

Learner Experience Advisory Council (LEAC)
Terms of Reference
September 30, 2020

Authority:

The University of Toronto Faculty of Medicine Learner Experience Advisory Council (LEAC) is established under the authority of the Vice Dean Medical Education for the purpose of advising on matters related to the undergraduate and postgraduate learner experience, with a focus on learner mistreatment. This arises from recommendations made to the Dean by the Optimizing our Learning Environment (OLE) Working Group in 2019, which established the need for Institutional Leadership, Accountability, Clarity, and Awareness-building to address mistreatment as an initial (though not exclusive) area of focus.

Mandate / Purpose:

The LEAC will develop strategies to qualitatively and quantitatively understand the experiences of medical students and post-graduate medical trainees (residents and clinical fellows) and use this data to recommend processes, policies, and guiding principles as to how to optimize the learning environment through (1) mitigating the impact of negative events on learners and (2) re-enforcing positive cultural norms and professional values.

The LEAC recognizes that structural and institutional factors related to social demographic identifiers and to the power imbalances that are inherent to hierarchical healthcare environments can influence the well-being, education, and career trajectories of our learners. These effects are more pronounced for our learners identifying as Black and Indigenous, or from other under-represented racialized minorities, sexual or gender minorities, minoritized faith groups, and individuals living with a disability. The LEAC is committed to dismantling systemic barriers that learners face during their training and also supporting learners to achieve resolution of their individual concerns in ways that are fair, timely, and compassionate. The LEAC will use anti-racist, anti-oppressive, and inclusive principles in all aspects of its work.

The *learner experience* is influenced by a myriad of factors and people across our university and affiliated hospitals; the LEAC recognizes its limitations in overseeing all aspects of the learner experience and will strive to create frameworks and strategies that will support learners and faculty in optimizing workplace culture across our environments.

Actions / Responsibilities:

- ***Policy and process development***

The LEAC will use the available evidence-base and expert consultation to recommend revisions to existing policies or the development of new policies, processes, and guiding principles for strategies to optimize the learner experience in both the university and clinical contexts. In particular, the LEAC will focus on protocols and guiding principles

relevant to the management of learner mistreatment concerns from intake to resolution, harmonizing processes within undergraduate and postgraduate medicine.

The LEAC will strive for consistency, transparency, collaboration, continuity, and common language around principles, pathways, and initiatives, including with respect to how disclosures/reports based on, or informed by, social identity are addressed, in consultation with the Office of Inclusion and Diversity.

The LEAC will consider and make recommendations regarding jurisdiction for managing and adjudicating learner concerns, with a focus on supporting and protecting learners, fair and equitable processes, and consideration of existing university-hospital affiliation agreements. Processes will be grounded in learner-centered, trauma-informed and EDI-informed principles. Learners on the LEAC will be actively engaged in building these recommendations. The LEAC will work with university and hospital leaders to ensure that supportive and restorative approaches are taken with sources (individuals responsible for the concerning behaviour) of mistreatment when possible, particularly in exploring personal or institutional factors that may be contributing to a source's unprofessional behaviour.

The LEAC will also consider and make recommendations about how to ensure confidential storage of relevant documentation in consultation with the Director, Professional Values and the Faculty of Medicine's Legal Counsel.

The LEAC will also strategize how to build awareness of disclosure/reporting processes and pathways using participatory design thinking and quality improvement approaches. This will include developing processes for post-encounter debriefs with learners to support program evaluation and enact iterative improvements to our tools and processes.

The LEAC will also devise strategies to highlight the positive elements of our learning environment, as well as their enablers, and recommend strategies to scale existing initiatives and re-enforce positive cultural norms.

- ***Education and training***

The LEAC will provide guidance and make recommendations on curricular initiatives that can promote a positive learning environment, define mistreatment with examples, communicate existing protocols, promote allyship and resilience, and disseminate resources to learners and faculty at all levels. The LEAC may also engage in direct content development for select educational activities, with the aim of ensuring consistency in messaging and alignment with other key portfolios under the philosophy of We All Belong (WAB) (Equity, Diversity, and Inclusion; Professional Values; Wellness). Development and monitoring of evaluation strategies for activities and initiatives related to the medical learner experience will also fall under the purview of the LEAC, in consultation with the MD-PGME Data Management Working Group.

The LEAC will serve as a resource for learners engaged in extra-curricular initiatives related to the learner experience and mistreatment who are self-organizing to create content.

The LEAC will collaborate closely with the Director of Professional Values and the Centre for Faculty Development as well as the leadership in the MD and Postgraduate Medical Education Programs and the FOM Chairs in order to ensure a respectful approach to communicating roles, responsibilities, and expectations of clinical faculty through Continuing Faculty Development.

