DOCTOR OF MEDICINE
Curriculum Renewal

“Through this new curriculum, we will graduate competent, socially accountable, generalist physicians, who as health care professionals can meet the vision of being clinicians, scholars and leaders ready to enter any residency program and serve the health care needs of Canada in the 21st century.”

– Dr. Gary Tithecott, Associate Dean, Undergraduate Medical Education

The Doctor of Medicine Program at Schulich Medicine & Dentistry is transitioning the undergraduate medical education curriculum to a competency-based, active learning medical education (CBME) model. This new curriculum will support personal and team adaptive learning along with a new assessment model as the foundation of its CBME model. The new curriculum will be socially accountable to the context of care in Southwestern Ontario, while addressing the evolving complexity of care in Canada.

SKILLS ADVANCEMENT

Through this curricular change, the School will:
- Educate physicians who improve patient care across their career;
- Continue the model of graduating new physicians embracing all competencies using an outcomes-based curriculum;
- Align with CBME at the postgraduate level in Canada;
- Empower students with the knowledge, skills and professionalism to meet the needs of patients and communities regionally and nationally, and;
- Prepare students for the continuum of professional life-long learning.

NEW WAYS OF LEARNING

Students will be immersed in new ways of education including:
- Active learning in large and small groups;
- Expanded independent learning;
- Assessed self-directed clinical learning;
- Integration of care concepts in patient care with case-based learning;
- Alignment with Western University and school strategic priorities such as team-based experiential learning through projects in research, community service and patient safety;
- Small group simulated case presentations using approaches to patient care and clinical decision making related to real-life patient care in Canada.

CAREER GOALS

The MD Program has a goal to graduate students who are master adaptive learners. These are individuals who will begin their careers seeking new ways to update their knowledge, access more information, work on self improvement, seek internal and external information on performance and adapt to it.

CLINICAL LEARNING

Students will also be exposed to early clinical learning beginning in the fall of Year 1 studies through placement in Family Medicine clinics in London, Windsor and learning sites accessible in the distributed region. Through this, we see students gaining experiences in patient care as members of health teams, and advancing their decision-making skills.

WHY NOW?

There are several reasons to move forward with this curriculum change.

- Current and future students are looking for more experiential learning early in their curriculum.
- Learning models of students have changed from the traditional format of past decades.
- The public, funders and regulators have greater expectations for competency from medical learners and educators to ensure graduates can demonstrably apply knowledge, be socially accountable and meet standards of providing patient care.
- There is an opportunity to partner with postgraduate medical education (PGME) and continuing professional development to adopt a CBME model across the continuum of medical education at Schulich Medicine & Dentistry.
- The program will move to meet new standards of Canadian medical education, as well as the goals of Schulich Medicine & Dentistry and Western University’s strategic plans.
The new curriculum will feature several courses for students:
- Foundations of Medicine
- Patient Centred Clinical Methods (PCCM)
- Principles of Medicine I and II
- Transition to Clerkship
- Experiential Learning
- Professionalism, Career and Wellness

Students will also be provided with 12 hours per week of independent learning to allow for career exploration and preparation to meet curricular goals. For students who meet program standards in advance of the determined curricular CBME plan, the Program will have a new process to pursue a parallel master’s degree and/or official Western University certificates.

A single year long course in third year of a refreshed Clerkship will continue. The Year 4 curriculum will be better shaped to support student success in their new careers and transition to residency learning.

Progression in the new CBME curriculum will be based on demonstrating outlined competency at the prescribed curricular stages. An MD Program Competency Committee will oversee all assessment outcomes on an iterative process. Students will need to achieve a Pass on all summative and formative assessments. Their scope of career success at graduation will be demonstrated by students achieving the Canadian UME Entrustable Professional Activities (EPAs) assessments.

ENGLISH PROGRESSION BY COMPETENCY

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<th>WHEN WILL THIS TRANSITION BEGIN?</th>
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<td>The new MD Program CBME Curriculum will launch September 2019 for the first year of the Medicine Class of 2023. In the same year, a progressive revision for the School’s Clerkship model will be launched. EPA assessment will be a core change in first and third year assessment in the fall.</td>
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HOW WILL FACULTY BE SUPPORTED?

Elentra will be used as the School’s assessment and curriculum platform. This will allow for electronic assessment of EPA and other CBME tools for students. As the new curriculum is rolled out, the School will be supporting a faculty development process led by a new faculty development education specialist.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS)

In 2016, the Association of Faculties of Medicine established 12 EPAs for undergraduate medical education to facilitate the transition between medical school and residency. These align closely with new American EPA assessments. The EPAs are central to student demonstrating competency in the School’s new curriculum.

- Obtain a history and perform a physical examination adapted to the patient’s clinical situation;
- Formulate and justify a prioritized differential diagnosis;
- Formulate an initial plan of investigation based on diagnostic hypotheses;
- Interpret and communicate results of common diagnostic and screen tests;
- Formulate, communicate and implement management plans;
- Present oral and written reports that document a clinical encounter;
- Provide and receive the handover in transitions of care;
- Recognize a patient requiring urgent or emergent care, provide initial management and seek help;
- Communicate in difficult situations;
- Participate in health quality improvement initiatives;
- Perform general procedures of a physician;
- Educate patients on disease management, health promotion and preventive medicine.