STANDARD 7: CURRICULAR CONTENT

The faculty of a medical school ensures that the medical curriculum provides content of sufficient breadth and depth to prepare medical students for entry into any residency program and for the subsequent contemporary practice of medicine.

7.1 BIOMEDICAL, BEHAVIOURAL, SOCIAL SCIENCES

The faculty of a medical school ensures that the medical curriculum includes content from the biomedical, behavioural, and social sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

Requirement 7.1-1

The faculty of the medical school ensures that the medical curriculum includes content from the biomedical, behavioural, and social sciences to support medical students' mastery of contemporary medical science knowledge and concepts and the methods fundamental to applying them to the health of individuals and populations.

A. Describe how the medical curriculum supports medical students' mastery of contemporary medical science knowledge and concepts in the:
   i. biomedical sciences
   ii. behavioural sciences
   iii. social sciences

In the Legacy curriculum, biomedical sciences were taught in an integrated fashion as a part of Courses 1-7:

Course 1: Intro to Medicine/Blood/Gastrointestinal
Course 2: Musculoskeletal and Skin
Course 3: Cardiology/Respirology
Course 4: Renal/Endocrinology/Obesity
Course 5: Neurosciences/Aging/Special Senses
Course 6: Children's and Women's Health
Course 7: Psychiatry

Each of the above courses covered fundamental basic and clinical sciences related to the organ and body systems pertinent to the clinical areas in each course. Basic science content was supplemented by a longitudinal anatomy course that provided anatomy content relevant to each of Courses 1-7 contemporaneously so that this foundational knowledge could then be built on.

Behavioural and social sciences that were relevant to clinical medicine were similarly covered in Courses 1-7. This was supplemented with longitudinal courses that specifically addressed these topics, such as the Population Health course and units of the Medical Skills course (communications, ethics, professionalism and physician health, collaborative skills and physical examination).

Each of these (and all) courses were reviewed on a regular basis. Each course leader was required to provide an annual report to the Pre-Clerkship Committee and these reports required the course chair to describe ongoing changes to course content and format. Student survey data were used to inform these changes, as was input from the members of the respective course committee and the instructors. All course leaders and teachers were practicing clinicians, and therefore immersed in the day-to-day work of providing clinical care to patients and informed about ongoing developments relevant to their areas of clinical practice. This allowed course leaders to maintain their courses using up to date information.

Students were evaluated throughout the pre-clerkship for their content knowledge using multiple choice exams, in addition to ITERs in the clinical correlation component of each course and an OSCE exam in each of first and second year. The evaluations were used to determine mastery of the relevant knowledge in each of the biomedical, behavioural and social sciences.

In the clerkship, each clerkship director is responsible for maintaining a list of 'must see' clinical presentations and procedures, monitored on an ongoing basis through the use of a student logbook. Each clerkship director is responsible for providing a yearly report indicating changes to the required content knowledge within the respective clerkship. Student feedback and faculty input is used to ensure that each clerkship is covering this relevant content.

Clerkship students complete most of their clinical placements within the academic Health Sciences Centre at the CSM and are exposed to the development and application of new knowledge within the biomedical sciences. Clerkship students are evaluated with both MCQ exams and ITERs to ensure that they are successfully achieving mastery of all relevant biomedical, social and behavioural components of clinical medicine. All students complete the MCC part 1 exam and data from this assessment is valuable in directing quality improvement initiatives related to the biomedical, behavioural and social science areas.

RIME Curriculum

The RIME curriculum spans 18 months and is divided into three 6-month blocks. Each block is subdivided into four separate courses. Each course is built on thematic concepts which are designed to be different lengths based on the content presented within them. The new curriculum is based on the concept of spiralized content delivery and therefore medical concepts are repeated at intervals throughout the entire curriculum. Recurrent exposure to medical education concepts will be presented over the course of 18 months of their pre-clerkship curriculum. As students progress through the pre-clerkship, the breadth and depth of the medical knowledge presented to them will expand and become progressively more difficult. Essentially, the early pre-clerkship knowledge will be introductory and towards the end of the 18-month pre-clerkship the concepts will be presented at the level of a medical student entering clerkship. The new pre-clerkship curriculum was designed to have biomedical knowledge, behavioural science and social science integrated together.

Each week of the RIME curriculum is designed with the same schedule in mind. The curriculum is comprised of four main components. The week starts with a patient vignette that presents the theme of the biomedical knowledge, behavioural science and social science concepts that will be presented over the week. Prior to the week, the students are given several asynchronous resources that they must watch throughout the week. These asynchronous resources are comprised of vodcasts and asynchronous reading that delivers the bulk of the biomedical, behavioral science and social science content. During the week, the students attend two large group interactive sessions and two tutorial sessions. These sessions are designed to deepen the understanding of the concepts that are presented in the vodcasts and to allow students to ask questions and interact with their peers and faculty at a well-informed level. Other sessions related to anatomy, clinical skills and professional role also occur throughout the week. The Anatomy, Clinical Skills and Professional Role are separate courses that run longitudinally alongside the core curriculum. The Professional Role course allows students opportunities for shadowing activities, academia pursuits and interprofessional engagement alongside learning important concepts of physicianship. In addition to these sessions, students are given several interactive multiple-choice questions that they can complete online that allow them to test their knowledge of the concepts they have learned and serve as the basis for testing.

The curriculum was designed to ensure that all biomedical, behavioral science and social science concepts are covered adequately. The curriculum is divided into several "clumps". Clumps are groups of similar MCC objectives that are presented throughout the curriculum. These clumps are designed in a such a way that all MCC objectives are covered in the pre-clerkship program. Depending on the size and complexity of the MCC objectives, a clump may contain one or multiple MCC objectives that will be presented throughout the pre-clerkship curriculum. These clumps are assigned to individual medical educators, and educational material is presented longitudinally throughout the pre-clerkship curriculum. Unlike a more traditional medical education curriculum that is presented as organ systems courses, the MCC objectives are spread throughout the entire curriculum and presented in weeks that allow synergy amongst the separate objectives. These MCC objectives cover all the applicable systems-based knowledge. In addition to the MCC objectives, a separate list of core clinical conditions that students must know has also been created to ensure that all biomedical information is covered. Behavioural science and social sciences have been mapped throughout the curriculum. There is no separate course for these concepts and the sessions are specifically designed to not only cover biomedical information but also the behavioural science and social science concepts that align with the theme of the week. As an example, a curriculum week dedicated to trauma would also cover intimate partner violence and gender-based violence. In this way, important social concepts are presented concurrently and throughout the entire curriculum.

The RIME curriculum is governed by the Pre-Clerkship Committee and has oversight by the Curriculum Innovation and Oversight Committee (CIOC) that meets regularly to assess the performance of the curriculum. The RIME curriculum and CIOC are new, but the plan is to review the completed curriculum and to assess the need for changes and alterations on an ongoing and continuous basis. CIOC is comprised of medical educators responsible for the curriculum, alongside administrative staff, medical students and a community representative.

Given the structure of the RIME curriculum, a considerable amount of thought and planning has been done to ensure that all relevant and critical medical education concepts are presented in the pre-clerkship curriculum.

B. Describe how the medical curriculum supports medical students' mastery of the methods fundamental to applying biomedical, behavioural, and social sciences to the health of individuals and populations.

Application of biomedical, behavioural and social sciences was accomplished in the Legacy pre-clerkship in several ways. Students applied their knowledge in all of these areas in their interactions with patients. In the pre-clerkship, these interactions were achieved in their Family Medicine Clinical Experience in year one and two; their Career Development Week clinical placements; clinical/research placements in the AEBM course and during their Clinical Correlations sessions in each of Courses 1-7. Simulated applications of these skills were achieved throughout their interactions with standardized patient actors in the Medical Skills course. Finally, application of acquired knowledge in all of these domains was also demonstrated during the small group, case-based learning sessions that made up a large proportion of scheduled learning time in all courses; in these sessions, paper cases provided low fidelity simulation of clinical cases. Each of these were evaluated to ensure adequate performance; 'mastery' of any topic is not really the goal of undergraduate medical education. Clinical sessions where real patients are involved were assessed through a short ITER; simulated clinical learning sessions in the medical skills course were tested though the year 1 and 2 OSCE; content knowledge in all domains was assessed through multiple choice exams at the end of each course.

With specific reference to applying knowledge in these domains to the health of populations, students completed and were evaluated within the Population Health course, which, as the name would suggest, looked at relevant contemporary issues in population-based health. Students were evaluated with an exam and written project.

Within the clerkship, application of knowledge in biomedical, behavioural and social sciences was practiced throughout each of the mandatory and elective clerkship rotations on a daily basis. Competency within all domains was assessed on each core rotation with both an ITER and a multiple-choice exam. Evaluation on electives was via an ITER. On some rotations, students were required to complete other projects or assignments; for example, within the Family Medicine clerkships, each learner was expected to prepare an infographic on a topic (could be from any of the domains described) that arises from a clinical encounter. Students presented these topics at the end of the FM clerkship block.

RIME Curriculum

There are several teaching methods that allow students to apply their medical knowledge in the RIME curriculum. The curriculum itself is designed to emphasize applicability of medical knowledge. Each week, students are given several multiple-choice questions that are adaptive and changeable. These questions allow the students to apply their knowledge of the concepts that are being taught throughout the week. Additionally, students participate in two large group interactive sessions. These are whole class sessions that are designed specifically for student interaction and allow students to apply their biomedical knowledge alongside their knowledge of behavioral science and social sciences. Small tutorial groups are designed to allow students to delve deeper into specific cases to further engagement with and application of knowledge. Concurrent clinical skills sessions allow students to practice their bedside skills. Additional opportunities for application of medical knowledge are experienced through their family practice clinical experience sessions and shadowing opportunities.

Testing is based on the weekly online multiple-choice questions that are given to the students along with concurrent assessments of their performance in tutorial groups. Adaptive multiple-choice questions (known as CARDS) have been created that not only test biomedical but also behavioural and social science knowledge. Testing is done throughout the curriculum and while there are summative assessments, there are frequent lower stakes tests throughout the curriculum. OSCE tests are created to evaluate the clinical skills of students throughout their pre-clerkship. Finally, students are evaluated on their performance in tutorial groups and clinical skills groups.

C. Describe the process used to ensure that the curricular content remains contemporary. Provide one example each from biomedical, behavioural, and social sciences within the last five years.

Curricular content in the Legacy curriculum was assessed on an ongoing basis. Each pre-clerkship and clerkship course was required to present an annual report to the Pre-Clerkship or Clerkship Committee, respectively. This was expected to include an overall review of the course content to ensure that all included material remained contemporary.

Examples of additions to the curriculum:

Social Sciences
In 2021, the clerkship incorporated a new, week-long placement in 'Community Engaged Learning' (CEL). This was developed in conjunction with the Indigenous, Local and Global Health Office. On this placement, students spent time both in learning sessions at the medical school as well as time working under the auspices of one of several community partners (e.g. Indigenous heath center, support centre for refugees, mobile health center for sex-trade workers) meeting and working with members of the communities served by the respective partner agency. Students completed a reflective essay at the end of the week to reflect upon what they have learned from their experiences; partner agencies completed a ITER to assess the participation and professional behaviour of the learners.

The learning objectives, noted below, were developed collaboratively with the community partners, students and clinicians whose work was focused on marginalized populations.

At the end of this CEL week, students will be able to:

1) Demonstrate exploration of social and structural contextual factors in a patient's life that may influence their wellness, views of health and access to care.
2) Demonstrate skills and qualities required to respectfully interact with marginalized populations using a patient- centered approach.
3) Demonstrate a reflective process to confront and challenge personal biases, stigma, and stereotypes.
4) Describe the role/value of interdisciplinary teamwork and holistic care that extends beyond the health system to include social work, law, and community services.
5) Discuss the concept of social accountability in medicine and the importance of cultivating a culture of civic responsibility in the medical profession.
6) Discuss the knowledge required to develop respectful community relationships with Indigenous communities, including Elders, and understand the impacts of intergenerational trauma.

7) Contextualize Indigenous knowledge and ways of knowing and learning in the provision of patient-centered care to equity deserving populations, including Indigenous patients.
8) Discuss the process of critically examining our own positionality as settlers and its impact on engaging with Indigenous communities. (specific for non-Indigenous students)

Behavioural Sciences
Course 7 covered content related to psychiatry. It was recognized by the course directors that aspects of mental health specific to the transgender community was a content area that was lacking within the course. New learning sessions were developed to allow students to learn about and explore both the medical aspect of transgender health but also the mental health aspects of the transition process (both social and medical).

Objectives for this topic area included:

1. Understand the epidemiology, diagnosis, and trajectory of gender dysphoria.
2. Describe the mental health comorbidities seen with gender dysphoria.
3. Recognize the impact that social and medical transition have on mental health and quality of life.

Biomedical Sciences
During the COVID pandemic it was recognized that there was clearly a need for the health care system to have a more organized and effective approach to pandemic planning. As such, a new section was added to the Population Health course that explored the process of outbreak investigation and pandemic response. Teaching sessions incorporated both large-group lecture-based sessions as well as small group learning sessions that allowed students to explore these concepts in more detail.

Objectives for this learning event:
At the end of the outbreak investigation and pandemic response lecture and small group session the student will:

1. Identify the characteristics of an infectious agent that will determine the likelihood and severity of an outbreak, including:

   - Virulence
   - Case fatality rate
   - Mode of transmission
   - Immunity

2. List the priorities and role of Public Health on the eve of outbreaks, including:

   - Case identification
   - Surveillance
   - Containment
   - System Structure

3. Understand the role of health care providers in preventing nosocomial infection.
4. Identify vulnerable populations and approaches to protect them.
5. Recognize features in the social and physical environment which may impact the spread and impact of a pandemic in different populations.
6. Discuss the various steps of community containment (i.e. “lockdown”) and their potential negative health consequences.

7. Recognize the reasons for incomplete uptake of vaccines in a population, including partial immunization and vaccine hesitancy, and identify strategies to address them.

Similarly, COVID related content was added to the longitudinal Applied Evidence Based Medicine course. Within this course, students learned about aspects of evidence-based medicine and then applied that knowledge in small group learning sessions where they reviewed selected research articles that cover a variety of medical content. The content generally paralleled to the content that was being covered in the concurrent systems-based course: e.g. while the students were in Course 3 (cardio-resp) the journal article used to apply knowledge in AEBM would be related to content within the cardio or respiratory systems. In recognition of the timely and evolving knowledge related to COVID treatment, an article on the effectiveness of said treatments was added to the publications reviewed during the AEBM course.

