



THE ASSOCIATION OF FACULTIES
OF MEDICINE OF CANADA

L'ASSOCIATION DES FACULTÉS
DE MÉDECINE DU CANADA

The AFMC Board of Directors' Invitational Session Event at CCME 2022

CONSULTATION REPORT

August 2022

*Rethinking The
Final Year of
Medical School*

*Facilitated by
the AFMC
Senior
Education
Deans Network*

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ACRONYMS & ABBREVIATIONS

AFMC	Association of Faculties of Medicine of Canada
BMSAC	Black Medical Students Association of Canada
Board	AFMC Board of Directors
BPC	Black Physicians of Canada
CACMS	Committee on Accreditation of Canadian Medical Schools
CCME	Canadian Conference on Medical Education
CFMS	Canadian Federation of Medical Students
CFPC	College of Family Physicians of Canada
CMA	Canadian Medical Association
CMPA	Canadian Medical Protective Association
CMQ	Collège des Médecins du Québec
CPD	Continuing Professional Development
EDI & AR	Equity, Diversity, Inclusion and Anti-Racism
FMEC	Future of Medical Education in Canada
FMEQ	Fédération médicale étudiante du Québec
FMRAC	Federation of Medical Regulatory Authorities of Canada
FMRQ	Fédération des médecins résidents du Québec
HHR	Human Health Resource
IMSAC	Indigenous Medical Students Association of Canada
IPAC	Indigenous Physicians Association of Canada
MCC	Medical Council of Canada
MD	Medical Doctor
NCIME	National Consortium for Indigenous Medical Education
PG	Postgraduate
PGME	Postgraduate Medical Education
R-1 Match	R-1 Main Residency Match
RDoC	Resident Doctors of Canada
Royal College	Royal College of Physicians and Surgeons of Canada
SCE	Standing Committee on Education
SED	Senior Education Deans
UG	Undergraduate
UGME	Undergraduate Medical Education

EXECUTIVE SUMMARY

The annual AFMC Board Invitational event held on April 23, 2022, during CCME 2022 focused on the topic of *rethinking the final year of medical school* and was a hybrid event facilitated by the AFMC Senior Education Deans Network. This event brought together leaders in medical education, including representatives of UGME, PGME, Student Affairs, students, medical regulators, and medical colleges to share their viewpoints and diverse perspectives on the overall effectiveness of the final year of undergraduate medical education. Several consistent, reoccurring, and overlapping challenges were identified: electives; the match process; the transition to residency; generalism; student health and wellness; and, community, patient, societal needs - and the subsequent need for data.

Electives were at times lauded for the opportunity they provide for students to explore different training programs and career paths but criticized for creating inequity for students due to the emphasis on elective experience in the residency matching selection process. *The match process* was seen to present many significant challenges and pressure points, overtaking the entire focus of the final year of medical school (and indeed earlier years too), and detracting from clinical learning. The impact of performative, serial “auditioning” for residency combined with student’s fear of being unmatched creates a high-stakes environment.

Student readiness, *the transition to residency*, and the education continuum were highlighted several times throughout the consultation event. The transition between UGME and PGME is currently viewed as a barrier. Although the final year provides an opportunity to consolidate and demonstrate medical knowledge, support growth in competency and professional identity, explore clinical specialties and determine practice interests, the heavy emphasis on obtaining a residency position tends to overshadow experiential learning and growth.

There was much discussion centered on *producing generalist physicians*, many feeling that a system yielding interdisciplinary, undifferentiated learners at the start of residency could alleviate the pressure students face to specialize in a discipline – and audition for a residency position – by way of electives. Others felt that this concept may be outdated and suggested that different educational pathways for students pursuing different career pathways may be part of the solution.

Student health and wellness underscored almost all discussions during this event. The high-pressure environment associated with the final year attributes to high rates of burnout, anxiety, and decreased empathy among learners. Participants identified that if the goal is to develop a healthcare system model that meets societal need with a sustainable workforce, then the system needs to be respectful of the wellness of learners and practitioners.

There was consensus that the need for *national Health Human Resource data* is essential to ensuring that the medical education system is aligned with the needs of patients, communities, and society. Anchoring data-driven approaches with social accountability mandates should be at the centre of any possible re-think on the final year of medical school.

Through analysis of these themes, there were several considerations and possible enhancements that emerged as potential catalysts for future change. Many suggested solutions focused on increasing flexibility throughout the education continuum, such as support for easier program transfers during residency or for career changes during practice. The final year should be experiential, transitional, structured, and special attention should be taken to identify hidden curricula and systemic barriers. Multiple shareholder viewpoints would be required in rethinking the final year, and any changes must continue to be centred on addressing the needs of the Canadian population.

INTRODUCTION

Every year, the AFMC Board of Directors holds an invite-only, open forum event at CCME where invitees gather to discuss a specific issue related to the AFMC's strategic priorities. This event is a consultative opportunity which brings together leaders in medical education whose areas of work align closely with the issue-at-hand. Some of the past Board invitational events have focused on topics such as physician burnout, Human Health Resources and Physician Resource Planning as well as the Future of Medical Education of Canada.

