

DOCTOR OF MEDICINE CURRICULUM RENEWAL

DEVELOPMENT & IMPLEMENTATION

Schulich School of Medicine & Dentistry, Western University
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Executive Summary

A renewed Doctor of Medicine (MD) Program (Program) curriculum will launch in September 2019 for Year 1 students in Medicine 2023. The renewal is in response to societal and learner needs, program quality review processes, rapidly evolving technology and health care systems, as well as to meet the movement to competency based learning in Canadian and international medical education.

This curriculum will be delivered using an integrated, active learning model (“an educational process where students become vigorously engaged in assimilating the material being taught rather than absorbing it passively in a lecture format.”)¹ offering seven renewed courses in Years 1 and 2, continuing a single Year 3 Clerkship course, and a Year 4, which features Clinical Sciences Electives and Integration & Transition courses.

Learning will be aligned with the vision of supporting students taking ownership for their learning with staged assessments of competence and decision-making from month one of the curriculum. Key to this curriculum will be early integration of clinical and foundational learning through clinical experiences. This Program innovation will align with graduating socially responsible generalist physicians, who lead and learn within teams and exemplify the concept of “Master Adaptive Learners.”²

Our renewed Program competencies, adopted from [CanMEDS 2015 \(Appendix F\)](#) will guide a competency-based program design that utilizes formative and summative assessment strategies. Students will be able to track, along with their academic coaches, progress in reaching defined stages of the curriculum with data posted in the new learning platform: [Elentra](#). The Year 1 learning activities will feature more independently accountable student learning; case-based, and facilitator-led small group learning; projects (Research, Quality Improvement); laboratory and simulation; interactive large group learning; independent learning outside scheduled curricular learning for one day; seminar learning, as well as clinical experiences in communities throughout Southwestern Ontario. Our curriculum will deliver on being socially accountable to the population we serve in Southwestern Ontario. Course context and content will be in alignment with regional health care challenges and patient diversity.

¹ <http://www.businessdictionary.com/definition/active-learning.html>

² Cutrer, W.B., Miller, B., Pusic, M.V., Mejicano, G., Mangrulkar, R.S., Gruppen, L.D., Hawkins, R.E., Skochelak, S.E. and Moore Jr, D.E., 2017. Fostering the development of master adaptive learners: a conceptual model to guide skill acquisition in medical education. *Academic Medicine*, 92(1), pp.70-75.

Enhancement and integration of our curriculum across all years in student assessment and learning, aligns with the vision of our school: “Become a destination of choice for exceptional education and learning.” ³

Introduction

Medical education is evolving across Canada as expectations of physician roles in health care move to leading, delivering and improving on accountable and quality patient care. With this, comes the responsibility of health care professionals to meet the evolving health care needs of the patients and communities we serve and demonstrate: respecting and supporting patient and family values including cultural safety and diversity; adapting to new fiscal challenges in systems management; committing to evidence-based decision making; and leading in times of continual change. This document outlines the processes that guide the development, implementation, and continuous improvement of the CBME model for the School’s renewed MD Program (Program) .

Learning expectations of the next generation of physicians differ from the present and past. Our education model will innovate to meet this challenge. Daily, Canadian physicians access factual material and clinical support from their personal devices and other technology as key decision makers and leaders with health partners in a system that services increasingly complex health challenges. We will move to educate within this paradigm of care. Our MD Program renewal will build on the strengths of our existing curriculum to provide an educational model that delivers a learning experience so that our students successfully meet the challenges of future Canadian patient care.

Our renewed MD curriculum will support adaptive learning as the foundation of our competency-based medical education (CBME) model. This means assessing for competence - not grades. Our CBME curriculum will deliver socially accountable, generalist physicians who, as health care professionals, 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 twenty-first century.

Goals of the curricular renewal include: (1) improving patient care using an outcomes-based curriculum; (2) aligning with CBME in Canada at the postgraduate level; (3) ensuring learners demonstrate the knowledge, skills, and attitudes to meet the needs of Canadian patients and communities, regionally and nationally; and, (4) preparing learners for the continuum of life-long learning.

³ https://www.schulich.uwo.ca/continuingprofessionaldevelopment/docs/StrategicPlan_Web.pdf

Our present curriculum has supported strong outcomes for the past decade. Courses have innovated throughout time by adopting new pedagogical approaches that include team-based learning; small-group learning, narrative medicine and projects (Research, Quality Improvement). Our main learning model however, remains one of passive learning.

Our outcome data identify the need to integrate student learning around the present challenges of care we see daily as clinicians, for the patients and families we serve. We will admit and graduate learners who are active participants, capable of addressing complexity and uncertainty as physicians.

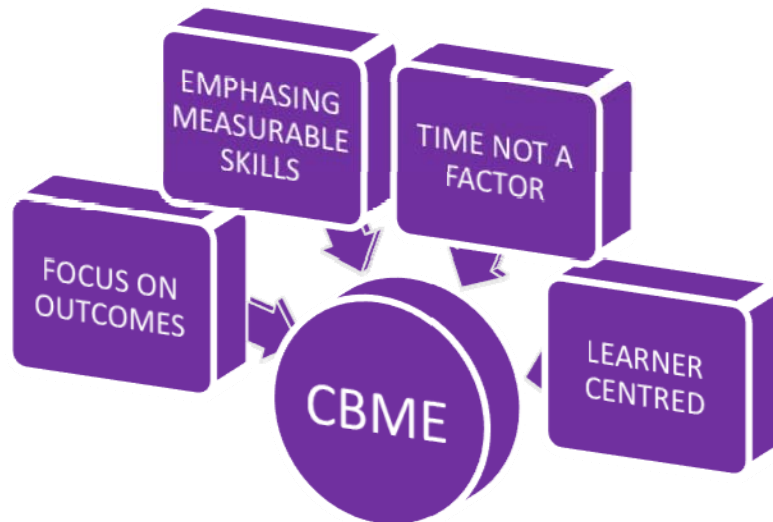
Outcome data from our program indicates many students experience a “siloed” approach to integrated body system-based learning with little hands-on assessed clinical integration in actual patient care. This is not the model seen in residency or continuing professional development medical education. Integrating learning across and within body systems and addressing additional variables from chronic disease, age, gender, diversity, social determinants and health systems early is evolving as the expectation for students from the beginning of their medical educational journey.

Our curriculum is organized to incrementally achieve our curriculum competencies. Our renewal will make this learner-owned. One such approach is assessing over time the acts or observable clinical abilities of physicians – described as Entrustable Professional Activities (EPAs). ([Appendix H](#)) This will mean early, meaningful clinical integration of learning, using a robust and multifaceted assessment system delivering effective learner feedback to facilitate student developmental progression to entry level postgraduate medical education (PGME) competence. Our model will stress decision-making from Year 1 while learning and leading in teams. Through this, graduates will be better equipped to meet the health challenges of our region, province and country.

Principles of a CBME Curriculum

As we focus to change to advance our learning process in the MD Program, innovating from our present and looking to a stronger future as a School, the underlying foundations of a competency-based curriculum will guide the process.

A schematic of the core underlying principles is:⁴



Each component:

- Focus on outcomes: Curricular Competencies, Societal Needs, Generalism, Accreditation Standards;
- Emphasising Measureable Skills: EPAs;
- Time is not a limiting factor: Allowing for an accelerated, advanced or parallel learning plan with guidelines for maximum time in studies;
- Learner centered: Support for each learner to achieve skill and master competency across each stage of curriculum.

These concepts differentiate this curriculum from our present traditional educational model.