RIME Curriculum

The RIME curriculum is entirely contemporary and in the creation of this program the entire medical curriculum was examined. The full list of MCC objectives was evaluated and assessed to find the best way to present it during the curriculum. Important concepts in behavioral science and social science were created and were embedded in the curriculum to ensure that they were not an after-thought. A Curriculum Development Committee was established that created a rough draft of the overall curriculum. Once this draft was created, medical educators were hired to develop the core curriculum, anatomy, professional role, and clinical skills. These are in continuous development. Alongside this, positions of health equity and structure competency were created to ensure that the concepts of Indigenous health, wealth, race, ethnicity, culture, diverse bodies and minds, sex and gender as well as space and place, were further developed. Alongside these curricular developments, the medical school chose the most contemporary and appropriate medical teaching tools, such as vodcasts and online interactive CARDS, to create a new and cutting-edge curriculum. The curriculum is reviewed after each block at the Pre-Clerkship Committee, which evaluates each curricular element as it progresses throughout the course to ensure that the breadth of concepts and teaching methods remain current.

7.2 CURRICULUM ACROSS THE LIFE CYCLE

The faculty of a medical school ensures that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, and end-of-life care.

Requirement 7.2-1

The faculty of a medical school ensures that the medical curriculum includes content related to:

i. each organ system
ii. each phase of the human life cycle
iii. continuity of care
iv. preventive, acute, chronic, rehabilitative, and end-of-life care

A. Describe where the medical curriculum includes content related to:
   i. each organ system
   ii. each phase of the human life cycle
   iii. continuity of care
   iv. preventive, acute, chronic, rehabilitative, and end-of-life care

i. Each organ system

The Legacy curriculum consisted of longitudinal as well as systems-based sequential courses. The systems-based courses were numbered 1-7 and involved the following organ systems:

1 – Gastroenterology & Hematology
2 – MSK (Orthopedics, Rheumatology and Dermatology)
3 – Cardiovascular / Respiratory
4 – Nephrology / Endocrinology
5 – Neurology / Special Senses / Geriatrics
6 – Pediatrics / Women's Health
7 – Psychiatry

Each course consisted of lectures, small groups sessions to work through cases, clinical correlation (bedside learning) and labs/simulation (where appropriate). In the Physical Exam Unit of Medical Skills, students were taught the physical exam that correlated with the organ system they were covering in the numbered courses.

ii. Each phase of the human life cycle

Although each systems course incorporated objectives spanning the lifecycle, specific units were also covered in some of the courses. Course 6 included pediatrics where learners had the opportunity to learn topics that were not organ specific such as: normal vs abnormal development and newborn screening. Course 6 also included obstetrics and gynecology, covering topics of pregnancy, labour and delivery. Course 5 included a unit on geriatrics, which allowed content regarding the elderly, not specific to one organ system, to be covered (e.g., assessment of mobility, cognitive assessment).

iii. Continuity of Care

Continuity of care was taught and emphasized in several different parts of the curriculum. A focus of the Integrative Course was the concept of the Patient's Medical Home, which emphasizes the role of the family physician as a part of a primary care network that is essential to a patient's well-being, specifically by being a mechanism for providing continuity of care. The Integrative Course occurred in two parts: the first week occurred after Course 4 and prior to the final Career Development Week; the second part was taught in the week prior to the start of clerkship. The course used small group learning exclusively where students worked through a series of cases by which the patient is portrayed by standardized patient actors.

The concept of the Patient's Medical Home, as a vehicle for continuity of care, was also emphasized in the Family Medicine Clinical Experience. This course is a one-on-one clinical experience with a family medicine preceptor in their community practice. Students spent four half-days in Year 1 and two half-days in Year 2 in a family physician's office. Some students had the opportunity for rural placements.

A unique aspect of the curriculum was a poignant and moving learning event, that reinforced the need for continuity of care (previously mentioned in 7.1d) - the "Falling Through the Cracks" initiative. This was a part of the Collaborative Practice unit of the Medical Skills course in which Greg Price, who was a young man who passed away in Calgary, had his life portrayed in a short film. Through this film it was clear that contributing factors to his death were a series of lapses in communication and a loss of the continuity of care. As a tribute to his life, his family has created an organization (gregswings.ca) that is dedicated to helping health care professionals learn to avoid mistakes, similar to what Greg experienced. The development of the short film 'Falling Through the Cracks' (which documents Greg's story) was facilitated by the chairs of the Collaborative Practice Unit. The film was shown to the students in Year 1 of the UME program as part of an IPE event. This was followed by a panel discussion that included health professionals in addition to members of Greg's family. There was also a related small group learning session. It was a powerful event that made clear the need for continuity of care, as well as other important lessons.

Throughout the numbered based systems courses, some of the small group cases focused on transitions in care and appropriate follow-up.

iv. Preventative Care, Acute Care, Chronic Care, Rehabilitative Care and End-of-Life Care
A 2018 curriculum review identified that approximately 30% of the formal curriculum contained elements of disease prevention and health promotion. Most of the content was covered in the Population Health and Applied Evidence-Based Medicine courses. Examples include immunizations and screening tests/exams. Quality improvement initiatives were instituted in response to identified gaps and additional topics were added. These additional topics included advice in nutrition and exercise, planetary health, and the economic impact of disease. Efforts to signpost preventative care within the systems-based courses was also increased (e.g., smoking cessation in Course 3, breast/cervical cancer screening Course 6) to emphasize the importance of preventative health measures in disease prevention.

Acute care medicine was likely over-emphasized in the pre-RIME curriculum as many small group cases had patients presenting to the emergency department or in an acute care setting. Urgent and life-threatening presentations were covered in all the systems-based courses. The Introduction to Clinical Practice Course incorporated many acute care case scenarios. Clinical correlation sessions often involved bedside teaching with patient partners admitted to an acute care site.

Although designed for career exploration, many students completed their Career Development Weeks in an acute care setting.

Chronic care was taught and assessed across the system-based courses (e.g., atherosclerotic heart disease, osteoarthritis, chronic kidney disease, diabetes). In addition, the Integrative Course included cases focusing on chronic disease management. The Course 5 unit of geriatrics included management of chronic illness. The Family Medicine Clinical Encounter allowed students to work with a community preceptor to manage both acute medical concerns, but the emphasis had been on chronic illness.

In the pre-clerkship, rehabilitative care was primarily covered in Courses 2 (orthopedic and rheumatology units with physiatry and physical therapy highlighted), 3 (cardiac rehabilitation), 5 (stroke and neuro trauma rehabilitation with physiatry) and 7 (substance use disorder treatment and rehabilitation).

The Communications unit included teaching on difficult end-of-life conversations, and the Ethics unit included topics such as withdrawal of treatment, withholding treatment, advanced care planning, MAID, illness trajectories and end-of-life decision making.

RIME Curriculum

The curriculum is designed as a spiral model, ensuring a progressive and integrated approach to medical education. The goal is to facilitate a comprehensive understanding of medical practice, which includes content and clinical experiences related to each organ system, each phase of the human life cycle, continuity of care, and preventive, acute, chronic, rehabilitative, and end-of-life care. Moreover, there is detailed alignment of the clinical content with the Medical Council of Canada (MCC) examination objectives to prepare students for their future licensing exams.

Through a series of podcasts, clinical examination sessions, anatomy sessions, small group learning sessions, and large group learning sessions, students explore the intricacies of each organ system in the first 18 months of training, including its anatomy, physiology, pathology, and clinical management. By integrating clinical case studies, problem-based learning, and hands-on experiences, students will be empowered to apply their theoretical knowledge to real-life scenarios, fostering critical thinking and clinical reasoning skills. Recognizing the significance of healthcare needs at different stages of life, the curriculum incorporates content and clinical experiences that addresses each phase of the human life cycle. The cases are designed with patients ranging from birth to advanced age, and students explore the unique healthcare challenges and considerations associated with each age group. Furthermore, the weekly sessions have a focus on application of learnings to additional age groups. For example, a typical question explored may be "what if this patient was 3 years old instead of 67?" The goal of this innovative approach is to ensure that graduates are prepared to provide age-appropriate care and effectively manage the diverse health issues that arise throughout a person's life.

The RIME curriculum underscores the importance of continuity of care and encompasses various types of healthcare services. Through longitudinal clinical experiences in the pre-clerkship, students follow patient journeys, witnessing the continuum of care across different settings and healthcare transitions. This exposure is to enable students to develop skills in care coordination, interdisciplinary collaboration, and effective communication. Furthermore, the pre-clerkship curriculum covers preventive medicine, acute care, chronic disease management, rehabilitative therapies, and end-of-life care, enabling students to gain competence in delivering comprehensive healthcare services.

To enhance the practical application of knowledge, the RIME curriculum integrates clinical experiences in both the pre-clerkship and clerkship experiences. Through clinical rotations, clerkships, and supervised patient encounters, students gain hands-on experience in diverse healthcare settings. These experiences enable students to apply their theoretical knowledge, hone their clinical skills, and develop professionalism under the guidance of experienced physicians and healthcare professionals.

By incorporating a spiral curriculum, aligning clinical content with MCC examination objectives, and integrating experiential learning opportunities, graduates are well-prepared to provide comprehensive and patient-centered care. The pre-clerkship curriculum addresses the content and clinical experiences related to each organ system, each phase of the human life cycle, continuity of care, and the full spectrum of preventive, acute, chronic, rehabilitative, and end-of-life care on a weekly basis rather than in blocks of time, as per the Legacy curriculum. The goal of the integrated spiral curriculum is to illustrate to the trainees that medical problems do not present in "chunks", but instead present in variable ways with intertwined body system involvement and historical events contributing to the presentation. The goal is to enable the students to meet the highest standards of medical practice in Canada.

An example of teaching across the life cycle in RIME is the age range of the patients of the week spanning from a newborn to age 83, including topics ranging from pre-conception and pregnancy to dementia and elder abuse.

Requirement 7.2-2

The faculty of a medical school ensures that the medical curriculum includes clinical experiences related to:

- *i. each organ system*
- *ii. each phase of the human life cycle*
- *iii. continuity of care*
- *iv. preventive, acute, chronic, rehabilitative, and end-of-life care*

A. Describe where the medical curriculum includes clinical experiences related to:
   i. each organ system
   ii. each phase of the human life cycle
   iii. continuity of care
   iv. preventive, acute, chronic, rehabilitative, and end-of-life care

Pre-clerkship

i. Each organ system
Each of the system-based numbered courses (Courses 1-7) had a clinical component, Clinical Correlation. Students were required to spend time in a small group (4-5 students) with a preceptor in a clinical environment of that discipline. Students were evaluated with an ITER.

ii. Each phase of the human life cycle
Clinical experiences in pre-clerkship spanned the human life cycle. Clinical correlation sessions included those in the neonatal ICU, well-baby assessments, pediatrics and geriatrics.

The Family Medicine Clinical Encounter Course spanned the pre-clerkship (MDCN 330 and 430) and was based on one-on-one longitudinal experiences working with a Family Medicine preceptor. Seeing patients within a family medicine practice allowed for clinical opportunities with patients and families across the life cycle. Additionally, through the Career Exploration Program, students worked in three different disciplines, each for a one-week duration. Depending on the discipline, different life phases were encountered, such as obstetrics, pediatrics, pediatric or adult surgery, dermatology, pathology, internal medicine, family medicine, geriatrics and palliative care.

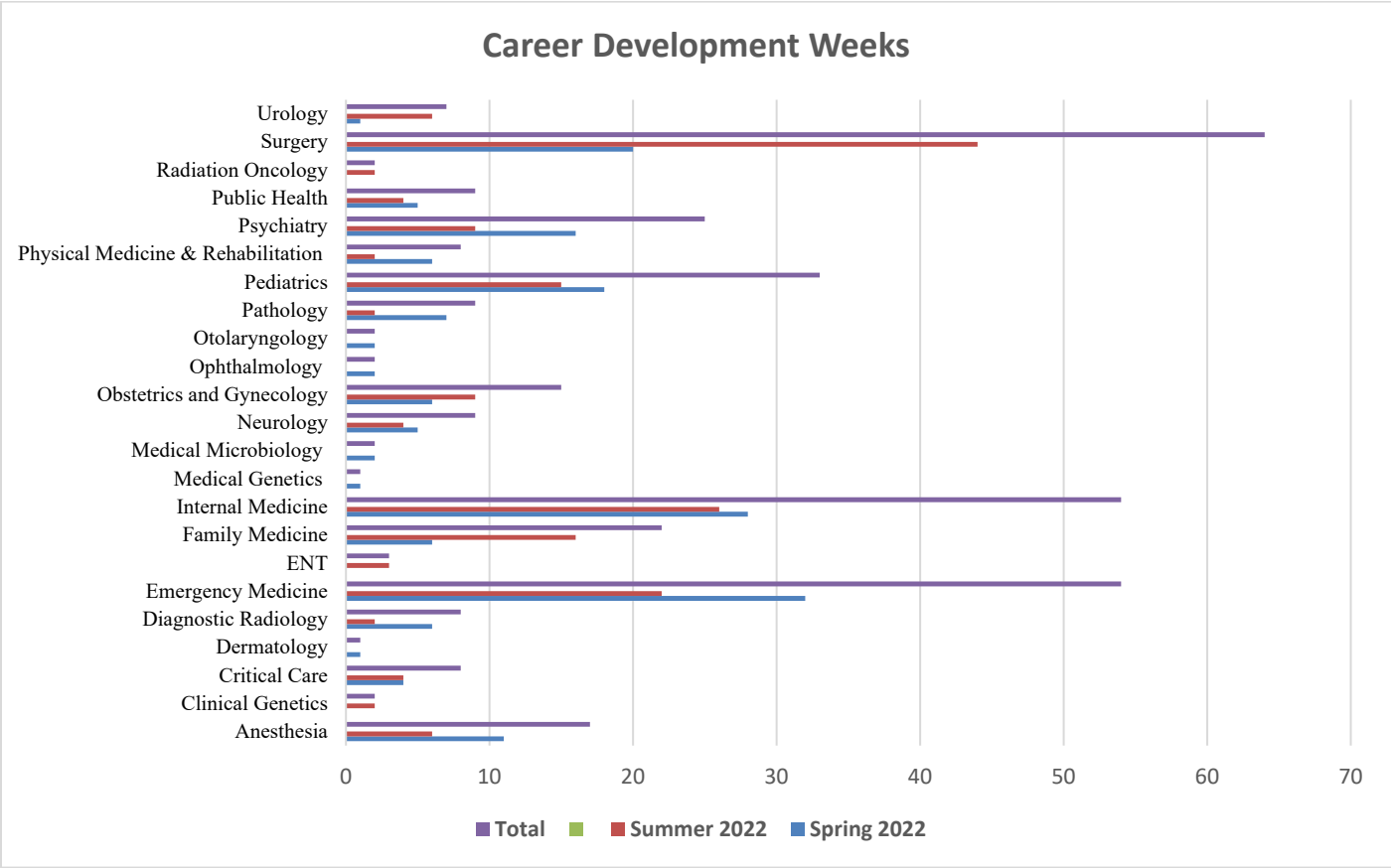
iii. Continuity of Care
The Family Medicine Clinical Encounter course provided an excellent opportunity to observe and practice continuity of care. Patients could be seen recently after discharge from an acute care setting or could require referral to another physician or allied health professional. Students had the opportunity to see the same patients in a follow-up visit in a subsequent encounter.

iv. Preventative Care, Acute Care, Chronic Care, Rehabilitative Care and End-of-Life Care
Clinical correlation in the systems-based courses (Course 1-7), Family Medicine Clinical Encounter and the Career Exploration Program (described above) were all opportunities to gain early clinical experiences across the spectrum of care. Additional clinical time was spent as part of Applied Evidence-Based Medicine if they chose a clinical elective in year 2. This could be done in a discipline of their choosing.