The CCME 2022 AFMC Board Invitational event was a uniquely hybrid event attended by 88 participants joining in-person at CCME 2022 in Calgary, Alberta, as well as joining virtually via ZOOM. The use of cameras and live-video screen projections connected the in-person and virtual participants. The event was co-hosted virtually by Dr. Roger Wong, Chair of the AFMC Senior Education Deans Network and Vice Dean on Education at the University of British Columbia, and in-person by Dr. Beverly Adams, member of the AFMC SED Network and (at the time of the event), Senior Associate Dean of Education at the University of Calgary. The opening and adjourning remarks were presented by then current Chair of the AFMC Board of Directors, Dr. David Anderson.

A working group of the SED Network, whose Terms of Reference can be found in [Appendix E](#) of this report, gathered frequently in early 2022 to plan this event. They identified what parties to invite to participate in this consultation which included the Board members, UG Deans, PG Deans, Student Affairs Deans, student representatives from CFMS, FMEQ, FMRQ, RDoC, BMSAC, IMSAC and leaders from partner and stakeholder organizations including the MCC, CFPC, Royal College, CMQ, BPC, IPAC, NCIME, CMPA, FMRAC, CACMS. It was determined that the scope of this consultation would be to define the questions to be raised on this matter, suggest the kind of data to collect to answer such questions and recommend what processes are needed for the next steps.

Background

Discussion on the overall purpose and objective of the final year of medical school has been a long-standing topic with several overlapping issues which have been exacerbated by the COVID-19 pandemic. A substantial amount of work, including research, analysis, and consultation, has already been completed on this topic through the FMEC projects. However, as a result of the pandemic, many timelines and curricular schedules, namely the R-1 Match, have needed to be compressed or made more efficient. This has revealed some potential pre-existing misalignments between UG and PG medical education. The AFMC Board expressed interest in considering what the pedagogical goals and objectives of the final year of medical school should be, and how or whether the current activities (e.g., visiting electives, research activities, studying for MCC exams, informal PGME related interviews/auditioning, etc.) fulfill such objectives.

At their October 2021 meeting, the Board acknowledged the need to revisit the objectives of the final year of medical school prior to determining the 2024 match timeline. The Board subsequently released a public communication titled "AFMC Decisions Regarding 2023 Resident (R-1) Match", on October 25, 2021, whereby a statement read, "The AFMC Board of Directors also acknowledged the need to revisit the objectives of the final year of medical school prior to determining the 2024 match timeline." The AFMC SCE requested that the SED's Network lead this consultative work, respecting the ideal positionality of members of this group within the education portfolios of their respective Faculties of Medicine.

Objectives

The objectives of this event were to discuss and identify the following:

- Regarding the pedagogical goals and objectives of the final year of medical school as they are currently established, how do current activities fulfill such objectives?
- What are the current challenges, tensions, impacts and barriers for learners and programs during the final year of medical school?
- What data needs to be collected and which stakeholders need to be consulted to inform decision-making on changes to the final year of medical school?

In alignment with the session objectives, the break-out sessions focused on three areas:

- Core Activities of the Final Year
- Tensions in the Final Year
- Data and Trends

Methodology

The event utilized the website Howspace before and during the event to facilitate a live, interactive, and collaborative workspace experience for both virtual and face-to-face participants. In the days prior to the event, participants were welcomed to enter their individual answers to introductory pre-sessions questions through the Howspace platform. The pre-session questions can be found in [Appendix D](#).

During the event, attendees separated into nine small groups to participate in three breakout sessions. Each small group was made up of either all in-person attendees, or all virtual attendees and there were 9-10 individuals in each small group including a pre-selected facilitator. The participant list for each small group was determined in advance by event planners to ensure multiple and diverse views would be expressed. Each small group was asked to submit one text response of unlimited length to the questions listed in [Appendix D](#) into the Howspace platform. After each break out session, all participants returned to the full event then presented and discussed responses before separating again into the next breakout session. There were also opportunities for participants to submit their individual personal responses into Howspace through open-text live chats.

The SED Network's working group members also undertook an activity to review all the data collected in Howspace, including responses from both individuals and small groups, and highlighted their top 6-8 key observations from their perspective. A manual process of thematically analyzing all the Howspace data for frequency of key themes was also undertaken and can be found in [Appendix A](#).

The responses entered in Howspace to the two pre-session questions, the two live chat boxes from the 1st and 2nd breakout session, and the end of session summary live chats were loaded into a qualitative data analysis software, NVivo, and analyzed by topic and respondent type, guided by the key themes determined by the SED Network's working group. The responses and chat contents were coded, then analyzed for patterns, frequency, and co-dependencies among and between response topics and themes. The same data was then analyzed by respondent type and can be found in [Appendix B](#). The NVivo analysis was limited to and only reflective of the views of attendees who chose to engage in responding to the pre-session questions and the chat within Howspace.

