOL OF HEALTH POLICY & MANAGEMENT		
Peter Tsasis	Farah Ahmad	Leeat Granek
Tamara Daly	Liane Ginsburg	Christo El Morr
Lynda van Dreumel	Hannah Wong	
PSYCHOLOGY		
Shayna Rosenbaum	Jennifer Steeves	Erez Freud
Joel Katz	James Elder (see Lassonde)	
SCHOOL OF NURSING		
Celina Da Silva	Christine Jonas-Simpson	Nazilla Khanlou
Iris Epstein		

LASSONDE SCHOOL OF ENGINEERING

DEPARTMENT OF MECHANICAL ENGINEERING

Eleftherios (Terry) Sachlos

DEPARTMENT OF ELECTRICAL ENGINEERING & COMPUTER SCIENCE

Aijun An	James Elder	Hossein Kassiri
Ali Sadeghi-Naimi	Bob Eichvald	

OSGOODE HALL LAW SCHOOL

INTELLECTUAL PROPERTY LAW & TECHNOLOGY

Guiseppia (Pina) D'Agostino	
Saptarishi Bandopadhyay	

LIBERAL ARTS & PROFESSIONAL STUDIES

SCHOOL OF INFORMATION TECHNOLOGY

Jimmy Huang

SCHOOL OF PUBLIC POLICY & ADMINISTRATION

Ian Stedman

FACULTY OF SCIENCE

DEPARTMENT OF MATHEMATICS & STATISTICS

Jianhong Wu

Overview: Areas of Focus and Potential Collaborations



Kinesiology & Health Science: Rehabilitation of Neuromotor disorders, cardiopulmonary and vascular disorders, musculoskeletal disorders, and diseases. Developing a Centre of Excellence for Movement Sciences, Disorders and Rehabilitation- within each area, the School of Kinesiology and Health Science will provide innovative approaches across primary, secondary, and tertiary domains in exercise science, rehabilitation, and nutritional interventions (see separate submission).



Social Work: Child and youth mental health social service models and approaches of care, integrated health and social care services for children and families. Scale-up capacity to provide compassionate, patient-centred care for LGBTQ2S+ people, social determinants of health related to racialized gay men.
Navigating ethical issues involving power dynamics through education and/or workplace training. Incorporating animals into practice. Emotional well-being of healthcare providers, including burnout, compassion fatigue, career satisfaction and coping with patient loss and suffering



Health Policy & Management: Care practices, care work and care delivery; aging policy and healthy aging promotion; cognitive neuroscience of aging; physiology and biomechanics of aging; diversity and aging; psychology of aging.
Community-engaged Research for Health Equity, identifying pathways to wellness in type 2 diabetes; patient journey record system (PaJR), patient intervention and safety culture in healthcare organizations.



Psychology: Age related disease, memory, perceptual neuroscience lab- psychophysics, eye movement measurement, fMRI and TMS to examine brain and behaviour, acute and chronic pain across the lifespan, cognitive and neural processes and visual perception- collaboration on stroke and TBI patients.



Nursing: designing interventions that support optimal patient outcomes including person-centred interventions, High technology simulation, Virtual serious games(VSGs), Virtual and Augmented reality to support intersectoral learning in higher education, continuous professional development, and patients and families in clinical and community domains. Accessibility and inclusion for people with disabilities in health care. Psychiatric nursing. Collaborations in women's and community mental health, wellbeing of racialized and marginalized populations, nursing for persons with developmental disabilities. Arts-based research through music, drama, paintings, and documentary film exploring how human beings transform through loss.



Engineering: Blood stem cell and leukemia research drug screening. Robotic system for disinfection of clinical environments using ultraviolet (C-band) light. Design and development of wearable and implantable wireless electronic medical devices for monitoring, diagnosis, and treatment of various neurological disorders. Quantitative Imaging and Smart Biomarkers for Personalized Medicine with a priority for cancer therapeutics.



Osgoode: collaboration on data governance, IP and other legal areas where emerging technologies, like AI and big data. Smart & Sustainable Cities – ensuring affordable solutions in the Health Precinct. IP Innovation Clinic- help innovators within the Precinct to develop IP strategy and commercialization. Law, disasters and public health



Data: Health Data management- statistical analyses and modeling, system dynamics simulation modeling, Health Informatics and Global eHealth with focus on virtual care & data analytics. Science: digital data analytics and risk of infection in ICUs; data driven disease burden analysis. LA&PS: big data analytics, information retrieval, AI, text mining with complex structures and their applications to the Web & medical healthcare. Establishing research ethics protocols for machine learning / AI-driven research. Engineering: Pairing Cortellucci Hospital's smart technology with York's data analytics & machine learning expertise.



Student placement/ EE/ Capstone: Health Policy & Management- Providing EE activities for Bachelor of Health Studies students, while concurrently provide teaching and supervision opportunities for non-clinical professionals at Mackenzie Health. Engineering- Capstone team of students to design technology solutions for Mackenzie Health. Five Lassonde students hired in Computer Science by Mackenzie as "smart systems interns" and want to establish Lassonde students for future placements Osgoode- IP Intensive- potential to place JD students for an entire term as part of their academic credit requirement in intellectual property (placements since 2010).

APPENDIX:

Mackenzie Health – Potential Projects/ Collaborations/ Focus Areas
Full Submissions from Researchers

KINESIOLOGY AND HEALTH SCIENCE

see additional attachment on Centre for Movement Sciences, Disorders and Rehabilitation

Hala Tamim, School of Kinesiology & Health Science,
Faculty of Health

Hala Tamim is a Professor in the School of Kinesiology and Health Science at York University and holds an adjunct faculty position in the Department of Community Health and Epidemiology at Dalhousie University. Hala has a PhD in epidemiology from McGill University and a Masters in Public Health from Emory University. She has extensive expertise in research methods and statistical analyses. She has managed several community-based and multi-centre projects and has worked extensively on the analysis of several Canadian databases such as the Maternity Experience Survey, Canadian Community Health Survey, National Longitudinal Survey of Children and Youth, Aboriginal Peoples Survey, Canadian Longitudinal Study on Aging, and others. Her main research interest is in the area of maternal and child health and has published on topics such as postpartum depression, intended adolescent pregnancy, intimate partner violence, breastfeeding, early menarche, social support, parenting, and more.

Sherry L. Grace, School of Kinesiology & Health Science
Faculty of Health

I have done collaborative research with the cardiac rehab program there (I had an official appointment there even through York), and some of the other chronic disease management programs. I do a lot of global work now however, so haven't been collaborating directly on a research front with them lately.
I do teach an EE course (KINE 4715) and we did a site visit there; this is on hold due to COVID, but I would welcome the opportunity to more of this in future

SOCIAL WORK:

Dr. Atsuko Matsuoka, Professor, School of Social Work
I am interested in collaborating with Mackenzie Health and Cortellucci Vaughan Hospital. My recent research focus is on human and non-human animal relationships. More specifically, the focus is on these relationships and social work. Over 60% of Canadian households today have companion animals and many consider them part of their families. We no longer ignore significant contributions of non-human animals to human health, yet, considerations for non-human animals in health care plans are missing. Mackenzie Health and Cortellucci Vaughan Hospital are new

institutions where we can develop new visions of health innovation in work we do with communities. A recent survey I conducted with social workers in Ontario with SSHRC funding showed that social workers recognize the significance of non-human animals but have not had opportunities to learn more about it and incorporate it into their practice and developing policies and programs. Innovative health care needs to be based on a more holistic non-anthropocentric approach. For this, professional training and research also must reflect on such an approach and I am very much interested to implement my current research results and apply for further research. Finally, building on my past experience in gerontological social work, more specifically elder abuse and mental health recovery among ethnic and racialized older adults, another promising possibility is to explore human and non-human animal relationships in this context.

Dr. Maria Liegghio, Associate Professor, School of Social Work

As a social work practitioner, scholar, and researcher, my program of research is focused on child and youth mental health. This program is grounded in a commitment to centering the lived experiences and situated knowledges of children and youth in need of or involved with mental health system, and their caregivers and families in research, theory-development, and service planning and implementation. I adopt community-based research approaches partnering with community-based services. For example, my current research located in Peel Region is focused on young people's experiences of "distress" or "crisis" and of accessing and using mental health services, including police services for support. My community partners include EveryMind Mental Health Services and Peel Regional Police. I am supervising a post-doctoral visitor, Dr. Renee Sloos (who's interest is listed below), who, with a MITACS accelerate grant is exploring "best" or "promising practices" for inter-sector collaboration for child and youth mental health and social services. Recently, I was awarded a SSHRC Insight Development Grant for a 4-year project to study the mental health, wellbeing, and resilience of children, youth and their families during the Covid19 pandemic. Because of Covid19 (specifically, the lockdowns), based on very little existing research, child-serving sectors, like child and youth mental health were forced to move from in-person to remote mental health care and service delivery models. There is very little known about the impact this move has had for supporting young people's mental health, and for fostering there resilience during the pandemic. With Vaughan and Mackenze Healthcare, I would like to explore possibilities for research collaborations that explore how "blended" (in-person, remote and telephone) mental health and social service models and approaches of care are doing in terms of responding to young people's mental health needs and fostering their resilience. I would like to explore the ways in which resilience (defined as personal, family, community) has been supported (or not) by the crisis-driven move from in-person to remote methods. I believe this is an area for innovation and growth for the future of health/mental health care, and for the allied professions, like social work.

Dr. Renee Sloos, Post-doctoral Visitor, School of Social Work, 2020-2023

I am interested in exploring a project that would examine integrated health and social care services for children and families (parallel to the hub model being developed for transition-aged youth, but with more of a focus on family social supports). For this, I envision piloting an integrated health and social care network (model) for children’s mental health.

Dr. Kinnon Ross MacKinnon, Assistant Professor, School of Social Work

His expansive program of research seeks to improve the health and well-being of lesbian, gay, bisexual, transgender, queer, and two-spirit (LGBTQ2S+) people by transforming health policy, clinical practice, and education. Dr. MacKinnon’s recent projects include analyses of transgender and non-binary (trans) people’s access to transition-related care in Canada, and the evaluation of a digital education resource designed to bolster health professionals’ patient-centred care skills with trans patients. Dr. MacKinnon is interested in partnering with Mackenzie Health and Cortellucci Vaughan Hospital to scale-up capacity to provide compassionate, patient-centred care for LGBTQ2S+ people.

Dr. Chris Chapman, Associate Professor, School of Social Work

I would be interested in exploring options for interviewing employees and students, individually or in groups or pairs, about their process of navigating complicated ethical situations involving interlocking power dynamics (e.g. race, gender, disability, sexuality, class, age) and how their education and/or workplace training and support relate to their actual ethical navigations.

Dr. Maurice Poon, Associate Professor, School of Social Work

My research focuses on social determinants of health related to racialized gay men. In particular, I explore how race and sexuality intersect with other social factors that leave racialized gay men vulnerable to HIV infection. I am also currently involved in a research project looking at the impact of COVID-19 on hospital social workers. I am interested in partnering with Mackenzie Health and Cortellucci Vaughan Hospital to further explore these topics.

SCHOOL OF HEALTH POLICY & MANAGEMENT

Peter Tsasis, School of Health Policy and Management
Faculty of Health

My research focus/program areas for possible collaboration with Mackenzie Health include the following three:

1/ Empathetic Engagement in Patient Care

Healthcare organizations from coast to coast pride themselves on providing *compassionate care* and living values like *empathy*. While we know that altruism is quite alive and well in these institutions, the fact that common definitions for 'compassionate care' and 'empathetic care' do not exist. As such, these same organizations are unable to effectively measure the extent to which they are, in fact, providing compassionate and empathetic care. The objective of this study is to provide a better understanding of the core constructs of empathy from a provider perspective and from a patient perspective to assess the extent to which the tenets of empathy are truly being set in place from both perspectives in a cohort of patients with complex needs, chronic disease (s), co-morbidity, and polypharmacy, receiving care in a hospital setting. Quantitative and qualitative methods will be used to collect data by applying patient experience maps of the patient journey, empathy maps and assessment charts of patient wants, needs, pains, and gains in the data collection process. Patients will be followed over a 6-month period. Data will be correlated on variables such as length of stay, wait times, readmissions, friendliness, helpfulness and understanding of patient needs.

2/ Identifying Pathways to Wellness in Type 2 Diabetes

Type 2 diabetes is becoming a global pandemic. Recent estimates from the International Diabetes Federation indicate that 8.3% of the world's population between the ages of 20 and 79 have type 2 diabetes and that by 2035, this will increase to 10.1%. Multiple lines of evidence suggest that modest changes in modifiable risk levels can improve type 2 diabetes outcomes. However, the ability to adapt and adhere to healthy behaviors and lifestyle changes that reduce risk and better manage type 2 diabetes has proven to be especially challenging. The objective of the study is to develop a database consisting of survey data about social conditions, lifestyles, and clinical information of patients with type 2 diabetes. This is in order to cluster patients in distinct patterns of health behaviors, social supports and medical conditions. Survey data will be collected from Ontario's six Centres for Complex Diabetes Care (CCDCs). Contrast pattern mining analysis will be used to find differences among the diabetes patients. With contrast patterns identified, we will be able to profile patients to further investigate through cluster analysis underlying patterns that reveal indicators and probabilities of risk among patients in each cluster. As a result, patient clusters will present distinct features, such as lifestyle habits behaviors, social attitudes, and clinical conditions. Personalized strategies and interventions can be developed for healthcare providers, taking into consideration social behavioral aspects, as well as medical conditions in managing the disease.

3/ The Patient-Journey Record System (PaJR)

Canada's health care system is facing key challenges related to an aging population that is increasingly suffering from chronic conditions including serious mental illness and multiple psychosocial and physical morbidity. Inequities in care access is a major problem. Improved access to care across for such complex populations with mental illness across geographic and population needs, requires new and more efficient approaches. PaJR uses trained and remunerated (lay)workers called Care Guides to regularly call (using an IT system) patients/clients at high-risk of readmissions or poor health outcomes to support well-being. The regular calls provide alerts of at-risk or volatile situations. Coaches supervise, triage and respond to alerts and delegate tasks, allowing them to have a much larger case-load. The approach was validated and has demonstrated success with frailer older patients in rural Ireland 2010 -2012. More recently a PaJR has been integrated into a program called MonashWatch to avert hospitalisations in a high-risk group in Australia. The aim of this program is to build on knowledge of the PaJR model that has been developed and tested internationally in frail older patients and in frequent utilizers of emergency departments and unplanned admissions in a local Ontario community mental health team.

Farah Ahmad, School of Health Policy & Management
Faculty of Health

There is growing evidence on health inequities across various health issues, but addressing the inequities remains a challenge. One forward looking approach is advancing the Community-engaged Research for Health Equity (CeRHE). I propose collaborating with the MacKenzie Health through a research cluster on CeRHE with the vision of empowering the community, enabling the provider, and inspiring the leaner including students. This would be accomplished through equity-centered strategies that emphasize community inclusion and bring attention to the social and historical context in knowledge generation and translation for innovating care, practice and policy. The use of dialogic-relational methods to engage with immigrant, racialized, and vulnerable groups for equitable health and well-being would be the corner stone for CeRHE. The activity examples could span from primary research to eHealth data granularity for equity indicators and sharing-your-story speaker series. My interdisciplinary research on access to health/social care among vulnerable communities for psychosocial health issues (e.g., mental health, autism caregivers, partner violence) through mixed methods and community-centered designs offers the impetus for further dialogue, concept development and collaboration. At the same time, the long-term vision for the CeRHE is to become a center of excellence nationally and internationally.