RIME Curriculum

Students' clinical experiences in the pre-clerkship period are in the Family Medicine Clinical Encounter experience and the Career Exploration Program. The Family Medicine Clinical Encounter occurs during the Professional Role portion of the curriculum and students complete a total of 10 half days in a one-on-one experience in a community family medicine practice. Patients encountered have conditions across medical disciplines, organ systems and life span. Preventive, acute, chronic, rehabilitative, and end-of-life care would be common encounters during this clinical encounter requirement. Similarly, during their Career Exploration clinical weeks (3 one-week periods), students are placed in different disciplines that may be inpatient, ambulatory, lab based, urban or rural. Students are required to complete each week in a different discipline, one of which being a discipline with a high match rate in CaRMS. The variety of experiences completed during Career Weeks in 2022 is outlined below. Although the illustration below includes rotations from the Legacy curriculum, similar opportunities continue to be available for students in the RIME curriculum.

There is also ample self-directed learning time that students can choose to use for shadowing.



Clerkship

Through the clinical clerkship, students complete mandatory and elective rotations that provide exposure to a wide variety of clinical presentations.

Mandatory clerkship rotations are completed in the following:
Anesthesia (two weeks)
Emergency Medicine (two weeks)
Family Medicine (eight weeks)
Internal Medicine (eight weeks)
Obstetrics/Gynecology (six weeks)
Pediatrics (six weeks)
Psychiatry (six weeks)
Surgery (six weeks)

Students complete 14 weeks of electives that can be completed in any discipline, subject to the national restriction of a maximum of eight weeks in any one discipline. Students also complete one week each of an Interprofessional Education elective (Legacy curriculum) and a Community Engaged Learning elective (Legacy curriculum).

i. Each organ system

The broad range of mandatory rotations ensures that students are exposed to patients with disorders of all organ systems. This is complemented by clinical exposures in electives that will extend the depth of experiences in both specialized and generalist care (depending upon the electives chosen).

ii. Each phase of the human life cycle

All aspects of care across the human life cycle are experienced during clerkship. Learners are exposed to newborns and infants on the Obstetrics/Gynecology and Pediatrics clerkships. Children and adolescent clinical presentations are seen throughout the pediatrics rotation. In addition, two of the six weeks of the Psychiatry clerkship are dedicated to child and adolescent psychiatry. Adult patients including elderly adults are the focus of the remainder of the clerkship rotations.

iii. Continuity of Care

Continuity of care is a focus of several of the clerkship rotations. During Internal Medicine, Pediatrics, Psychiatry and Surgery, clerks are responsible for the ongoing care of patients admitted under the respective service. They are involved in the day-to-day assessment and decision-making processes related to these patients, allowing them to learn about the trajectory of illness and recovery for these patient populations.

The Family Medicine clerkship rotations include a particular focus on the continuity of care. Clerks have two four-week blocks in Family Medicine, one in an urban setting and the other in a rural environment. During each of these blocks the learners work within the same practice, allowing them the opportunity to be directly involved with patients during their longitudinal health care journey, often having the opportunity to see the same patient on multiple occasions.

iv. Preventative Care, Acute Care, Chronic Care, Rehabilitative Care and End-of-Life Care

As described above, the broad range of clinical experiences and practice settings in the clinical clerkship ensure that students are exposed to all types of care. Students practice preventative care in Family Medicine rotations, Pediatrics (time is spent in community pediatric offices) and potentially in IM, Surgery and other rotations. Acute care is the focus of Emergency Medicine and other hospital-based experiences in Anesthesia, Surgery, Internal Medicine, Pediatrics, Psychiatry and Obstetrics/Gynecology. Chronic care is typically provided more in outpatient settings, so this will be seen mostly in Family Medicine, although chronic care is also seen in outpatient clinics in Internal Medicine, Surgery, Pediatrics and Psychiatry. End of life care is also commonly seen in the inpatient clinical experiences noted above.

Students in the University of Calgary Longitudinal Integrated Clerkship (UCLIC), complete most of their training in a rural location with a primary family physician preceptor. In addition, these students complete three rotations in a tertiary care center in Calgary with four weeks each in Internal Medicine, Surgery and Pediatrics. With this mix of clinical experiences, each of the students in the UCLIC stream will achieve the goal of encountering patients with disorders in all organ systems and each phase of the life cycle. Longitudinal exposure to patients in the rural site will ensure an experience in the continuity of care for many patients. Finally, the UCLIC stream includes experiences in preventative care, acute care, chronic care, rehabilitative care, and end-of-life care.

B. Table 7.2-2 B

Table 7.2-2 B | Clinical Experiences in Continuity of Care and Preventive, Acute, Chronic, Rehabilitative, and End-of-life Care — Source: ISA or School-reported

Provide school-reported or independent student analysis (ISA) data on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus.		
Campus	Survey Question	Number (%) Final year students
This question was inadvertently removed from the ISA survey when distributed by the AFMC to the student body in 2023. **Please see below for supplementary data from the 2023 AFMC Graduate Questionnaire, which assessed similar outcomes.**	I had clinical experiences related to continuity of care.	
	I had clinical experiences related to preventive care.	
	I had clinical experiences related to acute care.	
	I had clinical experiences related to chronic care.	
	I had clinical experiences related to rehabilitative care.	
	I had clinical experiences related to end-of-life care.	

GQ Data-2023

I have the knowledge and skills to perform the tasks listed (% of agree or strongly agree):

	2021	**2022**	**2023**
Care for patients in the hospital setting	94.1	97.8	97.2
Care for patients in an ambulatory setting	98.0	97.8	97.7

	2021	**2022**	**2023**
I am confident that I have developed the clinical skills required to begin a residency	93.5	96.4	96.3

Do you believe that your instruction in each of the following areas was inadequate, appropriate or excessive? (% noting "appropriate"):

	2021	**2022**	**2023**
Continuity of care	87.7	88.2	90.2
End-of-life/palliative care	73.7	66.0	78.9

7.3 SCIENTIFIC METHOD/CLINICAL/ TRANSLATIONAL RESEARCH

The faculty of a medical school ensures that the medical curriculum includes instruction in the scientific method and in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

Requirement 7.3-1

The faculty of the medical school ensures that the medical curriculum includes instruction in the scientific method.

The various components of this requirement, in both the Legacy (ended December 31, 2023) and RIME curriculum (began July 2023) are noted below:

A. Table 7.3-1 A

Table 7.3-1 A | Instruction in the Scientific Method — Source: School-reported

List required learning experience(s) that include learning objectives that address instruction in the scientific method. Add rows as necessary	
Required learning experience(s)	Learning objective(s)
Legacy Curriculum	
Applied Evidence-Based Medicine course	Students will: 1. Understand what evidence-based medicine is and why it is used 2. Understand the key steps in evidence-based medicine 3. Understand the concept of PICO and how it is used to formulate a literature search strategy 4. Understand the concept of population sampling 5. Be able to interpret a p-value and 95% confidence interval 6. Understand the concept of confounding 7. Understand the primary types of study design, their advantages and disadvantages. 8. Be able to identify sources of bias and how these affect study validity 9. Be able to interpret different measurements of effect 10. Be able to interpret a forest plot of a meta-analysis and understand the concept of heterogeneity 11. Understand where to look for systematic reviews and related studies 12. Understand what's involved in locating studies for a systematic review 13. Appreciate the derivation and validation of prognostic models
RIME Curriculum (Scholar, Block 2)	
Podcast 1: Intro to EBM (10-15 min)	• What is EBM and why do we need EBM? • Introduce the steps in the EBM process
Podcast 2: Intro to Library Tool and PICO (10-15 min)	• Identify the key concepts of a clinical scenario using the PICO framework. • Use PICO to formulate a focused clinical question. • Understand how to develop an effective literature search strategy incorporating synonyms, Boolean logic, truncation, and exact phrase searching. • Locate an answer to your clinical question in PubMed Clinical Queries
Podcast 3: Intro to study designs (10-15 min)	• Understand appropriate uses of different study designs. • Strengths and weaknesses • Potential sources of bias
Podcast 4: Therapy/ Harm (10-15 min)	• How to critically appraise primary articles about treatment or prevention (focus on RCT design)

Podcast 5: Diagnosis (podcast 5- 10 min)	• How to critically appraise primary articles about diagnostic tests
Podcast 6: Diagnosis (podcast 6-10 Min)	• Sensitivity, specificity, LR predictive, values
Podcast 7: Prognosis Part1 (5 min)	• How to critically appraise primary articles about diagnostic tests
Podcast 8: Prognosis Part 2(5 min)	• Risk factors versus prognostic factors
Podcast 9: Prognosis Part 3 (5 min)	• Clinical models and how they are developed
Podcast 10: Systematic reviews (10-15 min)	• Differentiate synthesis and summary review articles • Understand the process of a systematic review • How to critically appraise primary articles about systematic review
Podcast 11: Meta-analysis (5-10 min)	• Understanding the anatomy of forest plot • Heterogeneity
Podcast 12: Guideline (10-15 min)	• How guidelines are developed • Understanding the strength of the recommendation
Stats Video 1: Why Statistics? And Basic Statistical Concepts	• Why statistics? What is an inference? • Population vs. sample vs. the individual • Measures of centre and spread/variability • What is a hypothesis, how do you generate one, what is the premise of hypothesis testing?
Video 2: P-values and Confidence Intervals	• What is a p-value, how are they interpreted? • What is a confidence interval, how are they interpreted? • For a single point estimate • For a difference in point estimates • Similarities and differences between the information p-values and confidence intervals provide
Video 3: Errors	• Type I error – what is it, why is it a problem • Type II error – what is it, why is it a problem • Power – what is it, why is it important, implications of low power • Sample size – as related to power • Precision – as related to power, sample size, and confidence intervals
Video 4: Interpreting Common Measures of Association	• Odds and risk • Absolute vs relative measures • Odds ratios and risk ratios • Risk difference • Number needed to treat
Video 5: Confounding, Effect Modification, and Adjustment	• What is confounding, why is it a problem? • What is effect modification, why is it important to characterize? • How to interpret adjusted estimates, stratified estimates, and crude estimates

Requirement 7.3-2

The faculty of the medical school ensures that the medical curriculum includes instruction in the basic scientific and ethical principles of clinical and translational research, including the ways in which such research is:

i. conducted
ii. evaluated
iii. explained to patients
iv. applied to patient care

A. Table 7.3-2 A

Table 7.3-2 A | Instruction in Basic Scientific and Ethical Principles in Clinical and Translational Research Source: School-reported

List required learning experience(s) that include learning objectives that address the basic scientific and ethical principles of clinical and translational research, including the ways in which this research is conducted, evaluated, explained to patients and applied to patient care. Add rows as necessary.				
Required learning experience(s)	Learning objectives related to basic scientific and ethical principles of clinical and translational research and ways in which such research is:			
	Conducted	Evaluated	Explained to patients	Applied to patient care
Legacy Curriculum				
Applied Evidence-Based Medicine Course 1		Students will: 1. Learn to apply the concepts of critical appraisal of a therapy study 2. Be able to interpret the results of a study, including an understanding of size and precision 3.Understand risk of bias in a systematic review 4. Understand the concept of publication bias 5. Be able to recognize and analyze the quality dimensions of clinical practice guidelines 6. Be able to consider the pros and cons of the clinical practice guidelines enterprise		Students will: 1.Understand how to use PICO to formulate a searchable question 2.Understand how to form a literature search strategy using the basic principles of database searching 3. Search for primary studies using PubMED clinical queries 4.Be introduced to the application of evidence to practice 5. Define pre and post-test probabilities of a diagnosis in general terms 6. Describe the diagnostic process including the roles of the medical history, physical examination, and clinical testing 7. Define and calculate test characteristics including: positive likelihood ratio, negative likelihood ratio 8. Be able to define prognostic factors and distinguish them from risk factors

				9. Be able to consider the applications of research that report disease specific prognosis 10. Be able to define what a clinical practice guideline is and the role it plays in biomedical literature
Applied Evidence-Based Medicine Course 2		The following are additional activities that may be completed by students during this block: Apply information literacy skills to effectively search literature that has been pre appraised, such as Dynamed. Evaluate these sources in terms of validity and applicability to mandatory response.	The following is an additional activity that may be completed by students during this block: Utilize AEBM skills to communicate information to colleagues and patients with statements about diagnosis, prognosis, therapy and harm.	During completion of a clinical encounter, the elective student will: 1. improve their ability to identify clinical problems and critically appraise the relevant medical literature 2. make appropriate application of medical literature to patient problems The following is an additional activity that may be completed by students during this block: Translate a patient's implicit or explicit questions into a PICO format
Ethics year 1	Students will: 1. Be familiar with many of the common bioethical topics in the practice of modern medicine 2. Be able to identify and use various ethical frameworks to address ethical challenges in medical practice			
Integrative 1	Students will: Assess the veracity of conclusions based on reported data, including the interpretation of statistical treatment employed for the analysis of such data		Students will: Communicate the complexity of the medical literature to a patient in a way that is both understandable and applicable to the individual	Students will: Locate biomedical information required for the understanding and management of medical problems using available resources.

