

# FACULTY ORIENTATION HANDBOOK

## Scarborough Academy of Medicine



TEMERTY FACULTY OF MEDICINE  
UNIVERSITY OF TORONTO



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**Photo:** Scarborough Academy of Medicine and Integrated Health, which will be housed in the Myron and Berna Garron Health Sciences Complex. Rendering is courtesy of Diamond Schmitt Architects and MVRDV.

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## Authorship, Contributors, and Acknowledgements

This handbook represents a collaborative effort to provide new faculty members at the Scarborough Academy of Medicine (SAM) with an introductory, yet comprehensive and essential resource for their teaching journey within the Temerty Faculty of Medicine (TFoM).

This edition of the Faculty Orientation Handbook for the Scarborough Academy of Medicine (SAM) was developed and compiled by:

- Grant Chen, MD, Faculty Lead, Faculty Development, Scarborough Academy of Medicine

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- Patricia Houston, MD, Vice Dean, Medical Education, Temerty Faculty of Medicine
- Marcus Law, MD, Associate Dean, MD Program, Temerty Faculty of Medicine

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# Welcome to the Scarborough Academy of Medicine (SAM)



Welcome to the Scarborough Academy of Medicine (SAM)! We are delighted to have you as part of our team of educators, who will help grow the MD Program and continue our commitment to excellence, innovation, and inclusion as we train the next generation of physicians.

Our program is renowned for its innovative curriculum, which focuses on student-centred education, and the unique learning and research opportunities available through our partnerships with world-leading hospitals and community partners throughout the Greater Toronto Area.

As we expand our program to the Eastern GTA, you will play a vital role in developing the skilled and compassionate physicians who will meet the care needs of the future. I look forward to working with each of you as we establish and grow this innovative hub for medical education.

Marcus Law MD MBA MEd CCFP FCFP  
Associate Dean, MD Program  
Professor, Department of Family & Community Medicine  
Temerty Faculty of Medicine, University of Toronto

Welcome to the Scarborough Academy of Medicine (SAM)—a dedicated and dynamic group committed to shaping the future of healthcare in Scarborough. Whether you're a seasoned educator or new to teaching, we're thrilled to have you involved in this important work. This handbook is here to support you with practical tips, teaching strategies, and guidance to help you create meaningful learning experiences.

Your role as a preceptor/tutor is essential; your time, compassion, and expertise make a lasting impact. Thank you for being part of our vision. Together, we have the opportunity to inspire and shape the next generation of physicians.

Sincerely,  
Caroline Chan, CCFP(EM), MD, MASc, BASc  
Academy Director, Scarborough Academy of Medicine (SAM)  
Lecturer, Department of Family & Community Medicine  
Temerty Faculty of Medicine, University of Toronto





Welcome to the Scarborough Academy of Medicine! At Scarborough Health Network, we are proud to be part of this transformative partnership that is shaping the next generation of physicians. Our commitment to patient-centered, community-informed care is reflected in the education we provide. As a faculty member, you are joining a dynamic and growing academic environment where innovation, equity, and clinical excellence intersect.

We are grateful for the expertise and mentorship you bring. Your contributions are central to the academic mission of SAM, and your impact on our learners and on our community will be lasting. We look forward to working alongside you to build a bold and inclusive future for medical education in Scarborough.

Yours sincerely,

Samir C. Grover, MD, MEd, FRCPC, AGAF, FASGE

Executive Vice-President, Academics, Scarborough Health Network

Associate Professor, Department of Medicine, University of Toronto

On behalf of Michael Garron Hospital (MGH), I would like to welcome you to the Scarborough Academy of Medicine (SAM). We believe that learning and discovery drive us to innovate, adapt and advance evidence-based healthcare. That is why MGH is proud to partner with SAM to expand the opportunities for healthcare learners in Scarborough and the Eastern GTA.

MGH is a vibrant, community teaching hospital in East Toronto with a long history of fostering a first-class learning environment. We are deeply embedded in the East Toronto community and work hard to provide compassionate care that truly meets patients where they are at.



As educators, we look forward to working together with you to extend our knowledge to our trainees, to give them an exceptional hands-on clinical experience, teaching them to deliver seamless and high-quality care to the patients and families we serve.

We are honoured to be a part of your teaching journey, and we look forward to working alongside you to shape our future healthcare leaders. Welcome to the MGH community!

Sheila Laredo, MD, PhD, FRCPC

Chief of Staff & Vice President, Academics, Michael Garron Hospital

Associate Professor, Department of Medicine

Temerty Faculty of Medicine, University of Toronto

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# Temerty Faculty of Medicine (TFoM) and the Scarborough Academy of Medicine (SAM)

The Temerty Faculty of Medicine (TFoM) at the University of Toronto is structured around an academy system. The academy provides a clinically focused, supportive learning environment for the students within the larger framework of the MD Program. Each academy is affiliated with a network of hospitals and healthcare sites, offering diverse clinical experiences and learning opportunities. The curriculum of the MD Program is standard across all academies.

The Temerty Faculty of Medicine has five academies anchored at hospitals in the GTA:

- Scarborough Academy of Medicine (SAM): Scarborough Health Network (SHN) and Michael Garron Hospital (MGH)
- FitzGerald Academy: Unity Health Toronto
- Mississauga Academy of Medicine (MAM): Trillium Health Partners
- Peters-Boyd Academy: Sunnybrook Health Sciences Centre, Women's College Hospital and North York General Hospital
- Wightman-Berris Academy: University Health Network (UHN) and Sinai Health

SAM is a component of the Scarborough Academy of Medicine and Integrated Health (SAMIH), which also includes clinical training for students in the physician assistants, nurse practitioner and physical therapy programs. At SAM, we strive to provide excellence in education, community engagement, research, innovation and interprofessional collaboration while delivering compassionate, high-quality, patient-centered care that meets and exceeds the needs of our diverse population. As faculty members, you play a crucial role in achieving these goals. Your expertise, passion, and dedication will help shape the future of healthcare in Scarborough and inspire the next generation of healthcare professionals.

SAM is based at the Centenary, Birchmount and General sites of the Scarborough Health Network (SHN), Michael Garron Hospital (MGH) and the Myron and Berna Garron Health Sciences Complex at the University of Toronto Scarborough Campus (UTSC). This collaborative effort provides medical training and research through a distributive and comprehensive approach.



Scarborough Health Centre of Excellence



Myron and Berna Garron Health Sciences Complex

The Myron and Berna Garron Health Sciences Complex at the University of Toronto Scarborough Campus (UTSC) serves as a hub for medical education and research. It is used for large group lectures, select small group teaching, and anatomy lab-based coursework. There is also a new Education Building being built at the SHN-Centenary site, the Scarborough Health Centre of Excellence, which will contain a Primary Care Teaching Clinic (PCTC) along with further capacity for education and research administration, library, education spaces along with a Research & Innovation Centre.

You are invited to explore the dedicated websites for education at our two anchor hospitals, [SHN](#) and [MGH](#).

# Faculty Appointments

This section provides a crucial overview of faculty appointment terminology and processes, essential for navigating your academic career within the Temerty Faculty of Medicine. A faculty appointment is necessary to allow you to take full advantage of the benefits associated with being a part of SAM. These include:

- teaching and evaluation of medical learners
- remuneration and recognition for your work
- opportunities for academic advancement
- access to state-of-the-art research facilities, core services and resources across the university and its network of affiliated hospitals and research institutes
- funding opportunities
- an extensive array of faculty development and continuing professional developmental offerings
- access to University of Toronto Resources, including libraries, Zoom, etc.

## Understanding the Terminology

It is important to understand the terminology when applying for Faculty Appointment to ensure that you are applying for the rank and category appropriate to your experience and academic commitment.