Limitations and Considerations

Due to the nature of the approach taken, there were some potential limitations and considerations. The sample selected for this consultation were specifically individuals who work within the medical education system in Canada which may limit the representation of external viewpoints. Opinions expressed were not unanimous and were limited to individuals who chose to engage in submitting their

opinion into the Howspace platform. Data collected through this event is a point-in-time snapshot and may become outdated if the study should be performed again.

KEY OBSERVATIONS

Perspectives on the final year of medical school are diverse and varied across Canada. However, consistent and recurring challenges related to the following issues were identified by analyzing themes from the data:

- Electives
- The Match
- Student Health & Wellness
- The Transition to Residency/ Education Continuum
- Valuing Generalism
- Community, Patient, Societal Need – & the Subsequent Need for Data

Electives

Electives represent the aspect of the final year medical school that is reported most often to be both going well and a top challenge. Electives were lauded for their ability to provide the opportunity to explore different training programs, enabling learners to sample different careers within medicine as well as different work locations/environments. Additionally, they allow for career exploration, providing learners with agency to explore disciplines suited to their practice interest.

On the other hand, participants criticized the impact of PG programs depending on electives for selection purposes. In practice, short visiting electives with an intended educational purpose of providing opportunities to enhance competencies become auditions for residency programs. As a result, the electives may not lead to meaningful development and consolidation of clinical skills and knowledge. Conversely, residency programs may depend on electives to help them choose their future residents because of the perceived lack of available and pertinent information about candidates elsewhere.

Some participants suggested that having electives earlier in the curriculum could help give students broader exposure to more varied aspects of clinical medicine, for example, less popular specialties.

Some participants felt it was unreasonable to expect that medical students to simultaneously select electives to demonstrate career-focus, use electives as an opportunity for career exploration (especially of 'hidden' disciplines such as laboratory specialties, radiation oncology, and others) and use electives to round out polyvalent skills before narrowing their scope of practice in residency and beyond.

The Match Process/"Auditioning"

When asked about the top current challenges and/or tensions for learners and UGME programs during the final year of medical school, 6 out of the 9 small groups responded that it was "The Match".

Participants felt that the final year of medical school is overly focused on the postgraduate (residency) match process, which is associated with a number of pressure points. These pressure points were felt to include: creating a high stakes environment for learners that contributes to burnout and detracts from clinical learning; creating the perceived need to do visiting electives which then raised the issues of the cost of electives; impact of "serial auditions"; anxiety about matching with a fear of being unmatched; early decision making for specialty of choice; and a mismatch between student choice and available positions.

“Clerkship as Theatre - Students ‘audition’ for residency positions and ‘perform’ during clerkship. This is in tension with the notion of learning as developmental, which may inhibit learning.” - Dr. Beth-Ann Cummings

Attendees noted learners’ heavy focus on obtaining a residency position in their final year which translates performative, serial “auditioning” for the residency position as opposed to consolidation of skills, mastery of clinical practice and extending clinical reasoning. Such emphasis among learners may lead to loss of general clinical skills, anxiety, and stress, and working long hours to manage competing demands.

As noted by participants, the match, as a design element in the medical education system, fails to provide flexibility to learners in their career decisions.

Additionally, some participants also raised concerns about how early learners are required to make these career choices, further contributing to the heavy focus on obtaining a residency position, consuming learners’ capacity, and limiting time for the curriculum. A participant noted that the early declaration of a residency position can be beneficial if the pathways to transfer between disciplines is made easier. Currently, if the ‘match’ between a student and program isn’t a good fit for the student, the system is inflexible, and transfers are difficult.

Transition to Residency/Education Continuum

When small groups were asked what they believed to be the pedagogical goals and objectives of the final year of medical school as they are currently established and to identify potential different aspirational goals, the majority of responses centered on readiness for residency and the transition to residency.

The final year of medical school was lauded by attendees for providing an opportunity to consolidate and demonstrate medical knowledge in a low-pressure environment compared to residency. Furthermore, the clinical and experiential nature of the final year facilitates growth in objectively defined competencies and professional identity. Lastly, students are supported in their exploration of clinical specialties and determining practice interests. Overall, these aspects groom clinical confidence and skills, preparing learners for residency.

In critiquing the final year of medical school, attendees noted the heavy emphasis on obtaining a residency position which tends to overshadow experiential learning and growth intended to occur in the final year. Attendees also noted the lack of a graduated progression to residency and suggested focusing on general skills before any specialized training.

The transition from final year and residency presents a variety of high pressure demands competing for learners’ attention and capacity. Decreasing these high stakes was noted as essential to facilitate learning and skill development.

Valuing Generalism

Throughout the event, there were many mentions of a need to focus on producing generalist, polyvalent, interdisciplinary, and/or undifferentiated physicians. These responses were almost always linked to societal needs.