3. ⁴Frank, J. R., Snell, L. S., Cate, O. T., Holmboe, E. S., Carraccio, C., Swing, S. R., ... & Harden, R. M. (2010). Competency-based medical education: theory to practice. *Medical teacher*, 32(8), 638-645

Vision and Goals for the MD Program Curriculum renewal

Vision

The vision for the renewed MD Program CBME curriculum is to graduate active learners and leaders who address each patient's need through a model that is:

- learner-centred;
- socially accountable;
- focused on success using individual coaching for learning;
- active in learning models;
- outcomes driven;
- grounded in quality improvement, social responsibility and scholarship;
- clinically integrated from Year 1;
- supportive of addressing the complexity and uncertainty in clinical decisions;
- describing patient care that respects diversity and cultural safety;
- inter-professional in learning;
- founded on the integration of basic, clinical and social sciences;
- demonstrable of system learning;
- sensitive to allow optional parallel learning for learner enrichment with aligned Western University certificates or masters degrees;
- accessing educational opportunities in sites across our region.

Goals

We will be known as an MD Program that supports active student learning and includes structured and self-directed independent learning while seeing their growth in competence as clinicians with effective frequent feedback. The MD Program CBME curriculum will differ from the UME Program current model. The competency-based model will:

- promote measured learner competence using a series of regular, formative, and summative assessments adaptable across learning modalities;
- be grounded in course and learning objectives meaningfully integrated across curriculum years and linked to the graduating competencies;
- be created with body system and foundational sciences integrated modules supported with “themes” that weave throughout all courses and years;
- feature early learner exposure in the clinical learning environment;

- promote learning as more active in pedagogy through small group, project, interactive large group and simulation learning;
- assess learner performance with competency-based assessments in the curriculum framed by the Association of Faculties of Medicine of Canada 12 EPAs
- utilize milestones with assessment methodology including 1:1 assessments; peer and 360 assessments; readiness testing and frequent formative assessment for learning and preparing graduates for entry into PGME CBME programs.

Master Adaptive Learners

The goal of this MD Program change is to graduate students who are Master Adaptive Learners ¹ as outlined in Cutrer et al.'s (2017) conceptual model:

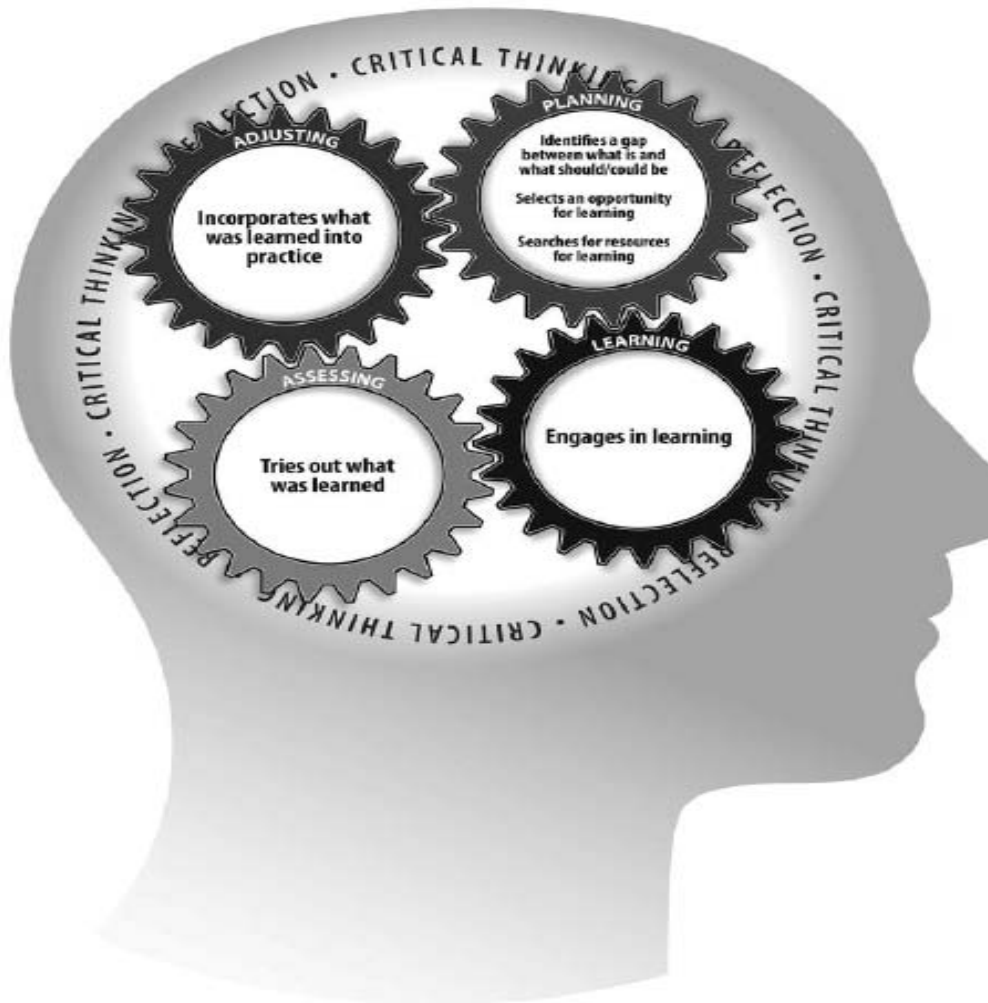


Figure 2 Inside the mind of the Master Adaptive Learner.

Master adaptive learners enter their careers always asking what they need to update knowledge; where they can access information; how they can improve; seek internal and external information on performance and adapt it to care. They continually ask what to plan to improve. They need to be aware of where to seek and learn new evidence then apply to care and assess results or outcomes and, if useful, adapt their model(s) of care. In effect they are continually actively undergoing continuous career quality improvement that is self or team driven to improve outcomes in care.

¹ Cutrer, W.B., Miller, B., Pusic, M.V., Mejicano, G., Mangrulkar, R.S., Gruppen, L.D., Hawkins, R.E., Skochelak, S.E. and Moore Jr, D.E., 2017. Fostering the development of master adaptive learners: a conceptual model to guide skill acquisition in medical education. *Academic Medicine*, 92(1), pp.70-75.

Why Change Now?

We have a window of opportunity to innovate into a renewed learning model. Students will expect a curriculum that has more hands-on experiential learning from day one and a learning model that fits their career goals. Use of technology and the ability to be adaptive in learning is key. Expectation of the public, funders and regulators are for the demonstration of learner outcomes and competence. In addition, we have a unique opportunity to partner with PGME and Continuing Professional Development to adopt a CBME model across the continuum of medical education. This change also aligns with Western University's Strategic Priorities; Schulich Medicine & Dentistry's Strategic Plan's Directives, Mission and Core Values, and the AFMC's Future of Medical Education in Canada report.

Our School can lead and partner with peers in the development and implementation of a competency based medical education for the next decade.

Guiding Strategic Documents

The MD Program CBME Curriculum renewal will be informed by key national and university outcomes documents:

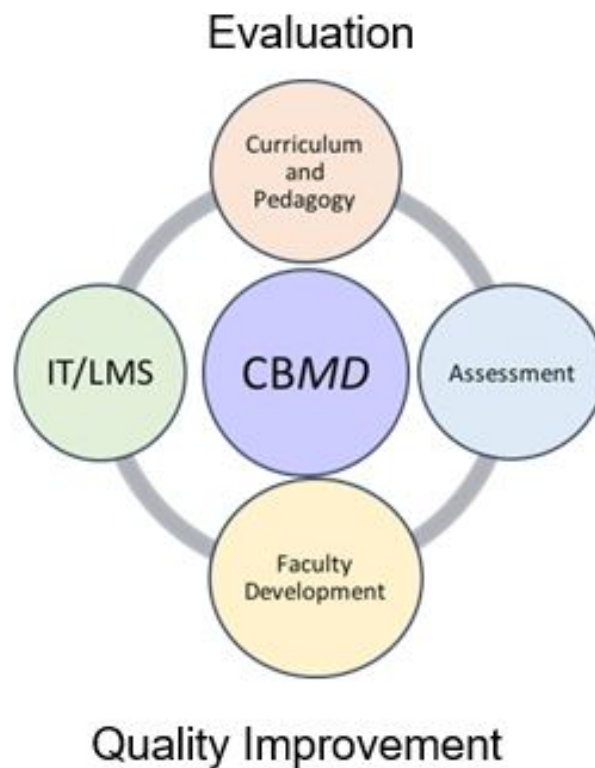
1. [The mission and vision of the MD Program](#)
2. Our 2017 MD Program Curriculum Competencies ([Appendix F](#))
3. [AFMC Entrustable Professional Activities \(Appendix H\)](#)
4. [The Medical Council of Canada Blueprint](#)
5. [The Future of Medical Education in Canada \(FMEC\): A Collective Vision for MD Education](#)
6. The Standards and Elements of the Committee for Accreditation of Canadian Medical Schools
7. [Strategic planning documents of Western University](#)
8. [Schulich School of Medicine & Dentistry Strategic Plan 2011-2021](#)
9. [Outcomes from similar curriculum underway in the AMA and AAMC consortium of CBME.](#)

Curriculum Structure

The design will embrace the following key principles.