Academic Rank	Descriptor	Description
Lecturer	Entry-level	Initial appointment for the majority of SAM faculty
Assistant Professor	<a href="#">Click here for further information.</a>	Initial appointment or junior promotion from Lecturer (for the majority of SAM faculty)
Associate Professor	<a href="#">Click here for further information.</a>	Senior promotion from Assistant Professor
Full Professor	<a href="#">Click here for further information.</a>	Senior promotion from Associate Professor

## Category

Amount of professional time dedicated to academic activity (teaching, research, administration)

- Adjunct Clinical (<20% of professional time spent in academic activities)
- Part Time Clinical (20-80% of professional time spent in academic activities)
- Full Time (>80% of professional time spent in academic activities)

## Academic job description

This is defined by the type of academic work you do and in what proportion (teaching, research, administration, and clinical work). *The majority of SAM faculty will apply to the rank of lecturer as either **adjunct clinical** or **part-time clinical** academic appointments. The criteria for application are specific to your department as outlined below.*

### **How to Apply for your U of T Faculty Appointment**

For SHN faculty, [click here](#), select the Physician Information Tab and then “Steps for Application Process”. For MGH faculty, please e-mail [FacultyMD@tehn.ca](mailto:FacultyMD@tehn.ca) for further information.

### **Annual Renewal Process**

To maintain an adjunct or part-time U of T faculty appointment, physicians are required to submit an annual activity report every spring. This process is communicated and fully managed electronically by the individual university departments. This includes the submission of an Activity Report that usually takes just 5-10 minutes to complete. Once submitted and confirmed, the appointment is typically renewed for a new term beginning July 1st and ending June 30th of the following year. The renewal of any appointment is at the discretion of the Department Chair and the relevant Site Chief/Program Director/Division Head.

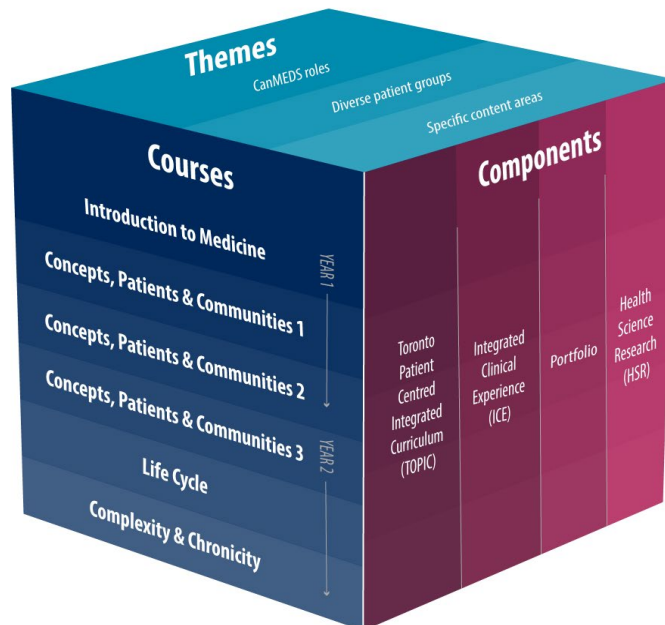
# MD Curriculum Overview

The [MD curriculum](#) of the Temerty Faculty of Medicine at the University of Toronto is a 4-year program that occurs in two distinct phases: **Foundations** comprises the first two years and **Clerkship** occurs over the final two years.

## Foundations (Years 1 and 2)



## Foundations Curriculum



The Foundations curriculum is structured around several core courses and key components. These courses help lay the foundational knowledge and skills for students as they prepare for the two years of Clerkship. The content of these courses is facilitated through four key components:

1. The **Toronto Patient-Centred Integrated Curriculum (TOPIC)** utilizes a combination of teaching methods, including lectures, workshops, eLearning modules, practical anatomy labs and facilitated **Case-Based Learning (CBL)** sessions.
2. The **Integrated Clinical Experience (ICE)** is dedicated to the development of essential clinical skills. One key component of this is **Clinical Skills (ICE:CS or CS)** where tutors facilitate instruction in history-taking and physical examinations in small group settings. **Health in Community (ICE:HC)** explores the psychosocial determinants of health on both an individual and community level. This is delivered through a combination of didactic and experiential learning modalities (including in-class sessions, reflective assignments, and community-based

experiences). ICE also includes shadowing opportunities (Enriching Education Experiences or EEEs) to allow students to observe experienced clinicians.

3. The **Portfolio** component is designed to encourage students to reflect on their learning experiences and their ongoing professional development as future medical professionals.
4. The **Health Science Research (HSR)** component introduces students to the world of medical research through tutorials and interactive eModules.

## Clerkship (Years 3 and 4)

The year 3 Clerkship curriculum is a rotation-based curriculum that exposes students to a broad range of core medical specialties. Core rotations include:

- Transition to Clerkship (TTC 310Y)
- Anesthesia (ANS 310Y)
- Emergency Medicine (EMR 310Y)
- Family and Community Medicine (FCM 310Y)
- Internal Medicine (MED 310Y)
- Obstetrics and Gynaecology (OBS 310Y)
- Paediatrics (PAE 310Y)
- Psychiatry (PSS 310Y)
- Surgery (SRG 310Y)

In year 4, clerkship continues with a significant portion dedicated to electives followed by the Transition to Residency (TTR 410Y) course to help students prepare for postgraduate training.

Woven throughout the MD curriculum are several key themes that includes Black Health, Clinical Skills, Collaborator/Interprofessional Education, Ethics & Professionalism/Professional, Older Adult Medicine, Health Humanities, Indigenous Health, Leader, 2SLGBTQIA+ Health Education, Medical Imaging, Quality and Patient Safety, Pharmacology and Pharmacotherapeutics, Public Health, Social Justice, Anti-Oppression & Advocacy.

# Teaching Opportunities

There is a plethora of teaching opportunities at SAM within Foundations and Clerkship. Physicians are free to choose the amount and type of teaching they support based on their interests. Please express your interest in teaching to your department physician education lead or by emailing [medicaleducation@shn.ca](mailto:medicaleducation@shn.ca) or [medicaleducation@tehn.ca](mailto:medicaleducation@tehn.ca).

Teaching opportunities are summarized in the table below. For sessions that occur weekly, tutors are grouped with other tutors to share the teaching responsibilities.

Teaching Opportunity	When It Occurs	Faculty Recruitment
<b><u>Case-Based Learning (CBL)</u></b> SHN/MGH	Year 1: Thursday pm (weekly) Year 2: Wednesday am (weekly)	Generalists/Sub-specialists Detailed facilitation guide provided
<b><u>Clinical Skills (CS)</u></b> SHN/MGH	Year 1 – Friday am (weekly) Year 2 – Thursday am (weekly, distributed between core and specialty tutors)	Generalists with support from sub-specialists Detailed syllabus provided
<b><u>Health in Community (HC)</u></b> UTSC	Year 1 – Tuesday pm Year 2 – Thursday pm (Every 3 weeks)	Community-focused clinicians (co-tutor with a health care professional)
<b><u>Health Science Research (HSR)</u></b> UTSC	Year 2 – Wednesday pm About once a month	Physicians and/or health professionals with a focus on research
<b><u>Portfolio</u></b> UTSC	Year 1/2 – Monday pm Year 3/4 – Thursday (4-6 pm) About once a month	Co-facilitation format with a resident or another physician
<b><u>Large Group Lecturer</u></b> UTSC	Year 1 – Monday am/Friday pm Year 2 – Friday am/Wednesday pm	Sub-specialists based on weekly content
<b>Seminar/Workshop Leader</b> UTSC	Years 1, 2 – Varied	Subject experts based on weekly content
<b>Clerkship Seminars</b>	Years 3, 4 – Varied	Subjects dictated by clerkship curriculum

Clinical teaching occurs in the form of preceptorship during the clerkship curriculum and occurs in various clinical settings. Teaching outside of the clinical context typically occurs in small groups and takes place at the hospital sites and UTSC.

Other opportunities not listed in the chart include medical simulation, interprofessional education (IPE), supervising students in research, coaching for the Canadian Resident Matching Service (CaRMS), observerships in Enriching Educational Experience (EEE), Mentorship program, student remediation support, examiners (OSCE, Mastery Exercises, etc.) and evaluation of medical admissions applications. For more information, please contact the [SHN Medical Education Office \(medicaleducation@shn.ca\)](mailto:medicaleducation@shn.ca) or the [MGH Carswell Family Office of Medical Education \(medicaleducation@tehn.ca\)](mailto:medicaleducation@tehn.ca).