Tamara Daly, School of Health Policy & Management, Faculty of Health
Director, York University Centre for Aging Research & Education http://yucare.info.yorku.ca

York has a large cohort of researchers and trainees who focus on how older adults access and use hospital and other care services including in-hospital and out-patient, long-term care and community settings. Some of our researchers assess the outcomes associated with local, regional and provincial health policies that affect the lives of older adults as well as those who provide care to older adults. Transitions within and between home support, hospital and long-term care is another area in which we have expertise. In addition, researchers conduct clinical, health education and screening interventions with older adults living with chronic disease (e.g. cardiovascular, mental health, and diabetes, dementia and other cognitive impairments) or who are engaging in health promoting activities. We also represent researchers who conduct mobility, falls and other preventive interventions. Finally, evaluations of how various technologies and processes are used to improve patient flow is an area of attention. Finally, some researchers focus on big systemic issues related to agism and the design of age-friendly cities.

The links below will take you to recent publications across our themes and highlight publications produced by our members:

- Care Practices, Care work and Care Delivery
- Aging Policy and Healthy Aging Promotion
- Cognitive neuroscience of aging
- Physiology and Biomechanics of Aging
- Diversity and Aging
- Psychology of Aging

Liane Ginsburg (Professor, School of Health Policy & Management). PhD in Healthcare Organization & Management. Research focus / program areas: (1) patient safety culture in healthcare organizations including: assessment of safety culture, role of culture and leadership on patient safety, staff wellbeing and engagement, and change implementation; Health professional education and training in patient safety and quality improvement. (2) Implementation science (how and why interventions work or fail to work): focus on implementation, fidelity, and sustainability of complex team- and ward-level improvement interventions in hospitals and nursing homes.

Lynda van Dreumel
Assistant Professor
Undergraduate Program Director, School of Health Policy & Management

Experiential Education (EE) Collaboration Opportunities between Mackenzie Health and the School of Health Policy & Management

The School of Health Policy & Management (SHPM) is interested in collaborating with Mackenzie Health to provide experiential education (EE) activities for our Bachelor of Health Studies students, while concurrently provide teaching and supervision opportunities for non-clinical professionals at Mackenzie Health.

Our Program:

Our Bachelor of Health Studies (BHS) students explore health and health systems from an interdisciplinary social perspective. The program's distinct, innovative, and strategic approach to health education emphasizes moving from a singular medical model to a social determinants model, from treatment of illness to prevention and equity, from organizations delivering fragmented care with disparate information systems to sustainable health systems with electronic interoperability. We are trying to create the next generation of leaders who take up the challenge of improving health and health systems with a social determinants and systems thinking perspective.

We hope to partner with Mackenzie Health professionals with expertise in **Health Management, Health Policy, and Health Informatics** to bring real world issues and expert insights into the classroom for our BHS students. Our program includes courses in management theory, leadership, quality and safety, accounting and finance, ethics, law, policy, indigenous health, research methods, health data analytics, electronic health records, health database design, and user experience design.

Experts from Mackenzie Health could engage with our program in a number of ways:

In the Classroom:

- Guest speaking engagements to share subject matter expertise in the classroom
- Guest adjudicators for student poster presentations and conferences
- Applied project opportunities where Mackenzie Health would present a current challenge for groups of students to work together to develop recommendations and solutions

- Mentorship opportunities

In the Community:

- Program tours and role shadowing opportunities
- Practicum and work-experience placements
- Applied research projects

Hannah Wong, Associate Professor, School of Health Policy & Management

I use statistical modeling and the tools of system dynamics simulation modeling, including causal loop mapping and system archetypes, to study issues important to clinicians, health care managers and policy makers. These include transitions in care between hospital and community, goals of care discussions among the frail elderly, and sources of variation in treatment and outcomes. I draw key conceptual diagrams with active participation of stakeholders and then use administrative and clinical databases and regression techniques to formulate model equations and estimate parameters. Following model validation, carried out qualitatively throughout the modeling process and quantitatively via simulation runs, we can then proceed to perform simulation experiments or "what if" analyses to evaluate the
impact of various policy interventions. The broader goal is to better understand complex feedback systems over time and guide the better design of policies to improve appropriateness and quality of care. If we can approach the challenges facing our health care system as "systems problems", where undesirable behaviors of the system are a direct consequence of the system's own structure, we may have a promising way to fundamentally address pressing local and global health care challenges.

My work to date has analyzed data primarily from small numbers of academic centers which may limit generalizability of results to other settings. Since Fall 2020, I have held an ICES Fellow appointment and will soon have access to link province-wide clinical and administrative databases as well as incorporate population-based health surveys that include social determinants of health (SDOH) to address my research questions. This access will provide a means for me to 1) test the generalizability of findings in population-based cohorts; 2) broaden model boundaries - beyond biology and behavior - to include important, yet often hard to quantify, structural SDOH; 3) advance and extend insights that reveal the empirical relationship between system structure and system behavior and; 4) generate evidence that ultimately shifts the way we conceive and design interventions to improve quality and address disparities. I very much look forward to the opportunity to work alongside, and learn from, the Mackenzie Health community of patients, caregivers and researchers.

Leeat Granek, School of Health Policy & Management, Faculty of Health

Social Policy and Health Management

My research areas that may be a point of collaboration with Mackenzie Health include the following:

- Emotional well-being of healthcare providers, including burnout, compassion fatigue, career satisfaction and coping with patient loss and suffering
- Decision-Making processes of HCPs
- Identification of suicide risk and mental health distress in cancer patients

Christo El Morr, School of Health Policy and Management

Christo El Morr is an Associate Professor of Health Informatics at the School of Health Policy and Management at York University; he is also a Research Scientist at North York General Hospital, Toronto. His cross-disciplinary research is community-based locally and globally; it covers Health Informatics and Global eHealth with a focus on Virtual Care and Data Analytics; he has published books, chapters, and articles in those areas including a book on Analytics in Healthcare and the "first of its kind" Health Informatics book in Canada.

PSYCHOLOGY

Shayna Rosenbaum, Dept of Psychology, Health
Member of CVR

Shayna Rosenbaum is a Cognitive Neuroscientist and Clinical Neuropsychologist who specializes in memory and decision-making in aging and age-related disease. She is a Full Professor in the Department of Psychology and Core Member of the Vision: Science to Applications (VISTA) program at York University, where she holds a York Research Chair in Cognitive Neuroscience of Memory. She is registered as a Clinical Neuropsychologist with the College of Psychologists of Ontario, holds an appointment as Adjunct Scientist at the Rotman Research Institute at Baycrest, and is a member of the College of the Royal Society of Canada (RSC). Combining the patient-lesion method with neuroimaging and innovative cognitive paradigms, Rosenbaum has made important discoveries in specifying the function of the hippocampal memory system, which is vulnerable to the effects of aging and age-related disease. Significant findings include: 1. showing that the hippocampus is not needed to support some aspects of spatial memory and navigation, presenting major challenges to classic neurocognitive theories, 2. identifying a network of neocortical regions that supports spatial memories and can compensate for impaired function of the hippocampus in patients, and 3. specifying the role of the hippocampus in non-memory functions, such as decision-making. She harnessed this knowledge to develop strategies to mitigate the effects of COVID-19, serving as Principal Investigator on CIHR- and NSERC-funded initiatives to optimize decision-making and learning in frontline workers, together with the Public Health Agency of Canada. She is also leading an international, interdisciplinary team of neuroscientists, clinicians, engineers, and geographers to simulate university, hospitals, and long-term care environments. These environments will be used to train navigation and reduce anxiety in new students and residents from rural and underprivileged communities who have not had previous exposure to such environments. She is heavily involved in training graduate students in the Clinical Neuropsychology program, which is the only CPA-accredited program that includes training in both child and adult Clinical Neuropsychology. A requirement of this program is practicum and internship placements, which could be developed at Mackenzie Health to benefit trainees and health-care professionals, alike. Finally, she is leading an application for a CIHR-funded Health Research Training Platform in personalized digital health solutions for seniors with complex needs, which will include hospital, long-term care, and industry partners."

Jennifer Steeves, Department of Psychology, Faculty of Health
Perceptual Neuroscience Lab

www.yorku.ca/steeves

In broad strokes, our lab studies brain plasticity. We are asking questions such as, how does the brain adapt to changes in sensory input or to direct brain damage. We use converging techniques such as psychophysics, eye movement measurement, functional magnetic resonance imaging (fMRI) and transcranial magnetic stimulation (TMS) to examine the brain and behaviour. We have four separate but interrelated lines of research:

1. We are developing novel therapeutic treatment using TMS to provide a safe and effective non-invasive therapy for Charles Bonnet Syndrome (CBS) following loss of vision. Visual hallucinations can occur following vision loss from diseases such as age-related macular degeneration

(AMD) or glaucoma. Individuals with CBS experience visual images such as people, landscapes or patterns that do not exist in reality. These visual hallucinations can be troublesome for the patient and are often misunderstood, resulting in added psychological consequences in addition to the visual impairment. At present, there is no standard treatment protocol to treat visual hallucinations that occur following loss of vision.

2. We are one of the few labs in the world to study multisensory (visual and auditory) processing in unique ophthalmological patients who have had one eye surgically removed (enucleated) early in life, thereby disrupting binocular input to the visual system. We are examining low-level form vision and motion processing as well as higher-level face, object and scene processing. We also measure multisensory adaptation through behaviour and neuroimaging. This approach can reveal coding mechanisms in the brain that inform us about how intact sensory systems function.
3. We are examining sex and sexual orientation differences in perceptual and spatial cognitive processing. We are currently measuring similarities and differences in behaviour as well as brain structure and function.
4. We study rare neurological patients with acquired brain damage resulting in visual object agnosia (the inability to visually recognize objects) or prosopagnosia (the inability to visually recognize a face). Using image-guided TMS, we are able to create temporary lesions in neurologically-intact participants to better understand object and face processing by transiently disrupting processing in various cortical regions of the face, object and scene processing networks.

Joel Katz,
Distinguished Research Professor of Psychology, Canada Research Chair in Health Psychology
Department of Psychology, Faculty of Health

Dr. Katz's research program is aimed at understanding the psychological, emotional, and biomedical factors involved in acute and chronic pain across the lifespan. He and his students and colleagues are exploring factors involved in the transition of acute, time-limited pain to chronic, pathological pain after surgery, accidents, and spinal cord injury. They are also evaluating interventions designed to prevent acute post-operative pain and the transition to chronicity, including a new Transitional Pain Service established at the Toronto General Hospital. He also conducts e-health research aimed at improving chronic pain and well-being. His work is multi-disciplinary, involving colleagues in psychology, anesthesiology, surgery, physiatry, kinesiology, nursing, and physical therapy.

Erez Freud, Assistant Professor, Core Member, Vision: Science to Applications (VISTA) Program
York Centre for Vision Research, Department of Psychology

The Freud lab is focused on the investigation of the cognitive and neural processes that mediate our ability to perceive the world around us (vision-for-perception) and to interact with objects in our environment (vision-for-action). My research utilizes different approaches including behavioral studies, cutting-edge neuroimaging techniques (MRI, fMRI), neuropsychological investigations and combinations of these different methods (e.g., neuroimaging studies of neurological patients). To date, my work with neuropsychological patients already provided important evidence for the organization of the visual cortex after brain injury and for the necessity of different brain regions to specific visual behaviors. I am excited for the opportunity to establish ongoing collaboration with the Neurological Division of Mackenzie Health Hospital. In particular, my aim is to study stroke & TBI patients to better characterize: (a) the neural computations that mediate visual perception and action (b) recovery and plasticity processes in those neuropsychological patients at the neuronal and behavioral levels.

SCHOOL OF NURSING

Celina Da Silva, MN/Collaborative Bioethics, Assistant Professor School of Nursing Faculty of Health

Celina Da Silva is an Assistant Professor at the Faculty of Health, School of Nursing, York University, and an Adjunct Professor at OntarioTech University. As an Advanced Practice Nurse with 18 years of experience working with pediatric patients and families, and adults across the health spectrum, her primary area of research is designing interventions that support optimal patient outcomes. The primary focuses are:

- person-centered interventions
- co-designing and evaluating innovative technology that is translatable into practice
- High technology simulation, Virtual serious games(VSGs), Virtual and Augmented reality to support intersectoral learning in higher education, continuous professional development, and patients and families in clinical and community domains.

Her research to develop a person-centered mental health VSG was funded by the Social Sciences and Humanities Research Council of Canada. She currently holds funding from ecampus to develop another VSG for International Educated Nurses in Ontario. Celina also has experience in health-based technologies for clinicians and patients in acute care to support health promotion, health literacy, and assessment strategies. Her future interests include the use of artificial intelligence and machine learning in patient care.

Iris Epstein, School of Nursing, Faculty of Health

Our research focuses on accessibility and inclusion for people with disabilities in health care practicum placement education environments. Our interdisciplinary team include students, faculty, and staff (e.g., Health, Geography and planning; Computer science Engineering and knowledge mobilization) that specialize in using innovative engagement methods with a broad range of stakeholders. Our previous research used a diary tool to learn about access experiences and challenges in nursing practicum placements from both students and clinicians (Funded by SSHRC IDG 2018-19) (See reference Epstein et al. 2020).

Three ongoing current research projects focus on developing interventions into the accessibility and inclusion of these practicum education spaces using participatory tools including: a design charette (http://actinsite.eecs.yorku.ca) (Funded by SSHRC insight 2020-2023), participatory video http://smart-toolbox.eecs.yorku.ca/ (Funded by York University Academic and Innovation Fund 2020-2021), and participatory mapping (accessmapping.ca) (Funded by NewFrontier Explorer 2020-2022). These research and engagement strategies build knowledge and build capacity and commitment to make needed changes into the accessibility and inclusiveness of education for health care students. We currently collaborate with Sickkids hospital and Sunnybrook hospital as well as several post-secondary institutions (e.g., George Brown College, University of Toronto; University of British Colombia) across diverse health disciplines (e.g., nursing; medicine, dentistry, social work, clinical psychology; Occupational Therapy; Physio Therapy). We welcome collaboration with Mackenzie Health in different capacity and expertise with our team. To learn more about each project check embedded link and if you have question and want to join us contact iepstein@yorku.ca

Christine Jonas-Simpson, Associate Professor of Nursing at York University

(2007 - present) and was the Director of Philosophy and Academics at the Dotsa Bitove Wellness Academy for persons living with dementia (2014 to 2019). She has conducted arts-based research since 1997 through music, drama, paintings, and documentary film exploring how human beings

transform through loss. Her films open conversation, and enhance compassion and understanding, cocreating new possibilities for humanity - where everyone thrives. To see her research-based films go to https://vimeo.com/christinejonassimpson

Nazilla Khanlou, Associate Professor, School of Nursing, Women's Health Research Chair in Mental Health in the Faculty of Health

Professor Khanlou's clinical background is in psychiatric nursing. Her overall program of research is situated in the interdisciplinary field of community-based mental health promotion in general, and mental health promotion among youth and women in multicultural and immigrant-receiving settings in particular. She applies intersectionality-informed frameworks, using diverse research methods, in community-based research. She is founder of the International Network on Youth Integration (INYI), an international network for knowledge exchange and collaboration on youth, and Editor-in-Chief of INYI Journal. She has published articles, books, and reports on immigrant youth and women, and mental health.