The Four Project Pillars of the CBME Curriculum Development

Four main project pillars support key deliverables in this curricular change.



Accreditation Standards

The evolving standards and elements of the Committee on Accreditation of Canadian Medical Schools (see [Guiding Documents](#)) will guide the Program. Our goal is to ensure continuous quality improvement and compliance with each element on an ongoing basis, and thereby assure a quality MD program for students, the public and stakeholders.

Learning Modalities

Small and Large Group

While our current curriculum already makes use of a variety of student learning modalities, there remains a heavy reliance on the didactic lecture – a passive learning model. This traditional approach to teaching does not foster students' active participation in the learning process, nor does it allow for effective assessment of competence. In our renewed curriculum, more student learning activities will transition from lectures to interactive large group (flipped classroom and team-based learning), case-based small group, and independent learning (IL). Small group observed learning provides a rich opportunity for student assessment using pre-session readiness testing and facilitator assessment for formative feedback, and to enhance student confidence in evidence based clinical decision-making. We will build on the strengths of our Patient-Centred Context, Integration and Application (PCCIA) and clinical discipline specific small groups to include new case-based small group learning around MCC Medical Expert clinical presentations and objectives to integrate and advance student learning within and across courses.

Independent Learning

Independent learning (IL) in courses supplement and support classroom and lab-based learning. In the new curriculum, ILs will be utilized to prepare for small-group learning and readiness assessments for weekly objectives. In addition, narrative medicine and project team-based learning in quality improvement and research will continue. The new curriculum will support well-designed IL modules aimed at specific learning outcomes.

Self-Directed Clinical

Students in Years 1 and 2 of our present curriculum have eight hours of non-scheduled time for independent activities each week. Many students in our School use this time for independent clinical learning. The lack of a day of free time has limited student opportunity for independent, longitudinal, or single full-day learning enrichment in London, Windsor, or the Distributed Education sites. Both Year 1 and Year 2 will include a full day to support independent student learning with learner accountability for the educational experiences, which will include a structured longitudinal generalist clinical care experience beginning in Year 1. It is during this time that students will seek and through reflection enter their achievements of our twenty-three key competencies. Summer elective student clinical and research learning will continue.

Courses

The renewed MD Program CBME curriculum differs from our present model. By moving to fewer more integrated courses and a planned approach for vertical (across time), horizontal (across subject, disciplines) and spiral (integration of concepts across time & subject, principles, and context of care), we will deliver a curriculum that aligns with evolving health system transformation in Canada.

Week at a Glance

An outline of the schedule for a typical Year 1 week can be found in [Appendix D.](#)

Foundations of Medicine

This one-semester course running from September to December in Year 1 will introduce core concepts on key topics of basic, social, and clinical sciences necessary for critical thinking, problem-solving, and clinical decision-making. For example, the first week of the course is organized around “How to think like a physician”. The curriculum will incorporate the social determinants of health, ethics, cultural competence, health promotion and prevention. All courses will align with issues prominent in Canadian health care, especially those applicable to Southwestern Ontario. In the latter half of Foundations, foundational concepts with clinical relevance from the clinical disciplines of Hematology, Infectious diseases, Immunology and Microbiology are introduced. Woven throughout Foundations will be essential content from other core Themes including: Anatomy and Cell Biology; Pathology of disease; Diagnostic Imaging; Laboratory Medicine and Diagnostics; Choosing Wisely; Pharmacology and Therapeutics; Physiology; Diversity and Inclusivity; Health Systems; Quality Management; Biochemistry; Genetics and Genomics and Evidence Based Care.

Learning will use a variety of methods including case-based and small group/team-based learning, interactive large group learning, labs and independent learning; formative assessment will be frequent and consist of completion of tasks with a final summative exam. Students will be introduced to the concept of EPAs and demonstrating achievement in the clinical tasks of a physician.

This course will serve as the necessary foundation for learning in other courses.

Principles of Medicine I and II

Each course (January to June of Year 1 for Principles of Medicine I (PoM I) and September to January for Principles of Medicine II (PoM II) of Year 2) will support student developmental trajectory towards competence in clinical decision making in the principles of medical disciplines currently in the present curriculum within Years 1 and 2. Integration of session objectives will occur across the course using a case-based and application model of active learning, is synergistic with Patient-Centered Clinical Methods (*PCCM*) and subsequent courses, Transition to Clerkship and Clerkship. Students are expected to reflect on the curricular competencies in their learning

experiences. Assessment will be formative for learning, based on completion of tasks and a final summative assessment. Integral to PoM I and II is the requirement for students to demonstrate achievement of competencies beyond medical expert. The course goals are to integrate foundational and clinical sciences learning with the determinants of health and social accountability, while demonstrating satisfactory achievement of competence to enter clinical bedside learning in Year 3. Case-based learning centered on the MCC objectives and clinical presentations will serve as the weekly cornerstone for integration and competency assessment. EPAs will be assessed during learning experiences such as clinical experiences and PCCM. Technology will be used to enable students to visualize their developmental trajectory, supported by an Academic Coach.

Transition to Clerkship

Spanning February to late June of Year 2, students will be immersed in integrative small groups and clinical learning with increased complexity of the clinical presentations and decision making – all while being prepared for their year-long Clerkship course. This course will deliver learning by consolidating body system (foundational and clinical sciences) learning, and introducing students to prescribing, ordering investigations and more advanced patient care decision-making and skills that they will require in Clerkship. This new course will include current topics in health care delivery such as health informatics and data management, systems-based care; electronic health records use, and artificial intelligence in health care.

Patient-Centred Clinical Methods

Building on the present PCCM course that offers strong foundations for approaching clinical care, this course integrates learning in Principles of Medicine I and II with clinical skill development. This course runs weekly throughout Years 1 and 2 providing the essential instruction on History Taking, Physical Examination Skills and Communication Skills – key competencies for all health care professionals. Students will be assessed on their progression with the AFMC EPAs (#1-6) in point-of-care assessments, similar to *Clerkship* and residency programs. Learning will continue to focus on using small group standardized patient simulation interspersed with actual patient exposure, inter-professional learning, and use of evolving technology such as point-of-care ultrasound. Important topics such as interviewing with an interpreter, approach to culturally safe history taking and gender sensitive examination techniques will be included. PCCM will continue to use the Objective Structured Clinical Examination (OSCE), the formative TOSCE (teaching OSCE) and facilitator feedback to enable students to master basic clinical and communication skills.

Experiential Learning

A key characteristic of being a successful clinician for the decades to come is leadership - one of the CanMEDS 2015 physician roles is Leader. Leadership has many forms, and the curriculum will guide achievement of competence through assessment while working in teams; demonstration of the understanding of the impact of social determinants on health outcomes and advocating for change; creating scholarly work for publication; completion of a quality improvement project and demonstrating awareness of patient safety in systems-based care. Using independent learning, mentorship and team projects, students apply learning from other courses to complete tasks and assignments. This will be a project-based course, requiring satisfactory completion for progression.