The LEAC will also devise and recommend strategies to partner with hospitals and TAHSNe on initiatives to educate patients and their families about our commitment to a positive working and learning environment and their roles and responsibilities, as well as those of care providers.

- ***Evaluation***

Evaluation of our learner mistreatment pathways will occur on a regular basis in consultation with program evaluation scientists from the MD-PGME Data Management Working Group. Mistreatment data will be derived from:

- Voice of the Student / Resident / Clinical Fellow surveys
- Medical school Graduate Questionnaire (conducted by the AFMC)
- MD and Postgraduate Accreditation data as appropriate
- Rotation and Teaching Evaluation data
- Aggregated, de-identified disclosures / reports from learners

This data will be shared with LEAC on a regular basis to inform its efforts, in accordance with FIPPA and other relevant data-usage guidelines.

The LEAC may also make recommendations regarding scholarly output that could arise from its activities, which may relate to analysis of data or broadly sharing innovative Faculty of Medicine strategies to optimize the learner experience.

- ***Reporting/Accountability***

The Director, Learner Experience will be responsible for contributing to the production of an annual report that will be disseminated to learners and faculty across our academic community. This will share aggregated, de-identified data on the number and types of disclosures / reports received as well as the spectrum of disciplinary actions / resolutions, in order to ensure accountability and transparency. These reports will also help guide LEAC strategic priorities, which may involve further outreach to faculty and learners through working groups and focus groups, to address priority issues identified from observing trends and patterns.

Membership:

The LEAC will be Chaired by the Director, Learner Experience.

Please see our full Membership List. Diverse learner representation will be prioritized in establishing the LEAC membership. We will aim to have representation from medical students, as well as post-graduate trainees including residents and clinical fellows. We will also seek representation from International Medical Graduates (IMG) and Externally Sponsored Trainees.

Members will serve on the LEAC for three years or the duration of their appointment or studies. New members will be invited by the Chair, in consultation with the LEAC Operations Group. The Chair and executive sponsor will strive for a diverse and inclusive LEAC with representation from education and hospital leaders, members from equity-deserving groups, and from learners of all levels as outlined above.

The Chair may invite guests to attend a meeting in order to contribute their expertise or to provide consultation on specific projects emerging from the LEAC.

Reporting Structure:

The Chair of the LEAC and the LEAC itself will report to the Vice Dean of Medical Education. Policy and process recommendations will be reviewed and approved by the appropriate education leaders and governing bodies, including the MD Program Executive and the Postgraduate Medical Education Advisory Council.

These Terms of Reference will be reviewed by the LEAC every 3 years, or at the request of the executive sponsor.

Meetings:

The LEAC will meet quarterly, or more frequently if needed.

Working groups may be formed within LEAC on an as-needed basis. They may be formed to address a specific task (example: mapping out Guiding Principles for investigations of learner concerns) or to provide a recurring consultative function (example: data management). The Chair of the LEAC will appoint chairs for each of the working groups. Working groups that arise from LEAC will set their own meeting frequency commensurate with the timelines required to complete their work and report back to the LEAC.

Minutes of all LEAC meetings will be kept to provide a historical legacy of proceedings and decision-making. Minutes will be distributed to all members of LEAC for review and approval.

Materials related to meetings, including the agenda, minutes, and other work product, are deemed confidential unless these materials are publicly available. All members of LEAC have a responsibility to ensure that confidentiality is maintained.

Quorum for meetings will be attained when there is a minimum of 10 individuals present with adequate and diverse representation of learners.

Generally, decisions will be arrived at by consensus following discussion. When consensus is not established and a decision is required, the Chair may choose to conduct a vote, with a simple majority deciding the matter. A vote may be conducted during a meeting and/or by electronic means.

Operations Group

A smaller LEAC Operations Group will be comprised of:

- Director, Learner Experience
- Director, Professional Values
- Associate Dean, HPSA
- Director and / or Associate Director, Wellness, PGME
- Director, Office of Inclusion and Diversity
- Manager, Strategic Operations & Policy, MD Program
- Vice Chair of Education of one of the Clinical Programs

The Operations Group will meet monthly to set the vision for the LEAC and review its strategic priorities. They will support the establishment of additional working groups within the LEAC to execute strategic priorities.

In consultation with LEAC and the Vice Dean of Medical Education, the Operations Group will also determine the resources required to develop a learner-centered, trauma-informed, equity-focused hub of navigators, expertise, and resources to address individual learners' concerns and to support leaders addressing learners' concerns.

The Chair of the LEAC will liaise with key stakeholders including TAHSNe, hospitals, and clinical programs, regarding learner experience issues and report back to the Operations Group and wider LEAC on an ongoing basis.