Many participants responded that there should be renewed emphasis on learning the competencies which produce generalist physicians. The assessment methods used in the final year medical school are not aligned with such competencies. It was suggested that there should be a focus on generalism in medical school with consideration for an internship with general streams (medicine, surgery, etc.).

Alternately, it was suggested that the goal of undergraduate learning to make “polyvalent, general and undifferentiated” doctors may belong in the past and having different educational pathways for different students, depending on career goals, could be part of a solution.

Participants noted that such a narrow focus on specific disciplines early in medical school training takes away from a holistic understanding of the healthcare system, which is further exacerbated by short visiting electives that do not allow for meaningful development and consolidation of skills. As a result, they argued for general training of learners that would yield interdisciplinary undifferentiated physicians when they start their residency. This would alleviate the pressure experienced by learners to specialize in a discipline by way of electives and then “auditioning” to obtaining a residency position in that discipline.

Furthermore, a step-by-step gradual career choice process, rather than a singular residency match at the end of the final year of medical school, may facilitate the learning continuum as intended.

Lastly, developing flexibility in the healthcare system so that physicians, both during and after residency, can change career directions was deemed essential not only to cater to changing interests but also to meet evolving societal needs.

Student Health and Wellness

Participants noted that the final year of medical school and transition to residency can be isolating, and emphasized the need for a supportive community for learners. They argued in favour of helping learners build a foundation of health and wellness to help support them through the end of medical school, across the transition to PGME, and through the beginning of residency.

This emphasis on student health and wellness was attributed to high rates of burnout, anxiety, and decreased empathy among learners. Some suggestions to enhance learners' health and wellness experiences included teaching well-being practices that are incorporated into the medical skill set such as compartmentalizing, a mental health continuum model, tolerating uncertainty, challenging unhealthy perfectionism, the power of aerobic exercise and self-guided stress-reducing meditations.

Additionally, participants identified that if the goal is to develop a healthcare system that meets societal need with a sustainable workforce, then the system needs to be respectful of the wellness of learners and practitioners.

Community, Patient, Societal Need – And the Subsequent Need for Data

The participants identified the need to re-direct the focus of the final year from the competing interests of multiple stakeholders to maintain focus on patients, communities, and the greater system needs. National HHR data was felt to be essential by all 9 out of 9 breakout groups to do this successfully.

It was suggested that medical education should align with the needs of the communities being served by anchoring to social accountability mandates and emphasizing groups that have historically been underrepresented. Participants highlighted the need for a more sustainable service model for service providers such as residents and learners to meet the needs of society.

Shifting the focus to better understanding societal needs and how they can be met by future physicians also highlighted the need to collect other relevant data to understand the journey of a physician from pre-admission to practice. This included admission characteristics, EDI, residency program choice, residency experience, and practice data, etc. using data analytics driven by machine learning.

SUMMARY

The following summary is based on the themes identified from the data gathered at the AFMC Board Invitational Event. These may help to be a catalyst for future change.

Although the final year of medical school is defined by each school, the current national context should be taken into account. The final year of medical school should be:

- **Experiential** - with opportunity for UGME-determined learning activities and student-selected learning opportunities (electives that complement the pluripotent UGME curricula).
- **Transitional** - recognizing the need for integration and consolidation of knowledge and skills, and preparation for supervised practice in residency
- **Structured** - with consideration of key milestone events including residency applications, residency interviews, and MCCQE-1 preparation, with subsequent impact on curricula

It is evident that the final year of medical school takes place in diverse clinical learning environments. There should be consideration for hidden curricula which may counter formal EDI & AR teaching. Learners may be faced with systemic barriers, microaggressions, secret requirements to match to a residency program and those on the margins are most at risk. Not all schools and/or clinical settings have the same range of specialists, specialties, and/or clinical opportunities. The transition between undergraduate and postgraduate medical education is currently viewed as a barrier.

There are multiple stakeholder groups to be engaged in rethinking the final year medical school, which in turn must address the needs of patients and society. In considering possible solutions, diverse environments outside of medicine, such as other healthcare professions, aviation industry, etc., can serve as inspiration or provide lessons learned.

Pedagogical goals for the final year of medical school should include experiential learning and a chance to consolidate knowledge. – Dr. Bev Adams

The final year of medicine was originally designed to foster the consolidation and integration of knowledge and clinical skills to ensure an efficient transition into residency. It seems clear that, in the opinion of the participants, due to the evolution of many processes, this has changed. The matching process creates a high stakes environment for learners that contributes to burnout and detracts from clinical learning. The cost of visiting electives, the perception of electives as serial auditions, the need for early decision making for specialty of choice, anxiety about matching and the fear of being unmatched all contribute to dissatisfaction.

Finally, the Canadian population and societal needs must be at the centre of any possible re-think on the final year of medical school. Consideration needs to be given to how medical education can ensure that MD graduates can meet the needs of the population of Canada – as generalists, as specialists and subspecialists, as providers of compassionate and patient-centred care.