Professionalism, Career, and Wellness

Given evolving educational standards in the literature⁵ (in concert with Western's strategic plan) supporting learners with tools to address wellness, professionalism, leadership and professional career success is key to a CBME curriculum.

Course objectives will include topics related to personal health, substance use, boundaries, professionalism, leadership, professional ethics, identification and management of bias in self and patient care, inter-professional learning, and the regulatory/legal aspects of being a registered health professional in the twenty-first century. Learning will be in small groups; interactive large groups; projects and seminars with progression based on task completion

Independent Learning

There will be time provided for students in Years 1 and 2 to pursue independent clinical learning through clinical experiences, community-service learning, research, certificates and other independent learning. The curriculum will be allocating an average of 10 hours per week for independent learning. We will support matching students in clinical experiential learning opportunities and encourage clinical placements – especially longitudinal in teaching sites for London, Windsor and within our Distributed Education region.

Parallel Degree or Certificate Learning

A new process will be developed for students who are interested and who achieve curricular outcomes on competencies and assessments in the prescribed curricular competency based plan with satisfactory program standing, to take one year to pursue parallel master's degrees (e.g., Master of Public Health); official Western University or University of Windsor certificates (e.g., Global and International Health or other existing university certificate programs).

⁵ <https://www.cma.ca/En/Pages/physician-health.aspx>

Western University Certificate Learning

University of Windsor Certificate Learning

Clerkship

Our *Clerkship* course, a single course of six (6) core rotations across our Year 3 curriculum is undergoing review to align with our renewed Program vision. Guided by outcome measures of the Program and an external peer review in the fall of 2018, our model of a single year Clerkship course is well suited to a CBME model of assessment. Rotation structure, exploring longitudinal integrated clinical learning, restructuring with new optional pathways for patient care education and a new model for learning and career support (scheduled during learning days off service) are some of the concepts being explored for September 2020.

Year 4 Learning

Our present model of the course *Clinical Sciences Electives* supporting student career success with a sixteen (16) week period of elective learning in clinical care or research across any Schulich, Canadian or international care site, will continue. We will be exploring a CBME process for this course. The Program capstone course *Integration & Transition* will remain in place as the Program explores options for a more individual focused curriculum that enhances career options and transition to residency by demonstrating PGY1 entry EPA competence.

Themes

Themes are topics key to i) delivering culturally safe, socially accountable effective evidence-based quality health care or ii) influence care across the lifecycle that affect how physicians deliver care or improve health care outcomes. In our new approach to learning, these themes will be weaved into sessions across and within courses.

Themes for our curriculum will include:

- cultural safety and diversity;
- Indigenous culture and health;
- evidence-based therapeutics;
- diagnostic imaging;
- pathology;
- laboratory medicine;
- history of medicine;
- paediatrics;

- geriatrics;
- oncology;
- basic sciences (anatomy & cell biology; physiology/pharmacology; biochemistry);
- genetics;
- immunology;
- infectious diseases and antimicrobials;
- prevention and health care systems;
- global health;
- ethics;
- epidemiology and biostatistics;
- Inter-professional learning and care.

These topics will be included in all courses (where relevant) and assessed across the curriculum in a graded and staged manner.

Progression

Progression in the new CBME curriculum for UME will reflect a similar model in PGME CBME;

- Formative Assessment for Learning
- Summative Assessment of Learning
- Assessment of Competence

Progression will be decided by a central committee - The Program Competence Committee. The Competence Committee will be composed of faculty, staff and learners independent of the MD Program leadership providing an objective lens for student achievements. This will include such strategies as: students to complete satisfactorily >80% of formative assessments, achieve $\geq 70\%$ on the end-of-course summative exam and be progressing satisfactorily on achievements of the curricular competencies and the EPAs. Progression will no longer be by marks, but by demonstrating achievement and competence.

Students demonstrating advanced competence for stage or year of training ([Appendix G](#)) will be provided opportunities to undertake parallel learning (e.g. certificate or master's learning).

Governance

Decisions with respect to Program oversight are the responsibility of the Program Curriculum Committee. Our renewed Program governance (Appendix) will delegate responsibility for student progression to the Competence Committee with recommendations from each course committee.

Program leadership collaboration will rest in the new Educational Program Integration Committee (Program and student leaders in courses/themes/discipline leads) and the Program Leadership Council (Course Chairs and student leaders).

Each course will require individual course committee meetings for oversight, innovation, reporting and quality improvement.

Implementation Plan

The new MD Program CBME curriculum ([Appendix A](#)) will launch September 2019 for Year 1 of Medicine Class of 2023. In the same year, a progressive revision in our *Clerkship* model (Year 3) will begin with the introduction and assessment of EPA and goals for a new model no later than the 2021-2022 academic year..

New courses in the CBME curriculum:

- Foundations of Medicine
- Patient Centred Clinical Methods (PCCM)
- Principles of Medicine I
- Principles of Medicine II
- Experiential Learning
- Professionalism, Career, and Wellness

Academic Coaching and Learner Support

Coaching for learning is a key concept of CBME. While this is a new concept in UME, it is well established in other faculties and professions such as the arts and sports. Coaches are positioned not to correct but support, direct and advise students on academic performance. The Program will establish an Academic Coaching cohort of faculty who will support students through review of formative assessments, promotion of reflection, and helping learners to be accountable for their work and learning. The concept is aligned with the vision of coaching outlined in the recent American Medical Association publication at:

<https://www.ama-assn.org/education/coaching-medical-education-faculty-handbook#Chapter%20Downloads>

Present support for students across all campuses will continue with the resources in the Learner Equity & Wellness (LEW) Office, in addition to the resources of Western

University and the University of Windsor. The Program will work with the LEW Office to optimize support for personal and career support within the curriculum across all years in a staged manner.

Curriculum Development

Project Development Committees

Curriculum development will be by individual course committees under the guidance of the Curriculum Renewal Executive Committee (CREC) and reporting to the Curriculum Committee:

Governance

A committee led by the Associate Dean, UME will create structures, processes and documents to guide the MD Program CBME Curriculum leadership, process, progression and quality management.

Approval and oversight of learning and assessment in the new CBME MD Curriculum will be by the MD program Curriculum Committee (CC). There will be oversight and reporting of program outcomes using committee processes outlined below.

The Curriculum Renewal Executive Committee (CREC), with membership from Courses and the Clerkship will create and maintain a collaborative learning environment that leads to deeper integration and cohesive planning to meet outcome objectives of the Program.

Development Governance Schematic

The key informing committees to the CC is the CREC and the existing Quality Committee (QC). There will be oversight of course objectives to ensure they are addressing the overall vision of Generalism in the curriculum, by a committee composed of generalist educators and learners.

Leadership roles are outlined for the MD Program CBME Curriculum in [Appendix B](#).

Course Committees

Each course in the MD Program CBME curriculum will have a course committee to oversee the development, implementation, and review/revision of the course pedagogy and assessment model.

Course committees will include current course leads, theme and discipline leads, CREC representation and students to develop curriculum by:

- 1) transition of current content objectives to new curricular objectives and learning;
- 2) utilizing assessment methods that reflect learner ownership and accountability of learning and achievement of curricular competencies; and
- 3) overseeing integration of life-stage, social, clinical, and basic sciences.

Course committees will be supported by UME program professional and administrative staff.

Each course committee meet on a monthly basis and are composed of the following members:

- Course Chair (Chair);
- Windsor Vice Chair (Vice Chair);
- Discipline leads (i.e. Cardiology/GI/Neurology/Psychiatry etc.) if relevant;
- Students (across all years of the MD Program);
- Resident(s);
- Windsor and London faculty at large;
- representative(s) from the Pedagogy/Assessment/Quality committees;
- theme leads as ad-hoc members for development specific to their area;
- Generalist;
- Basic Science educators;
- UME staff support.

Process Committees and Task Groups

Accreditation Committee

The Accreditation Committee (AC) will continue to review compliance with CACMS Standards and Elements and champion continuous quality improvement in the MD program.