Integrative 2				Students will: Apply principles of evidence-based medicine to the solution of a clinical problem
RIME Curriculum-Scholar (Block 2)				
Podcasts (assessed by CARDS)	EBM Podcast 3: Intro to Study Designs. Understand appropriate uses of different study designs. Strengths and weaknesses Potential sources of bias	Podcast 4: Therapy/ Harm How to critically appraise primary articles about treatment or prevention (focus on RCT design) Podcast 5: Diagnosis How to critically appraise primary articles about diagnostic tests Podcast 6: Diagnosis Sensitivity, specificity, LR predictive, values Podcast 7: Prognosis Part 1 How to critically appraise primary articles about diagnostic tests		Podcast 2: -Intro to Library Tool and PICO -Identify the key concepts of a clinical scenario using the PICO framework -Use PICO to formulate a focused clinical question -Understand how to develop an effective literature search strategy incorporating synonyms, Boolean logic, truncation, and exact phrase searching -Locate an answer to your clinical question in PubMed Clinical Queries Podcast 8: Prognosis Part 2 Risk factors versus prognostic factors Podcast 9: Prognosis Part 3 Clinical models and how they are developed Podcast 12: Guideline -How guidelines are developed -Understanding the strength of the recommendation
Journal Club (Large group session)		Journal Club (2.5.2) Based on the presentation of the patient of the week, this large group session will: 1. Apply the concepts of critical appraisal to literature with a focus on therapy and prevention 2. Discuss the hierarchy of medical evidence as it applies to therapy and prevention		

		3. Examine the validity and applicability of a variety of type of evidence		
Journal Club (Small group sessions)		Block 2 - AEBM is woven within the curriculum longitudinally with 4 journal clubs. In each journal club, students are assigned reading materials related to the week's core content. Assigned readings include randomized control trials, case series, meta-analyses, non-peer reviewed readings and social media content available to the public. Students learn to review these materials including evaluating the level of evidence, strengths and weaknesses of methodology, and validity/reliability of the evidence as it applies to the specific patient population that they are learning about at the time. Overall, in the small group setting, based on the presentations discussed that week, students will: 1.Apply the concepts of critical appraisal to literature with a focus on therapy and prevention 2.Discuss the hierarchy of medical evidence as it applies to therapy and prevention 3. Examine the validity and applicability of a variety of type of evidence.	Block 2: In tutorial group sessions, several cases include hypothetical scenarios where the patient or family member brings in papers and other readings to request the students' opinion. Students learn to evaluate strength of evidence as well as applicability of the evidence to their unique patient circumstance. They are challenged to communicate their thoughts to their colleagues and patients. Research and application of evidence is also practiced longitudinally in the large group setting, where various landmark studies are brought into the discussion, and students are challenged to interpret studies that may contradict each other. They are then asked to consider the evidence and provide advice on various hypothetical patient scenarios. The application of research becomes increasingly complex as the curriculum progresses. Block 3 Communications - In the RIME curriculum, students will have the opportunity to practice explaining clinical and translational research to standardized patients in a simulated clinical environment in Block 3. This will occur in one of their	

			Communications learning sessions involving a case that requires discussion of primary prevention of stroke. Students will be expected to explain the risks and benefits based on available evidence and recommendations, in a manner that is clear, patient-centred and avoids medical jargon.	
Block 2 Tutorial Group		Students apply the principles of critical appraisal to a clinical case.	Using the results of the information obtained from critical appraisal of the literature, students develop an approach to communication of evidence-based medicine to a patient.	
Scholarly Activity Project (Blocks 1-3)	Students apply principles of clinical and translational research to conduct scholarly activity	Depending on the type of scholarly activity project a study chooses to do, evaluation of the current literature may be performed.	In some scholarly activity projects, students create patient education materials or quick reference guides to help explain evidence to patients.	Most scholarly activity projects are patient-centered, and involve the application of clinical and translational research to patients.

7.4 CRITICAL JUDGMENT/PROBLEM-SOLVING SKILLS

The faculty of a medical school ensures that the medical curriculum incorporates the fundamental principles of medicine and provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients. These required learning experiences enhance medical students' skills to solve problems of health and illness.

Requirement 7.4-1

The faculty of the medical school ensures that the medical curriculum incorporates the fundamental principles of medicine.

A. Describe where and how critical judgment and problem-solving skills are incorporated in the medical curriculum.

Critical judgment and problem-solving skills are incorporated throughout the entire program, from the first day of pre-clerkship to the last day of clerkship. The entire Legacy curriculum was based on clinical presentations, and students learned to problem solve in the context of each individual clinical presentation throughout the program. Critical judgement was scaffolded with the use of schemes wherever appropriate, and students were given ample opportunity to work algorithmically through these schemes. They learned about disease processes in lectures, and then applied these concepts in small group settings where they practiced clinical decision-making skills in a safe environment. They had early clinical exposure with both family medicine clinical experience and clinical core sessions throughout the pre-clerkship curriculum. Alongside these experiences, they participated in communications and physical examination sessions where they practiced problem solving clinical presentations with a standardized patient and received feedback on these skills.

Once students enter clerkship, they are required to demonstrate clinical judgement and problem-solving skills as they interact with real patients, under the supervision of a preceptor. During this time, they are required to collect Entrustable Professional Activities (EPAs) evaluations to ensure that they receive dedicated formative feedback on these skills. Alongside this curriculum, they also attend regular Comprehensive Clinical Skills Curriculum for Clerkship (Course 8) sessions where they practice critical judgement and problem solving in both simulations and in interactions with standardized patients.

RIME Curriculum

Critical judgment and problem-solving skills are incorporated throughout the RIME pre-clerkship curriculum. During each week, students participate in two tutorial group sessions where they review a patient case and then explore the clinical presentation in depth. They identify their own learning objectives and use problem-solving skills to work through these objectives and fill knowledge gaps. Asynchronous podcasts are used to provide short introductions to topics of the week and provide students with general schemes and approaches to medical presentations. In-person large group sessions are used as an opportunity to dive into content in more depth. These sessions are interactive and often include case-based teaching where students have the opportunity to practice clinical decision-making skills with immediate feedback.

The assessment program is designed to give students frequent opportunity to practice critical judgment and problem solving. Every two weeks students complete open-book written examinations that require them to practice clinical-decision making. They are given immediate feedback and an opportunity to correct their errors in real time. They are then subsequently tested in a closed book written examination every 6 weeks. These examination questions include many patient vignettes and require the students to demonstrate their understanding of schemes, approaches, and clinical reasoning. OSCE examinations occur every six months, and test higher level clinical decision-making skills in a simulated clinical environment.

B. Provide a learning objective from at least one required learning experience demonstrating that critical judgment and problem-solving skills are incorporated in the curriculum.

As described above, critical judgment and problem-solving skills are incorporated throughout the entire program. One learning objective from the Legacy curriculum that demonstrated this, taken from the core document for the Integrative Course, is found below. As outlined in the course core document, the Integrative Course was an opportunity for students to integrate the knowledge and skills that they have gained in the pre-clerkship curriculum. In this course they participated in clinical scenarios with standardized patients. The students took a history, performed a focused clinical examination, received lab results, and then completed a take home assignment where they researched the appropriate management of the patient's problem, and then presented their findings in a second clinical encounter the next day. This activity allowed them to practice clinical reasoning, critical thinking, and the critical appraisal of evidence in relation to a patient presentation. Objectives that reinforced these activities are below:

1. Apply problem solving in the more realistic context of interaction with a standardized patient.
2. Apply a logical and probabilistic approach to clinical problems, including application of schemes when relevant, and display a tolerance for ambiguous situations by coping with uncertainty in the clinical context.
3. Explore information resources applicable to clinical problems, including the application of evidence-based medicine to the clinical problems.
4. Assess the veracity of conclusions based on reported data, including the interpretation of statistical treatment employed for the analysis of such data.

RIME Curriculum

The example below is a one of five cases that the first-year students are asked to work through with their small group of approximately 15 students. Although there is a tutorial group facilitator, the students are asked to work through the course material and clinical schemes to come up with differential diagnosis for the case presentation. In each case the following four questions are asked of the students, and they need to "solve" these cases by working through available instructional material.

Objectives
1. Describe how urine is assessed
2. List the components of urinalysis and microscopy
3. Understand how these components arise
4. Utilize urinalysis and microscopy results for clinical problem solving
5. Understand how results provide information about the possible anatomic/physiologic etiology of the problem
6. Recognize findings suggestive of common clinical presentations

Questions
1. What components of the urinalysis seem clinically relevant and what could they mean?
2. What do microscopy results suggest?
3. What could be happening to the patient?
4. How would you describe these results to the patient?

CASE:
Patient demographics:
59-year-old male
100 kg, ht180 cm
Social history
Lives with partner and 2 children in Brooks,AB

Non-smoker, occasional alcohol use, no illicit drugs
Medical history
Hypertension, hypertriglyceridemia, asthma

Clinical Presentation:
J.M reports right sided lower abdomen discomfort with radiation to the right flank. The pain has been worsening since presentation to the emergency department. There is mild increased urinary frequency and urgency. There is mild nausea but no emesis. He denies fevers/chills/diarrhea/chest pain or shortness of breath.

Microscopy

WBC	25/HPF
RBC	>20/HPF (isomorphic)
Bacteria	0-20
Squamous/Transitional Epithelial Cells	0-5
Hyaline Casts	0-2
Other Casts	Negative
Crystals	Present

Requirement 7.4-2

The faculty of the medical school ensures that the medical curriculum provides opportunities for medical students to develop clinical decision-making skills (i.e., clinical reasoning and clinical critical thinking) including critical appraisal of new evidence, and application of the best available information to the care of patients.

A. Table 7.4-2 A

Legacy Curriculum

Source: School-reported

Table 7.4-2 A | Clinical Decision-making Skills (Core Appendix)

For each clinical decision-making skill, provide the name of at least one required learning experience(s) where the topic is addressed and all the related learning objective(s) in that required learning experience. Add rows as needed.		
Clinical decision-making skill	Name of required learning experience(s)	Learning objective
Clinical reasoning	Clinical correlation session in courses 1-7	Objectives:

		Identify and describe abnormal findings, in contrast to the normal physical exam findings stressed in the Medical Skills course and correlate these abnormal findings with the underlying disease process. Correlate clinical cases with basic and clinical sciences learned in the classroom. Develop skills in history taking, communication and physical examination. Additionally, benefits of the sessions include (description from the clinical core guidelines document): Clinical reasoning skills are demonstrated and developed.
	Physical examination course	Integration of [physical examination] skills into a focused assessment. Additional evidence from course overview document: "You will participate in case-based session where you will use clinical reasoning and evidence-based medicine to develop a differential diagnosis and perform physical examination focusing around common presenting complaints."
	Communications course	From the core document: "The goal of phase two is to begin the integration of scheme based clinical reasoning with the process skills of communication and history taking."
	Family Medicine Clinical Experience	Record a focused history and relevant physical examination in a SOAP note with emphasis on clinical reasoning.
	Small group seminars throughout the program	All of the numbered courses have frequent small group sessions built into them. Although these are not specifically addressed in a learning objective in their core documents, they are designed to help learners gain clinical reasoning skills by working through clinical cases in a group. This is highlighted in the description of the small group seminars from the course 5 core document: "in the seminars we will work on an approach to clinical problems… small group sessions are about actively learning how to approach a patient problem- the process of starting at point A (with a history and physical examination) and getting to point B (a diagnosis or plan for investigation and management of that individual patient)."
	Course 8 (comprehensive clinical skills course)	From the course core document: "To address the deficiencies in our current clerkship model we have designed a comprehensive clinical skills curriculum aimed at improving diagnostic reasoning, clinical skills…"
	Clinical Skills course Integrative course	Apply problem solving in the more realistic context of interaction with a standardized patient. Integrate your clinical skills with medical knowledge acquired in the Clinical Presentation Curriculum.
	AEBM 2	Evaluate physical exam skills to determine how reliable they are for making a diagnosis or assessing severity.
	Family medicine clinical experience	In the section "course requirements": Ask preceptor to review SOAP note and your clinical reasoning to refine assessment and plans.
Clinical critical thinking	Clinical correlation sessions in Courses 1-7	Benefits described in the clinical core guidelines document includes: Reinforcement of problem-solving skills occurs through the use of schemes (problem-solving pathways, classification systems).
	Introduction to Clinical Practice 2	Describe the following cognitive biases: anchoring, availability bias, confirmation bias, premature closure, and triage cueing. Discuss strategies to minimize cognitive biases. Describe 2 key processes used in clinical decision making. List high risk situations that potentially bias reasoning.
	Introduction to Clinical Practice Integrative course	

	Clinical Skills course All clerkships	
Critical appraisal of evidence	Integrative course	Explore information resources applicable to clinical problems, including the application of evidence-based medicine to the clinical problems.
	Applied Evidence-Based Medicine 1	Understand the key steps in evidence-based medicine. Understand the concept of PICO and how it is used to formulate a literature search strategy. Be able to recognize and analyze the quality dimensions of a clinical practice guidelines. Be able to consider the pros and cons of the clinical practice guideline enterprise.
	Applied Evidence-Based Medicine 2	During the completion of a clinical encounter elective the student will: Improve their ability to identify clinical problems and critically appraise the relevant medical literature. Make appropriate application of medical literature to patient problems. Translate a patient's implicit or explicit question into a PICO format. Conduct literature searches in Pubmed to obtain relevant study information on patients. Discuss with preceptors the relative value of different evidence-based sources. Apply information literature skills to effectively search literature that has been pre-appraised, such as Dynamed. Evaluate these sources in terms of validity and applicability to particular mandatory response.

