



Undergraduate Medical Education  
UNIVERSITY OF TORONTO

**UME PORTFOLIO HANDBOOK:  
PFL 310 Y**

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*The Medical Student Portfolio in 3rd Year*



UME Portfolio

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## Course Description of PFL 310 Y

This course gives you academic credit for studying the most important project of your medical training – your own professional development as physicians. You will do this by collecting, discussing, and reflecting on the experiences you will have, as you spend more time in the clinical setting than you have ever done before.

The “portfolio” is your collection of your relevant experiences, and your reflections on them. It is assembled and developed over the span of the academic year, as a result of interactions with your peers in group meetings, working with mentors, experiences in clinical environments, dealings with patients and other health care providers, as well as from your readings.

PFL 310Y has been designed to teach you how to build and synthesize your knowledge of the 6 non-Medical Expert CanMEDS roles of Collaborator, Communicator, Manager, Health Advocate, Scholar and Professional, through self-reflection and careful examination of all your activities in 3<sup>rd</sup> year, **in order to develop a personal version of these professional competencies.**

You will meet in small groups consisting of 8 students, with one resident (Junior Academy Scholar) and one faculty member (Academy Scholar) to support you in discussing your experiences and evolving professional development openly. You are given protected time away from your rotations to attend your group meetings.

During the year, you will work on “portfolio submissions”, which capture your thoughts from the meetings and which will be submitted for formative feedback throughout the course. An electronic tool, linked to the Blackboard pages for the Portfolio Course, will facilitate your production of portfolio submissions, and **when they are submitted, they will be fully confidential.**

You can decide the best format in which to present your experiences. The key issue is to link your experiences to the various CanMEDS roles, using reflection to develop a better sense of your own development toward professional competence.

Final versions of the portfolio submissions will be assessed summatively (for credit) at the end of the year in the Final Portfolio. The Final Portfolio will then become the basis for your work in 4th year, when you will have a final year version of this course.

## Learning Objectives

*At the end of this course, each student will:*

- Be able to reflect on the personal meaning of a clinical experience, in terms of how it illustrates the student's developing professional identity;
- Demonstrate understanding of the CanMEDS roles, and how they relate to each other in clinical examples;
- Be able to describe their own development in each of the CanMEDS roles, as illustrated by their own experiences;
- Be able to create reflective materials to demonstrate/document their professional development to peers;
- Provide appreciative and developmental feedback to peers on their reflections;
- Be able to analyze his/her own learning needs when looking ahead to further training, eg. Residency.

## Course Schedule

The course consists of 1 large group introductory session, and 7 mandatory small group meetings throughout the academic year.

The large group introductory session will be held on August 26th, 2011 at 1 pm.

Each subsequent meeting will be held from 4:00 pm until 6:00 pm. All students are granted these times away from the rotations in order to attend these group meetings. Rotations are notified of the dates in advance, and reminded prior to each meeting. Students should also remind their clinical supervisors of their absence for the meeting.

The small group meeting dates, with the assigned CanMEDS role, are as follows:

*Thursday, September 22, 2011 – Getting Started*

*Thursday, October 6, 2011 – Professional Role*

*Thursday, November 24, 2011 – Manager Role*

*Thursday, February 9, 2012 – Health Advocate Role*

*Thursday, March 29, 2012 – Scholar Role*

*Thursday, April 19, 2012 – Communicator Role*

*Thursday, June 28, 2012 – Collaborator Role*

Meetings will take place in facilities provided by the Academies, with the capability for a limited number of students to connect from remote sites either by telephone or Web connection. **Attendance at meetings is mandatory. Students are excused early from on-call duties, at midnight the night before, as per UME policy for mandatory events.**

During meetings, students will be required to come prepared to discuss an experience they have had in educational, clinical, or personal settings relevant to the CanMEDS role which will be the focus of that meeting. During the group meetings, students will discuss these experiences together with their reflections on them. The group, led by the Academic Scholar and Junior

Academy Scholar, will engage in facilitated reflection on the student's presentation and on how it relates to the non-Medical Expert CanMEDS role.