Quality Committee

The QC will be responsible for program evaluation and the continued quality assurance of the current and CBME curricula during and after implementation.

Curriculum and Pedagogy Task Force

This Task Force provides pedagogical materials, hands-on support, and oversight for course design, development, and delivery.

Assessment Task Force

This committee supports the development and implementation of course assessments as approved by the CC. Technology will be used to adapt existing assessments and create new assessment tools for course development.

The CC has outlined time allocation for weekly course scheduling and provided direction on time allocation for didactic and interactive large-group learning; small group learning (case-based method for integration of concepts; discipline specific and integrative small groups) The emphasis is on increasing active and interactive learning modalities. A draft typical week and course outline for Foundations of Medicine is outlined in [Appendix D](#).

The CC approved the assessment plan that aligns with the Medical Council of Canada Blueprint ([Appendix E](#)). In support of students' achievement of the curricular competencies, the Program will use multiple formative assessments. Formative assessment may include: quizzes; self-check-ins; concept maps; assignments; independent learning modules; readiness testing prior to many small group sessions; fewer high stakes summative assessment; explicit expectations for project and team tasks; incorporation of clinical decision making questions; laboratory quizzes; observed participation in small group learning; reflections; engagement with Academic Coaches and 360 degree assessments (from peers/patients/families/health care partners).

Faculty Development

Led by the new school CBME faculty development lead, this group will support processes to deliver faculty and resident preparation to educate and assess learning outcomes across the UME-PGME programs using competency-based methods and tools. It will be critical for this group to collaborate closely with course leaders and offer sessions and support with broad applicability to faculty for MD Program and PGME Curriculum.

Materials such as course guides, workshops and videos for course delivery will be created and delivered with the support of the CPD Program.

Information Services and Learning

The UME and PGME Programs will migrate all program learning over three years to the evolving learning platform adopted by many leading North American medical schools: [Elentra](#). This learning platform offers the ability to fully monitor and report on learning outcomes and enter assessments from your PDA at point-of-care for EPA and other assessments.

Scholarship

Key to this project will be planning for scholarship and identifying emerging issues from the curriculum development process to share in peer-reviewed publications, conference presentations and posters, as well as other scholarly documents for national and international distribution.

Collaboration with other educators, leaders, faculty, staff and learners, both internal and external, will be key to this deliverable.

Timelines

The MD Program CBME curriculum renewal project will be guided by a systematic process across all phases of implementation to ensure adherence to the timeline as presented in [Appendix C](#).

QI and Evaluation

The implementation of a competency-based model will be evaluated on outcomes for adherence to project timelines, Program framework of student learning and assessment, and CACMS standards and elements during the project. This will be reported in monthly reports to the Curriculum Renewal Executive Committee.(CREC).

The MD Program's continuous quality improvement model will continue and be enhanced in the renewed CBME curriculum. The Program Quality Committee, leading in recommendations to the CC from Program and learner outcomes, will report directly as per their mandate to the MD Program Curriculum Committee – the body charged with all oversight and decisions for the Program curriculum. While continuing our process of evidence-based decision making to renew the curriculum and to facilitate changes, new performance indicators relevant to a CBME curriculum will be built and applied. Our evaluation process is designed to recognize successes and opportunities for growth during and after our curricular implementation

Our MD Program CQI valuation will continue regular monitoring of project goals throughout the phased implementation which is key to the overall project management plan.

Metrics will include, but are not limited to:

- test pilots of curriculum experiences and learning innovations;
- student satisfaction of required learning experiences;
- student perception of competence at various stages of training;
- student performance in required learning experiences, including
 - developmental trajectory towards achievement of competence on EPAs;
- student advancement and graduation rates;
- results of MCCQE Part I Exam;
- results of MCCQE Part II Exam;
- residency match results;
- specialty choices of students;
- licensure rates of students;
- feedback from program graduates on preparedness for residency;
- feedback from residency program directors on graduate preparedness
- practice setting of students;
- practice location of students;
- feedback from faculty;

- adherence to CACMS standards and elements.

Summary

Drawing from new processes in medical student learning and aligning with the global and Canadian movement to competency based medical education across the continuum, the Schulich Medicine CBME MD Program will launch in September 2019. This curriculum will graduate individuals who are socially accountable, collaborative, culturally sensitive master adaptive learners prepared for the next stage of medical training. At graduation, students will have successfully achieved all MD Program curricular competencies and requirements to enter any Canadian PGME Program. The steps to and changes in this document are supported by the Program CC and will allow innovation from our existing core curriculum that has been delivered effectively over the past two decades to a curriculum we see as leading Canadian medical student education for the next decade.

Appendices

Appendix A: Course Structure

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
Year 1	Foundations of Medical Care				Principles of Medicine I						Break		
	Patient Centred Clinical Methods												
	Profession, Career & Wellness												
	Experiential Learning												
Year 2	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Principles of Medicine II				Transition to Clerkship						Break		
	Patient Centred Clinical Methods												
	Profession, Career & Wellness												
	Experiential Learning												
Year 3	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
	Clerkship												Break
	Profession, Career & Wellness												
	Experiential Learning												
Year 4	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May				
	Clinical Selectives and Electives				CaRMs	Integration & Transition			MCC				
	Profession, Career & Wellness												
	Experiential Learning												

Appendix B: Leadership Curricular Leads

- Foundations of Medicine
- Principles of Medicine I
- Principles of Medicine II
- Transition to Clerkship
- Clerkship
- Transition to Residency
- Experiential Learning
- Professionalism, Career, and Wellness
- Coaching

Theme, Module and Clinical Leads

Module

- Research
- Patient Safety and Quality Improvement
- Reflection and Narrative in Medicine
- Service Learning
- Discovery Week
- Longitudinal Family Medicine Year 1 Clinical Experience Immersion

Theme Leads

- Diversity
- Indigenous Health
- Inter-professional Education
- Life stage leads
 - Paediatrics
 - Geriatrics
- Laboratory Medicine

- Pathology
- Anatomy and Cell Biology
- Physiology and Pharmacology
- Biochemistry
- Hematology
- Immunology
- Genetics
- Epidemiology & Population Health
- Global Health
- Infectious Diseases
- Ethics
- Informatics
- Evidence Based Therapeutics