Areas of potential collaboration

- women's mental health (such as: mothers' mental health; addressing gender-based violence through trauma-informed health care approaches)
- community mental health (such as: promoting youth mental health through innovative participatory arts-based approaches)
- wellbeing of racialized and marginalized populations (such as: outreach and mental health services for immigrant and refugee populations during COVID pandemic; inclusive and equity-informed nursing care for racialized families)
- nursing care for persons with developmental disabilities (such as: children, youth, and adults with dual diagnoses, from prevention, treatment, to health promotion)

LASSONDE SCHOOL OF ENGINEERING

Eleftherios (Terry) Sachlos, Dept. of Mechanical Engineering, Lassonde

1. Engineering Capstone to design technology solutions for Mackenzie Health

As you know, engineering students in their last year have a capstone project which gives them one year to design and build prototypes. They have a small budget associated with the project. The students select their project from a list of project proposals (click here for form). Perhaps clinicians and nurses at Mackenzie Health who have identified a problem can submit a proposal and the engineering students will work to develop a technology solution that can be developed by April. The proposals need to be submitted by August as student project selection happens in early September. I'm including a video of a capstone team who were building a stem cell drug screening platform last year before Covid shut them down in March. https://www.youtube.com/watch?v=hateP6jYJlc

Please note, I would be happy to act as the faculty adviser to fulfill the Lassonde requirements for a couple of projects to get this collaboration off the ground. We could also connect it with the C4 capstone to have health students involved in the team.

2. Entrepreneurship

The BEST program would welcome participating in any entrepreneurship activities in collaboration with Innovation York, YSpace, the Strategic Entrepreneurship Council, Launch YU.

3. Research - Blood Stem Cell and Leukemia Research Drug Screening

My research group is studying the in vitro expansion of blood stem cells as potential therapeutic for bone marrow transplantation. As such, a

regular supply of human blood stem cells derived from donated umbilical cord blood units is needed to advance this research project. A potential collaboration with Mackenzie Health could involve donation of umbilical cord blood units, under REB approval, to the Stem Cell Engineering Lab (SCEL) at York University, directed by Dr Terry Sachlos, to conduct research in improving bone marrow transplantation outcomes.
The SCEL is working to identify and repurpose off-patent drugs which can specifically target leukemic stem cells, the root cause of acute myeloid leukemia, while sparing blood stem cells essential for normal blood production. Similarly, collaboration with the Mackenzie Health could involve donation of leukemia patient apheresis blood or bone marrow cord blood units, under REB approval, to the Stem Cell Engineering Lab (SCEL) at York University, directed by Dr Terry Sachlos, to conduct research in improving therapeutic leukemia outcomes.

James Elder, Department of Psychology, Faculty of Health & Department of Electrical Engineering & Computer Science, Lassonde

Michael Jenkin and I are collaborating with industry partner CrossWing Inc. on a robotic system for disinfection of clinical environments using ultraviolet (C-band) light. We have discussed this project with Mackenzie Health and they have expressed some interest. We hope that Mackenzie Health can be a clinical partner on this project together with existing partners Baycrest Health Sciences and Southlake Regional Health.

Hossein Kassiri,
Department of Electrical Engineering & Computer Science, Lassonde School of Engineering

My research program and interest mainly lie in the design and development of wearable and implantable wireless electronic medical devices for monitoring, diagnosis, and treatment of various neurological disorders including epilepsy, sleep disorders, and neuro-degenerative diseases of aging. Over the past decade, my group has developed several millimeter-scale implantable microchips that can (i) record brain's electrophysiological activity from 50+ different locations in parallel, (ii) process the recorded data on-chip using deterministic and machine learning (ML)-based algorithms, (iii) provide automatic responsive stimulation (various modalities: voltage, current, optical) to the brain to stop an undesired neurological event (e.g., a seizure). We have shown the efficacy of our devices in various in-vitro and in-vivo experiments on fish and rodent models.
Potential Collaboration:
- Wireless wearable and implantable device development for biomedical signal (EEG, ECG, EMG) monitoring.
- Energy efficient hardware implementation of machine learning algorithms on a miniature (mm-scale) wireless processor for "edge computing".

Aijun An, Department of Electrical Engineering and Computer Science, Lassonde
Her expertise is in data mining, machine learning and natural language processing. She has worked on various research topics, including pattern mining, rule induction, data stream mining, information extraction from text, sentiment and emotion analysis from text, data-driven recommendation, graph analytics, and distributed deep learning. As for the Mackenzie Health and York University collaboration initiative, she will be happy to work on the key opportunity area #3 (i.e., Pairing the Vaughan Cortellucci Hospital's smart technology with York University's data analytics and machine learning expertise). She can contribute to analytics of data collected from smart devices and developing predictive models and AI applications informed by clinical needs.

Ali Sadeghi-Naini
Assistant Professor and York Research Chair

Electrical Engineering and Computer Science, Lassonde School of Engineering
Scientist (Cross-Appointed), Radiation Oncology / Physical Sciences, Sunnybrook Health Sciences Centre
Adjunct Professor, Electrical and Computer Engineering / Biomedical Engineering, Western University

Quantitative Imaging and Smart Biomarkers for Personalized Medicine
The focus of my research program is to develop quantitative imaging and smart biomarker technologies to facilitate a paradigm shift towards personalized medicine, with a priority for cancer therapeutics. Specifically, my laboratory (quantimb.lab.yorku.ca) develops integrated imaging, AI and computational frameworks to derive smart biomarkers for disease diagnosis, characterization and therapy response prediction/monitoring to support clinical decision making. We adapt different imaging modalities including, ultrasound, optical and photoacoustic imaging, elastography, CT and MRI, in addition to digital histopathology images to quantify tissue micro-environment and to model changes in various characteristics of abnormalities in response to treatment. We develop and adapt special AI tools and machine learning techniques that utilize our imaging biomarkers and available clinical information to improve diagnostic and prognostic decision makings in clinic.

Bob Eichvald, Associate Director, Co-op and Partnerships
Lassonde School of Engineering

Mackenzie Health hired 5 Lassonde co-op students for the current winter semester in Computer Science. The current group were "smart systems Interns" they helped install and test all the new technology in the Vaughan hospital prior to the opening.
We are now connected for future recruitment and so the hope is that Lassonde students will be regularly hire for co-op positions at Mackenzie in the future.

OSGOODE

Guiseppia D'Agostino, Osgoode

The Vaughan Health Precinct presents exciting opportunities for the university and to me personally in my research and my various initiatives. Below are some ideas to collaborate:

Data Governance – Personally and via IP Osgoode I am available for advice/research on data ownership, access and control, intellectual property, privacy and other associated legal areas, where emerging technologies, like AI are implicated and require big data. The key is to develop a model governance solution(s) for both the protection and sharing of the data to advance both fundamental and applied research that is evidence-based, and based on good, reliable data. In terms of outputs, this work can be in the form of white papers, reports, policies, guidelines, conferences, seminars and so on. This work can also involve applying for tri-council grants and other funding sources by leveraging the various partners and collaborators that we have at IP Osgoode and the wider university.

Smart and Sustainable Cities - the above work is also linked with Vaughan's work in Smart Cities (and currently I serve as a member of the Vaughan Smart Cities Task Force) and can be linked to ensuring there are affordable and sustainable solutions in the work of the Health Precinct (here I serve on the Board of Directors of Alectra & Chair the GRE&T Centre, its innovation hub, and the City of Vaughan is one of Alectra's largest shareholders).

IP Innovation Clinic – I can provide support via the clinic to help innovators within the precinct to develop IP strategies and to commercialize their inventions and creations, for free. This may often result in start ups, which can then scale in Vaughan and beyond. Via the clinic, I can also provide various customized outreach 101-type presentations on key IP, data etc areas to educate in more formal and informal settings. Currently, I do these seminars for the City of Barrie's Sandbox Centre. There is also the possibility to have an inhouse expert spend time at the Vaughan Health Precinct, ie one or two days a month or more to provide on the ground advice and support.

IP Intensive – since 2010, I already have a student each year placed as an intern working at VentureLab for an entire term as part of their academic credit requirement (and therefore not compensated). I can place others if there is an interest. These JD students are completing this final year capstone program in intellectual property and are seasoned and ably equipped to inform and educate the community and also act as ambassadors for the university. Each year I typically place students at VentureLab, Astrazeneca, Teva, Sandoz, CBC, The Globe & Mail, TVO, the Department of Canadian Heritage, ISED, Innovation Canada, the Canadian Intellectual Property Office (CIPO), SOCAN, Codex Centre for Legal Informatics at Stanford University and BEST Lab at Lassonde.

Saptarishi Bandopadhyay, Assistant Professor, Osgoode

Law, Disasters, and Public Health

The relationship between law, disasters, and public health has erupted to the fore in the course of the COVID-19 pandemic. Legal regulations, and the lack thereof, can be seen as a major cause of the outbreak. But they are also the instruments of recovery through which public health and welfare is being affected around the world. Yet, this is too straightforward a picture. Law is implicated in every aspect of public health management in the context of disasters, long before an outbreak appears on the horizon. Law is a central aspect of disaster preparedness, relief and rescue operations, and reconstruction and mitigation efforts. Further, myriad legal rules that do *not* formally address disasters or public health, for instance, criminal law and penal regulations, can contribute to a generalized public health crisis. The outbreak of COVID-19 in overcrowded prisons and detention facilities, for instance, is not only a threat to the lives and well-being of prisoners, but also the staff and thousands of civilians who interact with incarceration systems daily. In the context of a communicable diseases, the in- and out-flow of people from carceral institutions can convey a virus across prison walls and make it untenable to limit the spread of infection. This is but one example of the many ways in which law, disasters, and public health interact in unforeseen and counterintuitive ways; the nexus between the three is currently understudied. While many scholars study two of the three components, effect disaster management requires us to study all three together at a local, provincial, and national scale.

LIBERAL ARTS & PROFESSIONAL STUDIES

Jimmy Huang, York Research Chair Professor and Director, Information Retrieval and Knowledge Management Research Lab, School of Information Technology

Professor Jimmy Huang is now holding a York Research Chair Professorship in big data analytics. His major research focuses on the areas of information retrieval, artificial intelligence, text mining and big data analytics with complex structures and their applications to the Web and medical healthcare. He has published 280+ refereed papers in top-tier journals (such as ACM Transactions on Information Systems, Journal of American Society for Information Science & Technology, IEEE Transactions on Knowledge and Data Engineering, ACM Transactions on Intelligent Systems and Technology, Information Sciences, Information Retrieval, BMC Bioinformatics, BMC Medical Genomics and BMC Genomics) and best conferences in the fields (such as ACM SIGIR, ACM CIKM, ACM SIGKDD, COLING, ACL, IJCAI and AAAI). He received an Early Researcher Award, formerly the Premier's Research Excellence Awards, in 2007 for a health-care project entitled "Analyzing and Searching Medical Data for Cost Effective Health Care". He was the General Conference Chair for the 19th International ACM CIKM Conference and the General Conference Chair for the 43rd International ACM SIGIR Conference. The outcome of his contributions in developing and applying probabilistic modeling techniques to large-scale data analysis had significant impacts on both academia and industry.

Ian Stedman, Assistant Professor, School of Public Policy and Administration

I am a legal member of the Research Ethics Board at SickKids and we are working on establishing research ethics protocols for machine learning / AI-driven research. This might be a possible area of collaboration if Cortellucci Vaughan is looking to modernize its research ethics infrastructure. I am also working on several AI and data governance projects at SickKids. The goal is to ensure there are proper oversight and accountability mechanisms in place before artificial intelligence makes its way into clinical care. I'd be interested in collaborating with CV on any projects related to establishing the governance (i.e. legal, ethical) infrastructure required for the integration of technologies that will allow for greater personalization of care.

SCIENCE

Jianhong Wu, Department of Mathematics & Statistics, Faculty of Science

Jianhong Wu, University Distinguished Research Professor and Canada Research Chair in Industrial and Applied Mathematics. Director of the Laboratory for Industrial and Applied Mathematics, with thematic research in infectious disease modelling that includes antimicrobial drug resistance stewardship program evaluation; digital data analytics and risk of infection in ICUs; data driven disease burden analysis. He is also the scientific director of the Advanced Disaster, Emergency and Rapid Response Simulation (ADERSIM), an unique university-based facility and initiative to develop modelling, simulations and exercises in the Emergency Operation Centre (EOC) setting. He is holding an NSERC/Sanofi Industrial Research Chair in Vaccine Mathematics, Modelling, and Manufacturing.

Centre for Movement Sciences, Disorders and Rehabilitation

Introduction

The ability to voluntarily move is a central feature of human function and health-related quality of life. All too often, this ability is compromised by injury or illness. Compromised movement and ability to engage in activities of daily living, be they household activities, work, exercise, leisure or play, often leads to secondary health concerns that can be a cause of both morbidity and mortality. Clinicians and researchers frequently work in this space of reducing the risks and harms of limited movement, while discovering and implementing interventions to enhance mobility across many different patient groups. The incidence of injury and disease continues to grow with a growing and aging population, and general declines in activity levels. We have the opportunity to bring focus to exploring and understanding ways to enhance activity, to keep our people healthier for longer, and to progress them back towards health when they have been injured or ill.

A critical element of the collaboration and partnership between the University and the hospital system is the opportunity for economic development that is present at the intersection between research, teaching and training, clinical care, and health promotion. The university and the hospital have numerous relationships with small to medium-sized companies in the "health-tech" economic space, and with very large, multinational corporate enterprises. The Faculty of Health, and York University more broadly, has an excellent record of accomplishment in terms of academic-industry partnership that can serve to drive economic development and the impact of our partnerships, locally and globally.

As such, we propose to develop in collaboration with the stakeholders of the Health Precinct, Faculties and Academic Programs across York University, and other potential partners, a plan to focus on research and education that will:

1. Deepen research collaborations, productivity, and impact in areas of: arthritis and joint replacement; brain neurorehabilitation, cardiopulmonary health and rehabilitation, orthopaedic injury rehabilitation; stroke recovery and rehabilitation; obesity and metabolic disease interventions, muscle health, weakness and chronic disease(s) rehabilitation; child and maternal health; data management and health policy; equity as a determinant of health; and healthy aging; supporting established and emerging practices in the areas of acute primary care, physical and cognitive rehabilitation, and long term care;

2. Translate research into clinical practice in the domains of medicine, nursing, and rehabilitation, in these fields, and others (as appropriate).

3. Translate research and clinical best practices into continuing education opportunities for emerging and established health professionals, and general health-interested lay groups.

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4. Expand our current academic therapy programs at York University, while developing rehabilitation science graduate programs to inspire and train the next generation of physical therapist, occupational therapist, and athletic therapist to support the growing needs of the City of Vaughan, York Region and beyond. The academic programs will provide an outstanding learning environment linking evidence-based practice with a strong focus on analytics at its foundation. The acquisition of advanced academic knowledge, skills and behaviours that are essential for a primary health care facility, while transitioning to a complex and continually evolving community health care environment is at the core of movement sciences, disorders, and rehabilitation vision for the Health Precinct.

At York University we have researchers and faculty members with passionate interests in all these areas, not only in the Faculty of Health, but also in engineering, computational arts, data science, sociology, social work, and others. Particular to the Faculty of Health, we have identified researchers in every Department, including: nursing, related to post-surgical care and mobility; kinesiology, related to biomechanics, data science, injury prevention, neuroscience, physiology, psychology, and social-cultural studies; in global health, related to burden of disease and epidemiology; in psychology, related to mental health and comorbidities; and in health policy and management, related to health informatics. All the research and education opportunities in these areas can be informed by the parallel interests and expertise of other stakeholders in the areas of "big data", machine learning and artificial intelligence; in fact, it is suggested that intentional collaborations across these fields be established early and promoted often.