The goal of the discussions is to assist all the students' understanding and personal integration of these roles, at each stage of their training. That is, the discussions are meant to help the students find deeper meaning from these experiences and tie them to overall professional development, with the help of the Academy Scholars and Junior Academy Scholars.

## **Meeting Topics - Outlines**

All meetings will take place within space set aside by the Peters-Boyd, Wightman-Berris and Fitzgerald Academies. The following is a general outline of the meeting topics. A more complete explanation of the topics, and suggestions for how to prepare for the meetings, can be found on the Course Blackboard pages.

### *Thursday, September 22, 2011 – Getting Started*

This introductory session serves to allow you to get to know your portfolio group, Academy Scholar, and Junior Academy Scholar. It also will introduce you to the process of telling your clinical story, reflecting on it, and getting feedback from the group.

To prepare for this meeting, think of a recent clinical event that seemed important to you, in terms of you learning something about yourself. Think about how to tell the story so that other people can follow what happened. And think about how to explain why this event affected you the way it did.

This story doesn't have to be oriented toward any particular CanMEDS role. Your Academy Scholar and Junior Academy Scholar will help your group

provide you with feedback on the story, and you can decide how you will use this story towards your Final Portfolio, if you wish to do so.

### *Thursday, October 6, 2011 – Professional Role*

The formal definition of the Professional Role can be found in the UME Goals and Objectives. You will see that it has 10 “enabling competencies”. These are ways that a physician can show professionalism. They are also examples of situations in which a physician can be tested by circumstances. Clinical situations can “push” on our sense of “ethical practice and high personal standards of behaviour”. As you encounter these situations, your own personal sense of being Professional will stretch, strain, evolve and grow.

In this meeting, come prepared to describe a situation that you have encountered, in which your sense of who you are as a professional was challenged. What happened? How did it feel? What will happen in your career as a result?

See the Blackboard page for readings and further ideas for this session.

### *Thursday, November 24, 2011 – Manager Role*

You have been given training in many aspects of the Manager Role through the TTC curriculum, and other exposures in years 1 and 2. Now, as you integrate yourself into the clinical world, you will experience your own role as a manager. Even at the most basic level, you are now part of the “health care organization” in every rotation. How do you make decisions about improving patient care? About managing time, space and other resources? What are the challenges to you, at this time?



In this meeting, you should come prepared to describe a situation in which your understanding or abilities related to “management” were forced to grow.

See the Blackboard page for readings and further ideas for this session.

### *Thursday, February 9, 2012 – Health Advocate Role*

What does it mean to be a Health Advocate? Does it mean you have to join marches, write letters, or protest in general? While these are some approaches to advocating for the health of patients or populations, they are not the only ones. What about arranging for a patient to have the right home supports after discharge? Spending extra time to ensure an acutely ill patient gets an urgent test done quickly? Giving a talk on a health topic to a community group you belong to? Or, making suggestions for ways that post-call sign over could be done more effectively?

These are a few examples of how physicians act as advocates for individuals, groups or communities/populations. When have you seen advocacy in action? What are you doing, right now, as an advocate?

In this meeting you should come prepared to describe a situation in which your advocacy, on one level or another, led to a new understanding of yourself as an Advocate.

See the Blackboard page for readings and further ideas for this session.

### *Thursday, March 29, 2012 – Scholar Role*

As a student, you have plenty of experience as a Scholar. You’ve learned how to learn, through many, many assignments, exams, and other tribulations.

But is this the same as being a Scholar as a physician? We all keep learning, and you're certainly spending a lot of time learning in your clinical rotations. It's probably not exactly the same anymore – learning in the workplace environment forces you to change your habits. How do you know what to learn? Where do you draw the line? How do you know if what you've learned is "correct" – and will help your patients? And how do you answer other people's questions?

This Role is about how physicians can continue to learn, and pass on their learning, throughout their everyday work. One day (believe it or not), there won't be an exam just around the corner forcing you to study. How will you keep up? What works best for you? Now is when you need to discover this.

In this meeting, you should come prepared to describe how you have come to know your own learning preferences, and what you've discovered about how to bring learning and working together in the clinical environment.