NEXT STEPS

The Working Group of the AFMC SED Network would like to thank the AFMC Board of Directors, the SED network members, the participants of this event and AFMC staff for their important contributions to this report, which have enabled a better understanding of the current state and future directions pertaining to the final year of medical school.

This report will be considered by the AFMC Standing Committee on Education at the September 2022 meeting. If accepted, the report will then be submitted to the AFMC Board of Directors at their fall meeting in October 2022.

APPENDIX A - Thematic Analysis by Frequency

This thematic analysis examines the responses of participants which were entered into the Howspace platform during the AFMC Board of Director's Invitational Open Session Event during CCME 2022. Only responses to the two pre-session questions, and questions posed during the small group breakout sessions have been included in this analysis. This analysis does not include text input into any of the live chats in Howspace. During the small group breakout sessions, not all small groups submitted an answer each time which is indicated in brackets below each question. Responses have been interpreted, summarized, coded and organized by correlation, then listed by frequency.

Pre-session Question 1

List two aspects of the final year of medical school that are going well

(23 individual respondents)

Theme	Frequency mentioned
Electives*	17
Consolidate/integrate clinical knowledge	5
Virtual interviews and home electives more equitable for students	5
Prep for MCC Exam and Final Exams	4
Transition to Residency	3
Time to prepare residency applications	2
Longitudinal Integrated Clerkship (LIC)	2
Increased confidence/skill	2
Breathing room prior to residency beginning/wellness promotion or remediation	1
Students have more responsibilities	1
Equity	1

*Electives – can refer to student exposure to clinical care through elective opportunities and/or career exploration and professional identify formation through electives

Pre-session Question 2

List the TOP TWO challenges that we should try to solve in rethinking the final year of medical school?

(28 individual respondents)

Themes	Frequency mentioned
Heavy focus on residency matching process (pressure to audition)	15
Student health and wellness	5
Time taken away from clinical learning	4
High pressure transition to residency	4
Visiting electives*	3
Students not ready for PGME	3
Preparation to be polyvalent physician/interdisciplinarity/undifferentiated	3
Need for Community of Support/mentorship	2
Learning about health systems	2

Electives (in general)**	2
Elective booking process	2
Career choice too early	2
PG programs relying on electives for residency selection	1
Lack of opportunities to explore "hidden" disciplines	1
Hidden curriculum influences in clinical learning environment	1
Fourth year evals should be competency-based	1
Focus should be on skills learned to prepare students beyond med school	1
Enhance Transition to Residency	1
Embedding in communities	1
Develop social accountability	1
Decolonization	1
Culture of medicine	1

* Visiting electives can be problematic because they are costly and create inequality for students. Many calls to reduce the demand for visiting electives or to eliminate it altogether. Many short visiting electives do not contribute to meaningful development and consolidation of skills and knowledge.

** Electives (in general) can refer to the immense time and pressure spent focused on electives. Electives should be considered educational opportunities to broaden or enhance competencies, but instead elective experience is used to select students through auditioning for residency programs. Students feel pressured to specialize rather than graduating polyvalent or achieving the objective of becoming an undifferentiated physician. The focus on electives creates a lack of focus on competency building and CANMEDS roles.

Break-Out Session 1 – Question 1A

From your perspective, what are the pedagogical goals and objectives of the final year of medical school as they are currently established? Are there aspirational goals that are different?

(9 responses out of 9 breakout groups total)

Themes – Current Goals and Objectives	Frequency
Readiness for residency	5
Consolidation/Integration of competencies/knowledge/skills	4
Career exploration/professional identity	3
Produce undifferentiated/generalist MD	2
Opportunity to remediation	1
Preparation for exams	1

Themes – ASPIRATIONAL Goals and Objectives	Frequency
Transition to residency / the continuum of education	6
More undifferentiated/generalist MD	4
Community, Patient and Societal need	2
Assessment methods aligned with competencies (esp. MCQ Exams)	1

Elective opportunities to facilitate match	1
Foundational general curricula (e.g., ethics, reflection, Indigenous health)	1

Break-Out Session 1 – Question 1B

How do current activities (e.g., core curriculum, visiting electives, research activities, studying for MCC exams, informal PGME related interviews, etc.) fulfill such objectives?

(7 responses out of 9 breakout groups total)

Themes	Frequency
Exposure to clinical practice / training directly with patients	3
Electives	3
UGME should move to competency-based curriculum / use EPAs	2
Transition to residency / the continuum of education	2
Emphasis on the match	2
Assessment methods aligned with competencies (esp. MCQ Exams)	2
Community, Patient and Societal need	1
More undifferentiated/generalist MDs	0

Overall response – the current activities do not always fulfill current objectives.

Break-Out Session 2 – Question 2A

What are the top 5 current challenges and/or tensions for learners and MD undergraduate programs during the final year of medical school?