Centre of Excellence of Movement Science, Disorders and Rehabilitation

We will develop the ***Centre of Excellence in Movement Science, Disorders and Rehabilitation*** in collaboration with Vaughan Mackenzie HealthCare Centre and the City of Vaughan. The new centre will be a conduit for researchers from many disciplines to come together to develop truly transdisciplinary approaches to addressing some of the biggest problems in health and health care; a conduit for researchers and the clinical community to come together to co-construct new knowledge and translate that knowledge into research-informed practice; and a conduit between researchers, practitioners, industry and government to ensure opportunity for innovation to migrate from the labs and clinics to the global marketplace. The Centre will be a leader in the health and rehabilitation of a) Neuromotor disorders, b) Cardiopulmonary and Vascular disorders, c) Musculoskeletal disorders and diseases, and d) Data Management and Health Policy (Figure 1). Within each area, York University's School of Kinesiology and Health Science has the expertise to provide innovative approaches across primary, secondary, and tertiary domains in exercise science, rehabilitation, and nutritional interventions (Table 1).

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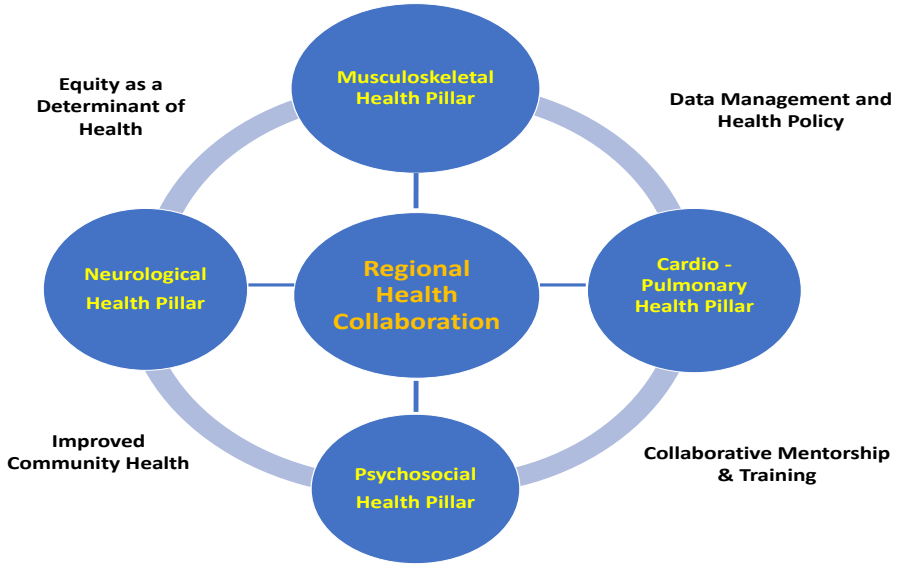


FIGURE 1. Schematic describing four pillars of collaboration between The Centre of Excellence in Movement Science, Disorders and Rehabilitation and Vaughan Mackenzie Health Precinct.

TABLE 1: Regional Health Collaboration

Focused Program Domains	Musculoskeletal Health Pillar	Cardiopulmonary Health Pillar	Neuromotor Health Pillar	Psychosocial Health Pillar
Primary Prevention Programs	• Physical Activity/ Exercise Prescription • Nutritional Education	• Physical Activity/ Exercise Prescription • Nutritional Education	• Physical Activity/ Exercise Prescription • Nutritional Education	• Physical Activity/ Exercise Prescription • Lifestyle Modification • Social Interaction
Secondary Prevention Programs	• ER Non-Physician Expert Program • Falls Risk Screening	• Cardiac and Pulmonary Screening	• Stoke and Cognitive Screening	• Mental Health Lifestyle Screening
Tertiary Prevention Programs	• Musculoskeletal Intervention	• Cardiopulmonary Intervention	• Neuromotor Intervention	• Psychosocial Health Intervention

Targeted Outcomes

- Reduced ER Wait Times
- Reduced Hospital Stays
- Reduced Re-admissions
- Reduced Surgical Intervention
- Reduced Staff Burnout

Detailed components within the Centre include:

a) Musculoskeletal Health, Disorders, and Diseases

Musculoskeletal health is a determinant of many diseases and disorders, but itself can be compromised by these same conditions. The expertise of York University's School of Kinesiology and Health Science researchers are particularly focused on how musculoskeletal health determines the risk for acute injury, aging-related decline in functional capacities and mobility, obesity, cardiovascular disease, diabetes, and cancer. Likewise, our researchers focus on the reciprocal effect whereby musculoskeletal health itself becomes compromised in response to these same diseases and disorders including inherited and acquired neuromuscular diseases.

- *Compromise - Injury: (Drs. Janessa Drake, Jaclyn Hurley, Anne Moore, Loriann Hynes, Michael Boni, Lauren Sergio)*

The movements we perform can be both beneficial and in certain cases put people at risk. For example, musculoskeletal injuries of the low back, shoulder, or wrist in the workplace, notably hospitals, are known to be related to the postures adopted and the forces required. Some of the higher risk jobs are associated with hospital settings (e.g., nursing, paramedics). In fact, movements used, and forces required are risk factors for a range of injuries both work-related and associated with activities of daily living, sports, and within certain populations such as older populations. York University's School of Kinesiology and Health Science has researchers dedicated to studying the mechanisms of musculoskeletal injuries in various populations including but not limited to workplace populations and identifying rehabilitation strategies that promote "good" movement. As a new hospital VMCC was built with technology to reduce the risk to the workers making it a perfect partnership opportunity with the York University School of Kinesiology and Health Science biomechanics group. Use of cutting-edge technologies can evaluate movement and identify musculoskeletal risk factors which can subsequently enable the development of tools, strategies, and training programs to identify and mitigate debilitating injuries. Our team of experts can contribute to fostering reduced burden of musculoskeletal disorders in the hospital and in the community beyond. From an education perspective the YU-VMMC partnership will provide experiential education opportunities for students continuing with ergonomics specialties and continuing education opportunities for the community.
In order to reduce the impact of disease or injury, secondary prevention strategies play an important role in returning people to their original health and function to prevent long-term problems. The integration of non-physician experts (NPE) in musculoskeletal health is an example that could improve both patient outcomes and hospital efficiencies. Community partners have been a long-standing component of the existing Athletic Therapy Certificate Program (ATCP) at York University. These partnerships could be expanded to include ATCP students (specialists in MSK assessment, acute management and rehabilitation) to provide opportunities to positively impact both hospital resource allocation of staff to decrease the burden on Emergency and Orthopaedic departments while at the same time increasing the level of patient care and satisfaction. The concept of NPEs in the realm of MSK injury has been shown to reduce costs and wait times and improve patient satisfaction while also reducing the number of healthcare personnel required to resolve the injury. This concept and the positive outcomes associated with its implementation (e.g. decreased ER wait times, hospital stays, diagnostic imaging and staff burnout) can be expanded beyond the MSK realm and include other aspects of the pillars within the Centre of Excellence in Movement Science, Disorders and Rehabilitation.

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- *Aging, Cardiovascular Disease, Obesity, and Diabetes: (Drs. Veronica Jamnik, William Gage, David Hood, Taylor Cleworth, Andrea Josse, Christopher Perry, Rolando Ceddia, Olasunkanmi Adegoke)*

Skeletal muscle, 40 per cent of a human's body mass, is a unique and large tissue that significantly contributes to an individual's metabolism, locomotion, and overall quality of life. Skeletal muscle health is vital for powering the movements of daily activities so that we can enjoy life and be gainfully employed, Cardiac muscle (the heart) circulates blood and nutrients to supply all tissues in the body, while smooth muscle controls blood flow distribution to muscle and all other vital organ systems. These physiological functions are well known to decline with age, and when combined with a predominantly inactive population, lead to a high susceptibility to age-related metabolic conditions such as obesity, cardiovascular disease and type 2 diabetes. Moreover, each of these conditions can directly compromise the health of muscle itself which leads to further physical inactivity and complications through a vicious cycle. These conditions have profound economic and quality of life implications that affect millions of Canadians.

- *Cancer: (Drs. Michael Connor, Christopher Perry)*

Many cancers cause severe muscle weakness. This condition directly impairs a person's ability to perform activities of daily living thereby increasing their dependence on the health care system for in-home support and assistive technologies. This muscle weakness also increases their risk for injury as well as worsens their prognosis for surgical interventions and certain radiation and chemotherapy procedures. Our researchers are focused on understanding the exact causes of muscle weakness in response to cancer in order to guide pre-clinical development of pharmacological therapies as well as nutritional and physical activity intervention strategies.

- *Neuromuscular diseases and disorders*: *(Drs. Lauren Sergio, Loriann Hynes, Michael Boni, William Gage, Taylor Cleworth, George Mochizuki, Christopher Perry, David Hood)*

There are multiple forms of neuromuscular diseases and disorders that are either inherited or manifest later in life for unknown reasons. Many of these conditions reduce mobility, make it more difficult to breathe and also weaken the heart. The reduced mobility in these populations increases their risk for injury, chronic conditions and assistive support and technologies at a level that can exceed the needs of those with muscle weakness in the conditions noted above. In the most extreme conditions, technologies that assist heart function and the ability to breathe can be required, and considerable reductions in lifespan often occur. Researchers in KHS are actively researching such diseases to understand the causes of muscle weakness in order to guide new therapy development. Such research includes ongoing participation with pharmaceutical partners to develop new therapies that improve muscle strength and health in Duchenne muscular dystrophy. Partnering with VMCC can guide such therapy development by accessing clinical expertise and patient populations, including physical activity prescription and

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nutritional therapy to counter the common problem of obesity that arises in these conditions of immobility.

Overall, we have the research talent and exceptional capabilities that allow us to investigate these major age-related decrements in physiological functions, and we can investigate treatment solutions related to exercise, nutritional and pre-clinical development of pharmaceuticals that intervene at various levels of organization. Our faculty and trainees use multidisciplinary cellular, molecular and whole-body approaches to investigate these issues in the broadest terms, allowing for an understanding of the integration of physiological systems that determine metabolism, locomotion, heart health and quality of life. These goals align with the mission of York University, the research goals of the Faculty of Health, and with the future opportunities of the VMCC. They also represent highly fundable research directions for future collaborations.

b) Cardiopulmonary and Vascular Health and Disorders *(Drs. Heather Edgell, Veronica Jamnik, Andrea Josse, Loriann Hynes, Emilie Roudier, Tara Haas, David Hood, Christopher Perry, Olivier Birot)*

Standard cardiac and pulmonary rehabilitation programs include aspects of risk factor management, including education, nutrition, and exercise, alongside standard medical care. These programs have been well-documented to improve patient outcomes and reduce re-admissions to hospital. Very few cardiac and pulmonary centres across Canada have fully developed physiological assessment labs to comprehensively assess the improvement of patient health. Our collaboration will allow for funding applications (e.g., NSERC-RTI, CFI) to equip a full physiological and nutrition lab at the Vaughan hospital where we will be able to run research studies on patients throughout their participation in rehabilitation programs to improve their education and care. For example, Dr. Edgell is developing a relationship with Toronto Rehab to determine if standard cardiac rehabilitation is as effective in women as it is in men. It would be extremely important to run this study at multiple locations to determine the applicability of findings to many populations across Ontario. Together, our program will provide impressive opportunities for research projects and for experiential education programs for our York University undergraduate and graduate students. Undergraduate students in the Fitness Science program as well as Master of Fitness Science students will be able to work with the rehabilitation programs to assist with exercise programming and to gain invaluable experience working with a patient population. Further, graduate research students will be able to gain experience with research protocols that are not available anywhere else at York University.

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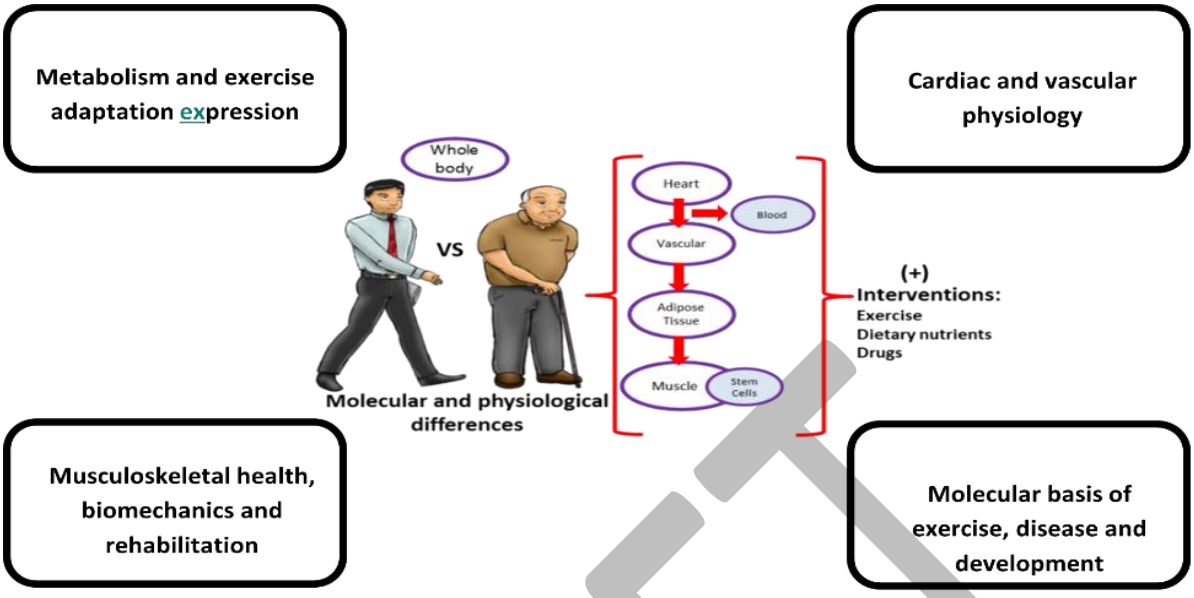


Figure 2. Description of interdisciplinary movement science and rehabilitation areas.

- ***Neuromotor Health and Disorders*** *(Drs. Lauren Sergio, Loriann Hynes, Michael Boni, William Gage, Taylor Cleworth, George Mochizuki)*

People living with neurological conditions face many challenges, among them reduced functioning and activity limitations. In Canada, acquired brain injury across the lifespan, and Alzheimer's disease in later adulthood are major causes of disability. Currently, neurological conditions affect an estimated 3.6 million Canadians in our communities and a further 170,000 in long-term care facilities; this includes not only the individual living with the condition, but family members and caregivers as well. It is anticipated that in the coming 30 years, an increasing number of Canadians will be afflicted with neurological impairments that will limit their ability to live independently, with an estimated economic burden of over $10 billion.