See the Blackboard page for readings and further ideas for this session.

### *Thursday, April 19, 2012 – Communicator Role*

By now, you have had plenty of experiences with the realities of communicating in the clinical environment. The basic concepts of history taking, breaking bad news, and other communication tasks that you learned before clerkship have been road tested, and you've encountered a few new ones. Have you had to negotiate with patients, families, and other providers? Have you had to improvise when you realized that a communication process wasn't going well? Have you struck a bond with a patient and you weren't sure why? Everyday clinical work is full of new communication situations, and effective communication is the glue that holds together much of good clinical care.

In this meeting, you should come prepared to describe how you have learned about yourself as a communicator. What has gone well? What could have

gone better? What are you bringing forward to future communication encounters, and what are you leaving behind?

See the Blackboard page for readings and further ideas for this session.

### *Thursday, June 28, 2012 – Collaborator Role*

It seems obvious that physicians almost never work alone in delivering care to people. Yet how often are we given the message, one way or another, that it's "all up to us"?

You've learned about interprofessional care and collaboration, and the CanMEDS role of Collaborator gives you clear tasks that you can perform to demonstrate how well you collaborate. But what is actually happening in your clinical work? Do you have a sense of being connected to other health professionals around you? Are you part of a network that gives excellent care? What is helping or hindering you in this way?

In this meeting, you should come prepared to discuss an experience which illustrates the difficulty or rewards of being part of a collaborative working group in clinical care.

See the Blackboard page for readings and further ideas for this session.

## **Role of Academy Scholars and Junior Academy Scholars**

The Academy Scholars and Junior Academy Scholars have a key role: to act as Facilitators. Facilitators are responsible for the process, not necessarily the content of the meetings. Their overall goal is to enable each student to accomplish the learning objectives for each session. This can be achieved through the use of the prompting questions, readings, and other material contained in the outline for each session on Blackboard. Content questions should be directed back to the group for discussion and both the Academy Scholar and Junior Academy Scholar should guide the group in a way that allows the students to find their own answers to problems or stumbling points.

**In other words, the Academy Scholars and Junior Academy Scholars are acting as mentors rather than teachers, guiding students to explore and develop their thoughts.** This is consistent with the peer-assisted learning process being utilized. Both students and faculty should recognize that facilitation, like any other skill, takes practice. We are all learners in this process. You can help your Academy Scholar and Junior Academy Scholar by providing them support and feedback as to how the group is going for you, and by incorporating their suggestions into your activities within the group.

Our experience is that the group begins to "bond" by the 3rd meeting or so. Until then, you may find that it feels strange to start talking about your experiences with people you don't normally work or socialize with. Your facilitators will guide you in how to get things going, and may ask your group to do some specific things to help the process.

## Student Assessment in PFL 310Y

You will receive **formative assessment (feedback)** on your interactions and participation in discussion at each group meeting. You will also submit draft portfolio entries at periodic intervals during the year. These dates will be publicized well in advance. Draft entries will be assessed by another Academy Scholar and Junior Academy Scholar, and you will be given feedback on how you are progressing toward success on the Final Portfolio. See below for more detail.

There are two **summative assessment (for credit)** components to the evaluation of this course – The “Process Component” and the Final Portfolio. Satisfactory Performance must be achieved on each component to receive Course Credit.

### *Process Component - worth 50%*

**Satisfactory Performance** requires:

- Attendance at all meetings
- Satisfactory degree of participation/engagement
- Submission of required portfolio drafts on time

Students are encouraged to participate in group discussions. Academy Scholars will rate each student's level of engagement with the group and the material after each meeting, using a simple scale, shown on the opposite page. Students will be given feedback after each meeting and, in particular, students not participating will be given advice on improving their work within the group. In the introductory large group session, students will hear more about the standards by which the Academy Scholars will be rating their participation.

Students not attending meetings, without notification of absence or with inadequate documentation of the reason, may not receive course credit because of insufficient participation in the Process. The assignment of extra work to make up for absence is at the discretion of the Course Director.