RIME Curriculum

Source: School-reported

Table 7.4-2 A | Clinical Decision-making Skills (Core Appendix)

For each clinical decision-making skill, provide the name of at least one required learning experience(s) where the topic is addressed and all the related learning objective(s) in that required learning experience. Add rows as needed.		
Clinical decision-making skill	Name of required learning experience(s)	Learning objective
Clinical reasoning	Tutorial groups	From the preceptor guides: "Remember that small group sessions are not about finding a single diagnosis for what the patient may be presenting with, but rather about developing a deeper understanding of core concepts and fostering critical thinking and clinical reasoning. Students may be anxious to jump to a diagnosis and to find out what they're "supposed to do." Please be sure to reiterate the purpose of these small group sessions and allow the students the space and freedom to explore the content as they wish." Examples of select tutorial group objectives that demonstrate clinical reasoning skills: -Develop approaches to the assessment of fluid status, particularly in an unwell child (1.2.5 TG 1) -Develop an approach to the diagnosis and management of acute kidney injury (AKI), identify common causes of AKI and discuss ways to distinguish between them (1.2.3 TG2)
	Large group sessions	Examples of select large group objectives that demonstrate clinical reasoning skills: -Describe an approach (SCHEME) to abdominal distension, ascites and hyponatremia (1.2.4 LG1) -Utilize urinalysis and microscopy results for clinical problem solving (1.2.3 LG1) -Have an approach to localized edema, have an approach to generalized edema (1.2.3 LG2) - Develop approaches to risk stratification and understand the influence it has on clinical reasoning and investigation (1.1.3 LG2)
	Podcasts	Examples of select podcast objectives that demonstrate clinical reasoning skills: -Describe approaches (schemes) to jaundice and abnormal liver tests (Liver podcast, 1.2.4) - Review approach to generalized edema based on pitting vs non-pitting edema and JVP assessment (Approach to generalized edema, 1.2.3) - Outline an approach to Dyspnea (we will be focusing more on a Clinical approach like the Blackbook

		schemes on dyspnea) to identify some of the key "Respiratory/Pulmonary" conditions that can cause patients to present with Dyspnea (Dyspnea podcast 4, 1.2.6)
Clinical critical thinking	Tutorial groups	From the preceptor guides: -"Remember that small group sessions are not about finding a single diagnosis for what the patient may be presenting with, but rather about developing a deeper understanding of core concepts and fostering critical thinking and clinical reasoning. Students may be anxious to jump to a diagnosis and to find out what they're "supposed to do." Please be sure to reiterate the purpose of these small group sessions and allow the students the space and freedom to explore the content as they wish." -Keep the conversation moving and optimize discussion by asking prompting questions (see below) or by using general prompts such as: "Did anyone have an alternative approach or understanding for…" "Did anyone have a similar or different understanding of…" "Can someone summarize the discussion so far on the topic/concept of…" "What have we learned from this discussion about…" Examples of select tutorial group prompts that demonstrate clinical critical thinking skills: How do medications cause AKI? How can you differentiate between reduced glomerular filtration and acute interstitial nephritis as causes of AKI? What cause or combination of causes is likely contributing to Victor's impaired renal function? (1.2.3 TG2) How do the laboratory test results impact your differential diagnosis? How does the ABG help you narrow down the possible causes of hypoxemia? (1.1.6 TG2) How is the normal range of hemoglobin defined? What sort of factors would impact "normal"? When might a healthy individual be on extremes of a defined normal range? How might acute blood loss and chronic loss differ with regards to the physical exam and CBC findings? (1.1.5 TG1)
	Large group sessions	Examples of select large group objectives that demonstrate clinical reasoning skills: -Apply the principles of clinical fluid assessments and sodium issues, in order to understand fluid management options (1.2.5 LG1)
	Podcasts	Examples of select podcast objectives that demonstrate clinical reasoning skills: Discuss some of the similarities and differences in managing asthma and COPD (Management of Asthma and COPD, 1.2.6)
Critical appraisal of evidence	Large group sessions	Examples of select large group objectives that demonstrate critical appraisal of evidence include: Emphasize the importance of pretest probability in the selection and result interpretation process of the common diagnostic modalities involved (1.1.4 LG1)
	Podcast Series (RIME)	Applied Evidence Based Medicine and Critical Appraisal (Block 2) Selected experiences:

		Podcast 4: Therapy/ Harm • How to critically appraise primary articles about treatment or prevention (focus on RCT design) Podcast 5: Diagnosis • How to critically appraise primary articles about diagnostic tests Podcast 7: Prognosis Part1 • How to critically appraise primary articles about diagnostic tests Podcast 10: Systematic reviews • Differentiate synthesis and summary review articles • Understand the process of a systematic review • How to critically appraise primary articles about systematic review
	Large group session (RIME)	Journal Club (2.5.2) Based on the presentation of the patient of the week, this large group session will: - Apply the concepts of critical appraisal to literature with a focus on therapy and prevention - Discuss the hierarchy of medical evidence as it applies to therapy and prevention - Examine the validity and applicability of a variety of type of evidence
	Small group sessions (RIME)	There are four small group journal club sessions in Block 2. In the small group setting, based on the presentations discussed that week, students will: - Apply the concepts of critical appraisal to literature with a focus on therapy and prevention - Discuss the hierarchy of medical evidence as it applies to therapy and prevention - Examine the validity and applicability of a variety of type of evidence

Requirement 7.4-3

These required learning experiences enhance medical students' skills to solve problems of health and illness.

A. Describe how the required learning experience(s) listed in Table 7.4-2 A enhance medical students' skills to address issues of health and illness.

The Legacy curriculum required learning experiences listed in Table 7.4-2 A allowed students to develop the skill to address issues of health and illness. Starting early in the program, clinical correlation sessions allowed them to correlate the information that they were learning in the classroom and small groups to real patients. At the same time, they were able to practice communication and examination skills on standardized patients so that they could learn the relevant aspects of these examinations to recognize both healthy patients and those with various illnesses. Small group sessions gave them further experience in these domains, and specifically helped them work from a clinical history to examination findings, through the investigative process, all the way to diagnostic decisions and therapeutics. When they participated in the Family Medicine Clinical Experience course they were asked to document a real physical examination and history, and then received specific feedback on their clinical reasoning. In the Integrative courses all of these aspects were integrated together and practiced prior to the clerkship curriculum.

Once in clerkship, students continue to address issues of health and illness in real clinical settings, with the support of a preceptor. They continuously receive feedback on these skills, and are eventually able to demonstrate their acquisition of the Big10 Graduation Objectives on the final clerkship OSCE examination.

RIME Curriculum

The learning experiences in Table 7.4-2 A provide examples of how teaching around clinical reasoning, clinical critical thinking, and critical appraisal of evidence is woven throughout the RIME curriculum. Every week, students are presented with real patient scenarios in introductory and large group settings that are used to demonstrate how diagnostic schemes can be used to approach real clinical presentations (i.e. describe an approach (scheme) to abdominal distention, ascites, and hyponatremia). They then apply these schemes to real patient presentations in the tutorial environment and discuss together in detail how the information that they have learned can be used in a clinical setting. They are repeatedly asked to think critically about their own knowledge gaps and learn from each other. Where relevant, evidence is presented with medical content. Students are formally introduced to critical appraisal of the literature in Block 2, with a series of podcasts to lay the foundational knowledge. This knowledge is then applied in a large group session facilitated by an expert in critical appraisal, with the literature selected being applicable to the presentation of the patient of the week. This session includes examples of qualitative analysis and grey literature, to educate students on examining the validity and applicability of multiple different types of evidence they may encounter in practice. Over the course of the following three months, students participate in four small group journal club sessions to apply the concepts of critical appraisal to literature that is relevant to the patient presentations that week. These sessions are housed in The Professional Role course – Scholar stream.

B. Table 7.4-3 B

Table 7.4-3 B | Enhancement of Medical Student Skills (Core Appendix) Source: ISA

Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus.		
Campus	Survey Question	Number (%) Final year students
This question was inadvertently removed from the ISA survey when distributed by the AFMC to our student body in 2023. As such, the number (%) is documented in the table as "N/A". **Please see below for supplementary data from the 2023 AFMC Graduate Questionnaire, which assessed similar outcomes.**	The curriculum helped me enhance my skills in clinical reasoning.	N/A
	The curriculum helped me enhance my skills in clinical critical thinking.	N/A
	The curriculum helped me enhance my skills in critical appraisal of evidence.	N/A
	The curriculum helped me enhance my skills in the application of the best available information to the care of patients.	N/A

Source: 2023 AFMC GQ

Table 7.4-3B: Clinical Reasoning **Supplementary Data**

Provide data from the AFMC Graduation Questionnaire (AFMC GQ) of the percentage of respondents that *agree/strongly agree* (aggregated) that they have the knowledge and skills to perform the tasks listed below.			
Competency	School %		
	2021	**2022**	**2023**
Reason clinically	96.7	98.5	97.6
Incorporate evidence-informed decision-making into patient care	95.4	94.8	93.3
Access evidence-informed treatment guidelines	96.6	95.4	94.8
Use technology to access information at the time of a patient encounter (just in time/point of care) if needed	92.1	96.4	91.6

7.5 SOCIETAL PROBLEMS

The faculty of a medical school ensures that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

Requirement 7.5-1

The faculty of the medical school ensures that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

A. Describe the process used to determine which societal problems should be included in the medical curriculum.

In the Legacy curriculum, the process involved course leaders identifying a gap according to MCC objectives, or prevalent societal issues. Leaders then identified how to incorporate these learning objectives into their course (instructional strategy, time, assessment) as well as what was to be removed from the course to accommodate the new material. Proposed changes were discussed during the applicable annual course report presentation at the Pre-Clerkship Committee. These proposed modifications were discussed and voted on as part of the overall process.

B. Provide two examples from one or more required learning experiences where instruction in the prevention of an identified societal problem occurs.

1. In response to the COVID pandemic, Course 5 (Neurosciences, Aging and Special Senses) added instruction on the management of COVID (outbreaks) in long-term care facilities.

2. In response to the national opioid crisis, a people presentation was arranged in the Population Health Course on “Homelessness & Drug Use”. This interactive session that involved patient partners, community partners and faculty moderators explored the local demographics of Calgarians, the principles of “Housing First”, challenges of providing preventative and curative services to individuals with homelessness, the social/physical and behavioural determinants of drug abuse, health and social sequelae of IV drug use, harm reduction approaches and the role that physicians play in prescription drug abuse.

C. Provide two examples from one or more required learning experiences where instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of societal problems occurs.

1. Course 3 (Cardiovascular & Respiratory) included required learning experiences on smoking cessation, which covered identification, readiness to consider cessation, as well as non-pharmacologic and pharmacologic treatment/intervention strategies.

2. In response to student feedback, the Course 7 (Psychiatry) leadership team developed a 2-hour interactive panel session to identify and discuss the various ways that structural, colonial and police violence disproportionately impacts Black, Indigenous, 2SLGBTQIA+ and PWUD (people who use drugs) communities in Canada. This panel discussion included a detailed explanation on the effects of such violence on health and well-being of individuals in these communities.

RIME Curriculum

A. Describe the process used to determine which societal problems should be included in the medical curriculum.

In alignment with the core pillars of the new curriculum, the structural determinants of health and health equity were fully integrated within the structures and "patients" of the week. The curricular map includes the integration of all CanMEDS physician roles. One of the curricular sub-committees included health equity and structural competency. The framework for what content was to be covered was guided by the following resources: *Health Equity; A guide for Clinicians, Health Educators and Healthcare Organizations* – Dr. Reddick, Lang JJ et al. *Global Burden of Disease Study Trends for Canada from 1990-2016*. CMAJ 2018; 190(44): E1296-E1304, AFMC/CFMS joint position paper on *Global Health Core Competencies in Undergraduate Medical Education* 2015. Additionally, through conversations with Calgary community partners, topics were further introduced as they were important to Albertans (e.g. human trafficking, prior to community engaged learning experiences with sex-trade workers).

Now that the curriculum has been developed, scaffolded by the MCC clinical presentation objectives, further changes will have clear oversight. The Curriculum Innovation and Oversight Committee (CIOC) has been formed to review all requests for additions to the content in addition to annual review of program objectives (***Supplemental Appendix 7.5-1 C – CIOC Terms of Reference***).

B. Provide two examples from one or more required learning experiences where instruction in the prevention of an identified societal problem occurs.

With the RIME curriculum, all objectives, clinical presentations and approaches to problems are taught in a longitudinal, purposefully spiraled way. Topics such as society problems are also taught longitudinally with the use of asynchronous learning resources, tutorial groups and large group interactive sessions.

The first example is harm reduction, as it applies to substance use. Students are first introduced to the concept of harm reduction in the first month of their training. They are provided with mandatory podcasts, reading materials, and assessment tools that are required pre-session learning. Students then participate in tutorial groups and interactive large group sessions on a longitudinal basis where concepts of harm reduction are applied to cases and are fully integrated and specifically discussed. These include sessions on substance use disorders, liver failure and the use of alcohol, mental health struggles, and the opioid crisis.

The second example is the teaching around Adverse Childhood Events (ACEs). The concept of early life trauma and the impact of life-long health is introduced very early in the curriculum (Unit 1, Week 1). Mandatory asynchronous learning occurs, and then the topic of ACEs is discussed in multiple sessions including mental health, global health, pregnancy, and early childhood development.

C. Provide two examples from one or more required learning experiences where instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of societal problems occurs.

Racism in medicine and structural barriers to health care are discussed throughout the curriculum longitudinally. The Director of Health Equity and Structural Competency maintains oversight of this topic and ensures that it is appropriately integrated into content where relevant. This content is included in asynchronous learning resources, assessment (CARDS and OSCE), as well as mandatory large group and tutorial group settings.

As an example, early in the curriculum, students are introduced to the concept of structural barriers to health and race as a social construct by way of interactive large group settings. Race and racism, and the impacts on health outcomes is then discussed multiple times throughout the curriculum longitudinally including, but not limited to sessions on dermatological conditions in colored skin, hematology and prevalence of specific diseases, treatment of pain, and maternal health outcomes.

Disability and ableism is a second example of societal problems with significant impact on health outcomes. The curriculum includes an early large group patient presentation about living with disability. Similar to other examples, and to illustrate the spiral nature of the curriculum, this is then presented multiple times longitudinally in the curriculum, including, but not limited to, sessions on MSK work-related injury, rheumatological conditions and the impact on a patients' ability to function, genetic conditions and the barriers to accessing resources for patients and families, and developmental delay in children.