While diagnosis of many neurological conditions is well developed, far less is known about effective treatments. The emerging field of neurorehabilitation uses the brain's ability to change itself ('plasticity') in the treatment of a wide range of neurological conditions. The challenge, however, is in evaluating the efficacy of these interventions in order to develop new and better treatments. Behavioural measures and self-reports do not lend themselves well to objective evaluation of neurorehabilitation. It is critical to know not only how, but **how well** an intervention works, in order to advocate for best practices and effective healthcare dollar allocation. Our research team is well-positioned to measure brain rehabilitation through our expertise in the neural control of movement, neurophysiology, and neuroimaging. For example, in partnership with the Sorbara Integrated Stroke Unit at the Cortellucci Vaughan Hospital, we would like to form a clinical research partnership to facilitate motor recovery after stroke. Using an Integrated Knowledge Translation approach, researchers and clinicians would work together to shorten length of stay in hospital and improve functional capacity after discharge. The

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research will focus on enhancing balance and mobility through exploration of the neural and non-neural factors that impact balance and mobility after stroke.

c) Cross-Pillar Themes

- Data Management and Health Policy *(Drs. Alison Macpherson, Christopher Ardern, Jennifer Kuk, Hala Tamim)*

While expertise in clinical management of health-related issues is of utmost importance, it is also important to manage the data and policy that support evidence-based implementation of these policies. For example, in order to promote movement and physical activity, there must be adequate support in the community and the built environment. Seniors and children particularly are less likely to use active transit in a car-focused environment with high-speed roadways. Adequate parks, trails, separated bike lanes and other green spaces all contribute to physical and mental health. Our team has expertise both in the geographic assessment of spaces that promote physical activity, safety, and well-being, but also in actively working with municipalities and other stakeholders to develop such spaces. Our experience in analyzing health services data with a view to identifying risk and protective factors for a variety of health conditions (including injuries and trauma, diabetes, and obesity) will enhance the clinical outcomes in each pillar.

- Equity as a Determinant of Health *(Drs. Alison Macpherson, Christopher Ardern, Jennifer Kuk, Hala Tamim)*

Although the association between the social determinants of health and health outcomes has long been established there remain challenges that warrant action. The COVID pandemic has highlighted the gaps in our healthcare system that have been exacerbated by inequity. The best clinical programs will remain inequitable without attention to factors related to equity and accessibility. York's longstanding commitment to social justice, and experience with the Black Creek community will bring an equity lens to the programs and services offered to patients at Mackenzie Health. For example, the availability of programs in evenings and weekends will support essential workers. Offering care that is centred around trauma for marginalized groups will also be a key element to ensure that patients feel safe within the health care system.

d) Summary:

The development of these programs and themes will result in the prevention of chronic disease, result in improved community health and health equity, shorter and fewer hospital

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stays, and reduced readmissions. These outcomes will be achieved as a function of the collaboration between researchers and clinicians across many disciplines, developing truly transdisciplinary approaches to addressing our biggest problems in health and health care. This new Centre will create the conduit for researchers and clinicians to co-construct new knowledge and translate that into research-informed practice. And finally, the new Centre will enhance economic development opportunities in the collaborations between researchers, clinicians, industry, and government, by ensuring opportunities for innovation to migrate from the labs and clinics to the global marketplace, creating businesses and new jobs in the City, the Region, and the Province.

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Appendix 18. Learning Outcomes Advisory Committee – TRANSITION - Terms of Reference

Terms of Reference

LEARNER OUTCOMES ADVISORY COMMITTEE, VERSION 2, NOVEMBER 2024

Preamble

The Learner Outcomes Advisory Committee for the York University School of Medicine undergraduate medical education program is being established to propose program learning outcomes (PLOs) for the undergraduate medical education program. This will be a short-term time limited committee providing recommendations to the Transitional Curriculum Committee (TCC) so they can complete their work on the development of the undergraduate medical education curriculum.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The Learner Outcomes Advisory Committee for the School is established to develop and propose program learner outcomes (PLOs) for the undergraduate medical education program.

In completing its work, it will take into consideration the following:

- The Committee of Accreditation for the Canadian Medical Schools (CACMS) accreditation standards and elements
- The Ontario Universities Council on Quality Assurance Guide to Quality Assurance Processes

Term

The Terms of Reference is effective from October 30, 2024, and will continue until the end of December 2024/early January 2025, after which they will be reviewed and revised, as appropriate.

Membership

- Advisor, Curriculum and Accreditation, Co-Chair
- Faculty Lead, Curriculum and Accreditation, Co-Chair
- Four (4) Community Physicians:
- Five (5) academic faculty members
- Advisor, UGME Curriculum and Operations
- Advisor, UGME Program Development
- Education Program Assistant, Faculty of Health
- UGME Curriculum Manager

Operations

- The Learner Outcomes Advisory Committee will meet weekly or at the call of the Co-Chairs
- One full day (6 hour) workshop will occur at York University
- Quorum will be 50% plus one of the committee members
- The term of the representatives is until the proposed learning outcomes are developed
- Meeting minutes reflecting the activity of the committee shall be recorded
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When one Co-Chair is not present, the other Co-Chair will chair the committee.
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis
- The Learner Outcomes Advisory Committee reports to the Dean of Record/Institutional Lead for the School and to the Transitional Curriculum Committee.

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

- Provide advice and recommendations about proposed PLOs
- Communicate recommendations to the Transitional Curriculum Committee

Appendix 19. Transitional Curriculum Committee – TRANSITION - Terms of Reference

Terms of Reference

TRANSITIONAL CURRICULUM COMMITTEE, VERSION 2, NOVEMBER 2024

Preamble

The Transitional Curriculum Committee (TCC) for the York University School of Medicine undergraduate medical education program is being established to lay the groundwork for curriculum development. Once its work is complete, the TCC will evolve into a formal Undergraduate Medical Education Program Committee (UMEPC).

The future UMEPC will address CACMS Element 8.1, Curricular Management: The faculty of a medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees, or other structures achieving the same functionality, will oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Vision of the School

York's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but also to continue to adapt to evolving patient, community and health system needs.

Purpose

The TCC is established to develop the School's undergraduate medical education curriculum. It will be responsible for the following:

- An overall curriculum map
- Determination of the overall number of courses
- Review of the Request for Proposals for Curriculum Mapping software and Learning Management Systems which will be linked to the learning outcomes and recommendations of the Learning Outcomes Advisory Committee and the Assessment Committee recommendations as well as what is needed for accreditation, ongoing quality improvement, and evaluation, and provide recommendations to the Accreditation Steering Committee

- Review of the proposed Program Learning Outcomes (PLOs) developed by the Learner Outcomes Advisory Committee and make a recommendation to the Accreditation Steering Committee
- Obtain consultations on the overall curriculum map and PLOs from the various Advisory Boards as well as content experts, e.g., in digital health, epidemiology, etc.

It is important to note that the undergraduate medical education curriculum:

- Focuses on educating students interested in primary care or generalist specialist practice after graduation.
- Incorporates interprofessional education.
- Trains students to work effectively in an integrated, value-based, and team-based health care system supported by distributed clinical learning, including longitudinal integrated clerkships (LICs) in both rural and urban settings.
- Emphasizes social justice (decolonization, diversity, equity, and inclusion), principles of population health
- Educates students on the use of digital health and artificial intelligence (AI) to prepare students for the future of healthcare.

Term

The terms of reference is effective from November 2024 and will continue until November 2025, after which they will be reviewed and revised as appropriate.

Membership

- Advisor, Curriculum and Accreditation (Co-Chair)
- Faculty Lead, Curriculum and Accreditation (Co-Chair)
- Six (6) Community Physicians
- UGME Curriculum Development Manager
- Advisor, Undergraduate Medical Education (UGME) Curriculum and Operations
- UGME Assessment & Program Evaluation Manager (TBD)
- Vice Provost, Teaching & Learning
- Five (5) academic faculty members

Operations

- The TCC shall meet every two weeks or at the call of the Co-Chairs
- The meetings will be 90 minutes in duration
- Quorum will be 50% plus one of the committee members.
- The term of the representatives continues until the new UMEPC is established.
- Meeting minutes reflecting the activity of the committee shall be recorded.

- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When one Co-Chair is not present, the other Co-Chair will chair the committee.
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis.
- The TCC reports to the Dean of Record/Institutional Lead for the School and to the Accreditation Steering Committee.

Committee Member Expectations

- Attend at least 75% of the meetings.
- Prepare for meetings in advance.
- Complete assigned tasks in a timely manner.
- Participate as a member or Chair of working groups, as requested by the Co-Chairs.
- Solicit collegial input, as appropriate.

Roles and Responsibilities

- Provide advice and recommendations about the curriculum plan and assessment plan.
- Provide advice regarding the ideal curriculum mapping tool.
- Communicate recommendations to the Dean of Record/Institutional Lead for the School and the Accreditation Steering Committee.

Appendix 20. Assessment Committee – TRANSITION - Terms of Reference

Terms of Reference

ASSESSMENT COMMITTEE, VERSION 2, NOVEMBER 2024

Preamble

The Assessment Committee for the York University School of Medicine undergraduate medical education program is being established to propose an assessment system, robust assessment policies and procedures, and assessment tools to be utilized across the three-year curriculum of the undergraduate medical education program. This committee will provide its' recommendations to the Transitional Curriculum Committee (TCC) and once the TCC evolves to the Undergraduate Medical Education Program Committee (UMEPC) the assessment committee will report to the UMEPC.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The Assessment Committee for the School is established to develop and propose an integrated assessment program across all three years of the Undergraduate Medical Education Program (UGMEP). The Assessment works in accordance with the Committee on Accreditation of Canadian Medical Schools (CACMS) standards and elements including:

- **Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**
    - ***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 ensures that all graduates achieve the same medical education program objectives. The assessment systems should also be

designed to facilitate period evaluation of how well the system is working to be able to make design corrections.

- ***Element 9.5 Narrative Assessment***
  - A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.
- ***Element 9.7 Timely Formative Assessment and Feedback***
  - A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.
- ***Element 9.8 Fair and Timely Summative Assessment***
  - A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

Term

The Terms of Reference is effective from November 28, 2024, and will continue until November-December 2025 or sooner when the Terms of Reference will be reviewed and revised, as appropriate.

Membership

Full members:

- Advisor, Assessment (Co-Chair)
- UGME Assessment and Program Evaluation Manager (Co-Chair)
- Three (3) community physicians:
  - One (1) Community Based Primary Care physician (i.e. Family Physician)
  - One (1) Community Based Generalist Physician
  - One (1) community-based physician

- Three (3) faculty members from York University who have experience in health professions assessment
- One (1) medical student from the Canadian Federation of Medical Students
- One (1) postgraduate resident from the Professional Association of Residents of Ontario (PARO)

Ex-officio members:

- Faculty Lead, Curriculum & Accreditation
- Advisor, Undergraduate Medical Education (UGME) Program Development
- Accreditation Committees Project Implementation Manager
- Advisor, Curriculum and Accreditation
- Advisor, UGME Curriculum and Operations

Operations

- The Assessment Committee will meet every two weeks or at the call of the Co-Chairs
- The meetings will be 90 minutes in duration
- Quorum will be 50% plus one of the committee members
- Members serve for one year or sooner if there is a need to revise the Terms of Reference as the undergraduate medical education program development evolves
- Meeting minutes reflecting the activity of the committee shall be recorded
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When one Co-Chair is not present, the other Co-Chair will chair the committee.
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis
- The Assessment Committee reports to the Dean of Record and to the Transitional Curriculum Committee

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

- To develop a fulsome, integrated assessment program across the three-year undergraduate medical education curriculum which includes:
    - The goals of the assessment
    - The principles of student assessment
    - The methods of assessment

    - Setting of cut/passing scores
    - The timing of assessments
    - The methods and tools for data capture, management and storage
- To develop and contribute to policies regarding student evaluation including but not limited to; test accommodation considerations, feedback beyond pass/fail status, learning plan development, student and faculty feedback on assessment reconsideration and appeals of awarded marks
- To identify needs for faculty development regarding student evaluation
- To propose appropriate and fair student promotion standards
- To ensure the principles of decolonization, equity, diversity, and inclusion are integrated into assessment
- To ensure assessments are aligned with the program learning outcomes (PLOs)
- To provide leadership and guidance on appropriate assessment methods
- To ensure the assessment system is designed to facilitate ongoing assessment – program evaluation with expectations for quality improvement revisions of the assessment system

Appendix 21. Student Admissions Committee – TRANSITION - Terms of Reference

Terms of Reference

STUDENT ADMISSIONS COMMITTEE, VERSION 2, NOVEMBER 2024

Introduction

The Student Admissions Committee of the York University School of Medicine is established to provide guidance for the development and application of policies for the admission of students to the undergraduate program of the School in accordance with the School's stated objectives.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live and work — to not only thrive in a new interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The School's Student Admissions Committee is created to develop and recommend policies and processes of admissions to the School.

The Student Admissions Committee will consider the recommendations of the report entitled Admissions policies and procedures for the School and make additions, changes and adjustments as deemed essential.

The Student Admissions Committee will work in accordance with the following Committee on Accreditation of Canadian Medical Schools (CACMS) standards and elements including:

- **Standard 1 (Mission, Planning, Organization, and Integrity)**
    - **Element 1.1.1. Social Accountability**
        - A medical school is committed to address the priority health concerns of the populations it has responsibility to serve. The medical school's social accountability is:
            - Articulated in its mission statement
            - Fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences
            - Evidenced by specific outcome measures
- **Standard 10: Medical Student Selection, Assignment, and Progress**

- **Element 10.1 Premedical Education/Required Coursework**
  - Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.
- **Element 10.2 Final Authority of Admission Committee**
  - The final responsibility for accepting students to a medical education program rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.
- **Element 10.3 Policies Regarding Student Selection/Advancement and their Dissemination**
  - The faculty of a medical school establish criteria for student selection and develop and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, advancement, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.
- **Element 10.4 Characteristics of Accepted Applicants**
  - A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.
- **Element 10.5 Technical Standards**
  - A medical school develops and publishes technical standards for the admission of applicants and the retention and graduation of medical students.
- **Element 10.6 Content of Informational Materials**
  - A medical school's calendar and other informational, advertising, and recruitment materials presents a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g. Immunization) requirements for the undergraduate medical degree and all associated joint degree programs, provide the most recent academic schedule for each curricular option, and describe all required learning experiences in the medical education program.
- **Element 10.7 Transfer Students**
  - A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements,

completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

- **Element 10.11 Student Assignment**
  - A medical school assumes ultimate responsibility for the selection and assignment of medical students teach location and/or parallel curriculum (i.e., alternative curricular track) and uses a centralized process to fulfill this responsibility. The medical school considers the preferences of students and uses a fair process in determining the initial placement. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

Term

The Terms of Reference is effective from November 2024, and will continue until November 2025, after which they will be reviewed and revised, as appropriate.

Membership

Full Members:

- Advisor, Admissions (Co-Chair)
- Advisor, Curriculum and Accreditation (Co-Chair)

- Three (3) representatives from clinical partner institutions
- Two (2) representatives from the Faculty of Health and/or other Faculty
- Two (2) primary care or primary care generalist specialist physicians from the community
- Three (3) representatives from the community
- Three (3) representatives from underrepresented community member groups, including an individual form the following communities: Indigenous, Black, and Individuals with Disabilities
- An undergraduate medical student
- A postgraduate resident

Ex-officio members:

- Faculty Lead, Curriculum and Accreditation
- Advisor, UGME Program Development
- Assistant Vice Provost & University Registrar or delegate
- Accreditation Committee Project Implementation Manager
- Co-Chair, Bachelor of Interprofessional Health (BIPH) Working Group or delegate

Operations

- The Student Admissions Committee will meet every two weeks or at the call of the Co-Chairs;
- The meetings will be 90 minutes in duration;
- Quorum will be 50% plus one of the committee members;
- Members serve for one year or sooner if there is a need to revise the Terms of Reference;
- Meeting minutes reflecting the activities of the committee will be recorded;
- Committee members are expected to attend meetings, or if unable to do so, send advance notice of their absence;
- When one Co-Chair is absent, the other Co-Chair will chair the meeting;
- Key constituents, such as advisors internal or external to York University, will be invited to attend on an as-needed basis;
- The Admissions Committee reports to the Dean of Record, Institutional Lead.