Score	<i>Insufficient</i>	<i>Adequate</i>	<i>Superior</i>
<b>Preparation</b>	Student did not show evidence of having prepared for the discussion; eg. no sense of the CanMEDS role, no organization of a personal story	Student prepared with a basic understanding of the CanMEDS role; had organized a personal story that could be presented	Student had a highly developed personal story that showed evidence of in-depth understanding of the CanMEDS role
<b>Presentation</b>	Student could not present their story in any depth; superficial reporting of events with no personal reflection	Student told their story clearly, giving listeners insight into the personal significance of the events reported	Student presented their story with high impact; listeners are left with a strong sense of the student's personalized view of the CanMEDS role.
<b>Attentiveness</b>	Student did not appear interested or attentive to the presentations of others; this would include non-engagement or disruptive behaviour	Student showed interest in other students' presentations and made an effort to understand their stories	Student was highly engaged throughout meeting, showed ability to grasp the subtleties of other students' views of themselves
<b>Feedback</b>	Student did not offer any more than cursory feedback; no appreciative elements; had a negative reaction (eg. Cynicism, mockery, dismissiveness)	Student gave feedback that recognized the strengths of some other students' presentations; provided some probing questions to assist others in developing their stories	Student gave highly personal and relevant feedback that assisted the presenter in developing new insights; showed a knack for reaching out to the presenter

## *Final Portfolio – worth 50%*

***The Final Portfolio must include 6 sections - one submission for each non-Medical Expert CanMEDS role.***

### ***Due dates:***

- ***The first 2 sections (Professional, Manager) are due on Monday, January 16, 2012 at 8 am.*** These will be assessed and feedback given to students over the subsequent month. Those students not receiving Satisfactory ratings have until the Final Submission date (below) to improve their submissions.
- ***The next 2 sections (Health Advocate, Scholar) are due on Tuesday, May 22, 2012 at 8 am.*** Students will be given feedback and the ability to improve their submissions as above.
- ***The Final Portfolio is due Monday, July 9, 2012 at 8 am. This will include the final 2 sections (Communicator, Collaborator) and successful improvements of previous submissions.*** The process for submitting improvements of previous submissions is described below.

### ***Interim Submissions:***

You will submit your sections electronically, using a process that makes them anonymous, and they will be assessed by an Academy Scholar and Junior Academy Scholar from another group. They will assess them for the level of Reflection, and the degree to which you have "personalized" the CanMEDS role, as described below. They will provide feedback to you on your sections, including ways to improve them, if they are not Satisfactory (described below).

You will then be able to review your feedback with your Academy Scholar and Junior Academy Scholar, who will guide you in developing your sections

further, if they were not Satisfactory. Once they believe you have done so, they will notify the Course Director, who will change the assessment of the section to Satisfactory.

***Satisfactory Performance for each Portfolio Section*** requires:

- Evidence of Reflection on the Meaning of the story to the student;  
**AND**
- Evidence of a "personalized" Integration of the CanMEDS role in the student's story.

The definitions of these terms will be discussed at the Introductory Session on August 26th, and reviewed in support materials on the Blackboard site.

***In order to achieve Credit for the Final Portfolio:***

***There must be 6 Sections, one for each of the Roles discussed;***

***AND***

***Students must achieve Satisfactory Performance on at least 5 of the 6 Sections.***



## Process for Reporting Absences

Attendance at group meetings is mandatory, and students are given protected time from their rotations to attend the meetings. If students cannot attend the meeting for legitimate reasons, such as personal illness, they should promptly:

- Notify their small group leader (Academy Scholar);
- Notify the Course Director; and
- Fill out a Petition for Consideration Form.

This course follows the general procedures for attendance, listed on the UME website at:

[http://www.md.utoronto.ca/students/registrar/Policies\\_Rules\\_Regulations/Attendance.htm](http://www.md.utoronto.ca/students/registrar/Policies_Rules_Regulations/Attendance.htm)

The link to the Petition for Consideration Form can be found on this website.

## Professional Expectations Regarding Student Conduct

Each student has the responsibility for ensuring that both the content of his or her work and his or her behaviour in the Portfolio Group meetings meet the professional expectations outlined in the policies for medical students by Undergraduate Medical Education, Faculty of Medicine, and The University of Toronto.