Clinical Leads

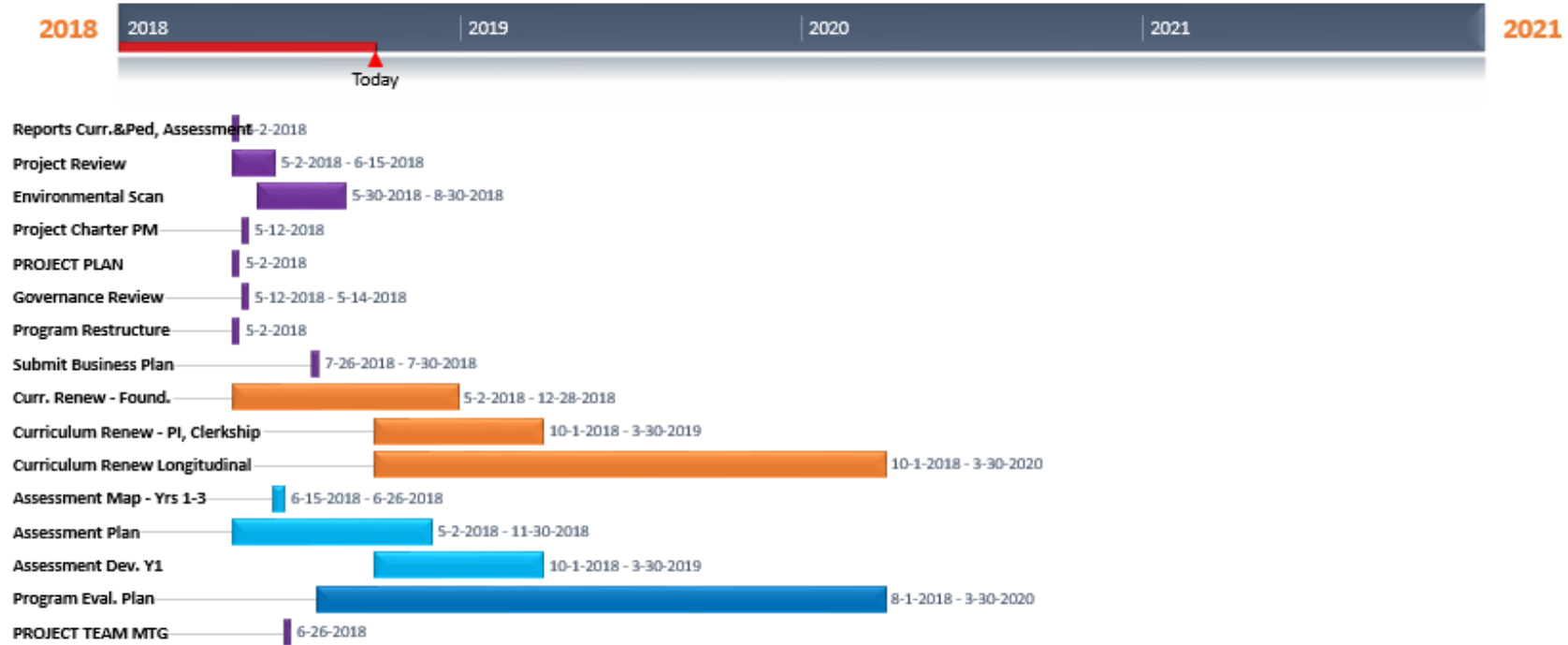
- Family Medicine
- Cardiology
- Oncology
- Palliative Care
- Diagnostic Imaging
- Respiratory
- Neurology
- Otolaryngology
- Ophthalmology
- Women's health
- Urology
- Surgery
- Orthopedics
- PMR

- Psychiatry
 - Endocrinology
 - Nephrology
 - Gastroenterology
 - Nutrition
 - Rheumatology
 - Critical Care
 - Emergency Care
 - Dermatology
-
- **Windsor Campus and Distributed Education Leads**

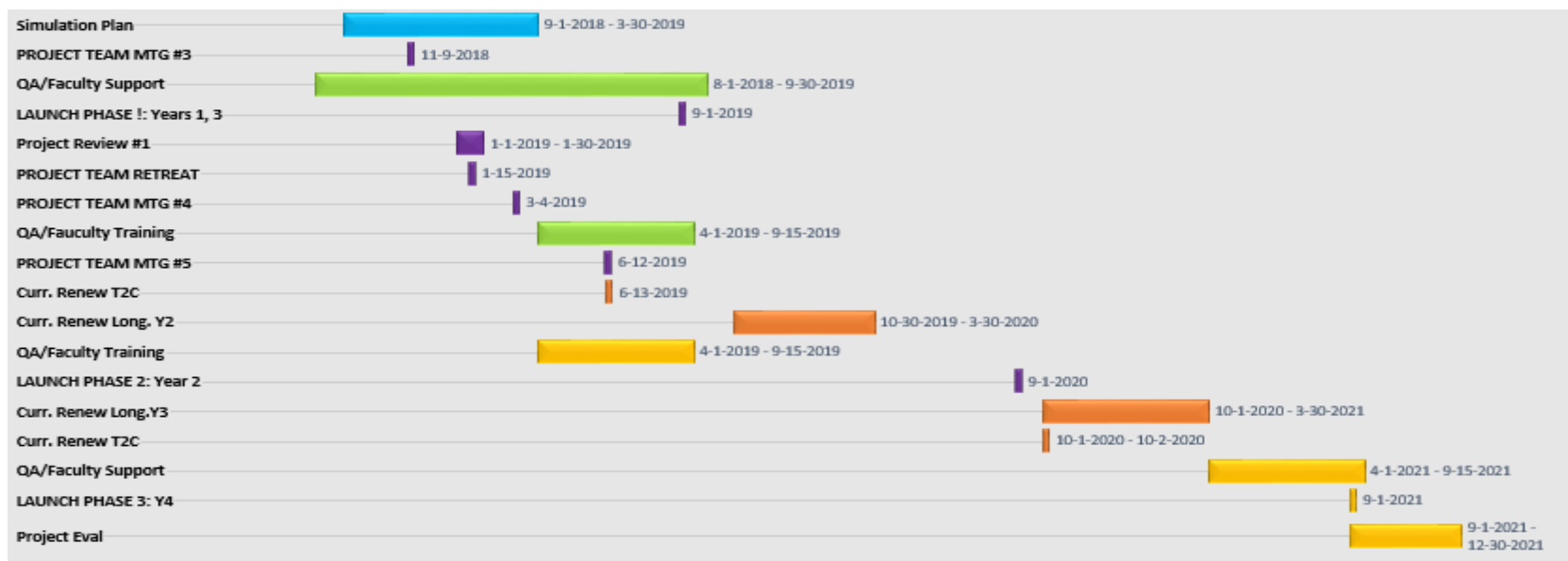
Process Leads

- Project Manager
- (Academic) Assessment Lead
- Curriculum Specialist
- Evaluation Specialist
- EPA Lead
- Accreditation Lead and CQI Lead
- IT/LMS Lead
- Faculty Development Lead

Appendix C: Timelines







Appendix D: Week at a Glance

	Monday	Tue	Wednesday	Thursday	Friday
0800-0900	Large Group: PCW	i n d e p e n d e n t L e a r n i n g D a y	Large Group	Theme LGL	Case SGL
0900-1000	Large Group		Lab	Discipline Specific SGL	Case SGL
1000-1100	SGL - Case		Lab	Discipline Specific SGL	LGL
1200-1330	Lunch		Lunch	Lunch	Lunch
1330-1430	Integrative SGL		Self	PCCM	Self
1430-1530	Integrative SGL		Study	PCCM	Assessment
1530-1630	Independent		Experiential	Independent	Independent
1630-1730	Learning		Learning	Learning	Learning

- Tuesday (All day independent learning can be combination of: observations/service learning/QI project/Research Project/Portfolio II, Patient Experience/Family Medicine Clinical Experience/IL prep for Block courses)

Appendix E: MCC Blueprint

Dimensions of care						
		Health Promotion & Illness Prevention	Acute	Chronic	Psychosocial Aspects	Row %
Physician activities	Assessment/ Diagnosis					45±5
	Management					35±5
	Communication					10±5
	Professional Behaviours					10±5
Column %		20±5	35±5	30±5	15±5	100

DOCTOR OF MEDICINE (MD) PROGRAM COMPETENCIES 2016



October 2016

Prepared for the Curriculum Committee
Undergraduate Medical Education Office

Medical Expert

Medical Expert, the central physician competency integrating with all other competencies, represents the cornerstone of physician identity, defines scope of practice and encompasses the knowledge, skills, values and attitudes for a clinical decision maker providing high quality and safe patient-centered care. Medical Expert involves integration of the foundational sciences and other knowledge into patient and family centered care.

1. Practice medicine within the scope of generalism as an undifferentiated generalist physician.

- 1.1 Demonstrate commitment to quality patient care.
- 1.2 Apply knowledge from the clinical, biomedical and social/behavioral sciences in acute and chronic health challenges across the age spectrum.
- 1.3 Provide all care in the context of each patient's determinants of health.
- 1.4 Perform safe, sensitive and timely clinical assessments with recommendations presented in an organized manner.
- 1.5 Deliver clinical responsibilities in the face of competing demands.
- 1.6 Recognize and respond appropriately to the complexity, uncertainty, and change in medicine.
- 1.7 Demonstrate an understanding of longitudinal care to patients and families in the management of their health challenges.

2. Perform a patient and family-centered clinical assessment, formulate a diagnosis, create and implement a management plan.