# Starting Your Teaching Journey

The Temerty Faculty of Medicine at the University of Toronto utilizes several digital platforms to support medical education and your teaching. Once you have obtained a faculty appointment, an official onboarding process occurs leading to the creating of your **UTORid**, which is your digital credential used to access important platforms that you will use in your role as an educator.

## Faculty Appointment to UTORid

Once your faculty appointment is approved, your information is submitted to the *University of Toronto's Human Resources Information System (HRIS)*. Once you're registered in HRIS, an **automated email** from the *University of Toronto's Identity Management System* will be sent to the email address listed in your appointment documents. This email includes your **UTORid, temporary password and/or activation link**. The activation link opens the activation portal where you will verify your identity, set your permanent password and enrol in **2-Factor Authentication (2FA)** via **Duo Mobile** (mandatory for most services).

If you do not get a UTORid email notification, please contact [medicaleducation@shn.ca](mailto:medicaleducation@shn.ca) or [medicaleducation@tehn.ca](mailto:medicaleducation@tehn.ca) to confirm your appointment has been entered into the system.

Once activated, your UTORid gives you access to:

- **Elentra**
- **MedSIS**
- **Quercus**
- **University of Toronto Email**
- **University of Toronto Library Services**

## ELENTRA

Elentra is the integrated eLearning platform used by the Temerty Faculty of Medicine for managing various learning resources and schedules related to the MD curriculum. There is where you would access course syllabi, tutor manuals, etc. To access Elentra, visit <https://meded.utoronto.ca> and enter your UTORid and password to login. Successfully complete the 2-Factor Authentication via Duo Mobile.

## MedSIS (Medical Student Information System)

MedSIS is an online platform designed to support students, faculty and staff in the Temerty Faculty of Medicine. Its primary roles are to facilitate various academic and administrative functions, including scheduling, evaluations, and communication within the medical education community. You will be accessing this platform as your primary site to submit evaluations and written feedback to students. Students also use this site to provide teachers with feedback and evaluation. Evaluations submitted on this site are used towards generating your **Teaching Effectiveness Score (TES)**. This is explained in further detail under the *Evaluation and Feedback* section of the handbook.

To access MedSIS, click the link <https://medsis.utoronto.ca/medsis/> and click on "Continue to UTORid login). Use your UTORid and password to enter the platform. *Please note that the Temerty Faculty of Medicine is currently in the process of transitioning to a new learner management platform. This section will be updated once that occurs.*

## QUERCUS

Quercus is the University of Toronto's learning management system (LMS) which facilitates course administration and student communication tools as well as course content and design. It houses content for all learners and teachers in the Temerty Faculty of Medicine. To access Quercus, visit <https://q.utoronto.ca> and login with your UTORid and password to access your Dashboard where you can see your current courses (either as a student or teacher/facilitator).

## University of Toronto Email

A faculty appointment and UTORid comes with @utoronto.ca email address on the Microsoft 365 platform. Login here: <https://mail.utoronto.ca>

## UofT Library Services and Library Card

A benefit your faculty appointment is access to the UofT library system and its vast material and digital resources (<https://library.utoronto.ca>). Many resources can be accessed digitally but if you wish you borrow physical materials, you must obtain a physical UofT library card (TCard). Visit <https://tcard.utoronto.ca/> to get more information.

The UTORid also allows you access full Zoom access to host virtual meetings. This can be accessed at <https://utoronto.zoom.us/>

# Supporting the Learner

Teaching can be an immensely rewarding and also a challenging experience. Here are a few things to consider when optimizing the teaching and learning experience for both you and the learner.

Setting the stage for learning in the clinical environment is a foundational step to ensuring an effective, safe, and engaging educational experience. This process involves preparation, orientation of learners, setting objectives and expectations, providing feedback, and creating a psychologically safe learning environment. Keep in mind that some of these steps can be delegated to a member of your team.

## Preparation

Setting the stage begins **before** the learner arrives.<sup>1</sup> It shows intentionality, reduces learner anxiety, and creates a space where meaningful and focused learning can occur.<sup>2,3,4</sup> **Prepare your clinical environment** for incoming learners by considering the following:

1. Reflect on your teaching approach and goals
  - a. What key content and/or skills do you want to learners to focus on?
  - b. Are there specific objectives dictated by the curriculum that must be included?
  - c. What [teaching and feedback strategies](#) will you employ during the experience? (i.e. One Minute Preceptor, SNAPSS, etc.)
  - d. How will you integrate the learners into the clinical workflow to achieve your teaching and their learning goals?
2. Review the physical space
  - a. Space for learners to place their personal belongings (i.e. jackets, food, backpack)
  - b. Spaces in your clinical environment where there will be minimal distractions when reviewing cases (i.e. quiet, private)
  - c. Space for learners to see patients independently (if that is part of the expectation)
  - d. Access to tools the learner may need (i.e. computers, desks, reference materials, PPE)
3. If possible, review the learner's background. What is the level of the learner and what experience do they bring?
4. If possible, pre-select patients or keep in mind patients and conditions appropriate for the level of the learner and objectives.
5. If applicable, inform nurses, administrative staff, and other team members in your clinical environment about the learner's presence and clearly define their role and responsibilities. Encourage your team to actively engage with the learner, offering support and guidance as appropriate.
6. Confirm logistics with the student such as:
  - a. Where and when to arrive

- b. What to wear (i.e. office attire vs scrubs for OR) and what to bring (i.e. ID badge, medical equipment, etc.)
- c. Contact information for you or your team and how to notify you when there is a planned or unplanned absence. Learners should be aware of the [protocol to register the absence with the Temerty Faculty of Medicine](#). **This needs to be reinforced.**
- d. Access to EMR, pager, scrub machine, parking. Any questions regarding this can be directed *well ahead of the placement to:* [medicaleducation@shn.ca](mailto:medicaleducation@shn.ca) or [medicaleducation@tehn.ca](mailto:medicaleducation@tehn.ca)

## Orienting Learners

Build rapport by introducing yourself and your role. Begin by gathering basic information such as the learner's name, pronouns, level of training, relevant clinical experience and background. Consider pre-placement communication via email to help facilitate this process. Additionally, inquiring about personal interests outside of the clinical environment can further ease the transition and enhance learners' comfort, allowing them to focus on discussing the learning objectives and expectations.

To orient learners to the clinical environment and workflow<sup>5,6</sup>, consider the following steps:

1. Provide a detailed tour of the physical layout, pointing out essential areas such as where to store personal belongings, exam rooms, equipment locations, call rooms, break areas, and charting or computer access points.
2. Introduce learners to the healthcare team (if applicable), explaining each member's role and how they contribute to patient care. This helps learners understand who to approach for specific needs or questions.
3. Describe the patient population served by the clinical practice. Understanding the demographics and common conditions treated helps learners contextualize their experience.
4. Discuss the workflow and processes of the clinical environment. This includes how to access the Electronic Medical Records (EMRs), using the paging system (if applicable), consultation processes and patient check-in procedures. **It is important to provide students with a detailed schedule of activities (with typical start/end times), which include daily schedules for clinics, procedures, rounds and on-call duties (if applicable). Students should be made aware of the [duty hour limits](#).**
5. Clarify how learners will integrate into the workflow. Specify when and how they will see patients, receive teaching, and get feedback. Learners should know when and how to complete their notes. Discuss when to reach out and who to reach out to for help. This step may also be addressed while setting objectives and expectations. Also, learners should be made aware of policies and procedures, including reporting concerns about learner mistreatment, handling injuries or illnesses, and addressing safety concerns (see [Approach to Students in Difficulty](#)).

To learn more about learner orientation and integration, please click [here](#).

## Setting Objectives and Expectations

Take some time to review the objectives and expectations with the learner at the beginning of the placement<sup>7,8</sup>. It not only allows everyone to be on the same page but also allows you to align your feedback to the set of objectives and expectations that were mutually set at the beginning.