Within Portfolio Groups, students are encouraged to voice their ideas freely but in a respectful manner that is not offensive or does not divulge a patient's identity. They must comply with a level of professional practice and in accordance with FIPPA regulations and University policies.

The Portfolio Group environment is a safe, closed and protected space. Students **MUST NOT** divulge anything that was discussed outside the group. Confidential patient, faculty, and student information may be discussed in

these sessions. **Any student who discloses information outside of a group discussion, apart from the anonymized Portfolio Submissions, may be subject to academic sanctions on the grounds of Major Lapse of Professionalism.**

## **Guidelines for FINAL PORTFOLIO**

*Your Final Portfolio will be due on Monday, July 9, 2012.*

The 6 sections for your Final Portfolio will each consist of a story of yourself in the relevant CanMEDS role, with a reflection on the story. Your general guideline for each submission is that it should illustrate how you understand your own development in each role so far, and what needs to happen for you to develop further. Your portfolio may take different forms, and there is substantial room for creativity in terms of overall format.

Some examples of potential individual portfolio section formats:

- A text-based narrative, in which you explain a clinical situation and your reflections on it. Most students will likely choose this format.
- Photo Essay or other visual representations – with accompanying explanatory text/audio/video
- Recorded audio or video reflections.

## **Methods for Final Portfolio Assessment**

Below are some informative guidelines that will help you understand some of the processes involved with assessment of your final portfolio. You can use these guidelines to help produce more effective writing while having a clearer understanding of reflection, particularly as it relates to the CanMEDS roles.

### *Depth of Reflection*

Final Portfolios will be assessed in terms of how deeply the student has reflected upon the content described. The following are examples of descriptive features that can be used in determining the depth of reflection in a submission:

#### ***Non-reflective***

- Descriptive only; makes assertions without real supportive evidence
- Makes assumptions without testing the validity of knowledge or reality of experiences
- Things are seen as being straightforward; ignores contextual factors
- Student displays all or nothing thinking
- Statements contain general axioms eg.: "Everyone knows that..."
- Language used to assert self rather than beliefs (Too much certainty)
- Is entrenched in existing knowledge and will not consider new ways of thinking
- Resists moving forward or changing view. Cannot accept challenge
- Sees failure as personal (self or others) rather than organizational. Does not use failure as a positive stepping stone for growth

#### ***Reflection on Content***

- Tries to understand, question and analyze what happened, and why
- Attends to feelings in self and others. Can perceive effects, dynamics and process(s) of groups
- Pauses to think and formulate questions
- Can demonstrate empathy
- Association demonstrated; links prior knowledge with new

#### ***Reflection on Meaning***

- Asks the question - What does this experience mean to me?
- Examines how the experience may have changed the student's view of themselves
- Interprets the reaction (emotional, cognitive, otherwise) that they had to the external events, and deduces why it occurred

- Describes a new personal outlook as a result of the experience

### ***Critical Reflection***

- Iterative; returns to the trigger or experience in the discussion after having explored its personal meaning
- Frames the problem in a context - and analyzes how change in context might alter the problem or its outcome
- Identifies assumptions, then seeks origin of problem
- Amenable to change
- Can see the contextual limits of knowledge, concepts and theory. I.e. is able to see when a concept could apply and in what situations it would best serve
- Moves away from inductive reasoning where limited knowledge is applied to all experiences
- Is aware of meta cognition (observes self, own thinking processes)
- Is able to accept multiple realities when required
- Leads to new definitions of the problems and finds new solutions
- Explores situations in which the "new knowledge" may not apply

### ***"Personalized" Integration of the CanMEDS Roles***

Your submission for each CanMEDS Role should demonstrate an understanding of the enabling competencies of the Role, and how you understand your current development, based upon critical reflection on your own actions and reactions.

You should also be able to show how you can apply more than one Role to many different clinical situations.

You should apply the principles of Critical Reflection, mentioned above, to each role and generate plans for how to continue your growth in the following year.