- 2.1 Identify and prioritize issues to be addressed in each encounter.
- 2.2 Elicit a relevant, concise history and perform a complete or focused accurate physical and/or mental health examination as appropriate to the patient context and clinical presentation.
- 2.3 Deliver a prioritized relevant differential diagnosis for each patient clinical presentation.
- 2.4 Select and interpret appropriate cost-effective interventions for the management, prevention and health promotion in patient care.
- 2.5 Establish goals of care in collaboration with other health professionals, patients and their families to optimize outcomes.
- 2.6 Develop an effective and appropriate patient-centered management plan.
- 2.7 Participate effectively in patient and family-centered care, valuing each patient's and family's unique needs.

3. Plan and perform procedures and therapies for patient management.

- 3.1 Determine appropriate procedures or therapies for a patient's care.
- 3.2 Participate in obtaining and documenting informed consent (including risks, benefits and rationale) for a proposed procedure or therapy.
- 3.3 Discuss and participate in prioritizing a procedure or therapy, considering clinical urgency and available resources.

3.4 Perform a designated procedure in a skillful and safe manner at the level of an undifferentiated physician, adapting to findings and changing clinical circumstances.

3.5 Demonstrate effective documentation of a procedure or therapy recommended or delivered to a patient.

4. Formulate and implement plans for ongoing patient care and when appropriate seek timely consultation.

4.1 Formulate and assist in implementing a comprehensive patient-centered care plan.

4.2 Perform timely follow-up on all inquiries, investigations, outcomes and suggest consultation or intervention where appropriate.

5. Actively contribute as a member of a team providing care, to the continuous improvement of health care quality and patient safety.

5.1 Recognize and respond to patient safety incidents arising in health care.

5.2 Understand the principles of and contribute to patient safety and quality improvement through human and system factors.

5.3 Participate in a disclosure of adverse events to patients, families, caregivers with other health professionals.

Communicator

Communicators form relationships with patients, families, communities, colleagues and members of Interprofessional teams to facilitate gathering and sharing essential knowledge and create plans for effective care. Communicator involves all verbal and non-verbal actions in encounters. As Communicators, learners invoke a professional approach to all discussions using verbal and non-verbal skills, written text, and illustrations to convey information, including social and electronic media.

1. Develop and recognize the essential skills of a communicator

1.1 Engage in patient-centred care that supports autonomy in decision-making and establishes trust while demonstrating empathy, respect and compassion.

1.2 Demonstrate effective verbal and non-verbal communication in all contexts of care.

1.3 Demonstrate effective communication to optimize care outcomes and minimize errors.

1.4 Effectively communicate respecting the diversity and background of patients, families, communities and colleagues.

1.5 Ensure an appropriate physical location for all discussions while understanding the context and supporting patient safety, comfort, dignity, privacy and diversity.

1.6 Deliver information to the patient and family in a humane manner that is clearly understood, encourages discussion and supports full participation in decision-making.

1.7 Demonstrate skills and methods in the disclosure of adverse outcomes in a timely and complete manner.

2. Develop a common understanding on issues, problems and plans with patients, families, colleagues and other professionals to develop a shared plan of care.

- 2.1 Develop rapport, trust and ethical relationships with patients, families, communities, colleagues and healthcare providers.
- 2.2 Enable patient-centered active communication in exploring patient symptoms and experience.
- 2.3 Understand the patient and family's beliefs, values, gender, culture, knowledge, preferences and perspective on care.
- 2.4 Integrate social, economic, medical, family, life stage, demographic, work/school, and other relevant history factors in the clinical encounter.
- 2.5 Participate in shared decision-making through common ground for diverse patient and community values including, but not limited to gender, religion and cultural beliefs to address patient health goals.
- 2.6 Participate in obtaining informed patient consent.
- 2.7 Demonstrate an approach to managing physical, verbal and emotionally challenging scenarios.

3. Develop practices for documenting and sharing written and electronic information on encounters to optimize clinical decision-making, patient safety, confidentiality and privacy.

- 3.1 Document clear, accurate and appropriate written and/or electronic records.
- 3.2 Effectively report clinical encounters and treatment plans to patients, families, and health professionals.
- 3.3 Demonstrate effective reporting of encounters and treatment during transitions of care.
- 3.4 Demonstrate professionalism in all communication.
- 3.5 Demonstrate privacy, data security and confidentiality in written, verbal, social media and electronic communication.

Collaborator

Collaborators work cohesively with health-care professionals, community partners, system leaders and stakeholders, colleagues, patients and families to develop, provide, promote, evaluate and improve on quality and efficient patient care. Collaborator is grounded in the team skills of mutual trust, respect, and sharing knowledge in decision-making while respecting diversity across the continuum of care. Through collaboration, physicians participate in effective shared decisions of medical care, education, administration, and scholarship. Collaboration extends as a life skill into the professional's professional, personal and community life.

1. Work effectively and appropriately within an Interprofessional health care team.

- 1.1 Demonstrate an understanding of the integrated responsibilities and skillsets of health care team members.
- 1.2 Demonstrate the ability to identify, develop, research and communicate new knowledge in care with the health care team.
- 1.3 Work effectively and respectfully with patients, families and health professionals to provide patient and family-centered care.
- 1.4 Participate in shared decision-making with patients, families, and other health professionals.
- 1.5 Demonstrate the verbal and written skills necessary to safely handover care to health care team members in all clinical contexts.

2. Contribute to a positive professional work and care environment.

- 2.1 Demonstrate respect for patients, families and all health professionals.
- 2.2 Demonstrate how to navigate interpersonal differences, misunderstandings, and limitations of dialogue to foster a positive collaborative professional culture

Leader

As leaders, physicians engage with members of the health care team and other system partners in the creation, delivery, review and continuous improvement of patient care and system function. Leaders demonstrate actions through collaboration, communication, engagement, empowerment and continual improvement while balancing personal, clinical, scholarly and educational roles. Leaders frame all decisions in local, national and global contexts.

1. Contribute to the improvement of health care delivery in teams, organizations and systems.

- 1.1 Apply the science of quality improvement to improving patient safety and systems of care.
- 1.2 Analyze and address patient safety incidents to enhance care.
- 1.3 Utilize health informatics to improve the quality of care and optimize patient safety.
- 1.4 Demonstrate an understanding of the governance and financial operations of the Canadian healthcare system.

2. Demonstrate the ability to utilize resources for cost-effective healthcare.

- 2.1 Understand how care is impacted by healthcare resources.
- 2.2 Apply evidence-based processes to deliver cost-appropriate care across all patient care contexts
- 2.3 Describe how public health and health policy shape the delivery of our healthcare system.

3. Demonstrate key elements of leadership in your role as an individual, professional, team contributor and a member of the community.

- 3.1 Apply the principles of change management to enhance healthcare outcomes
- 3.2 Set priorities and manage time in professional responsibilities and personal life.
- 3.3 Implement processes to ensure personal and professional continuous improvement.
- 3.4 Participate in teams with other health professionals in respectful and effective decision-making
- 3.5 Demonstrate an approach to managing professional and personal finances.

Health Advocate

Health advocacy is integral to advancing the health and well-being of patients and families, communities and populations. Advocates deliver on their social accountability mandate for improving local, national and global health care. Advocates focus attention on and communicate for and support effective change on behalf of, or with: patients and families, health care partners and system leaders and stakeholders.

1. Identify and respond in a socially accountable manner to the health care needs of patients and families by advocating for and with them in promoting healthy outcomes and disease prevention.

- 1.1 Utilize determinants of health including environmental, social, behavioral and health system perspectives when improving access to care.
- 1.2 Work with patients and families to adopt healthy behaviors.
- 1.3 Demonstrate skills that advance health promotion and surveillance to positively influence the health of patients and their families.

2. Identify and respond in a socially accountable way to the health care needs of communities or populations served by advocating for system-level change that promotes healthy outcomes and disease prevention.