The objectives are typically derived from multiple sources:

1. **The MD Curriculum** has specific learning outcomes and competencies that students are expected to achieve by the end of their program. These overarching goals are then translated into more specific objectives for individual clinical placements.
2. **Clinical Preceptors** can identify specific skills or areas of focus that are relevant to the placement and the student's learning needs. Based on their patient population and practice context, there may be unique opportunities for learning in addition to the standard objectives.
3. **Learners** are encouraged to self-assess and reflect on their current skills and learning needs to contribute to the development of their own objectives. This promotes self-directed learning and ensures the placement addresses their individual goals as well.

Ideally, the objectives for a clinical placement are negotiated and developed collaboratively. There is additional flexibility, considering the minimum requirements and expectations dictated by the MD curriculum. When setting objectives, ensure they are **SMART**<sup>2,9,10</sup>:

- **Specific:** Clearly defined and focused on particular skills or knowledge.
- **Measurable:** Able to be assessed and tracked to determine if they have been achieved.
- **Achievable:** Realistic and attainable within the timeframe and resources of the placement.
- **Relevant:** Aligned with the student's program goals and future professional practice.
- **Time-bound:** Have a clear timeframe for achievement during the placement.

Objectives are not immutable when set at the beginning of the placement. They can be further adjusted based on feedback and circumstances that develop during the placement.

Set expectations for professionalism (punctuality, communication, confidentiality and behaviours) as well as roles and responsibilities for the learner (i.e. patient care tasks, participation in rounds, etc.) and your role as the preceptor.

## Feedback

Establish a culture of feedback early on with your learner. Explain when and how feedback will be given. This can be done formally (i.e. at the end of each day, at a mid-way point and/or at the end of a placement) and informally (tell the learner that feedback will occur naturally as the opportunity arises).

It is also important to emphasize that you are also open to receiving feedback. Emphasize that the purpose for feedback is to encourage self-assessment and growth for both the learner and the preceptor<sup>11,12,13</sup>.

*\*It is important to be aware that, due to the power differential inherent in the preceptor-learner dynamic, learners may be reluctant to give you feedback so it can be helpful to give examples of where feedback given to you by previous learners helped you adapt your own approach to teaching.*

## Creating a Psychologically Safe Learning Space

Many of the above steps you've taken will contribute to creating a psychologically safe space<sup>14-15</sup>. Additional steps include:

1. Explicitly inviting questions and curiosity ("feel free to ask anything you'd like to know")
2. Admission of limitations ("it's okay not to know, that is why you're here to learn and grow")
3. Role model humility and learning behaviour ("I don't know everything, but I do know what to do/where to go to fill that knowledge gap." or "I'm always learning new things every day I see patients or when I teach.")

A psychologically safe space allows learners to feel comfortable expressing their thoughts, to explore and innovate and to admit fears and mistakes without the fear of ridicule or incrimination. This space allows learners to explore the **learning zone** (also known as the zone of proximal development<sup>16,17</sup>).

The learning zone is a space of exploration, discovery and engagement. Learners are exploring new areas but need some guidance to fully understand concepts or complete tasks. *This is where the growth happens.* In this zone, individuals are open to new ideas, willing to take risks and challenge themselves to acquire new skills and knowledge. They learn how to be adaptive learners, stepping outside of their usual and familiar routine to embrace new challenges. This ultimately nurtures the adaptive mindset, which is crucial to the lifelong learning that is important to being an effective physician.

It is important to recognize that life in the learning zone does involve the struggle and uncertainty that is necessary for growth. It can often feel uncomfortable to be in this zone. However, it is important to understand that discomfort is not the same as feeling unsafe.

Another zone that a psychologically safe space allows for is the **comfort zone**. While the learning zone is a space of challenge and uncertainty, the comfort zone is a space of familiarity and security. This is a place where the learner's existing knowledge and skill set is sufficient so there is no challenge or goal. This is typically a place where the learners can self-reflect. However, staying in this zone hinders growth and leads to complacency and stagnation.

Beyond the comfort and learning zones is the **alarm (also known as the panic or frustration) zone**, which is characterized by cognitive and/or emotional overload and where *learning ceases*. This occurs when tasks and/or content are far beyond the learner's current knowledge or skill level without adequate guidance/preparation, unrealistic expectations or objectives and/or setting a psychologically unsafe learning space (e.g., mistakes are shamed, bullying occurs, etc.). An illustration of the Learning Zone Model follows.<sup>18</sup>

### The Alarm Zone

**What it feels like:**

Stress and overwhelm block learning and growth.

Learning is beyond what you are familiar with and becomes very difficult.

**What it's good for:** It's time to stop and reorient, seek a different direction to keep learning and stay engaged.

### The Learning Zone

**What it feels like:**

Challenge, excitement, and engagement create learning and growth.

Uncomfortable, requires focused effort and attention.

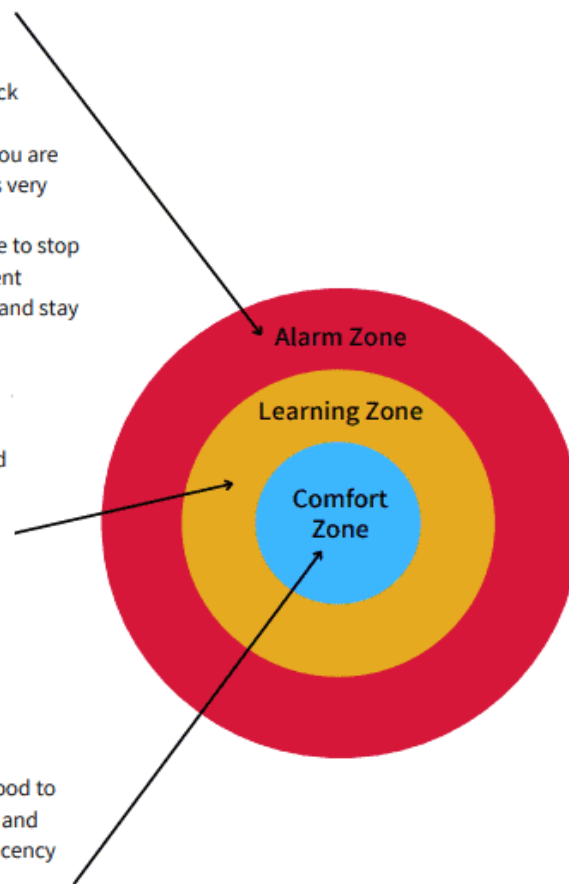
**What it's good for:** Where you learn and grow.

### The Comfort Zone

**What it feels like:** It feels good to stay here, where it's comfy and safe. Boredom and complacency stifle learning and growth.

**What it's good for:**

A safe place to reflect.



Source: Smith, M. (2022) The Learning Zone Model <https://commonslibrary.org/the-learning-zone-model/> (accessed July 15, 2025)

For further information regarding psychological safety, please access the Office of Faculty Development primer on [optimizing the teaching and learning environment by creating psychological safety](#).

## Engaging Your Learners

Learner engagement is key to providing a quality educational experience. Engaged learners are more likely to be motivated and participate actively in the learning process which, in turn, can lead to improved patient outcomes. The main factors that influence learner engagement in clinical teaching is the learning environment, the learner's intrinsic characteristics and motivations, and teaching methods used. We have already discussed ways to create a psychologically safe learning environment that will promote learner engagement. In this section, we will discuss teaching methods that can be used in a clinical setting to help further promote learner engagement.

### **INVOLVEMENT IN CLINICAL CARE**

Learners are more engaged in the clinical environment when they feel they are part of the care team<sup>19</sup>. If appropriate to the level of learner, the clinical placement and the nature of the clinical care provided, have learners participate in the process of care. This could be seeing consultations independently or doing parts of procedures or assessments. This can

then be followed by a discussion such as presenting and reasoning through a case, asking questions and sharing observations and reflections. Teaching can also be shared by other health care team members.

In situations where a learner has no prior experience in the clinical setting, role modeling is a useful initial step whereby the learner can learn by observing faculty and staff<sup>20</sup>. In this case, as part of your explanation to patients about the presence of a learner, you may also explain that you may “talk out loud” during the encounter so that the learner understands why you are doing what you are doing in the moment. This can then be followed up with a discussion of the reasoning behind an approach or process with an eventual step-up in level of responsibility as the placement progresses.