(9 responses out of 9 breakout groups total)

Themes	Frequency
The match	6
Community/Patient/Societal need	4
Wellness	4
Assessments/exams (focus on MCCQE)	3
Early specialty decision-making	3
Electives	3
Generalists/Family Medicine unfilled spots	3
Inequity between specialties	3
Career decision-making	2
Lack of flexibility	2
Social accountability	2
Intensely competitive	1
Lack of data	1
Providing/receiving negative feedback	1
Student perception	1
PD's power in selection	1
Time constraints	1

Training directly with patients	1
Visiting electives	1

Break-Out Session 2 – Question 2B

What are the current barriers (e.g., system barriers, hidden curricula, etc.) for learners and undergraduate programs during the final year of medical school?

(9 responses out of 9 breakout groups total)

Themes	Frequency
Inequitable/competitive elective opportunities	5
The match process	5
Career decision-making	3
Intense pressure on students/student wellness	3
Inequity between specialties	2
Social accountability	2
Hidden curriculum	2
Societal need differs from learner's goals/desires	2
Lack of data	2
Time constraints	2
Inequity for learners	1
Subspecialty elitism	1
Providing/receiving negative feedback	1
Aversion to change	1
Silo-ed system	1
The clinical environment	1
Time-based curriculum	1
Systemic bias	1
PD's power in selection (so different from UG admission process)	1
Lack of flexibility to switch later	1
Cost	1
Competency based assessments	1

Break-Out Session 2 – Question 2C

What are the impacts of the need to match to a residency program on the structure, content, and learner engagement during the final year of medical school?

(8 responses out of 9 breakout groups total)

Themes	Frequency
Pressure to match dominates final year	4
Impacts all years of UGME	2
Feedback/wellness for unmatched students	2
drives success of electives	2

anxiety over match/student wellness	2
Virtual interviews lead to higher number of applications	1
failure to fail	1
PG1 entry programs instead of pathways	1
Extra work with application process	1
Learner-centric versus learning-centric versus patient-centric need	1
Putting everything into second last year	1
Unresolved effects of pandemic on faculty	1

Break-Out Session 3 – Question 3A

What kind of data do we need to collect and consider?

(9 responses out of 9 breakout groups total)

Themes	Frequency
National HHR data/societal needs	9
Options for the match process	3
Resident transfers	3
Satisfaction with career choice	2
EDI data	2
Linking pre-admissions to final practice choice	2
Scope of practice data/political/renumeration factors	2
International comparative data	2
Experiential data	2
HHR provincial plans	1
Exit surveys	1
Challenges in PG	1
Admission data	1
Cost for learners	1
Evaluate med ed programs vs marketplace behaviour	1
Spots needed in PG entry routes	1
Predicting assessment modalities	1
Metrics of success/failure	1
Employment and Social Development Canada (ESDC)	1
Qc government data (incoming/exiting from province)	1
Applicant diversity	1
Definitions of MD	1
Baseline knowledge should be for new residents	1
Continuous Quality Improvement (CQI)	1
Advice to help students transition to residency	1
Match process outside of the algorithm	1

Defining social accountability	1
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Break-Out Session 3 – Question 3B

What are the contemporary trends / research existing on this topic?

(8 responses out of 9 breakout groups total)

Themes	Frequency
Looking internationally for best practices	3
Quebec's HHR plan	2
Social accountability mandates	1
Admission trends	1
Equity best practices	1
NOSM model - long term tracking of students and grads	1
Reimagine HHR planning	1
UBC Evaluation Students Unity - trajectory from admission to PG to practice for UBC registrants	1
CIHI: SMDB and CAPER	1
Data which shows career choice	1
EDI research	1
FMEC	1
Research/Literature on schools that admit pre-specified PG programs from start	1
Data on aligning learner aptitudes with career choices	1
Learners stay in the communities they learned in	1
Data analytics and AI trends	1

Break-Out Session 3 – Question 3C

What stakeholder groups should be engaged in this work? How do we link this work back to the needs of patients and communities?

(8 responses out of 9 breakout groups total)

Themes	Frequency
Governments	7
Patients and communities	7
Regulatory bodies	6
Learners	5
Interprofessional healthcare colleagues	4
Partner orgs (RCPSC, CFPC, MCC)	4
Faculty/Educators along the continuum	3
Mohs/funders	2
Federation of municipalities	1
Retiring physicians (exit interviewees)	1
CMPA, CMA, etc.	1

Education scholars	1
Health Canada	1
F/P/T Committee on Health Workforce (CHW)	1
Admissions	1
Staff	1
Other industry professionals (e.g., The aviation industry)	1
EDI representative populations	1
Stakeholders currently involved	1
Practicing family physicians, community-based physician specialties	1
Hospitals	1
Indigenous people	1

APPENDIX B - Thematic Analysis by Respondent Type

This thematic analysis examines and compares the responses of participants separated by three respondent types, UGME Deans, PGME Deans, Board Members and Other Groups. This analysis was done using the qualitative data analysis software tool NVivo.