## Reflection FAQs

*Adapted from Wald et al.*

### *Why can't I just write what I want?*

Analysis of hundreds of "reflections" by medical students and residents revealed that most consisted of moving or disturbing anecdotes. These writings showed little indication of the cornerstones of critical reflection: reframing of the situation, an evidence-based discussion of learning, integration of past and present experience, and specific plans for behaving differently in similar future situations.

### *Why do I have to write at all?*

Technically, a critical reflection does not have to be written. However, writing promotes critical thinking and offers more opportunities for feedback. Alone or with a colleague or mentor, you can look back at your reflection, which may make you more likely to act upon your conclusions. Writing also shows commitment to learning and ownership of your experience. Finally, writing is a fundamental skill, essential not only for scholarship but for professional communication via chart notes and consults. The same can be said for other means of communicating the same reflections in a final, refined form, such as audio, video, graphics, etc.

### *Is there any way for me to know if I'm reflecting well?*

Weaker reflections: tell a story without analyzing it AND/OR consist largely of the reflector's opinion of what happened AND/OR include only vague generalizations about what s/he might do to improve, i.e. "I need to slow down and listen more to patients." In these reflections, the reflector usually knew the outcome of the reflection when s/he started writing, so little was learned from the exercise.

Stronger reflections consider the reflector's thoughts, emotions, values, and assumptions AND include input from others, even (especially) when that input differs from the reflector's own impressions AND provide a clear articulation of a specific learning issue and a specific plan for approaching similar future situations. In these reflections, the reflector gathers information

from multiple sources and uses that information to reframe his/her experience in hope of improving knowledge, skills or attitudes.

### *What can I do to improve as a reflective learner?*

Like any skill, some people will have more inherent aptitude for reflection than others, but all will improve with practice and constructive feedback.

### *Here are some tips for better reflective writing:*

- Pick an experience in which you were a major actor or **to which you had a strong reaction**
- Avoid digressions, excuses and whining, and self-congratulation
- Don't make vague generalizations; use precise examples
- Work toward a new perspective, improved knowledge, skills or attitude
- Remember the objective isn't beautiful writing or good storytelling, but the demonstration of purposeful thinking, critical analysis and professional development

### *Will this really help me be a better doctor?*

There is a wealth of theoretical data and a growing number of studies to suggest that it will. Specifically, reflection promotes life-long learning, self-care, and professional development by helping trainees and practitioners identify gaps in their abilities and knowledge and develop critical reasoning, problem-solving and self-assessment skills. Recent studies suggest reflection may decrease diagnostic errors and improve clinical performance. A reflective professional is one who has an open mind, thinks about his or her own thinking, learns more deeply, connects with his or her feelings, and frames and reframes problems to consider multiple perspectives, the influence of context, and to formulate a reasoned approach to clinically uncertain and complex situations.

## **Final Portfolio - Getting Assistance with Writing Skills**

### *Local Resources*

There are many resources available to students at U of T with respect to mastering the skills of writing. If you are not confident about your writing, you may choose to access these resources.

For more assistance please visit:

<http://www.writing.utoronto.ca/writing-centres>

For other difficulties in producing reflections, please contact the Course Director early in the course for assistance.

## **References for CanMEDS Roles**

The references pertaining to each CanMEDS Role, and how you might reflect on your experiences relating to them, can be found in the Blackboard pages for this course.

## **Evaluation of the Experience**

The course, and the people in it, aim to be in touch with how you are keeping up with the work, alongside everything else you have to do in clerkship. There will be a mid-way course feedback process to allow the class as a whole to express how the course is operating. You may also speak to your Academy Scholar, Junior Academy Scholar, or the Course Director at any time during the year if you have a message to pass on.

Students will be asked to provide formal evaluation of the course, and of their Academy Scholar and Junior Academy Scholar at the end of the year. As with other courses, MedSIS will be used to administer the evaluation.

Students are asked to provide thoughtful, frank and complete evaluations of both the people who participated, and the course as it has been presented, this year. Your feedback provides the basis for course improvement, and your comments to your group facilitators will provide a permanent record of the work they have done with you.