## ***CLINICAL TEACHING METHODS***

This section outlines common strategies and approaches to provide effective teaching that can be integrated into your daily clinical practice. Each method offers a structured approach to foster learning, critical thinking, and skill development in your learners.

One thing to keep in mind is that clinical teaching should not hinder patient care or put patients at undue risk. Integrating teaching moments into a busy clinical environment is a crucial skill for all clinical instructors.

### **The Socratic Method**

You will notice that many teaching methods described here use the Socratic method of teaching. This common and classical method of clinical teaching encourages critical thinking and self-reflection through dialogue and careful open-ended questioning. It promotes active participation from the learner, moving away from passive memorization and towards a more interactive and engaging learning experience. To employ this method, the instructor refrains from providing answers but guides discussion through prompts to get the learner to explore ideas, different perspectives and self-exam underlying assumptions.

The potential benefit of this approach is that it brings learners into the discussion and keeps them actively engaged with the material. It encourages clinical reasoning skills and fosters critical thinking, which allows them to adapt to ever-changing situations. The challenge to this method is that it can be time-consuming if you want to do a deep dive into a specific topic and requires careful planning and facilitation to guide the discussion effectively. To maintain psychological safety, let learners know that you are using assessment for learning, or asking questions to help them learn<sup>21</sup>.

## Common Clinical Teaching Methods

### The One-Minute Preceptor (OMP)

The OMP is an efficient and effective method for teaching in busy clinical settings, allowing for focused teaching and feedback in a short amount of time. It is teacher-directed and contains 5 key components or “micro-skills”<sup>22</sup>.

Step	What to do	Description
1. Get a Commitment	Ask learner: “What do you think is going on?” “What would you like to do next?” “What’s your plan?”	Encourages problem formulation and organization of approach
2. Probe for Supporting Evidence	Ask “What makes you say that?”, “What information you obtained supports your differential diagnosis?”, “What evidence supports your plan?”	Stimulates learners into clinical reasoning by analyzing the information they have and using it to help justify their thoughts and plans.
3. Teach a General Rule(s)	Teach 1-2 key take-home messages or principles relevant to the case. Focus on ones that are common and/or critical (high yield) for clinical practice.	Facilitates knowledge transfer to learners when linked to a specific case they’ve seen as it goes from theory to practice.
4. Reinforce Positives	Limit to 1-2 items. Be <b>specific</b> and explain <b>why</b> it was good. Avoid generalities such as “That was a good presentation.” Instead, “When you started off with the patient’s demographics, you also included key health issues, which allows the listener to put the current presentation in proper context.”	Reinforces good behaviours and builds confidence. Learner understands why it was good and can apply those principles to future actions.
5. Constructive Feedback	Limit to 1-2 items. Be <b>specific</b> and focus on observable <b>behaviours</b> and offer suggestions on future <b>action</b> . Avoid “you need to improve your communication skills” and say, “I noticed that you didn’t pause to give the patient time to further elaborate on their concerns.” or “I noticed that you used too many jargon words and patients may not understand. Next time, try to use other terms or explain the terms when you do use them.”	Allows learners to focus on behaviours to adjust/improve and provides them a way to do it (action plan).

*Benefits:* Method can be succinct and efficient, ideal for busy clinical environments, provides specific feedback, and encourages clinical decision making.

### **SNAPPS**

SNAPPS is an acronym for this method, which is a learner-driven model designed for review around case presentations and focuses on clinical reasoning. It promotes active learning, critical thinking, and self-directed learning<sup>23</sup>.

<b>Component</b>	<b>Learner Action</b>	<b>Preceptor Action</b>
Summarize the case	Presents a concise summary of the patient's history and key findings. "What do I know?"	Actively listen, ensure the summary is brief and relevant.
Narrow down the differential diagnosis to 2-3 possibilities	Identifies and prioritizes the differential diagnoses. "What do I think is going on?"	Probe for reasoning, ask for justification of chosen differentials.
Analyze the differential diagnosis	Briefly discuss pros and cons of each differential diagnosis given patient's data (why and why not). Thinks out loud and explains reasoning.	Facilitate deeper thinking, challenge assumptions, clarifies learner understanding of each differential diagnosis.
Probe the preceptor to clarify uncertainty	Asks preceptor a specific or focused question about area of uncertainty or learning need. "What do I need help with?" "What are my knowledge gaps?"	Answers question, but may also re-direct (consider Socratic method) to encourage self-directed learning and productive struggle.
Plan management for patient	Outlines diagnostics and/or management plan. "What do I want to do?"	Provide specific feedback on the plan, suggest alternatives, ensure patient safety
Select a case-related issue for self-study	Identifies a specific learning point from the case to research further independently	Agrees on learning point, suggest resources, consider plan for follow-up discussion.

*Benefits:* Promotes active learning, learner-driven, self-directed. Requires maximal learner engagement.

*Limitations:* Both the learner and preceptor require knowledge (and training) in this method. It is dependent on learner direction and preceptor facilitation. Requires learner to have experience presenting cases. Narrows down and may exclude broader learning opportunities/topics.

### ***Procedural (Psychomotor) Skills Teaching***

The "see one, do one, teach one" approach to procedural teaching over-simplifies the more structured, evidence-based approach that ensures complete learner competency beyond the mechanical and incorporates a deeper understanding of the skill to be taught<sup>24,25,26</sup>. The steps to consider include:

#### ***A. Pre-Skill***

If the skill is complex, break it down into bite-sized pieces (with a maximum of 7 steps per session). Consider the learner's current skill level. This can be evaluated by using simulation or form of evaluation. Discuss cognitive aspects of the skill (why do we do this, potential risks/safety considerations and how to discuss consent, review equipment required).

#### ***B. During Skill***

*Demonstration:* Teacher demonstrates the skill from start to finish, at normal speed and without verbal explanation (visual learning).

*Deconstruction:* Teacher performs the skill again but more slowly, narrating each step and explaining what and why they are doing it (visual and verbal learning).

*Comprehension:* Learner verbalizes through the steps as the teacher performs the steps slowly. This checks the learner's understanding. Allows for immediate and specific corrections.

*Performance:* Learner performs the skill from the beginning to end with teacher guidance to ensure patient safety. Learner reflects on performance prior to teacher feedback. Set time limits (if timing is a consideration in the clinical setting) ahead of time with the learner.

### *C. Post Skill*

The learner continues to practice, practice, and practice. Teacher to provide opportunities. Leads to learner mastery of skill.

## ***Bedside Teaching***

Bedside teaching offers invaluable opportunities for direct observation, real-time feedback, and teaching in an authentic clinical context. It can be used to illustrate pathology that would not typically be found in standardized or healthy outpatient populations. It is also a good way to demonstrate and emphasize patient-centered care and professionalism<sup>27</sup>.

### *A. Before the Encounter*

*Preparation:* Identify what you want to teach/assess at the bedside (e.g., history-taking, physical examination, patient education, etc.). Patient selection is important to learner success. For example, select co-operative patients who are good historians for the junior learner.

*Patient Consent:* Clearly communicate the role of the learner to patients. Be explicit about whether or not the learner is part of the clinical care team or not (i.e. clinical clerks are typically considered part of the care team for a patient while Foundations students are not). Always obtain explicit consent from the patient to have learners present for specific activities planned (e.g., "Would it be okay if [Learner's Name] asks you a few questions/takes your blood pressure as part of their learning?").

*Pre-brief Learners:* Remind learners of professionalism, patient privacy, and learning objectives.

### *B. During the Encounter*

Clearly introduce learners to the patient and explain their role and the purpose of their presence.

Focus on a Specific Skill/Concept: Don't try to teach everything at once.

Where appropriate, involve the patient in the teaching process (e.g., explain findings to the patient, have the patient describe symptoms, allow patients to provide feedback and ask questions). Avoid talking about patients to the learner as if they're not there.

Observe how learners interact with the patient and perform tasks.

Keep it Brief: Respect the patient's comfort and time.