Committee Member Expectations

- Attend at least 75% of the meetings;
- Prepare for the meetings in advance;
- Complete agreed tasks in a timely manner;
- Solicit and contribute collegial input.

Roles and Responsibilities

- To develop an admissions policy platform that is relevant to the mission and objectives of the School and that reflects the composition of the population and communities served by the School
- To incorporate inputs and feedback from a wide range of interested and affected parties for the School
- To ensure the admissions policies and procedures align with CACMS accreditation Standard 1 Element 1.1.1 and Standard 10
- To ensure the principles of decolonization, equity, diversity and inclusion are reflected in the School's admissions policies

Appendix 22. Interprofessional Education Committee – TRANSITION - Terms of Reference

Terms of Reference

INTERPROFESSIONAL EDUCATION COMMITTEE, VERSION 2, FEBRUARY 2025

Preamble

The Interprofessional Education (IPE) Committee, established for the York University School of Medicine undergraduate medical education program and other health professional students will propose a strategic plan for interprofessional education in collaboration with the Faculty of Health (FoH) and community partners. This committee will provide its' recommendations on IPE strategy to the following individuals/committee: Dean of Record/Instutitional Lead for the School; Faculty Lead, Curriculum and Accreditation; Advisor, Curriculum and Accreditation; Advisor, UGME Curriculum and Operations; and the FoH Council; Transitional Curriculum Committee (TCC) and once the TCC evolves to the Undergraduate Medical Education Program Committee (UMEPC).

Vision of the School

The School will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The IPE Committee for the School is established to develop and propose a strategic plan for IPE across all three years of the Undergraduate Medical Education Program (UGMEP). The proposed strategic plan will consider the following sources:

- Committee on Accreditation for Canadian Medical Schools (CACMS) Standards and Elements
- Canadian Association of Schools of Nursing accreditation
- Canadian Psychological Association Accreditation Standards for Doctoral and Residency Programs in Professional Psychology
- Canadian Association of Occupational Therapists Academic Accreditation
- Physiotherapy Education Accreditation Canada
- Canadian Council for Accreditation of Pharmacy Programs

- Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology
- CASWE-ACFTS Accreditation for Programs in Social Work
- A National Interprofessional Competency Framework, Canadian Interprofessional Health Collaborative

Term

The Terms of Reference is effective from February 6, 2025 and will continue until December, 2025, after which they will be reviewed and revised, as appropriate.

Membership

Membership should be diverse and include members of York University, Hospital Leadership, and advisors to the School. The membership will reflect the principles of decolonization, equity, diversity and inclusion, as well as a diversity of health care professionals from university and community partners as much as possible. A member of the Bachelor of Interprofessional Health (BIPH) Working Group will also be included.

Co-leads:

- Director, School of Nursing, York University (Co-Lead)
- Director of Professional Practice and Chief Nursing Informatics Officer, Mackenzie Health (Co-Lead)

Academic Members

- UGME Curriculum Development Manager
- One (1) FoH faculty member (tenured, tenure track) engaged in IPE research
- One (1) Member of the BIPH Working Group
- Up to three (3) faculty members from the FoH or other faculties at York University representing different health professions (e.g.., nurse, physiotherapist, occupational therapist, psychologist, social worker)
- One (1) faculty member or staff/manager who is responsible for experiential education/practicum placements in the FoH

Community IPE members

- One(1) community physician
- Two (2) health care professionals from the community/hospitals (e.g. nursing, pharmacist, psychologist, occupational therapist, physiotherapist, social worker, etc.)

Ex-officio members:

- Faculty Lead, Curriculum and Accreditation

- Advisor, UGME Program Development
- Advisor, Curriculum and Accreditation

Operations

- The IPE Committee will meet every two weeks or at the call of the Co-Leads
- The meetings will be 90 minutes in duration
- Quorum will be 50% plus one of the committee members
- Members serve for one year, or based on a revised the Terms of Reference
- Meeting minutes reflecting the activity of the committee shall be recorded
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When one Co-Lead is not present, one of the other two Co-Leads will chair the committee.
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis
- The IPE Committee reports to the Dean of Record/Institutional Lead for the School and to the Transitional Curriculum Committee.

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

- To develop and propose a strategic plan for IPE for the School in collaboration with FoH and appropriate Faculties for IPE which will meet the accreditation standards of the various health professionals
- To propose various IPE placements for health care professional students
- To establish buy-in from faculty members of the FoH and appropriate Faculties for IPE

Appendix 23. Faculty Appointments Policy Committee – TRANSITION - Terms of Reference

Terms of Reference

FACULTY APPOINTMENTS POLICY COMMITTEE, VERSION 2, FEBRUARY 2025

Introduction

The Faculty Appointments Policy Committee of the York University School of Medicine is established to provide guidance for the development and application of policies for the appointment of clinical and non-clinical full-time and part-time faculty members and leadership positions to the School.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live and work — to not only thrive in a new interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The Faculty Appointments Policy Committee will develop and recommend policies for the appointment of full-time and part-time faculty members and leadership positions to the York University School of Medicine.

The Faculty Appointments Policy Committee will consider the recommendations of the reports entitled Clinical Faculty Appointments and Considerations for Faculty Recruitment, Development and Recognition.

The Faculty Appointments Policy Committee will work in accordance with the following Committee on Accreditation of Canadian Medical Schools (CACMS) standards and elements including:

- Standard 4: Faculty Preparation, Productivity, Participation and Policies
    - Element 4.2 Scholarly Productivity
        - The medical school's faculty, as a whole, demonstrates a commitment to continuing scholarly productivity that is characteristic of an institution of higher learning.
    - Element 4.3 Faculty Appointment Policies

        - A medical school has clear policies and procedures in place for faculty appointment, renewal of appointment, promotion, granting of tenure, remediation, and dismissal that involve a faculty member, the appropriate department head(s), and the dean, and provides each faculty member with written information about his or her term of appointment, responsibilities, lines of communication, privileges and benefits, performance evaluation and remediation, terms of dismissal, and, if relevant, the policy on practice earnings.
    - Element 4.4 Feedback to Faculty
        - A medical school faculty member, consistent with the terms of his or her appointment, receives regular and timely feedback from departmental and/or other educational program or university leaders on his or her academic performance, and, when applicable, progress toward promotion or tenure.
- Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety
    - Element 9.2. Faculty Appointments
        - A medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by members of the medical school's faculty.

Term

The Terms of Reference is effective from February 13, 2025, and will continue until December, 2025, after which they will be reviewed and revised, as appropriate.

Membership

Full members:

- Advisor, Faculty Affairs (Co-Chair)
- Dean of Record/Institutional Lead or Executive Director, Operations and Resource Planning (Co-Chair)
- Faculty Lead, ICLN
- One (1) Chief of Staff of a partner institution of the School
- Five (5) community physicians, two will be community based primary care physicians, two will be Chiefs of Staff or Director of an education program in a partner institution of the School and one will be a community-based specialist physician
- One (1) Member from one of the Indigenous, Black, or Disabled Advisory Committees

Ex-officio members:

- Director, ICLN (interim Director, Transition Team, School of Medicine)
- Advisor, Curriculum and Accreditation
- Assistant Vice-President Labour Relations or delegate
- University Secretariat or delegate
- Senior Counsel, Labour & Employment or delegate

- Advisor, Faculty Development **(not filled)**
- Accreditation Committees Project Implementation Manager

Operations

- The Appointments Committee will meet every two weeks or at the call of the Co-Chairs;
- The meetings will be 90 minutes in duration;
- Quorum will be 50% plus one of the committee members;
- Members serve for one year or sooner if there is a need to revise the Terms of Reference;
- Meeting minutes reflecting the activities of the committee will be recorded;
- Committee members are expected to attend meetings, or if unable to do so, send advance notice of their absence;
- When one Co-Chair is absent, the other Co-Chair will chair the meeting;
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on as as-needed basis;
- The Admissions Committee reports to the Dean of Record/Institutional Lead for the School.

Committee Member Expectations

- Attend at least 75% of the meetings;
- Prepare for the meetings in advance;
- Complete agreed tasks in a timely manner;
- Solicit and contribute collegial input.

Roles and Responsibilities

- To develop appointment and promotions policies for part-time and full-time faculty members affiliated with the School.
- To develop recommendations on annual review processes and procedures
- To make recommendations on how to recruit faculty members.
- To work collaboratively with the Advisor, Faculty Development to develop onboarding and faculty development for new faculty members
- To ensure the principles of decolonization, equity, diversion and inclusion are integrated into appointments, faculty development, promotions and recognition activities.

Appendix 24. Student (*Learners) Advisory Committee – TRANSITION - Terms of Reference

Terms of Reference

LEARNER ADVISORY COMMITTEE
VERSION 2, JUNE 2025

Preamble

The Learner Advisory Committee for the York University School of Medicine is being established to provide advice, guidance and support to the development of the new medical school. This committee will provide its' feedback to the following individuals: Dean of Record/Institutional Lead for the School; Faculty Lead, Curriculum and Accreditation; Advisor, Curriculum and Accreditation; Advisor, Undergraduate Medical Education (UGME) Curriculum and Operations; and Vice Dean, Learning, Teaching & Academic Programs, Faculty of Health.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The Learner Advisory Committee for the School is being established to provide advice, guidance and support to multiple aspects of the new medical school including admissions, curriculum, assessment, learner supports and other aspects of the new medical school that will evolve over time. Learners participating on the Learner Advisory Committee will also be asked to participate in the development of the Committee on Accreditation of Canadian Medical Schools documents including the Data Collection Instrument (DCI) and Medical School Self-Study (MSS).

Term

The Terms of Reference is effective from May 26, 2025, and will continue until December 2025, after which they will be reviewed and revised, as appropriate.

Membership

Full Members:

- Advisor, Student Affairs (Co-Chair)
- Learner representative (Co-Chair); to be determined by the committee
- Two (2) senior York University Undergraduate learners
- Two (2) current York University Graduate learners
- Two (2) Undergraduate medical students from the Canadian Federation of Medical Students
- Two (2) Undergraduate medical learners from the Ontario Medical Student Association
- One (1) Undergraduate medical learner from the Indigenous Physicians Association of Canada who is in an Ontario Faculty of Medicine
- One (1) Undergraduate medical learner from the Black Physicians Association of Ontario
- One (1) Undergraduate medical learner from the Canadian Association of Physicians with Disabilities
- Four (4) Postgraduate Residents from Professional Association of Residents of Ontario, at least two from a program in Family Medicine in an Ontario Faculty of Medicine
- One (1) Postgraduate Resident from the Indigenous Physicians Association of Canada
- One (1) Postgraduate Resident from the Black Physicians Association of Ontario
- One (1) Postgraduate Resident from the Canadian Association of Physicians with Disabilities
- One (1) PG Resident from the Queer Medical Student Association
- One (1) Undergraduate medical learner from the Queer Medical Student Association

Ex-officio members:

- Faculty Lead, Curriculum and Accreditation
- Advisor, Curriculum and Accreditation
- Advisor, UGME Curriculum and Operations
- Advisor, UGME Program Development
- Vice Dean, Learning, Teaching & Academic Programs, Faculty of Health

Supports:

- Project Coordinator

Operations

- The Learner Advisory Committee will meet monthly or at the call of the Co-Chairs
- The meetings will be 90 minutes in duration
- Quorum will be 50% plus one of the committee members
- The term of the representatives is one year
- Meeting minutes reflecting the activity of the committee shall be recorded
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When one Co-Chair is not present, the other Co-Chair will chair the committee.

- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis
- The Learner Advisory Committee reports to the Dean of Record/Institutional Lead for The School and to the Community Relations & Accountability Committee.

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Participate in development of CACMS accreditation documents including the DCI and the MSS
- Solicit collegial input, as appropriate

Roles and Responsibilities

- To provide constructive feedback on a variety of aspects of the new School including
- Curriculum
- Assessment
- Admissions
    - Proposed Accelerated Track to Interprofessional Programs
    - Prospective Learner Engagement Programs
- Learner support
- To provide feedback on policies and procedures which address learner issues
- To gather feedback and information from other undergraduate and postgraduate/graduate learners, as requested by the co-chairs on topics related to the development of the School
- To participate in the development and provide feedback on the CACMS accreditation documents including the DCI and MSS
- To make suggestions of learner representatives on various committees

Appendix 25. Student (*Learners) Affairs Committee – TRANSITION - Terms of Reference

Terms of Reference

LEARNER AFFAIRS COMMITTEE, VERSION 2, FEBRUARY 2025

Preamble

The Learner Affairs Committee for the York University School of Medicine undergraduate medical education program is being established to provide recommendations on the various aspects of learner affairs including academic advising, career advising, student health services, personal counselling, financial aid and debt management counselling, and policies and procedures related to student services including anti-discrimination and student mistreatment. This committee will provide its' recommendations to the Transitional Curriculum Committee (TCC) and once the TCC evolves to the Undergraduate Medical Education Program Committee (UMEPC) the assessment committee will report to the UMEPC.

Vision of the School

York University's School of Medicine will prepare the next generation of talented frontline primary care doctors — who represent the diversity of the communities in which they live — to not only thrive in a new, interprofessional, team-based health care environment but to continue to adapt to evolving patient, community and health system needs.

Purpose

The Learner Affairs Committee for the School is established to develop and propose learner affairs activities for the Undergraduate Medical Education Program (UGMEP). The Learner Affairs Committee works in accordance with the Committee on Accreditation of Canadian Medical Schools (CACMS) standards and elements including:

- **Standard 3: Academic and Learning Environments**
    - **Element 3.4: Anti-Discrimination Policy**
        - A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, gender identity, national origin, race, sex, or sexual orientation. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of

allegations, and prompt resolution of documented incidents with a view to preventing their repetition.

- **Element 3.6: Student Mistreatment**
  - The medical school has written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and investigated without fear of retaliation.

- **Standard 11: Medical Student Academic Support, Career Advising, and Academic Records**
  - **Element 11.1: Academic Advising**
    - A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.
  - **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, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.
  - **Element 11.3: Oversight of Extramural Activities**
    - If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:
      - A. potential risks to the health and safety of patients, students, and the community;
      - B. Availability of emergency care;
      - C. Possibility of natural disasters, political instability, and exposure to disease;
      - D. Need for additional preparation prior to, support during, and follow-up after the elective;
      - E. Level and quality of supervision;

- F. Potential challenges to the code of medical ethics adopted by the home school.

- **Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services**
    - **Element 12.1-1 Financial Aid/Debt Management Counseling/Student Educational Debt**
        - The 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
    - **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 facilitate their adjustment to the physical and emotional demands of medical education.
    - **Element 12.4: Student Access to Health Care Services**
        - A medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the location of their required learning experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.
    - **Element 12.5: Providers of Student Health Services/Location of Student Health Records**
        - The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.
    - **Element 12.6: Student Health and Disability Insurance**
        - A medical school ensures that health insurance is available to each of its medical students and their dependents and that each medical student has access to disability insurance.
    - **Element 12.8: Student Exposure Policies/Procedures**
        - A medical school has policies in place that effectively address medical student exposure to infections and environmental hazards, including:
            - A. Education of medical students about methods of prevention
            - B. Procedures for care and treatment after exposure, including a definition of financial responsibility
            - C. Effects of infectious and environmental disease or disability on medical student learning activities.

- All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

Term

The Terms of Reference is effective from January, 2025 and will continue until December, 2025, after which they will be reviewed and revised, as appropriate.