The purpose of this analysis was to gain any insight into the position of the respondent and compare to see if there were similar or opposing impressions, as well as similar or differing priorities. This analysis only examined the individual responses to the two pre-session questions and the live chats. Responses to the questions posted within the small group breakout sessions were not included in this analysis because responses were submitted by a groups of mixed participant types. Therefore, this analysis is only reflective of those individuals who chose to engage in the live chats and pre-session questions.

UGME Deans

UGME Deans lauded the final year of medical school for providing students with graded responsibility to develop knowledge, skills, and attitudes by exploring visiting electives and electives at their home faculties. Students are also provided adequate time to prepare for their CaRMS interviews, and final exams.

However, UGME Deans expressed disappointment with the heavy emphasis on the CaRMS match process which results in students “auditioning” to obtain residency positions. Such emphasis on the match process and time to prepare for interviews and exams takes away from clinical learning. Lastly, they expressed the limited flexibility for learners to change disciplines which can be accomplished through generalist training of learners.

UGME Deans also discussed the importance of a sustainable service model of health care providers, residents, and students with an environment of wellness, ultimately focussing on the needs of patients, communities, and social accountability mandates.

PGME Deans

PGME Deans, like UGME Deans, appreciated that the final year of medical school presents opportunities to explore training programs through electives, consolidate medical knowledge in a low pressure-environment than residency. These Deans emphasized the final year of medical school as integral to prepare for and transition to residency programs.

Alongside this praise, PGME Deans disapprovingly highlighted learners’ serial auditioning mindset in their pursuit of residency positions and lack of graduated progression to residency. PGME Deans proposed maintaining focus on general skills as opposed to isolating to specific disciplines. This can be achieved through facilitating medical education as a continuum through transitional thinking and reducing the stakes of the transition to residency.

Lastly, the PGME Deans admitted the diverging needs of undergraduate medical education and post-graduate medical education which was brought to the forefront by the revised R1 Match timeline and the cancellation of electives. However, they agreed that the best pathway forward is to focus on societal and community needs as the primary driver of medical education.

Board Members

Board members praised the final year of medical school for consolidation of clinical knowledge, development of specific competencies, and the opportunities provided to explore career interests. Like the UGME Deans, board members expressed concern over learners’ wellness and spending their final

year of medical school “auditioning” for residency positions. Board members, like PGME and UGME Deans, recommended graduated competency and responsibility as a better pathway for learners to transition to residency.

Other Groups

Views expressed by participants from partner organizations like the MCC, the RCPSC, Indigenous Health representatives (NCIME, AFMC Indigenous Health Network), the AFMC Senior Education Deans Network, and the AFMC Social Accountability Network.

Like PGME and UGME Deans, members from these other groups appreciated the experiential and clinical focus of the final year that enables continuing growth in objectively defined competencies. Additionally, the flexibility in choosing electives allows for a deeper exploration of disciplines that were previously not explored. These groups also praised the school support made available in preparation for mandatory national exams and the use of MCC-based curriculum which results in consolidation and demonstration of acquired clinical knowledge. They also praised the time available to learners towards the end to prepare for residency applications, interviews, and the time for wellness promotion prior to residency.

Members from these groups discussed the increased amount of generalist/family medicine experience available to learners through longitudinal integrated clerkships that enables connections with the community to be served. LIC's were also stated as effective in building clinical skills and confidence among learners.

In their criticism of the final year, members from these groups, like PGME and UGME Deans, discussed the proliferating “audition” mindset prevalent amongst learners in their final year which shifts the focus from mastery of knowledge and skills to performance. They attributed this mindset to the early timing of career choices that learners are compelled to make.

Furthermore, they discussed the pressure experienced by students to specialize in a discipline rather than graduating as polyvalent/undifferentiated physicians. Such a narrow focus on specific disciplines takes away from a holistic understanding of the healthcare system which is exacerbated by short visiting electives that do not allow for meaningful development and consolidation of skills.

Overall, the competing demands of multiple and complex goals in their final year absorbs a substantial amount of energy and attention of learners resulting in this becoming a high stakes transition period. According to the members of these groups, this high-risk period results in high rates of burnout and decreased empathy among learners which can be counteracted by teaching and incorporating well-being practices into learners' medical skill set. Some of these well-being practices mentioned were compartmentalizing, mental health continuum model, tolerating uncertainty, challenging unhealthy perfectionism, the power of brief aerobic exercise and self-guided meditation.

Lastly, members of these groups touched on the need to unify priorities of the various stakeholders involved in the medical education process to identify practical solutions so that the resulting healthcare system is sustainable and able to meet the needs of patients, communities, the overarching society. This can be achieved by obtaining relevant data to inform future decision making and evaluate needs, facilitating a medical education continuum to train learners, and maintaining focus generalist training and flexibility to change specialities at any stage.