### *C. Post-Encounter (Debriefing and Feedback)*

This should occur away from the bedside in a private area. **Ask** learners to self-assess what they think went well and what could be improved. **Tell** the learner what you observed went well using "I" phrases (e.g., "I saw that you (describe behaviour).") and provide suggestions for improvement. Close by summarizing key takeaways from the bedside session. Finally, ask if feedback made sense or for clarification on feedback. **Ask** about a potential action plan based on the feedback. This is commonly known as the "Ask-Tell-Ask" approach to feedback<sup>28</sup>.

## Adaptive Expertise

The MD curriculum is designed to prepare graduates to be clinically competent, ethical, and adaptable health professionals. As we cannot expose learners to every possible situation or type of patient they will encounter in clinical practice, we must help our learners develop adaptive expertise<sup>29,30</sup>. Adaptive expertise is crucial in healthcare, where novel and complex situations are common. Unlike routine expertise, which is focused on applying already mastered skills in a familiar context, adaptive expertise is the ability to transfer existing knowledge and innovate solutions to unfamiliar problems in new contexts. To achieve this, it is important that learners not only focus on “what” to do but also on the “why”. This will help them to decide “when” to adapt to a situation that is not completely familiar. The methods already mentioned lend themselves to developing adaptive expertise, but we can break it down into three main strategies:

1. **Integrated Instruction:** Help learners go from the “what” to the “why”. This is where you delve into the underlying principles, mechanisms, and rationales behind procedures and concepts. Asking “how” and “why” questions facilitate connections between existing knowledge and new information (i.e. link the basic science to clinical manifestations.)
2. **Productive Struggle:** Allow learners to grapple with complex and ill-defined problems that don’t have immediate or clear solutions. This opportunity to struggle enhances problem-solving skills and life-long learning<sup>31</sup>. Learners use previously acquired skills and apply them to the present problem. At this stage, you may provide some guidance but ultimately allow learners to attempt to generate their own solutions. After you have allowed them to fully explore their own processes, you can provide corrective or re-directed feedback while highlighting key concepts and gaps that learners can focus further learning on.
3. **Meaningful Variation:** Change variables in the case and ask “what if” questions to encourage learners to think about how these variables may affect presentation, diagnosis, and management.

### **Tips for Busy Clinical Environments**

There are many other teaching strategies that you will encounter along your teaching journey. We encourage you to explore these and integrate the ones that make the most sense to you in your clinical and teaching practice. As busy clinicians who teach, other tips include:

- Look for “teachable moments” (demonstrate/observe bedside exam or finding, elaborate on a patient question, incorporate a clinical practice guideline into a clinical decision).
- Incorporate a few minutes of teaching throughout the day (pre-rounds, sign-out, after case review, in between patients).
- Remember to focus on 1-2 points or “clinical pearls” from each encounter to avoid cognitive overload.

# Evaluation and Feedback

## MedSIS and Teaching Effectiveness Scores (TES)

Evaluation and feedback are essential to the learning and development of both our learners and teachers. Completion of student assessment and the provision of feedback are essential to performance improvement. In the same way, students are also given opportunities to provide feedback and evaluate all aspects of the learner experience (course, tutor, etc.) so that improvements can be made.

The primary platform used for assessment of both learners and teachers in the MD program is the *Medical Student Information System (MedSIS)*. Teachers assigned to complete specific learner assessments receive an email from MedSIS with specific completion instructions. These are expected to be completed in a timely manner. **It is critical that these evaluations are completed as soon as possible.** Assessments completed as close to the activity completion as possible are more beneficial because they provide more accurate and timely feedback, enhancing learning and performance. Learners are able to better identify with the gaps discussed and more effective adjustments can be made. **Please make yourself aware of the [policy](#) in regards to timely completion of student assessments.** Likewise, students have 15 days from the end of a learning activity to complete evaluations. For clerkship, students complete the *Learner Assessment of Clinical Teacher (LACT)* form. Reminders are sent to them by the Office of Assessment and Evaluation (OAE). Assessments of teachers are confidential, and all evaluation data is reported in aggregate. A teacher only receives the data if they have at least 3 evaluations for a session in the form of a **Teaching Effectiveness Score (TES)**.

## Implicit Bias in Evaluation

The MD curriculum is committed to fostering an inclusive and equitable environment for our learners. This also applies to assessments and evaluations. It is important that we recognize that, as human beings, we all hold implicit biases, which are unconscious attitudes, stereotypes, and assumptions that can unintentionally influence our judgments and decisions. While these biases are not a reflection of conscious intent, they can significantly impact the fairness and accuracy of assessments and evaluations if left unaddressed<sup>32</sup>. Implicit biases can manifest in various ways during evaluation including, but not limited to:

*Halo or Horn Effect:* General positive/negative impression of an individual influences our perceptions of their specific performance.

*Affinity Bias:* Tendency to favour individuals who share similar backgrounds, experiences, or characteristics.

*Confirmation Bias:* Tendency to seek out, interpret, and remember information in a way that confirms our own pre-existing beliefs or hypotheses.

*Attribution Bias:* Attributing success to internal factors (e.g., talent) for some individuals and external factors (e.g., luck) for others, and vice-versa for failures.

*Stereotype Threat:* Learners may have performance anxiety or sub-optimal performance stemming from their awareness of negative stereotypes about their group. It is crucial for teachers to create environments that minimize this impact.

*Gender Bias:* Evaluating differently based on gender for similar achievements and/or behaviours

*Racial/Ethnic Bias:* Unconscious associations based on race or ethnicity impacting perceptions of performance, competence, etc.

While we cannot eliminate our biases, we can attempt to mitigate them by being aware that we have them. Second, using tools such as the [Toronto Initiative for Diversity & Excellence's Unconscious Bias Education Modules](#) or other implicit bias training helps you gain practical strategies for identifying and interrupting personal biases<sup>33</sup>.

Other tips include challenging your own assumptions and seeking diverse evidence before forming conclusions about a learner's performance. When providing feedback, focus on the pre-established objectives and expectations, always focus on observable behaviours and avoid comments on personal traits or vague statements.

## Tips on Providing Effective Feedback

Providing effective [feedback](#) is an essential skill for clinical educators. Providing meaningful and actionable feedback leads to learning, growth, and improved performance<sup>12,34,35</sup>. It is a vital part of all teaching methods (as you may have noticed earlier). Here are key tips to ensure your feedback is constructive, actionable, and well-received:

1. **Timely and regular:** Learners benefit most from immediate feedback. Providing it as close as possible to the observed behavior or event ensures the details are fresh for both the learner and the observer, making the feedback highly accurate and impactful. Regular and brief feedback sessions are much more useful than infrequent and lengthy reviews.
2. **Specific:** Avoid general statements (e.g., instead of saying, "you need to improve your communication skills", consider saying, "when you used medical jargon like 'myocardial infarction', the patient looked confused.")
3. **Objective and Explain Impact:** Focus on learner behaviour and not personality trait (e.g., instead of "You were disorganized" you could say, "During your case presentation, I noticed that the information wasn't presented in a clear and logical sequence. For example, the patient's history was not presented in chronological order and the diagnosis was given before discussing why you came to that diagnosis. This made it difficult for me to follow your reasoning.")
4. **Balanced:** Include both positive and negative/constructive feedback in a supportive manner. A common way to do this is the "sandwich method", giving positive feedback to develop rapport, followed by constructive feedback and then ending with a positive statement. Another common method is the use of *Pendleton's Rules*<sup>36</sup>. This involves a 4-step sequence: Ask the learner what went well (promotes self-reflection). Express what you thought went well (you provide your observations on what the learner did effectively – this builds rapport on a positive foundation). Ask the learner what they think could have been improved or done differently (prompts self-reflection, encourages them to identify areas for growth). Express what you think could have been improved or done differently (this is where you can add insights, correct misunderstandings, or suggest alternative approaches). This last step then leads to step #5.
5. **Actionable:** Suggest specific changes or strategies for improvement.

### Other General Feedback Principles

**"I" instead of "You":** Frame feedback by focusing on what you observed using "I noticed" or "I observed" rather than "You did" or "You always". The latter has an accusatory tone and will leave learners on the defensive, and they will be less likely to take in the feedback.