7.6 CULTURAL COMPETENCE AND HEALTH CARE DISPARITIES

The faculty of a medical school ensures that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, races and belief systems, in particular the Indigenous peoples of Canada.

The medical curriculum prepares medical students to:

- ***a) recognize and appropriately address the manner in which people of diverse cultures, genders, races and belief systems perceive health and illness and respond to various symptoms, diseases and treatments;***
- ***b) recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients;***
- ***c) develop the basic skills needed to provide culturally competent health care;***
- ***d) identify health care disparities and participate in developing solutions to address them.***

Requirement 7.6-1

The faculty of the medical school ensures that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, races and belief systems, in particular the Indigenous peoples of Canada.

A. Table 7.6-1 A

Legacy Curriculum

Table 7.6 -1 A | Curricular Opportunities in Cultural Competence and Health Care Disparities — Source: School-reported

List required learning experience(s) that provide opportunities for medical students to learn to recognize and appropriately address the unique needs of people of diverse cultures, genders, and belief systems, in particular the Indigenous peoples of Canada. Add rows as necessary.		
Area of unique need	Required learning experience(s)	Learning objective(s)
Base concepts:	Population Health Course: Introduction:	Define and discuss concepts of health, wellness, illness, disease and sickness. • Discuss alternate definitions of health. • Contrast the approaches of population health and public health with the traditional role of physicians in treating individual cases of disease. • Recognize that individual cases are expressions of underlying patterns within populations, and that the causes of disease are to be found in these patterns. • Appreciate that the health of populations is always changing and is driven by many factors, most of which lay beyond individual control or medical response. • Know the organization framework, logistics and evaluation plan for the course.
	Population Health Course: Determinants of Health	Understand the rationale and application of the ecological model of health. • Recognize that the determinants of health framework are based on the observation of common causes of disease and health, and that the distribution of disease between and within populations and over time is due to these determinants of health. • Describe the burden of disease attributable to social and physical environmental factors. • Identify and be able to apply Health Canada's "12 Key Determinants". • Use a determinants of health framework to explore the context and complex causes of health and disease in a population. • Recognize key research evidence for selected determinants, particularly income and social status. • Understand the evidence and theory underlying the social gradient in health. • Understand mechanisms by which social determinants "get under the skin". • Describe the features of the physical environment that may influence health, including those in the natural and built environments. • Recognize how the human tendency to modify living environments is both a cause and a cure for environmentally mediated disease.
	Population Health Course: Burden of Disease	Describe key historical precedents in the development of modern public health and epidemiology • Define and compare the concepts of health disparity and health inequity. • Understand and apply measures of disease burden, including mortality, life expectancy, disability-adjusted life years and quality-adjusted life years. • Identify the major contributors to the global burden of disease and describe patterns of change over time and across countries. • Recognize patterns of disease burden within Canada, including differential outcomes for specific population groups. • Describe how health has changed, and is continuing to change, across the world and within Canada. • Appreciate how and why epidemiology, inequity and social justice are linked. • Describe and be able to calculate the following biostatistical measures: incidence; prevalence;

		absolute/relative risk; attributable risk. • Describe and understand the relevance of the following epidemiologic concepts.
People of diverse cultures & Belief Systems	Professionalism and Physician Health - Session: Changing relationship to self during medical school	Identify how culture and gender related issues might influence professional relationships in medical school.
	Ethics Course: Cultural Pluralism lecture & small group	Recognize and understand the impact of diverse cultures on medicine and the ethical challenges which can arise from such diversity.
	Course 2: Respect for patients and colleagues lecture	Apply an equally respectful approach to the care of all patients and to interactions with colleagues and learners Use professional and respectful language in the clinical setting Analyze the clinical environment and recognize barriers to optimal clinical care
	Course 2: Skin of Colour Teaching/CARDS	CARDS specifically developed to teach recognition of dermatological condition in those with skin of colour.
	Course 6: racism in Pediatrics	1. Recognize how historical and structural racism has impacted healthcare outcomes in the pediatric population 2. Recognize that racism continues to affect health outcomes of racialized populations today 3. Understand how our own implicit bias as healthcare practitioners may impact how we deliver care to our patients and their families
	Course 7: Culture & Psychiatry	1. Identify the impact of culture on mental health 2. Distinguish between causal explanations, idioms of distress, and cultural syndromes. 3. Describe a cultural formulation interview.
	Global Health Unit of Med-Skills Course	1. Understand the health care barriers and best practices for delivering health for Refugee and Immigrant populations 2. Recognize how racism at the systemic, institutional, and personal level affects health and plays out in health care settings 3. Develop a process to uncover individual implicit biases against people who are different and how to mitigate that to provide optimal healthcare
	Clerkship	Psychiatry: Professional behaviour with patients, showing sensitivity to cultural and spiritual beliefs, attitudes and behaviours.
	Clerkship	Pediatrics: Identify emerging and ongoing issues for pediatric patients who are potentially vulnerable or marginalized including: First Nations Peoples, new immigrants, disabled children, children living in poverty and children with mental health, sexual orientation, or gender identity concerns. Identify determinates of health for pediatric populations and the physician's role and points of influence in these issues. Identify barriers that prevent children from accessing health care including: financial, cultural and geographic.
Genders	Population Health Case Study #1 – Sex, Gender and Identity	At the end of this precast, interactive session, panel discussion and small group session on sex, gender and identity, the student will: • Identify the various forms by which gender-based violence (GBV) may take place, including physical violence, sexual violence, and psychological abuse. • Understand the cultural and social factors that may lead to variable rates of GBV within a population, including: - Sex and gender diversity - Indigenous identity - Age - Rurality • Identify approaches to address GBV in populations at risk. • Recognize the risk factors that may increase the likelihood of an individual either perpetrating or being the victim of GBV. • Recognize the impetus for and key findings of the Inquiry on Missing and Murdered Indigenous Women and Girls. • Understand how the legal framework around prostitution affects sex-workers' risk of violence. • Recognize the difference between sex, gender, sexual behaviour and sexual orientation. • Recognize the spectrum of human gender, sex and sexuality. • Identify health issues within sexually diverse communities and recognize why they are more common in some population. • Recognize the harms that occur due to both internal and external heteronormativity (e.g., homophobia, transphobia, etc.). 10 • Recognize the intersectionality of LGBTQ+ and other identities (e.g., immigrant, Aboriginal, disability, etc.) and understand how this impacts health, well-being, and access to health care. • Identify barriers to accessing health services for LGBTQ+ patients. • Identify specific strategies for communicating effectively with LGBTQ+ patients. •

		Identify agencies and resources that provide information and support to patients. • Understand the role of all health care providers in ensuring safe and sensitive care for LGBTQ+ people
	Course 6: Addressing Sexual Violence	1. Define sexual assault and consent 2. Describe care and reporting options available to patients in Alberta 3. Examine principles of trauma informed care
	Global Health Unit of Med-Skills Course	Gender Affirming Care session to understand the lived experience of transgender people and the systemic and personal discrimination they face, their specific health needs and best practices in providing care.
Indigenous peoples of Canada	Population Health Case Study #4	At the end of this afternoon session on Indigenous health, the student will: • Identify the comparative health status of the Canadian Indigenous population including: - Key health indicators such as birth rate, death rate and life expectancy; - Major causes of morbidity and mortality and the important modifiable risk factors; - Burden of disease; - Social indicators such as income, education and housing; - Community characteristics • Assess the current Indigenous population health status from a determinants of health framework and non-victim-blaming approach. • The student will identify the nature and extent to which historical events have shaped current Indigenous health status, with particular attention to: - Colonialism; - Policies of assimilation, including residential schools; - Economic change; - Introduction of alcohol; - Epidemics; - Racism. • Identify the jurisdictional issues between federal and provincial/regional bodies when addressing health services delivery to First Nations populations. • Given a case scenario of an Indigenous patient, the student will identify relevant determinants of health and barriers to accessing care, and strategies to overcome the barriers.
	Community Engaged Learning i. Community Placements ii. Sharing Circle with Elders (& introductory video)	1. Discuss the knowledge required to develop respectful community relationships with Indigenous communities, including Elders, and understand the impacts of intergenerational trauma. 2. Contextualize Indigenous knowledge and ways of knowing and learning in the provision of patient-centered care to equity deserving populations, including Indigenous patients. 3. (for non-Indigenous students) Discuss the process of critically examining our own positionality as settlers and its impact on engaging with Indigenous communities.
	Course 5: Indigenous People & Cognitive Impairment	1. Describe the current knowledge and emerging trends in dementia among the Canadian Indigenous population 2. Discuss challenges of appropriate detection and diagnosis of dementia in Indigenous populations 3. Identify and discuss dementia risk factors common to Canadian and world-wide Indigenous peoples. 4. Identify differences between a culturally sensitive cognitive assessment of Indigenous peoples and non-Indigenous peoples. 5. Recognize that all cognitive instruments have bias. 6. Name an example of a cognitive test that has been validated in a Canadian Indigenous Population.

RIME Curriculum

In the RIME curriculum, issues of health equity and structural competence are not taught in isolation. There are no specific courses related to population/global health. Rather these concepts and their teaching are fully integrated into the curriculum. Each week of the curriculum is organized around a patient(s) of the week. Each of these weeks has one or more integrated issues related to health equity and structural competence woven into the cases, discussions and teaching sessions. Examples are as follows:

- the week on teaching about anemia also teaches about **food insecurity.**
- the week teaching about childhood leukemias also teaches about **religious/spiritual competency** with regards to blood transfusion
- the week teaching about infectious disease also teaches about **planetary health** and changing patterns of infectious disease.
- the week teaching about diabetes also teaches about **anti-fat bias** in medicine.

In addition, the **Professional Role** is a longitudinal component/course within the RIME curriculum. This includes a Community Engaged Learning (CEL) initiative. The objectives for CEL include knowing how to interact with communities to honor and respect their knowledge of what their community's health priorities and needs are, to value community members and those with lived experience as co-educators, and to advocate alongside and amplify voices of those in the community and with lived experience. There is a specific Indigenous focus on learning how to interact with Indigenous Elders and understand the experience of Indigenous Communities.

B. Using two examples from the medical curriculum that address the unique needs of the Indigenous peoples of Canada, discuss the strategies used to assess student learning.

Legacy Curriculum

Population Health Course: Case study #4 was focused on Indigenous health. Through this case study, students were expected to identify relevant determinants of health and barriers to care for Indigenous populations. As well, they identified strategies to overcome these barriers. This case study occurred in the context of the population health course which looked at determinants of health and investigated existing disparities in health outcomes for indigenous patients. It was expected that students discuss how historical events have led to these difficulties and discuss the federal/provincial jurisdictional provision of health services to Indigenous populations. The population health course assessment was via MCQ test (70%), an essay (30%) with attendance and participation as mandatory.

Course 5: Cognitive impairment in Indigenous People – this session looked at dementia as it relates specifically to Indigenous populations, and students were asked to discuss bias in cognitive assessment instruments while discussing culturally sensitive cognitive assessment in Indigenous peoples. This material was included on the end of course MCQ exam.

RIME Curriculum

Each week of the RIME curriculum has Health Equity or Structural Competency objectives mapped to it. For example, the week where fever and infection basics are taught, there are objectives mapped to planetary health and changing patterns of infectious disease, colonization and its impact on health worldwide and racial disparity with and neglected tropical disease.

The week where the biomedical objectives are on liver cirrhosis, ascites and jaundice, the health equity objectives are around substance use disorder and marginalization, the drug poisoning epidemic, poverty, and homelessness and how these all intertwine.

Over the nine half-days dedicated to Indigenous health the following topics are covered:

1. Indigenous Orientation Session
2. Stage Left (grassroots theatre company)
3. Determinants of Health
4. Infectious disease & Indigenous health session
5. OBGYN and/or Cancer topics for Indigenous health
6. Rheumatology for Indigenous health session
7. Child Health/Pediatrics for Indigenous health session
8. Seniors/Healthy Aging for Indigenous health session
9. Dermatology for Indigenous health session

Assessment in RIME of the Health Equity content is integrated into the regular unit exams and OSCEs and done through multiple choice questions and OSCE stations during the Unit examinations, and guided written reflections in the Community Engaged Learning (CEL) experience.

Requirement 7.6-2

The medical curriculum prepares medical students to:

- *a) recognize and appropriately address the manner in which people of diverse cultures, genders, races, and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments*
- *b) recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients*
- *c) develop the basic skills needed to provide culturally competent health care*
- *d) identify health care disparities and participate in developing solutions to address them*

A. Describe how the medical curriculum prepares medical students to recognize the influence of culture, gender, and belief systems on patients' perceptions of health and illness and responses to symptoms, diseases, and treatments.

Legacy Curriculum

The Population Health course (beginning of the pre-clerkship curriculum) introduced students to the concepts of determinants of health and health burden (including inequities). Sessions in the Ethics and Professionalism & Physician Health sub-units of Medical Skills further explored cultural pluralism and gender issues as they related to health. Further examples of these occurred during the main numbered courses (Course 1-7) of the pre-clerkship (see table above). These concepts were then reinforced as

students moved through the clerkship and saw patients with presenting with diverse perceptions of health and illness.

The Global Health Unit of the Medical Skills course ran for the 18 months of pre-clerkship and covered topics of Refugee and Immigrant Health, Implicit Bias and how to address and mitigate it in caring for patients, Race and Racism in Medicine and Gender Affirming Care for transgender and non-binary individuals.

RIME Curriculum

In the RIME curriculum, these concepts are woven into every day and week of the curriculum. At the start of medical school, there is training in the foundations of social and structural determinants of health, race and racism, poverty and classism, sex and gender, ableism and neurodiversity, anti-fat bias and implicit bias, and health care disparities affecting rural communities, people with mental health conditions and people who use substances. These core concepts are spiraled throughout the curriculum. An example would be an introduction in the first few weeks of medical school of gender as a social construct, followed by teaching in the Communications course on how to respectfully ask patients about their pronouns and gender identity, and in further months a patient panel of individuals with lived experience of being transgender or non-binary speaking to students about barriers in healthcare. These sessions are placed in weeks in the curriculum that are relevant to the topic, for example the week that includes teaching on cervical cancer screening would also include how to do an organ inventory with a transgender person and how to respectfully do an exam. Teaching on trauma informed care in all physical exam sessions also overlaps.