APPENDIX C - Agenda

CCME 2022 AFMC BOARD OF DIRECTOR'S INVITATIONAL OPEN SESSION

April 23rd, 2022, 8:00am-12:00pm (MD) ~~Hybrid~~

Format Event

Agenda

Supplemental Meeting Documents (*click each to open*)

[Map of the Final Year of each Canadian Medical School](#)

Virtual Host

Dr. Roger Wong
Vice Dean, Education
University of British Columbia
Chair, AFMC SED Network

In-person Host

Dr. Beverly Adams
Senior Associate Dean, Education
University of Calgary
Member, AFMC SED Network

Start Time	Duration	Discussion Topic	Lead
8:00	5 mins	Welcome and Opening Remarks	Dr. Anderson
8:05	10 mins	Overview of the Consultation & Session Objectives	Dr. Wong
8:15	30 mins	Break-out Session 1: Core Activities of the Final Year	All Participants
8:45	20 mins	Return from Small-Group Sessions Review Question 1	Dr. Wong & Dr. Adams
9:05	25 mins	Break-out Session 2: Tensions in the Final Year	All Participants
9:30	20 mins	Return from Small-Group Sessions Review Question 2	Dr. Wong & Dr. Adams
9:50	20 mins	Break	
10:10	25 mins	Break-out Session 3 Data, Trends & Engagement	All Participants
10:35	20 mins	Return from Small-Group Sessions Review Question 3	Dr. Wong & Dr. Adams
10:55	5 mins	Actions – Next Steps	Dr. Wong
11:00	5 mins	Adjournment	Dr. Anderson

APPENDIX D - Small Group Session Questions

Pre-Session Questions for Participants

- List TWO aspects of the final year of medical school that are going well.
- List the TOP TWO challenges that we should try to help to solve in rethinking the final year of medical school.

Small Group Session #1

Core Activities of the Final Year

- From your perspective what are the pedagogical goals and objectives of the final year of medical school as they are currently established?
- Are there aspirational goals that are different?
- How do current activities (e.g., core curriculum, visiting electives, research activities, studying for MCC exams, informal PGME related interviews, etc.) fulfill such objectives?

Small Group Session #2

Tensions in the Final Year

- What are the top 5 current challenges and/or pressure points for learners and MD undergraduate programs during the final year of medical school?
- What are the current barriers (e.g., system barriers, hidden curricula, etc.) for learners and undergraduate programs during the final year of medical school?
- What are the impacts of the need to match to a residency program on the structure, content and learner engagement during the final year of medical school?

Small Group Session #3

Data and Trends

- What kind of data do we need to collect and consider?
- What are the contemporary trends / research existing on this topic?

Engagement

- What stakeholder groups should be engaged in this work? How do we link this work back to the needs of patients and communities?

End of Session:

This would be a question to consider after the reporting back from the breakout sessions and reaching consensus on what recommendations from this meeting will be:

- What process would help move forward any desired recommendations?

APPENDIX E - Terms of Reference

Working Group of the AFMC Senior Education Deans Network Terms of Reference

Background

At the October 2021 Board meeting, the AFMC Board of Directors acknowledged ***the need to revisit the objectives of the final year of medical school*** prior to determining the 2024 match timeline. The Standing Committee on Education requested that the Senior Education Dean's Network lead this work, respecting the ideal positionality of members of this group in the Education portfolios of their respective Faculties of Medicine.

Members

Dr. Roger Wong (Chair), UBC; Dr. Beverly Adams, University of Calgary; Dr. Beth-Ann Cummings, McGill University; Dr. Matthieu Touchette, Université Sherbrooke; Dr. Darrell White, Dalhousie University; Dr. Ira Ripstein, University of Manitoba

Accountability

The Working Group reports back to the AFMC Senior Education Deans (SED) Network who is accountable to the AFMC Board through the AFMC Standing Committee on Education (SCE). All final recommendations resulting from the working group's final report must first be reviewed by the Senior Education Deans Network before being approved for communication to the Standing Committee on Education.

Scope

1. Define the questions to be raised regarding the final year of medical school
 - *Outline the pedagogical goals and objectives of the final year of medical school*
 - *Identify how or if the current activities (e.g., visiting electives, research activities, studying for MCC exams, informal PGME related interviews/auditioning, etc.) fulfill such objectives.*
2. Identify data collection required to answer these questions
3. Recommend stakeholders that need to be engaged in consultation

Enablers

- Administrative support including project management and data support
- The AFMC will host an AFMC Board Invitational Session at CCME 2022 to bring together stakeholders (in person and virtually) and facilitate consultation. Other data gathering in focus groups and/or from stakeholders who do not attend the session will be facilitated.
- Literature review

Outcomes

A report/ roadmap outlining issues identified through the consultation process and recommendations for next steps will be presented at the fall meeting of the Standing Committee on Education. It is anticipated that further action on the recommendations would need decision and approval by the Standing Committee on Education and the AFMC Board.