Membership

Full members:

- Advisor, Student Affairs (Co-Chair)
- Faculty Lead, Curriculum and Accreditation (Co-Chair)

- One (1) person from York University Student Services
- One (1) person from York University Financial Services
- One (1) person from York University Policy Department
- One (1) medical student from the Canadian Federation of Medical Students
- One (1) medical student from the Black Physicians Association of Ontario
- One (1) medical student from the Indigenous Physicians Association of Canada
- One (1) medical student from the Canadian Association of Physicians with Disabilities
- Two (2) Postgraduate Residents from Resident Doctors of Canada, one of which will be in Family Medicine in an Ontario medical School

Ex-officio members:

- Advisor, UGME Curriculum and Operations (or delegate)
- Advisor, Curriculum and Accreditation

Operations

- The Learner Affairs Committee will meet every two weeks or at the call of the Co-Chairs
- The meetings will be 90 minutes in duration
- Quorum will be 50% plus one of the committee members
- Members serve for one year
- Meeting minutes reflecting the activity of the committee shall be recorded
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When one Co-Chair is not present, the other Co-Chair will chair the committee.
- Key parties of interest, such as advisors internal or external to York University, will be invited to attend on an as-needed basis

- The Learner Affairs Committee reports to the Dean of Record/Institutional Lead for the School and to the Transitional Curriculum Committee.

Committee Member Expectations

- Attend at least 75% of the meetings
- Prepare for meetings in advance
- Complete assigned tasks in a timely manner
- Solicit collegial input, as appropriate

Roles and Responsibilities

- To develop recommendations for the CACMS accreditation standards; in particular, elements in Standard 3, Standard 11 and Standard 12
- To develop policies and procedures regarding learner affairs including anti-discrimination and student mistreatment
- To ensure the principles of decolonization, equity, diversity, and inclusion are integrated into assessment
- To provide leadership and guidance on learner affairs issues

Appendix 26. Summary Table for MD Program Development Committees (Transition Committees) & Summary Table for SOM Governance Committees (Evolved & Sustained Committees)

TRANSITIONAL: MD Program Development Committees	
Committees	**Terms of Reference**
MD Program Development Steering Committee	Appendix 4
Assessment Committee	Appendix 20
Black Health Advisory Committee	https://www.yorku.ca/medicine/planning/black-health-advisory-committee/
Community Network Advisory Committee	https://www.yorku.ca/medicine/planning/community-network-advisory-committee/
Disabilities Advisory Committee	https://www.yorku.ca/medicine/planning/disabilities-advisory-committee/
Faculty Appointments Policy Committee	Appendix 23
Faculty Development Committee	https://www.yorku.ca/medicine/planning/faculty-development-committee/
Indigenous Health Advisory Committee	https://www.yorku.ca/medicine/planning/indigenous-health-advisory-committee/
Indigenous Health and Wellness Curriculum Working Group	https://www.yorku.ca/medicine/indigenous-health-and-wellness-curriculum-working-group/
Interprofessional Education Committee	Appendix 22
Learner Outcomes Advisory Committee	Appendix 18
Research Curriculum & Learning Environment Working Group	https://www.yorku.ca/medicine/planning/research-curriculum-learning-environment-working-group/
Student Admissions Committee	Appendix 24
Student (Learners*) Advisory Committee	Appendix 25
Student (Learners*) Affairs Committee	Appendix 26
Transitional Curriculum Committee	Appendix 19

EVOLVED: Committees that will transition into the Sustained SOM Committees*	
Committees	**Terms of Reference**
Undergraduate Medical Education (UGME) Program Curriculum Governance	
MD Program Curriculum Committee	
Technology Innovation	
MD Success & Progression Committee	Appendix 11
Evaluation & Continuous Quality Improvement	
MD Courses Committee	
Assessment Committee	Appendix 10
MD Learning Support Committee	Appendix 12
Accreditation Committee	
Theme Committee	
General Health Course	
Emerging Concepts & Innovation Course	
Becoming a Professional Course	
Admissions Governance	
School of Medicine Council	
Dean's Executive Committee	
MD Admissions Committee	
Applicant Accommodations Subcommittee	
Black Applicant Stream Subcommittee	
Indigenous Applicant Stream Subcommittee	

*Governance committees for the SOM are still under development and in discussion at the Transition MD Program Development Committees.

Appendix 27. Glossary

Academic Probation	A formal status assigned to a learner who fails to meet academic standards despite prior support. It includes an individualized remediation plan created by MD Program Learning Support Committee (MDLSC) and monitored by a MD Program Success and Progression committee (MDSPC).
Accreditation (CACMS)	A formal review process conducted by the Committee on Accreditation of Canadian Medical Schools (CACMS) to ensure medical schools meet national standards for education, curriculum, assessment, and support.
AFMC (Association of Faculties of Medicine of Canada)	The national body that represents the faculties of medicine in Canada. It develops tools like Entrustable Professional Activities (EPAs) and learner surveys to guide undergraduate medical education.
Assignments	Coursework learners complete individually or in teams, including reflections, concept maps, presentations, quality improvement projects, and critical appraisal tasks.
Assessment Committee (MDAC)	Responsible for designing and implementing assessment tools, ensuring they align with learning outcomes and promote learner progression.
Assessment Method	A specific tool or approach used to assess a learner's knowledge, skills, or behaviours (e.g., quizzes, OSCEs, peer feedback, portfolios). Ideally, the specific assessment method is chosen to best fit the purpose of the assessment desired.
Becoming a Professional (BAP)	One of the three courses that runs longitudinally throughout the curriculum. It focuses on the development of students' professional identity as a physician and is divided into BAP I, which students take in their first year; BAP II, which students take in their second year; and BAP III, which students take in their third year.
Capstone Learning Experience	A unit of the GHC III course where learners complete prescribed in-person active class and simulation learning at the York School of Medicine or affiliated locations along with the equivalent of up to seven weeks of defined selective learning. Combined with Focused Generalist Experiences, the capstone unit ensures graduates meet the learning outcomes for the GHC III course while developing the skills needed for success in residency learning and a generalist career pathway.
CaRMS (Canadian Residency Matching Service)	The organization that manages the national matching process for medical graduates seeking residency positions in Canada.

Case-Based Learning (CBL)	An active learning method where learners use self-directed learning to determine the outcomes of a clinical presentation.
Clinical Experiences	Hands-on or observation training opportunities in healthcare settings where learners interact with patients under supervision.
Competency-Based Medical Education (CBME)	An educational framework that organizes curriculum around clearly defined skills and behaviours (competencies) that learners must demonstrate to progress.
Community Feedback	Input provided by community members or patients about a learner's professionalism and communication, especially during community-based learning experiences.
Continuous Quality Improvement (CQI)	An ongoing, evidence-informed process used to monitor, evaluate, and improve various aspects of the MD program (e.g., curriculum, resources, assessments).
Course Modules	Subsections of each course that organize content and assessments into logical, progressive units.
Credit/Non-Credit Standing	The system by which learners are assessed in courses. A learner must demonstrate achievement of course learning outcomes to earn a 'Credit' status; no percentage grades are awarded on Transcript. For clarity, Pass/Fail are utilized in a different manner at York University thus, are not referred to in the MD program.
Degree Level Expectations (DLEs)	The defined knowledge and skills that all graduates must demonstrate by the time of graduation, as outlined by York University's Quality Assurance Framework.
Elective Learning	Elective learning occurs through the Focused Generalist Experiences where learners select experiences focused around a set of generalist career paths (Family Medicine, Psychiatry, Pediatrics, Obstetrics & Gynecology, General Surgery and Internal Medicine).
Emerging Concepts and Innovations in Health (ECIH)	One of the three courses that runs longitudinally throughout the curriculum. It focuses on the new concepts and innovations impacting healthcare, health systems and outcomes and is divided into ECIH I, which students take in their first year; ECIH II, which students take in their second year; and ECIH III, which students take in their third year.
Entrustable Professional Activities (EPAs)	Key clinical tasks that learners must be able to perform independently by the time they enter residency. The AFMC created the UGME EPAs list (Table 5) to represent the "tasks of a physician that all learners entering a residency program in Canada are expected to perform under indirect supervision"

	(AFMC, 2019). Each EPA is linked to observable behaviours and performance milestones.
Faculty Academic Coach (FAC)	A trained faculty member assigned to a learner to guide their academic and professional development through regular portfolio reviews and reflective discussions.
Feedback in Small Group Learning	Structured formative feedback from facilitators and peers that supports learners' communication, collaboration, and self-awareness in team-based learning.
Focused Generalist Experiences (FGEs)	Focused Generalist Experiences are independent elective learning experiences chosen by the learner and verified by the School of Medicine that are focused on a narrow set of generalist career paths (Family Medicine, Psychiatry, Pediatrics, Obstetrics & Gynecology, General Surgery and Internal Medicine). FGEs could include clinical learning, research or independent learning (i.e. community service, advocacy, leadership, law, health systems, education). FGEs may be completed at York University, clinical or community affiliates in the York region or elsewhere in Canada or internationally and will be assessed and evaluated by the faculty supervising them. FGE learning experiences are either two or four weeks in duration.
Formative Assessment	Assessment intended to provide feedback to support and guide learning rather than to determine a final standing.
Foundational Sciences	Foundational sciences consist of basic, or biomedical sciences, along with clinical, behavioural and social sciences.
Generalism (in Medicine)	A 'philosophy of care' focused on understanding that health needs occur in unique persons within their life circumstances and support systems, rather than just as disease(s). Generalism in medical education serves to equip future doctors to provide comprehensive care: across all stages of life; in various settings; with a commitment to the whole person's diverse health needs, cultural and community influences; and within team-based care.
Generalist Health Care (GHC)	One of the three courses that runs longitudinally throughout the curriculum. It focuses on teaching students the principles of medicine and clinical skills and is divided into GCH I, which students take in their first year; GHC II, which students take in their second year; and GHC III, which students take in their third year.
Guided Self-Review	A structured review of assessment data within the portfolio, conducted jointly by the learner and their Faculty Academic

	Coach to identify learning patterns and areas for improvement.
Learning Management System (LMS)	A digital platform used to track assessments, manage portfolios, deliver feedback, generate reports on learner and program performance.
Learner Portfolio	A curated collection of assessments, reflections, and feedback documenting a learner's development over time. It is a core tool for progression decisions.
Learning Outcomes Advisory Committee (LOAC)	Committee consisting of community physicians, medical school staff and advisors, and faculty from York University responsible for the development of MD Program Learning Outcomes.
Longitudinal Integrated Clinical Learning Experience (LICLE)	A learning experience throughout GHC II where students are immersed in primary and generalist clinical healthcare settings including family practices, hospitals, community health centres.
MD Program Learning Support Committee (MDLSC)	A governance body responsible for developing remediation plans and offering academic support to learners facing challenges.
MD Program Curriculum Committee (MDCC)	The central governing committee which oversees curriculum design, assessment, evaluation, and quality improvement processes within the MD Program.
MD Program Development Steering Committee (MDPSC)	The committee responsible for the oversight of the development of the medical program.
MD Program Evaluation and Continuous Quality Improvement Committee (MDECQIC)	A committee that reviews program evaluation data and ensures that the program continuously improves based on evidence and feedback.
MD Program Success and Progression Committee (MDSPC)	The committee responsible for reviewing learner performance data and determining progression, remediation, or probation decisions.
Objective Structured Clinical Examination (OSCE)	A practical exam where learners rotate through stations involving simulated patients to demonstrate clinical and communication skills.
Peer Feedback	Assessment and feedback provided by fellow learners, often focusing on professionalism, teamwork, and communication.
Portfolio Review	A formal evaluation process of the learner's portfolio conducted by individuals other than their Faculty Academic Coach to ensure objectivity.
Pre-Entrustable / Entrustable Behaviours	Descriptors of learner performance levels used to guide assessment of EPAs, from novice (pre-entrustable) to independently competent (entrustable).

Progress Tests	Assessments administered three times a year that evaluate ongoing knowledge development across the curriculum.
Programmatic Assessment	A system that collects multiple assessments over time to form a comprehensive picture of learner competence.
Psychometric Analysis	Statistical evaluation of assessment data to ensure quality, fairness, and reliability of exam items.
Quizzes	Short assessments, often with multiple-choice questions, designed to reinforce and test recent learning.
Remediation	Targeted support provided to learners who are not meeting expectations. Can include academic plans, coaching, or repeating assessments.
Selective Learning	Selective learning occurs in the capstone learning experience and is intended to prepare learners for the transition to residency and their subsequent generalist career pathway.
Selectives	Selectives are MD Program prescribed learning experiences selected by the learners to prepare them for the transition to residency and their subsequent generalist career pathway. that may include some, or all of, clinical learning, research or self-directed learning (i.e. community service, advocacy, leadership). Selectives must be completed at York University, York University SoM clinical or community affiliates in the York region and will be assessed and evaluated by the faculty supervising them. Selective learning experiences are a minimum of ten days in duration.
Self-Assessment	A reflective activity where learners assess their own progress, strengths, and learning needs.
Simulated Setting Assessment	Performance-based assessment conducted in a controlled, non-clinical environment that mimics real-life scenarios. Can range from low fidelity (e.g., models in clinical offices) to high fidelity (e.g., simulation labs)
Standardized Patient (SP)	An individual trained to act as a patient consistently and realistically to help assess learners during clinical exams and simulations.
Standardized Patient Feedback	Structured feedback provided by standardized patients on a learner's communication, empathy, and clinical approach.
Summative Assessment	Assessment used to determine if a learner has achieved a course or program learning outcome.
Universal Design for Assessment (UDA)	A principle that ensures assessments are accessible, fair, and inclusive for all learners, regardless of background or ability.
Workplace-Based Assessment (WBA)	Direct observation and assessment of learners in real or simulated clinical environments to evaluate competency over time.

Appendix 28. Library Statement

MEMORANDUM
York University Libraries

To: David Peters; Margaret Steele

From: Teresa Lee, Associate Dean, Research and Open Scholarship, York University Libraries

Date: 9 June 2025

Subject: Library Statement of Support – Undergraduate Medical Education (UGME)

Overview

A core mission of York University Libraries is to support all academic programs offered by York University. The Libraries achieve this through responsive collections, tailored library instruction, diverse spaces, emerging technologies, timely research assistance and robust publishing supports.

For these reasons, the Libraries are well positioned to meet the research and learning needs of faculty and students in Undergraduate Medical Education (UGME). This statement highlights current offerings of particular interest to the program. It was prepared in accordance with the Quality Assurance Framework and conforms to guidelines developed by the Ontario Universities Council on Quality Assurance. As UGME is a new program within a brand new School of Medicine starting in 2028, at the moment there are gaps in terms of library collections and librarian recruitment, and issues to consider in terms of library space and facilities. However, the Library Planning Committee on the School of Medicine is already analyzing these gaps and is confident that they will be suitably addressed in time for program commencement.

Collections

Responsive Multidisciplinary Collections

The Libraries' collections reflect the curricular and research priorities of students and faculty. Care is given to select materials that align with new courses taught at York University, as well as emerging research and publishing trends. Through tailored purchasing profiles, the Libraries develop rich print collections and expansive electronic offerings. The Content Development and Analysis department gratefully accepts suggestions for purchase. These are reviewed with attention to cost, availability, and relevance to collection development priorities.

Collaborative collection building is a growing trend in academic libraries, pooling resources for both sustainability and the greater good. York University Libraries belong to consortia such as the Canadian Research Knowledge Network (CRKN) and the Ontario Council of University Libraries (OCUL). Such partnerships enable the licensing of large-scale content acquisitions, resource discovery and preservation. OCUL's Scholars Portal hosts comprehensive collections of eBooks, online journals, statistical survey data and geospatial datasets.