**Limit the Amount of Feedback:** Don't overwhelm the learner with too many points at once. Focus on 1-3 key areas for improvement that are most critical or manageable for the learner to address.

**Create a Safe and Supportive Environment:** Feedback should be a supportive learning opportunity, not a punitive one. Ensure privacy, maintain a calm demeanor, and convey your genuine interest in their development. This also involves inviting feedback from the learner (see Feedback Plan above).

**Align Feedback to Objectives and Expectations:** For formative and summative feedback, try and align feedback given along the lines of the objectives and expectations that were established at the beginning or during the rotation. This will prevent the feeling that feedback was arbitrary.

## Entrustable Professional Activities (EPAs)

[Entrustable Professional Activities \(EPAs\)](#) are a formative assessment tool used in medical education to define essential tasks that medical trainees should be able to perform independently by the end of their training (entrustable). These tasks represent the integration of knowledge, skills, and attitudes. For example, "Obtain and present a focused history and physical exam" or "Manage acute exacerbation of asthma." EPA evaluations occur throughout clerkship and residency training. Feedback on EPAs are not only an assessment tool but also a tool that can be used for guidance and coaching a learner towards entrustability of a specific task. Students **must complete** the appropriate number of EPAs to receive course credit. Every EPA assessment initiated expires after 14 days to encourage timely completion of the assessment. As with all assessments and evaluations, EPA assessments should be done as soon as possible after activity completion. It typically takes a couple of minutes to complete.

### How to Provide Feedback on EPAs

Many of the tips that have been discussed on giving effective feedback also apply here. The difference is that the focus for EPAs is whether or not a task is entrustable and, if not, how to achieve it. That is, the feedback should focus on whether or not the learner has demonstrated the capacity for independent performance of the *entire activity*. Consider these in your approach to providing feedback and guidance for EPAs:

1. It is helpful to break down the EPA into its component competencies (e.g., communication skills, medical knowledge, professionalism) that make up the entire task. Learners may excel in one competency but not another, which ultimately makes the entire task unentrustable.
2. Your feedback can focus on the specific component(s) that require work in order for the learner to be entrusted with the entire task.
3. Explain the implications of the gaps in the components on overall performance of the task. This will ultimately help the learner answer the "why not" question for entrustment. Why is this task not yet entrustable?
4. Identify the specific gaps in knowledge, skills or attitudes that prevents entrustability.
5. Formulate an action plan: Discuss resources/activities that can help fill in the gaps.
6. Discuss the formative nature of the EPAs, provide encouragement and timelines for revisiting the EPAs.

For further information on EPAs including how to complete them, please visit the [EPA in Clerkship](#) website.

Want to learn more about feedback? [Click here](#).

### Professionalism

Professionalism is a crucial aspect of medical practice, which includes the values, behaviours, and relationships that underpin public trust in healthcare providers. You play an essential role in assessing professional behaviours for our learners. Professionalism assessments are completed throughout all years of the MD program. The Temerty Faculty of Medicine employs a structured approach to evaluate professionalism, which includes six domains. These domains are:

1. Interactions with Patients and Essential Care Partners
2. Reliability and Responsibility
3. Growth and Adaptability
4. Relationships with Colleagues
5. Upholding Student and Professional Codes of Conduct
6. Recognize and Respond to Ethical Issues

Teachers are encouraged to use the comment section for all learners and are required to provide comments for any scores of 1 or 2 (out of 5). Professionalism forms are completed on MedSIS. They are required for all components and

clinical courses as part of their final evaluation. However, stand-alone assessment forms can also be generated and completed at any time if the need arises.

For more detailed information about Assessment of Student Professionalism at the Temerty Faculty of Medicine. Please click here: [Guidelines for the Assessment of Student Professionalism | MD Academic Calendar](#).

As medical professionals and faculty, please familiarize yourself with the [Standards of Professional Behaviour for Clinical MD Faculty](#).

# Approach to Students in Difficulty

As a faculty member, you will encounter students who may be experiencing academic, professional, or personal difficulties. Faculty play a significant role in identifying and effectively supporting these students. This section outlines the approach to supporting the learner and the comprehensive resources available to assist both you and our learners.

## 1. Be attentive to changes in a student's performance or behaviour.

- A sudden drop in grades, missed deadlines, difficulty grasping core concepts or performing fundamental clinical skills, disengagement in learning activities, or frequent requests for extensions.
- Uncharacteristic unprofessional conduct, interpersonal conflicts, difficulty accepting feedback, or attendance issues.
- Visible signs of stress, fatigue, anxiety, depression, significant changes in appearance or hygiene, social withdrawal, or expressions of hopelessness or feeling overwhelmed.

## 2. If you observe any of these signs, your initial response is crucial.

- *Initiate the conversation:* Approach the student in a private, confidential and, non-judgmental manner. Express your concern based on specific, observable behaviours (e.g., "I've noticed you seem quieter than usual lately, and I wanted to check in," or "I'm concerned about your performance on the last few assessments; how are things going?"). Remember confidentiality: information shared with you should only be disclosed to relevant professional support staff (e.g., OLA) on a need-to-know basis, and ideally with the student's consent, unless there is an immediate safety concern that requires duty to report.
- *Listen actively with empathy:* Allow the student to share their story. Your role is to listen and understand, not to diagnose, investigate, or immediately offer solutions.
- *Focus on Support:* Thank them for sharing. Reassure them that seeking help is a sign of strength, not weakness. However, DO NOT overstep your role as a support person. You are not expected to be a therapist or medical expert. Your primary role is to connect them to the appropriate resources and supports.
- **Inform course/site directors:** All academic difficulty and professionalism concerns should be discussed with the course/site directors as soon as possible. This will allow timely development and implementation of plans to assist the student. Site/course directors will be able to provide guidance on whether additional resources or steps are required. If the student has shared confidential information, request their consent before sharing with program/site/course directors and OLA
- **Documentation** is important for all concerns that are brought forth. Consult with the OLA and relevant program/course director on appropriate documentation, adhering strictly to Faculty and University policies.
- *Faculty Well-Being:* Supporting students in difficulty can be emotionally taxing. Please remember to utilize the [wellness resources available to faculty members](#) if you find yourself needing support.

## 3. The Temerty Faculty of Medicine and the University of Toronto offer a wide array of confidential services to support students. Direct students to the most appropriate resource based on their needs:

- [Office of Learner Affairs \(OLA\)](#) provides confidential academic advising, personal counselling, and guidance for a wide range of academic, personal, and wellness concerns. They are also the primary contact for formal academic and professionalism procedures.  
**Email:** [ola.reception@utoronto.ca](mailto:ola.reception@utoronto.ca)
- The Director, Academic Advising position provides confidential support like the OLA although it is more focused on meeting with students who have been identified as being in academic difficulty. This position, in conjunction with the Student Progress team members, are available to speak to students of all years if they are having academic difficulties. This can be pro-active or re-active.  
**Email:** [md.progress@utoronto.ca](mailto:md.progress@utoronto.ca)

- [University Health & Wellness Centre \(HWC\)](#) offers comprehensive medical, mental health, and counselling services for all University of Toronto students.
- **[IMPORTANT]** [Academic Leads and Component/Course Directors](#) should be notified regarding all course-specific academic and professionalism difficulties. They can initiate the proper protocols and offer targeted academic guidance, identify specific learning strategies and plans.

5. Familiarize yourself with the Temerty Faculty of Medicine’s policies and guidelines related to student progress and support. The [MD Program Academic Regulations](#) page contains a wealth of guidelines and policies, including processes and protocols on approaching students in academic difficulty in [Foundations](#) or [Clerkship](#), [professionalism issues](#), [workplace physical injury](#), [learner mistreatment](#), and [absences](#).

6. Another situation that may arise from time-to-time, are students who may approach you with concerns about their physical health that is not directly related to a workplace physical injury. Please refrain from offering medical opinions or advice or initiating investigations (in this role, you are not the clinician). *You must refer the student to their primary care physician or other appropriate level of care.*

## Learner Mistreatment

The Temerty Faculty of Medicine is committed to fostering a respectful and supportive learning environment. As a faculty member, you play a crucial role in upholding this commitment. You may encounter situations involving learner mistreatment, either through direct observation or disclosure from a learner. Understanding what mistreatment is and how to respond effectively to support the learner is vital<sup>37,38</sup>.