- 2.1 Engage with communities and/or populations to identify and address determinants of health including environmental, social, behavioral and system policies that impact their health.
- 2.2 Advance patient care by health promotion, disease prevention and health surveillance in the communities served.

2.3 Apply health knowledge to a quality improvement process that positively improves the health of the communities and populations served.

Scholar

Scholars demonstrate a lifelong commitment to excellence through lifelong learning, teaching and modelling, evaluating evidence in decision making, and contributing to expanding the science of medicine. In acting as a Scholar, students commit to the application, dissemination, translation, and creation of knowledge and practices applicable to advancing health care.

Learners acquire scholarly abilities by continually evaluating the processes and outcomes of their daily work and actively seeking feedback in the interest of quality improvement and patient safety. Scholars formulate questions to address knowledge gaps and arrive at decisions informed by evidence. Scholars identify pertinent evidence, evaluate it using criteria, and apply it in practice and scholarly activities while including patient values and preferences.

1. Engage in lifelong learning

- 1.1 Identify personal learning needs and create a plan of action.
- 1.2 Identify opportunities for learning and improvement by regularly assessing performance using internal and external data.
- 1.3 Engage in collaborative learning with colleagues and other health professionals.
- 1.4 Review outcomes using quality improvement processes to identify items for analysis.

2. Participate actively in the education of self and others.

- 2.1 Recognize and address role modelling and impact of the informal or hidden curriculum.
- 2.2 Promote a safe learning environment for all.
- 2.3 Plan and deliver personal, other professional and community lifelong learning activities.
- 2.4 Provide meaningful feedback for improvement to peers, mentors and programs.
- 2.5 Evaluate peers, teachers, and education programs using relevant tools and practices.

3. Integrate best available evidence into learning and decision-making.

- 3.1 Recognize personal and system knowledge gaps in patient care
- 3.2 Generate focused questions that address gaps.
- 3.3 Critically evaluate the integrity, reliability and applicability of research literature.
- 3.4 Integrate evidence into clinical decision-making.
- 3.5 Formulate well-structured questions and consult scholarly resources in confronting a patient care problem.

- 3.6 Discuss selecting the most appropriate action in the absence of evidence.
- 3.7 Interpret qualitative and quantitative knowledge using standardized practices that address bias, validity, barriers, and relevance to care
- 3.8 Apply new knowledge and evaluate the impact on patient care.

4. Contribute to the creation and dissemination of knowledge applicable to health care.

- 4.1 Demonstrate an understanding of the scientific principles of research and the role of evidence and research in health care.
- 4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, while considering potential harms, benefits and needs of vulnerable populations.
- 4.3 Pose questions for inquiry, select methods to address them and share results.
- 4.4 Communicate findings of relevant research and scholarly research to peers, other health professionals, communities, patients and families
- 4.5 Generate original scholarly work for dissemination to broad or specific communities.

Professional

As health professionals, students work to develop a professional identity acknowledging a commitment to the health and well-being of patients, families, society and their colleagues. Embracing ethical patient care, high personal standards, accountability to the profession, society and the educational program while maintaining personal health, students evolve as professionals. Professionals commit to competence through ongoing professional development, promotion of the public good, meeting the values of integrity, honesty, altruism, and humility, respecting diversity, and full transparency in any or all potential conflicts of interest.

1. Demonstrate a commitment to the needs of patients and families by applying integrity, honesty, altruism, respect, and best practices while adhering to high ethical standards.

- 1.1 Demonstrate appropriate professional behaviours and relationships in all patient care while respecting diversity, and maintaining confidentiality.
- 1.2 Demonstrate a commitment to excellence in all aspects of patient and family centred care
- 1.3 Recognize and develop an approach to ethical dilemmas as they present.
- 1.4 Recognize and manage all conflicts of interest.
- 1.5 Demonstrate professional behaviours in the use of technology-enabled communication.
- 1.6 Respect autonomy of individual patients regardless of age, sex, gender, ethnic origin or religious beliefs consistent with the Canadian Charter of Rights and Freedoms.

2. Demonstrate a commitment to society by applying integrity, honesty, altruism, and respect in recognizing and responding to community expectations in health care.

- 2.1 Demonstrate accountability to patients and families, society, the community you serve and our profession in responding to expectations.
- 2.2 Demonstrate commitment to patient safety and quality improvement.

3. Demonstrate a commitment to the profession by applying integrity, honesty, altruism, and respect in adhering to accepted standards.

- 3.1 Understand and adhere to the professional and ethical codes, expectations and requirements of our school, program and profession.
- 3.2 Recognize and respond to address all unprofessional and unethical behaviours in colleagues, teachers, mentors, patients and families, communities and other professionals.
- 3.3 Contribute regularly to meaningful peer assessment.

4. Demonstrate a commitment to personal health and well-being.

- 4.1 Exhibit self-awareness and address all influences on personal well-being and professional performance.
- 4.2 Promote a culture that recognizes, supports, and responds effectively to colleagues in need.
- 4.3 Develop and maintain sustainable personal health, work and learning habits.
- 4.4 Demonstrate skill in reflective practice and individual improvement to seek excellence in performance.

Contributions

The Associate Dean, Undergraduate Medical Education and the Curriculum Committee of the MD Program at the Schulich School of Medicine & Dentistry wishes to recognize and thank the extraordinary effort of students, faculty and staff who collaborated to produce this set of program competencies.

The Program also thanks contributors to the CanMEDS 2015 Physician Competency Framework and the Royal College of Physicians and Surgeons of Canada – Jason R. Frank, Linda Snell and Jonathan Sherbino - for establishing the foundation on which Canadian medical education programs can build measurable, accountable, competency based academic learning and assessment programs.

Appendix G: Stages of Curriculum

	YEAR 1		Stage 1	YEAR 2		Stage 2	YEAR 3	Stage 3	YEAR 4		Stage 4: Grad
Time	Block 1	Block 2		Block 3	Block 4		Clerkship				
Course	FOUNDATIONS	PRINCIPLES 1		PRINCIPLES 2	TRANSITION TO CLERKSHIP		CLERKSHIP		Electives	I&T	
Course Goals	Introduction, use and assessment of the key background competencies that form the basis for delivering evidence based socially accountable patient centred health care in Canada	Introduction, learning and assessment of foundational and mid program curricular competencies in key body systems by individual and integrated between some or all course systems and those learned prior to this course at Chen 1-2 level		Introduction, learning and assessment of foundational and mid program curricular competencies in key body systems by individual and integrated between some or all course systems and those learned prior to this course at Chen 1-2 level	Integration and consolidation of key curricular content and competencies to date using course and seminar learning with assessment to demonstrate Chen 2 level of competency; Assessment of clinical competency for delivering patient care in Clerkship rotations with clinic and in-patient settings		Integrated clinical learning in a variety of teams across six (6) core patient care rotations with elective learning experiences to advance and demonstrate through assessment individual learner competency at Chen 3 level		Individual clinical and non-clinical elective learning at Western and in other centres to advance competency in each student targeted career path	Advanced learning in key areas to assess learner outcomes (EPA) for Chen 3B level; Learning to improve successful graduate transition to residency	

Appendix H: AFMC Entrustable Professional Activities

AFMC EPAs
EPA 1-Obtain a history and perform a physical examination adapted to the patient's clinical situation
EPA 2-Formulate and justify a prioritized differential diagnosis
EPA 3-Formulate an initial plan of investigation based on the diagnostic hypotheses
EPA 4-Interpret and communicate results of common diagnostic and screening tests
EPA 5-Formulate, communicate and implement management plans
EPA 6-Present oral and written reports that document a clinical encounter
EPA 7-Provide and receive the handover in transitions of care
EPA 8-Recognize a patient requiring urgent or emergent care, provide initial management and seek help
EPA 9-Communicate in difficult situations
EPA 10-Participate in health quality improvement initiatives
EPA 11-Perform general procedures of a physician
EPA 12-Educate patients on disease management, health promotion and preventive medicine

Appendix I: Program Governance