Omni, the Libraries' catalogue, brings our collections together with those of sixteen partner Ontario university libraries. Omni gives access to a wide variety of resources through a single bilingual (French/English) interface, including books,

eBooks and their chapters, articles, dissertations, streaming media and much more. Library users can also request expedited delivery of print materials from the partner libraries. Items not part of this shared network can be borrowed from libraries around the world.

Highlights

- Existing collections of particular interest to the program are as follows. Certain e-book and e-journal packages will need to be enhanced through the purchase of key Medicine-specific titles.
    - **Subject Databases:**
        - Medline (PubMed and OVID)
        - Embase (OVID)
        - Public Health Database (ProQuest)
        - Evidence Based Medicine Reviews (OVID)
        - CINAHL (EBSCO)
        - Nursing and Allied Health Source (Proquest)
        - JBI (Ovid)
        - Health and Psychosocial Instruments/HaPI (Ovid)
        - Web of Science (Clarivate)
        - PsycINFO (Ovid and ProQuest)
    - **E-journals**:
        - Am Assoc Cancer Res
        - Am Physiol Soc
        - Am Soc Microbiol
        - Annals of Internal Medicine
        - Annual Reviews of Medicine
        - BMJ Journals
        - Circulation e-journals
        - The Clinics (Elsevier)
        - JAMA Journals/AMA Archives
        - Karger
        - MA Liebert
        - NEJM
        - Nature Academic Journals
        - OVID/LWW/Wolters Kluwer
        - Oxford
        - Royal Soc Med
        - Sage
        - ScienceDirect
        - Springer
        - Taylor & Francis
        - Wiley-Blackwell
    - **E-books**:
        - PsychiatryOnline
        - Books@OVID
        - SpringerLink
        - EBSCO Ebooks
        - Taylor & Francis
        - Wiley
        - ProQuest Ebook Central
    - **Productivity tools**:
        - Covidence

Archives and Special Collections

The Clara Thomas Archives and Special Collections acquires manuscripts, rare books, and primary source materials. It also preserves records that document the history and evolution of York University. These unique collections are carefully curated to support the research and learning of faculty, students, and a community of international scholars – now and in the future. Archivists host hands-on workshops in the Archives reading room, teaching students how to handle and evaluate archival material.

Library Instruction

Librarians and archivists apply professional guidelines when designing library instruction. The Framework for Information Literacy for Higher Education, developed by the Association of College and Research Libraries (ACRL), outlines the central concepts and knowledge practices for information literacy.

The Libraries' approaches to teaching are tailored and learner centered. Students are gradually introduced to information literacy fundamentals over the course of their studies. Librarians and archivists support students along their learning journeys, progressively moving them towards greater independence and understanding.

Library personnel work closely with instructors to customize offerings and meet learner needs. Seminars and workshops are aligned with course assignments and learning objectives. Ideally, to be most effective, information literacy approaches are woven into introductory or research methods courses. Instructors can arrange a research skills class by submitting a request online.

In recent years, the Libraries' instructional offerings have been expanding to include information literacy that encompasses evidence-based practice principles, paramount in the training of undergraduate medical students. Currently individual faculty members can make arrangements with librarians who have some capacity to provide consultations for conducting scoping and systematic reviews data management and visualization; government documents searching (to name a few); and to lead integrated course-specific workshops in a library lab or in the classroom.

To take an existing example, students enrolled in the School of Nursing at York University are increasingly required to learn scoping review methodology and apply it to undergraduate research projects. Students enrolled in the NURS 3515 course all receive IL instruction where in-class exercises are tied to projects and papers. They are provided with resources and models to help develop research questions, and based on those, to identify sources, and build search strategies. This skills-building method of intertwining subject content with technical skills through iterative logical processes draws heavily on instructor-librarian collaboration both at the planning stage and in the classroom.

The Libraries currently offer course-specific information literacy instruction for many courses in Nursing that are geared to course requirements and assignments and/or developing effective search strategies and evaluating information found in various health information sources. Course directors regularly request library workshops for students using the online library class request form (https://www.library.yorku.ca/web/ask-services/facultyinstructor-support/book-a-library-class/).

Similarly the Libraries anticipate the recruitment of (a) professional UGME librarian(s) to work closely with the School of Medicine to inculcate evidence-based practice skills that are fundamental to the training of future physicians.

Research Guides

Librarians and archivists build online research guides to highlight recommended resources for programs or courses and to share research tips. The Student Learning and Academic Success department develops online learning objects such as instructional videos and interactive quizzes. These teaching resources are designed to be easily embedded into learning

management systems. Topics covered range from source evaluation and the information creation lifecycle to search strategies and academic integrity.

Related resesarch guides of relevance to UGME are as follows, and serve as examples of the kinds of research guides that would be developed specifically for UGME students:

Systematic and Scoping Review Guide: https://researchguides.library.yorku.ca/c.php?g=733388
Health: http://researchguides.library.yorku.ca/health
Nursing: http://researchguides.library.yorku.ca/nursing
Health Industry Management: http://researchguides.library.yorku.ca/healthindustrymanagement
Health Studies & Global Health: https://researchguides.library.yorku.ca/health
Kinesiology: http://researchguides.library.yorku.ca/kinesiology
Social Work: http://researchguides.library.yorku.ca/socialwork
Psychology: http://researchguides.library.yorku.ca/psychology
Data and Statistics: http://researchguides.library.yorku.ca/data

Digital Fluency

The Libraries carry out co-curricular programming to introduce students and faculty to emerging digital tools and research methods. The Digital Scholarship Centre provides training for individuals and groups. Workshops address a range of digital skills, such as data scraping, analysis, cleaning, curation, and visualization. As well, the Centre connects with instructors to design seminars that expose students to trends in open publishing, media creation and digitization best practices. Faculty can arrange a digital skills seminar by submitting a request online.

As part of the Centre's consultation services, library personnel supply recommendations for sustainable and open-source tools. For instance, librarians assist with locating and creating Open Educational Resources (OER) such as freely available textbooks with Creative Commons licenses. They also support students with research project design, notably for initiatives with a focus on the digital humanities. Furthermore, librarians and archivists consult on how to incorporate unique digital collections stewarded by the Libraries into assignments (**e.g.,** York University Digital Libraries).

Teaching Support Materials

- Student Papers & Academic Research Kit (SPARK)
- Media Creation Lab teaching supports (e.g., podcasting, digital storytelling, etc.)
- On-demand tutorials (e.g., Zotero, Scalar, digitization projects, etc.)

Spaces and Technologies

The Libraries host a variety of community spaces that inspire creativity, collaboration, and learning, with quiet study areas, group study rooms and public workstations. For students in online or hybrid courses there are reservable seats designated as "online class friendly," where learners can use conferencing tools without interruptions or distractions.

Accessibility Services

On the first floor of the Scott Library, Library Accessibility Services provides alternative content formats, as well as adaptive technologies and spaces. With a referral, York University faculty and students can request transcription services or reserve an accessibility lab workstation.

Services for Creation and Collaboration

The **Libraries' Making & Media Creation Lab** (Scott Library & Markham Campus Library) offer equitable access to library expertise and media creation spaces including:

- audio-visual media creation spaces and editing suites

- lending equipment such as cameras, microphones, digital audio recorders and virtual reality headsets
- workstations with access to digital media production software including the Adobe Suite and popular free and open-source creative software

The Digital Scholarship Centre offers resources for faculty members seeking to integrate audio- and video-based assignments and activities into their courses and enables media literacy skills development in support of coursework and capstone projects. In addition, it serves faculty needs for equipment and recording space as they are developing their own eLearning Open Educational Resource materials.

Research Assistance

Timely Help, Remote or In-Person

Our knowledgeable reference team assists faculty and students with navigating library spaces, services, and collections. Library personnel provide online research assistance in both English and French via chat, and email. Research help services are available seven days a week, with modified hours during the spring and summer.

Students and faculty have the option of in-person assistance or via chat, with no appointment necessary. In general, members of the Libraries' Curriculum and Course Support department help locate sources, recommend electronic resources, discuss search strategies, and demonstrate citation management tools. For more involved research queries, students and faculty can book one-hour research consultations with a specialist librarian or archivist.

The Learning Commons, in the Scott Library, brings together support services for student success. In collaboration with the Libraries, representatives from partner providers offer coaching to help students improve their communication and academic skills. This services hub features programming on writing skills, career planning, time management, study skills, citing and exam preparation.

Data services

Library data services experts can help researchers locate numeric data or statistics. They also provide classroom instruction about data and statistics resources in general or in specific subject areas, as well as data literacy.

Publishing Supports

Research Visibility and Publishing Sustainability

The Open Scholarship department promotes research intensification within the university community and beyond. Department members work closely with faculty and students to advance open access publishing models and author rights. Advocating for a shift to new models of dissemination is a core mission of the Libraries. Sharing new knowledge openly benefits both creators and society: publications are easily discovered by anyone, while authors control how their work is shared and repurposed.

The Libraries supplies supporting infrastructure to further sustainable publishing. The York Space institutional repository delivers open and permanent access to scholarship created by York researchers. Librarians assist graduate students and faculty with depositing their research. Library personnel also offer guidance on establishing or transferring scholar-led journals to open platforms.

Research Data Management

Research data management (RDM) concerns the storage, access, and preservation of data throughout the entire research project life cycle. Support is available on all aspects of this process, from the data management plans necessary in grant applications to the publishing and preservation of research data.

Appendix 29. Dean of Medicine Letter of Support

YORK
UNIVERSITÉ
UNIVERSITY

SCHOOL OF MEDICINE
FACULTY OF HEALTH

4700 KEELE ST.
TORONTO ON
CANADA M3J 1P3

somadmin@yorku.ca

June 6, 2025

York University Quality Assurance Program
Office of the Vice-Provost Academic
York University

Dear Colleagues,

As the Dean of Record for the proposed School of Medicine at York University, I am writing to offer my full and unequivocal support for the establishment of the Undergraduate Medical Education (UGME) Program, leading to the Doctor of Medicine (MD) degree.

This program represents a transformative and long-anticipated step forward for York University, one that aligns closely with our institutional vision to serve the public good, reduce health disparities, and train future-ready physicians to meet the evolving healthcare needs of our communities. Grounded in the values of equity, community-based care, interprofessional collaboration, and innovation, this new MD program builds on decades of strategic planning and leadership in health education and research at York.

The proposed UGME program is unique in its design and intent. It emphasizes a competency-based, three-year curriculum focused on primary care, generalist medicine, and longitudinal integrated clinical learning experiences (LICLEs) in both urban and rural settings. The program is intentionally structured to respond to the urgent need for more family physicians and generalist specialists, particularly in underserved areas across the York Region, Northern Toronto, Simcoe County, Muskoka as well as adjacent rural areas.

Importantly, the UGME program is guided by an unwavering commitment to equity, diversity, inclusion, and Indigenous reconciliation. These values are not only embedded in the admissions pathways and curriculum design but also reflected in the governance structures, partnerships with Indigenous communities, and our broader approach to social accountability in medical education.

This proposal has undergone broad internal consultation and has garnered the support of our academic governance bodies. We are proud to be working collaboratively with York faculty members and staff, medical learners, healthcare providers, hospitals, Indigenous and Black health organizations, and community leaders to realize this vision. Our partnerships through the Integrated Community-Based Learning Network (ICLN) and the Vaughan Healthcare Centre Precinct further ensure that our learners will be embedded in real-world, interprofessional, person-centered environments from the outset of their training.

York University is fully committed to ensuring that the human, physical, academic, and administrative resources required to successfully launch and sustain the UGME program are in place. This includes senior academic and administrative leadership roles, faculty and staff positions, and dedicated infrastructure to support medical education. Notably, the University has committed to the development of purpose-built space for the School of Medicine, along with the operational and capital supports necessary to meet the standards of the Committee on Accreditation of Canadian Medical Schools (CACMS). These resource commitments, as outlined in the full proposal, reflect York's institutional readiness and alignment with accreditation requirements.



As Dean of Record, I am committed to ensuring that the School of Medicine at York University will not only meet but exceed the standards of excellence expected by the Committee on Accreditation of Canadian Medical Schools (CACMS), the Council of Ontario Faculties of Medicine (COFM), and the broader academic and healthcare communities.

I offer this letter of support with deep enthusiasm and confidence in the transformative impact this program will have on learners, the health system, and the communities we serve. I welcome the continued support of our partners as we work to make this vision a reality.

Sincerely,



David Peters, MD, MPH, DrPH, FACPM, FCAHS
Dean of Record, School of Medicine
York University

Appendix 30. President Letter of Support

YORK
UNIVERSITÉ
UNIVERSITY

Office of the President

1050 KANEFF TOWER
4700 KEELE ST
TORONTO ON
CANADA M3J 1P3
T 416 736 5200
www.yorku.ca/president

June 6, 2025

York University Quality Assurance Program
Office of the Vice-Provost Academic
York University

Dear Colleagues,

I am writing to express my strongest and most enthusiastic support for the proposed Undergraduate Medical Education (UGME) Program leading to the Doctor of Medicine (MD) degree at York University.

This proposal represents a historic milestone for the University and a bold leap forward in reimagining medical education in Canada. Rooted in York's long-standing commitment to equity, innovation, and the public good, the new MD program is distinct in both its purpose and design.

The proposed UGME program is fully aligned with York's academic mission and strategic priorities as articulated in successive academic plans and Senate-approved frameworks. It is purpose-built to address the critical shortage of family physicians and generalist specialists in underserved communities, particularly in York Region, Simcoe County, Northern Toronto, and surrounding areas.

The program features an accelerated, competency-based three-year curriculum focused on primary care and generalist medicine, embedded in longitudinal integrated clinical learning experiences (LICLEs) across diverse community settings.

As President, I can confirm that the UGME program and the School of Medicine are being developed with the full backing of the University and with a clear commitment to securing and allocating the necessary resources to ensure the success of this initiative. Resource commitments include:

- **Operational Funding**: The School of Medicine will be fully self-funding through new and incremental funding provided by the provincial government and student tuition revenues. The University has received formal reassurances from government that operational funding will be sufficient to deliver on our academic and service vision for the School. Importantly, this funding will be incremental to (over and above) both our corridor grant under SMA4, and the additional grant funding the province is providing for enrolments at the new Markham campus.
- **Physical Resources**: The School is planned to be located in the Vaughan Healthcare Precinct on land donated by the City of Vaughan, adjacent to the Mackenzie Vaughan Hospital and other key health partners. There is also a contingency plan in place to launch initial cohorts at the Keele campus. The University will not rely on its central operating budget to fund the construction of a new facility and will not increase its debt load for this purpose. Any contribution from University resources (e.g., the University Fund for strategic

initiatives) will be limited and commensurate with contributions to other initiatives.

- **Human Resources and Governance**: Planning for the program has been informed by the necessary academic, clinical, and administrative expertise to ensure accreditation and excellence. Supported through a planning grant from the Government of Ontario, the School of Medicine team has been developed a roadmap to ensure the necessary requirements for the establishment of School are achieved to commence operations in Summer of 2028.
- **Sustainability and Risk Mitigation**: The School of Medicine is a strategic investment that supports York's enrolment recovery and long-term financial sustainability. We expect the School to generate positive spillover effects—including enrolment growth in health-related and interdisciplinary programs, increased philanthropic support, and new research opportunities.

This initiative has undergone extensive academic and governance consultation, and I am proud to champion its next stage of development. The MD program represents York University's commitment to building a more equitable and community-responsive health system—beginning with the training of the next generation of physicians. I urge your full support for this proposal.

Sincerely,



Rhonda L. Lenton, PhD
President and Vice-Chancellor