### What is [Learner Mistreatment](#)?

Mistreatment encompasses any behaviour that demeans, devalues, or humiliates a learner, or that interferes with their learning. This can include, but is not limited to: public humiliation, verbal abuse, discrimination (based on race, gender, sexual orientation, religion, etc.), harassment, belittling comments, exclusion, or creating an unwelcoming environment. It's important to remember that impact, not intent, is the primary consideration.

### What is your role and responsibilities?

- **Do Not Ignore:** Never ignore observed or disclosed mistreatment. Inaction can be perceived as condoning the behaviour and can further harm the learner.
- **Actively Listen:** No judgement, validate feelings, thank them for entrusting you with the disclosure. Avoid making promises you cannot keep (e.g., guaranteed anonymity).
- **If directly observed, intervene if safe and appropriate.** This could be a statement such as, “That comment seems inappropriate.” or “Let’s focus on respectful communication.” If the situation makes direct intervention not safe or feasible, it is better to remove the learner and yourself from the situation to discuss in a separate location.
- **Understand the options** that learners have in dealing with learner mistreatment. These may include anything from addressing it directly with the individual responsible for the mistreatment to contacting the department or education lead to discussing/disclosing to the Learner Experience Unit (LEU) and potentially filing a formal report. [Click here](#) to access the Temerty Faculty of Medicine Learner Mistreatment Guideline for specific details.
- **Document:** Keep an objective record of what you observed or what was disclosed, including dates, times, specific behaviours, and any actions you took. This documentation is crucial for any subsequent formal processes.

- **Maintain Confidentiality (to the extent possible):** While you cannot promise absolute confidentiality (as you may need to report), assure the learner that their privacy will be respected throughout the process as much as possible.
- **Seek Guidance (if unsure):** Do not hesitate to reach out to more senior faculty, your department chair, or Learner Affairs for advice (without breaking confidentiality, if not required).

Other Resource:

[TAHSN Toolkit for Responding to Learner Mistreatment from Faculty, Staff and Other Learners](#)

[TAHSN Guide for Responding to Learner Mistreatment from Patients, Family Members and Visitors](#)

[TAHSN Responding to Incidents of Mistreatment Flow Chart](#)

# Faculty Development

The Faculty Development program at the Scarborough Academy of Medicine is designed to support and prepare faculty for their various teaching roles. A range of resources and opportunities are available to help educators excel in their teaching roles. These may include course-specific orientation, department-specific discussions, large group workshops on evaluation and feedback, topic-specific discussions (“just-in-time”), etc. This is achieved through our partnerships with the MD Program Office of Faculty Development (OFD) and the Centre for Faculty Development (CFD) to utilize existing resources as well as develop new activities and resources targeting specific needs.

## Office of Faculty Development (OFD)

The MD Program Office Faculty Development (OFD) offers a variety of opportunities to help faculty prepare for their teaching roles and responsibilities across the curriculum. Faculty Development opportunities consist of live webinars, recorded sessions, instructional videos, primers etc. and are designed for both the seasoned faculty member and for those new to teaching. You will be very well supported in achieving teaching excellence. [Click here](#) or scan the QR code below to explore further.



## Centre for Faculty Development (CFD)

The [Centre for Faculty Development](#) is a partnership between the University of Toronto (UofT) and Unity Health Toronto. The CFD provides a wide array of programs, workshops and resources focused on enhancing academic development in health professions education. Their offerings include longitudinal programs, individual workshops, communities of practice, and consultations. Topics may include learner support, professionalism, leadership development and education scholarship. While there are several courses available to faculty, new faculty who are doing clinical teaching are encouraged to take the *Teaching and Learning in the Clinical Context (TLC)* course. This foundational course is a 12-week virtual program which covers topics such as integrating a learner into the clinical environment, setting objectives, giving and receiving feedback, and approaching a learner in difficulty. For more information and/or to register, [click here](#) or scan the QR code.



Faculty members are encouraged to explore the available resources and participate in programs that align with their teaching roles and professional development goals. Information about upcoming events and workshops can be found on the MD Program and CFD websites. Invitations to register for specific workshops and other events are emailed directly to MD Program teachers relevant to their teaching roles. All activities developed through the OFD and CFD are accredited for Maintenance of Certification (MOC) credits.

Connecting with departmental or course-specific physician education leads can also provide insights into specific opportunities. If you perceive an unmet faculty development need related to the MD Program, please reach out to your departmental physician education lead or the SAM Faculty Development Lead, Dr. Grant Chen ([gchen@shn.ca](mailto:gchen@shn.ca)).

# Valuing our Educators

The Temerty Faculty of Medicine strives to honour the dedication and impact of its teaching faculty, recognizing that their commitment and contribution is fundamental to shaping the next generation of physicians. By educating the next generation of physicians, nurses, and other healthcare professionals, teaching directly translates current knowledge and best practices into competent, compassionate patient care. A well-taught medical student today becomes the skilled clinician saving lives tomorrow, making teaching the most immediate conduit for improving health outcomes.

When teaching in the MD Program, you may receive formal letters of thanks and recognition for your contributions from program leadership, whether it be from a course director, academy director or VP Education. You may also receive informal letters or verbal expressions of thanks from colleagues, leaders, and learners. These letters, often highlighting specific instances of impactful teaching or mentorship, provide meaningful, individualized recognition. These letters are useful to keep as you build your education portfolio, which can then be used when applying for awards and/or promotion.

Centrally, the Temerty Faculty of Medicine presents over 50 internal awards across various categories and educational stages, spanning the medical education continuum. Award recipients are recognized annually at the [Education Achievement Celebration](#), an evening ceremony hosted by the Vice-Dean, Medical Education, providing significant public recognition. To learn more about the terms of reference and nomination information for these awards, please [click here](#).

In addition to the Temerty Faculty of Medicine awards, each department, course/component, academy and hospital site may have their own local teaching awards.

SAM faculty members who teach in the Temerty of Faculty of Medicine are eligible for remuneration. For further details, please contact the relevant medical education office at: [medicaleducation@shn.ca](mailto:medicaleducation@shn.ca) or [medicaleducation@tehn.ca](mailto:medicaleducation@tehn.ca).

## Policies and Procedures

As part of the practice of medicine, medical education is a regulated field. As a new faculty member, it is essential to familiarize yourself with the various policies and procedures that govern it. These regulations originate from multiple levels, ensuring the quality, safety, and ethical delivery of medical training. There are policies that originate from the University of Toronto (via the Temerty Faculty of Medicine), the College of Physicians and Surgeons of Ontario (CPSO), and the specific healthcare settings (hospitals) where teaching takes place. In addition to some of the policies already discussed earlier, some other important links to keep on hand for review and reference include:

[CPSO Professional Responsibilities in Medical Education](#)

[Temerty Faculty of Medicine Policies and Guidelines](#)

## Important Contacts

### **SHN Medical Education Office**

Centenary Hospital, 14<sup>th</sup> Floor, Rm. 14.105

Hours of Operation: 8:30am – 4:30pm

Phone: 416-277-4613

Website: <https://www.shn.ca/education-research/medical-education/>

E-mail: [MedicalEducation@shn.ca](mailto:MedicalEducation@shn.ca)

### **MGH Carswell Family Office of Medical Education**

Michael Garron Hospital, M-Wing, 4th Floor, Room 412

Phone: 416-469-6580 ext 3280

Website: <https://www.tehn.ca/student-learners/medical-education>

Email: [MedicalEducation@tehn.ca](mailto:MedicalEducation@tehn.ca)

### **Office of Learner Affairs**

Office Hours

Monday to Friday

8:45 a.m. to 5:00 p.m. (8:45 a.m. to 4:30 p.m. in Jul/Aug)

Phone: 416-978-2764

Email: [ola.reception@utoronto.ca](mailto:ola.reception@utoronto.ca)

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