B. Describe how the medical curriculum prepares medical students to recognize and appropriately address personal biases (cultural, gender, racial, belief) and how these biases influence clinical decision-making and the care provided to patients.

Legacy Curriculum

Building on the basic principles taught in the Population Health course, students were required to reflect on their biases within the reflection of the Community Engaged Learning (CEL) placement. This process continued as students interacted with patients and colleagues from diverse backgrounds throughout the clerkship. Data from the GQ 2023 support the insight of students to develop these skills and understand their own biases with 91.7% noting a positive response to: *Overall, my clinical experience highlighted the need to understand and incorporate diversity and culture in delivering patient care.*

The Global Health unit of the Medical Skills course included an Implicit Bias training session in Year 2 of the curriculum. This was a three-hour workshop delivered through the Office of Faculty Development and Performance (OFDP) titled “Implicit Bias in Medicine: How to recognize it, what to do about it”. Students participated in the workshop and were required to complete a reflection assignment.

RIME Curriculum

In the RIME curriculum, there is an Implicit Bias workshop in the first few weeks of medical school that illustrates a process for recognizing students’ implicit bias in themselves and encourages ongoing self-reflection. Implicit Bias is challenged continually by bringing in patients and community members with lived experience to co-teach on health equity topics. In the Community Engaged Learning course in the RIME curriculum, there are two mandatory evaluations where students must write about what they have discovered about their own implicit biases in the communities they were placed in, which are reviewed by the CEL course director or delegate.

C. Describe how the medical curriculum prepares medical students to develop the basic skills needed to provide culturally competent health care.

Legacy Curriculum

The basic building blocks are provided by the Population Health course including knowledge of determinants of health and disease burden, as illustrated above. These are explored further with specific cases related to Indigenous health, sex & gender identity and sexual violence. These concepts are further developed within the main numbered courses (1-7) with sessions such as skin of colour teaching in dermatology, dementia within Indigenous populations and others. Finally, these are consolidated during the clerkship years in which students participate in the care of patients from diverse backgrounds and discuss issues related to this with their colleagues and preceptors.

Data from the GQ 2023 are provided to support this assertion:
I feel prepared to provide culturally competent care: 83.4%
I feel appropriately prepared to advocate for my future patients: 95.5% (see data below)

RIME Curriculum

In the RIME curriculum, there is a focus on viewing patients in a patient-centered way and as members of their larger communities, with a focus on what systems and structures are contributing to their health or ill health. Ongoing incorporated objectives on racism, classism and poverty, ableism, anti-fat bias, sex and gender bias, etc. are covered in almost every week of the pre-clerkship curriculum. An example is the week that includes childhood leukemia where there is teaching on spiritual and religious competency, implicit bias and ethics. In the Community Engaged Learning experience, students are placed with community partners who work with equity deserving populations and teach students the issues and structures that affect health of those communities, as well as how to appropriately care for members of those communities.

D. Describe how the medical curriculum prepares medical students to identify health care disparities and participate in developing solutions to address them.

Legacy Curriculum

The basic principles of health disparity were addressed with formal teaching within the Population Health and Global Health courses. Small group discussions within these learning events allowed for the development of strategies to address these. As students continued through the curriculum, further disease specific examples were addressed and discussed. These skills were then consolidated in the clerkship.

Data from the GQ 2023 supports the effectiveness of this curriculum to this end with 89% having a positive response to the *question "I feel appropriately prepared to advocate for the communities of my future patients to better meet their health needs".* (See data below)

E. Table 7.6-2 E

Table 7.6-2 E | Preparation in Cultural Competence and Health Care Disparities (Core Appendix) Source: ISA

Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus.		
Campus	Survey Question	Number (%) Final year students
Note: The ISA questionnaire distributed from the Cumming School of Medicine was missing a number of questions as communicated to our committee. This	The curriculum helped prepare me to recognize that factors such as culture, gender, and belief systems influence patients' perceptions of health and illness.	NA
	The curriculum helped prepare me to recognize and appropriately address my personal biases when	NA

information was not collected. Relevant numbers from the most recently reported GQ are included below.	caring for patients.	
	The curriculum helped me acquire basic skills needed to provide culturally competent health care.	NA
	The curriculum helped prepare me to identify health care disparities.	NA
	The curriculum helped prepare me to participate in the development of solutions to address health care disparities.	NA

Relevant 2023 GQ data:

Table 7.6-1 | Cultural Competence and Health Disparities
Provide data from the AFMC Graduation Questionnaire (AFMC GQ) on the percentage of respondents that agree/strongly agree (aggregated) with the following statements.

School %

	2021	2022	2023
I was appropriately trained to care for individuals from diverse backgrounds	80.9	84.6	88.0
Overall, my clinical experience highlighted the need to understand and incorporate diversity and culture in delivering patient care	83.0	88.9	91.7
I feel prepared to provide culturally competent care	77.1	83.0	83.4
I feel appropriately prepared to advocate for my future patients	94.1	96.3	95.6
I feel appropriately prepared to advocate for the communities of my future patients to better meet their health needs	92.8	91.1	88.7

RIME Curriculum

Topics related to health equity and structural competence are incorporated into each week of the curriculum. With the guiding principle of "no content without context", these principles are continuously discussed and developed with each week's case(s). There is a Health Equity and Structural Competency working group to guide this process and track content over the curriculum.

The curriculum is based on *21 patients of the week*, who are from diverse backgrounds with diverse presentations. These patients are presented as real people, with real lives, and are modeled off of patients who have impacted the careers of the pre-clerkship educators. The intersectionality of these patients includes patients of diverse ages, cultural and ethnic backgrounds, race, socioeconomic status, gender, ability, body size, neurodiversity, marital status, education status, housing status, employment status, and religious affiliation. In addition to these patients, patients presented in tutorial groups and large group sessions are similarly rich in context to reinforce the need to maintain the humanity in medicine, and not dehumanize the patients. Details regarding the *21 patients of the week* intersectionality are included in ***Supplemental Appendix 7.6-2.***

7.7 MEDICAL ETHICS

The faculty of a medical school ensures that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities and requires medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

Requirement 7.7-1

The faculty of the medical school ensures that the medical curriculum includes instruction for medical students in medical ethics and human values both prior to and during their participation in patient care activities.

A. Table 7.7-1 A

Legacy Curriculum

Table 7.7-1 A | Instruction in Medical Ethics and Human Values — Source: School-reported

List required learning experience(s) that include learning objectives that address instruction in medical ethics and human values. Add rows as necessary. Mark with an asterisk (*) those occurring during patient care activities.	
Required learning experience(s)	Learning objective(s)
Medical Skills – Ethics Unit	• Familiarize you with many of the common bioethical topics in the practice of modern medicine. • Provide you with some tools to help address bioethical challenges in your future medical practice. • Familiarize you with key legal precedents as they relate to bioethics and the limits of such precedents. • Provide you with some 'space' during your very hectic curriculum to reflect on some of the tangible, but very important elements of being a physician. • Recognize and understand the impact of diverse cultures on medicine and the ethical challenges which can arise from such diversity. • Recognize and understand key moral issues in associated with pediatrics, reproduction, genetics and genomics. • Recognize and understand the key ethical issues associated with determining mental capacity and decisions to treat or admit to hospital against their will. • Recognize and understand some of the key ethical issues associated with the ways physicians are remunerated. • Recognize and understand some of the key ethical and professional issues involved in social media as it pertains to physicians. • Develop skills to apply ethical norms to everyday practice. • Be able to use ethical knowledge as medical practice changes during one's career. • Understand key legal precedents influencing medicine and the importance and limitations of such legal precedents. • Understand the relation of legal solutions and ethical values in everyday and controversial medical situations.

Requirement 7.7-2

The faculty of the medical school requires medical students to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

A. Describe how medical students are made aware that they are required to behave ethically in caring for patients and in relating to patients' families and others involved in patient care.

In the Legacy curriculum, Ethics was a Unit of the Medical Skills Course that spanned the pre-clerkship. This unit was comprised of a series of lectures and case-based

small group sessions. The ethics curriculum covered core concepts and issues in medical bioethics. Assessment each year included attendance, a short assignment and a presentation or debate on a contemporary case in bioethics.

In addition to the objectives noted in Table 7.7-1 A above, lecture and small group opportunities were mandatory throughout medical school training that reinforced the principals related to caring for patients and family members in ethical manner. The topics, with the details below, included confidentiality, truth telling, boundaries, conflict of interest, informed consent, etc. These were introduced in large group setting with detail discussed in the small group setting with numerous emotional real life patient scenarios.

Med skills: Ethics: Lecture and Small Group details

Year 1	**Instructional Design**	**Year 2**	**Instructional Design**
Consent, Confidentiality and Truth Telling	Lecture & Small Group	Cultural Pluralism	Lecture & Small Group
Disaster / Pandemic Ethics	Lecture & Small Group	Genetics & Genomics; Reproduction; Pediatrics	Lecture & Small Group
Moral distress, boundaries & stigma	Lecture & Small Group	Social media; Physician Renumeration; Capacity	Lecture & Small Group
Conflict of interest & Industry, Personal responsibility for health	Lecture & Small Group		
End of Life Issues, MAID	Lecture / Panel / Small Group		

Within the Communications Unit of Medical Skills, autonomy was a pillar around which the course was built. Patient-centered care and individualizing approaches to prioritize autonomy was a core concept. Several cases in the Communications Unit were specifically written to promote ethical considerations when faced with complex and challenging situations. Beneficence and non-maleficence were also foundational. Truth-telling (disclosure of medical error) and consent were also incorporated. The concepts of autonomy, patient-centered care and trauma-informed practice were assessed in the pre-clerkship OSCEs.

B. Describe how requirements for ethical behavior of students in caring for patients and relating to patients' families and others involved in patient care are enforced.

All courses incorporated ethical considerations and assessments were used caring for patients and communicating with families:

1. Systems-based courses, Clinical Correlation – part of the in-training evaluation (ITER) assessment.
2. Integrative Course – part of ITER assessment. Learning objective: Discuss ethical considerations for specific medical situations such as obtaining informed consent, advanced directives, confidentiality, etc.
3. Career Exploration Program – part of ITER assessment.
4. Family Medicine Clinical Encounter - part of ITER assessment.
5. Applied Evidence Based Medicine Elective – part of ITER assessment.

The ITER assessment in all pre-clerkship and clerkship experiences that involve patient care included a mandatory evaluation of competency in the display of professionalism, responsibility and ethics (see below).

	Unsatisfactory	Performance Deficiency	Satisfactory - good	Outstanding
	Absent without excuse or erratic attendance and punctuality. Avoids responsibilities. Unethical or dishonest behaviour. Disrespectful interactions with patients, families or members of the health care team.	Attends all mandatory learning opportunities but appears poorly engaged. Does not demonstrate self-directed learning. Requires reminders to complete responsibilities.	Attends and demonstrates engagement in all learning opportunities. Demonstrates ownership for learning. Consistently completes agreed upon tasks. Demonstrates an awareness of limitations and when to seek assistance.	Assumes a level of responsibility for learning and/or patient care over and above expectations of a pre-clerkship student. Consistently demonstrates excellent ethical conduct and awareness of responsibilities to patient, other team members and self.
*Professionalism, responsibility and ethics	○	○	◉	○

The clerkship rotation ITER includes a subsection of the assessment on interactions with patients, families, and other members of the care team. Rotations that provide daily evaluation forms (e.g., emergency medicine) also have this as a subcomponent of the ITER.

There is an automatic email generated to the relevant Assistant Dean when there is a noted performance deficiency in the domain of professionalism, responsibility and ethics. This usually results in an in-person meeting with the student and relevant Assistant Dean. In clerkship, this typically also involves the rotation clerkship committee. Concerns within this domain are addressed immediately, and the outcomes vary depending on the situation and seriousness.

The clerkship OSCE includes assessment of learners in disclosing medical error to a patient.

The students have been surveyed regarding their perception of the school's emphasis on ethical principles, and there is a very high agreement that this was emphasized effectively in their training, as noted below.

AFMC 2023 GQ Data: Level of agreement that it was emphasized in your medical education program:

	Class Year	Agree/Strongly Agree
Respect for the privacy and dignity of patients	2021 2022 2023	97.4% 97.1% 99.3%
The value of honesty and integrity in all professional interactions	2021 2022 2023	93.5% 96.3% 98.5%
The principles that govern ethical decision-making	2021 2022 2023	95.4% 93.4% 96.4%
The major ethical dilemmas that arise in medicine	2021 2022 2023	92.8% 91.9% 93.2%

RIME Curriculum

One of the core principles of the RIME curriculum is the integration of learning objectives throughout the entire pre-clerkship experience. Critical knowledge, skills and attitudes in domains outside of the "Medical Expert" were previously siloed in separate longitudinal courses, contributing to a perception that these were not a priority. Medical ethics is one of the domains that was previously taught in a longitudinal manner. In RIME, learning objectives of medical ethics and humanistic values are incorporated into the *patient of the week* presentations, with emphasis of such medical ethics and humanistic values pertaining to comprehensive patient care throughout each week.

Ethics is integrated into *the patient of the week* through a mixture of podcasts, tutorial groups sessions and large group learning sessions. Assessment on knowledge is through CARDS and the pre-clerkship and clerkship OSCEs.

Below is the Ethics Pre-Clerkship Curricular Map in the RIME Curriculum.

BLOCK 1 MAP

Block.Unit.Week	Curriculum content	MCC content
1.1.1	Podcast: Principles of medical ethics Assessment: CARDS	Principles of medical ethics (ethical theories, autonomy, beneficence, non-maleficence, justice) Principles of medical ethics (ethical theories, autonomy, beneficence, non-maleficence, justice)
1.1.5	Podcast: Informed choice and consent Large group: Autonomy Assessment: CARDS	Consent Principles of medical ethics (autonomy), consent Consent

BLOCK 2 MAP

Block.Unit.Week	Curriculum content	MCC content
2.5.1	Podcast: Truth telling Podcast: Confidentiality Assessment: CARDS	Truth telling Confidentiality Truth telling, confidentiality
2.5.2	Tutorial group: Advance care planning Clinical skills: Communication	Consent Truth telling

2.5.5	Large group: Cancer screening	Consent
2.5.7	Tutorial group: Religious and spiritual beliefs Tutorial group: Blood transfusions	Small group: Principles of medical ethics (autonomy) Consent
2.5.8	Tutorial group: Genetic testing family members Clinical skills: Discussing difficult news	Small group: Principles of medical ethics (autonomy, justice), consent Truth telling
2.6.4	Podcast: Negligence Tutorial group: Medical error Assessment: CARDS	Negligence Truth telling Negligence
2.7.1	Large group: Prenatal genetic screening	Consent, truth telling
2.7.2	Large group: Pregnancy termination	Principles of medical ethics (autonomy, beneficence, non-maleficence)
2.7.3	Large group: Prenatal and preterm counselling	Principles of medical ethics (autonomy, beneficence, non-maleficence), consent
2.7.4	Large group: Reproductive rights	Principles of medical ethics (autonomy, justice)
2.7.5	Large group: Neonatal genetic testing	Consent, truth telling
2.7.6	Podcast: Legal system Tutorial group: Childhood neglect Assessment: CARDS	Legal system Legal system Legal system
2.8.1	Clinical skills: End of life care, substitute decision-making	Truth telling, consent
2.8.2	Tutorial group: Adolescent suicidal ideation. Tutorial group: Child with non-accidental injury	Consent, confidentiality Legal system

BLOCK 3 MAP

Block.Unit.Week	Curriculum content	MCC content
3.9.1	Tutorial group: Misdiagnosis and worse outcomes in patients with mental illness and marginalized communities	Negligence
3.9.2	Tutorial group: Stroke and ableism, communication with non-verbal patients Tutorial group: Health disparities affecting rural communities – access to treatment	Consent Principles of medical ethics (autonomy, beneficence, justice)
3.9.3	Tutorial group: Differential access re: different social identities Large group: Paternalism	Principles of medical ethics (justice) Principles of medical ethics (autonomy, beneficence, justice), Consent
3.9.4	Tutorial group: Disability Large group: Medication access	Principles of medical ethics (autonomy) Principles of medical ethics (justice)
3.9.5	Tutorial group: Gender-based violence	Confidentiality, legal system
3.9.6	Tutorial group: Medication access Large group: Global burden of trauma/disease	Principles of medical ethics (justice) Principles of medical ethics (autonomy, beneficence, justice)
3.9.7	Tutorial group: Frailty Tutorial group: Ageism Tutorial group: Language in medicine	Principles of medical ethics (autonomy) Consent Truth telling
3.9.8	Large group: Elder abuse	Confidentiality, legal system
3.10.1	Tutorial group: Climate change	Principles of medical ethics (autonomy, justice) Principles of medical ethics (autonomy), consent

	Large group: Substance use disorders	
3.10.2	Tutorial group: Altered mental status	Consent
3.10.3	Tutorial group: Mood disorders	Principles of medical ethics (autonomy, beneficence), consent
3.10.4	Large group: eating disorders	Principles of medical ethics (autonomy, beneficence), consent, confidentiality
3.10.5	Tutorial group: Psychosis Tutorial group: Disparities in access to mental health care Large group: Suicide	Consent Principles of medical ethics (justice) Confidentiality
3.11.1	Tutorial group: Alternative medical therapies Large group: Cosmetic surgery	Principles of medical ethics (autonomy, beneficence, non-maleficence, justice) Principles of medical ethics (autonomy, beneficence, non-maleficence, justice)
3.11.2	Large group: Food insecurity	Principles of medical ethics (justice)
3.11.3	Tutorial group: Costs of therapies	Principles of medical ethics (justice)
3.12.1	Intro session: Aphasia Tutorial group: Houselessness	Consent Principles of medical ethics (justice)
3.12.3	Large group: Vaccines Large group: Liver disease/organ transplantation	Principles of medical ethics (autonomy, beneficence, non-maleficence, justice) Principles of medical ethics (autonomy, justice)
3.12.4	Large group: Marginalized communities	Negligence

With the RIME curriculum, as in the Legacy curriculum, students will be assessed on ethical behaviour in clinical situations.

Career Exploration Program – part of ITER assessment (see below)
Family Medicine Clinical Encounter - part of ITER assessment (see below)

	Unsatisfactory	Performance Deficiency	Satisfactory - good	Outstanding
	Absent without excuse or erratic attendance and punctuality. Avoids responsibilities. Unethical or dishonest behaviour. Disrespectful interactions with patients, families or members of the health care team.	Attends all mandatory learning opportunities but appears poorly engaged. Does not demonstrate self-directed learning. Requires reminders to complete responsibilities.	Attends and demonstrates engagement in all learning opportunities. Demonstrates ownership for learning. Consistently completes agreed upon tasks. Demonstrates an awareness of limitations and when to seek assistance.	Assumes a level of responsibility for learning and/or patient care over and above expectations of a pre-clerkship student. Consistently demonstrates excellent ethical conduct and awareness of responsibilities to patient, other team members and self.
*Professionalism, responsibility and ethics	○	○	◉	○

7.8 COMMUNICATION SKILLS

The faculty of a medical school ensures that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.

Requirement 7.8-1

The faculty of the medical school ensures that the medical curriculum includes specific instruction in communication skills as they relate to communication with:

i. patients and their families
ii. colleagues
iii. other health professionals

A. Table 7.8-1 A

Legacy Curriculum

Table 7.8-1 A | Instruction in Communication Skills — Source: School-reported

List required learning experience(s) that include specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals. Add rows as necessary.		
Required learning experience(s)	Learning objective(s)	
Communications Unit	Patients and their families	1. Assess the patient's presenting complaints 2. Recognize the patient's beliefs, concerns, feelings and expectations 3. Elicit information to make an accurate assessment of the patients overall functioning. 4. The student should apply process skills, as outlined in the Calgary Cambridge Guide, to elicit the medical history and build rapport with patient
	Colleagues	5. The student should participate effectively in small group interactions and demonstrate the ability to give and receive constructive feedback to enhance both knowledge and skill development in themselves and their peers
	Other health professionals	
Clinical Correlation Courses I-VII	Patients and their families	6. Observe the preceptor as a role model for professional behavior, communication and empathy 7. Develop skills in history taking, communication and physical examination
	Colleagues	
	Other health professionals	8. Develop the skills and knowledge necessary to navigate health care delivery environments such as hospitals and clinics
Integrative Course	Patients and their families	1. Reinforce clinical skills presented in the Medical Skills course 2. Integrate clinical skills with medical knowledge 3. Develop counselling and communications skills not presented elsewhere
	Colleagues	4. Practice case presentations to a preceptor

	Other health professionals	

Family Medicine Clinical Experience	Patients and their families	Apply communication and history taking skills in patient encounters (Including virtual care)
	Colleagues	
	Other health professionals	

Intro to Clinical Practice	Patients and their families	1. Discuss strategies to effectively explain to patients the rationale behind IP&C practices
	Colleagues	2. Through participation in an escape game, deliberately practice applying at least one teamwork competency under each of the four domains of the University of Calgary Team Scheme 3. Practice a structured process for presenting clinical cases to a preceptor (F-SOAP) 4. Practice a structured process for communicating with consultants (5Cs) 5. Discuss barriers and pitfalls to handoff communication 6. Discuss an approach to communicating to a colleague or preceptor who is not following proper IP&C practices 7. Suggest strategies to improve handoff communication 8. Practice a structured process for providing written handover 9. Practice a structured process for providing verbal handover
	Other health professionals	10. Demonstrate attributes of effective team dynamics 11. Describe a communication model for conflict resolution 12. Practice communication skills for conflict resolution

Collaborative Practice	Patients and their families	
	Colleagues	
	Other health professionals	1. Demonstrate effective and respectful interprofessional communication 2. Collaborate with team members (including the patient) to plan and deliver person-centered care.

Clinical Skills: Communications Unit	Patients and their families	1. Demonstrate a patient-centered approach in all patient interactions 2. Describe the importance of a trauma and violence informed care approach and why it should be applied to all patient interactions 3. Demonstrate a trauma and violence informed care approach in all patient interactions 4. Demonstrate principles of gender-affirming care in all patient interactions 5. Demonstrate effective non-verbal communication skills and recognize how non-verbal communication may be interpreted 6. Maintain open communication throughout the medical encounter 7. Identify and explore patient priorities and codetermine an agenda for the medical encounter 8. Identify the personal and cultural context of the patient and explore how this could impact patient care and choices 9. Identify when an interpreter is required 10. Practice communicating with patients through interpreters 11. Explore patient ideas, concerns, impact on their function and expectations 12. Demonstrate a structured approach to the medical interview 13. Practice skills to build rapport and develop relationships with patients 14. Demonstrate effective interviewing skills by listening attentively, seeking clarification, summarizing information, and using open and closed questions 15. Share thinking and explain reasoning throughout the medical encounter using clear language, avoiding unnecessarily complex language and confirming patient understanding 16. Practice codetermining next steps in a patient's care 17. Integrate medical expert knowledge to elicit focused medical histories 18. Demonstrate obtaining relevant information from families and caregivers with patient consent 19. Demonstrate effective communication in challenging situations (delivering bad news, medical error, addressing anger or confusion) 20. Demonstrate how to obtain informed consent from patient before performing physical examinations or procedures 21. Demonstrate effective communication skills in virtual medical encounters
	Colleagues	22. Participate effectively and respectfully in small group interactions and demonstrate the ability to give, receive and incorporate constructive feedback to enhance both knowledge and skill development as an individual and as a group 23. Demonstrate effective written communication to comprehensively document clinical encounters and maintain clear medical records 24. Demonstrate structured case presentations 25. Effectively communicate (using written and verbal communication) the reason for a consultation and confirm the consultant's responsibilities for patient care 26. Describe the importance of providing effective patient handover 27. Apply a structured approach to patient handover using both written and verbal communication

	Other health professionals	28. List the elements required for complete and clear prescriptions and medical orders 29. Practice writing complete and clear prescriptions and medical orders 30. Demonstrate attributes of effective team dynamics 31. Practice communication skills for conflict resolution 32. Collaborate with a multi-disciplinary team (including the patient) to plan and deliver patient-centered care

Professional Role: Family Medicine Clinical Experience	Patients and their families	Apply communication and history taking skills in patient encounters (Including virtual care)
	Colleagues	
	Other health professionals	

Professional Role: Collaborative Practice	Patients and their families	
	Colleagues	
	Other health professionals	1. Demonstrate effective and respectful interprofessional communication 2. Collaborate with team members (including the patient) to plan and deliver person-centered care.

Professional Role: Community-Engaged Learning	Patients and their families	1. Demonstrate skills and qualities required to respectfully interact with marginalized populations using a patient- centered approach. 2. Demonstrate a reflective process to confront and challenge personal biases, stigma and stereotypes.
	Colleagues	
	Other health professionals	

Tutorial Groups	Patients and their families	
	Colleagues	1. Explore individual stories, including areas of expertise and perceived weaknesses 2. Discuss the features of successful groups and common challenges they encounter 3. Identify a shared purpose and a vision of team-function 4. Begin the process of establishing expectations and setting ground rules
	Other health professionals	

7.9 INTERPROFESSIONAL COLLABORATIVE SKILLS

The faculty of a medical school ensures that the curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These required curricular experiences include practitioners and/or students from the other health professions.

Requirement 7.9-1

The faculty of the medical school ensures that the curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients.

A. Describe how the curriculum prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients.

Collaborative practice was approached longitudinally throughout various stages of the Legacy curriculum. Base concepts of communication (sub-unit of the Medical Skills course), population and global health were taught early in the curriculum. These skills were expanded on during the Collaborative Practice course (sub-unit of the Medical Skills course). Early opportunities to develop and apply these skills occurred during the career exploration weeks (pre-clerkship clinical placements). Skills were consolidated prior to clerkship during the Intro to Clinical Practice course which reinforced safe and effective handover as well as team-based simulation exercises. These skills were then developed and evaluated throughout the clerkship via ITER and EPA assessments, as well as on the Clerkship OSCE.

This longitudinal approach continues in the RIME curriculum, through Career Exploration and Community Engaged Learning experiences (see Table 7.9.1 B).

B. Table 7.9.1 B

Table 7.9-1 B | Preparation to Function Collaboratively on Heath Care Teams Source: School-reported

List required learning experience(s) and related objectives that prepare medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. **Identify required clinical learning experiences with an asterisk (*).** Add rows as necessary.	
Required learning experience(s)	Learning objective(s) or medical education program objective(s)
Collaborative Practice*	A sub-unit of the Medical Skills course, this course looks at principles related to collaborative practice with other within medicine and with other health professionals.
Clerkship IPE*	At the beginning of clerkship students are placed with allied health professionals in a variety of context (social work, optometry, EMS, PT/OT, Respiratory therapy others) to explore their scope of practice and understand their integration within the health system as a whole.
Clerkship – Family Medicine*	You will recognize the importance of shared decision making with patients and collaboration with a multitude of other healthcare providers as you follow patients through the course of their illness, providing continuous and comprehensive care.
Clerkship – All*, **	All clerkship rotations exist within a multidisciplinary health system and performance on these rotations requires effective interdisciplinary collaboration. UCLIC stream students have the majority of clinical rotations in rural based rotations in which participation on care teams is crucial to patient care.
Career Exploration Weeks*,**	Three-week clinical experiences with the main purpose of career exploration place students in clinical environments in which they must effectively interact with physician and non-physician members of the health care team.
Intro to Clinical Practice*	Team based simulations and sessions on effective patient handoff teach inter-professional collaboration in this course designed to prepare students for clerkship. Simulations have two facilitators – one MD and one allied health professional
Community Engaged Learning (CEL)*, **	Describe the role/value of interdisciplinary teamwork and holistic care that extends beyond the health system to include social work, law, and community services.

Course 1 – introduction to medical genetics	Understand the collaborative role of genetics professionals in patient care.
Course 4 – Diabetes Patient Visit*	Recognize that successful management of this complex disease entails a multidisciplinary approach to address medical and other aspects that affect patient compliance/mental health/finances. These disciplines include nursing, social work, dieticians, psychologists, mental health workers and others.

**** present in RIME and Legacy curricula**

C. Using an example from Table 7.9-1 B where students function collaboratively on a health care team that includes health professionals from other disciplines as they provide coordinated services to patients, elaborate on the following:
- the name and year of the required learning experience in which the educational experience occurs
- the learning objectives of the educational experience related to the development of interprofessional collaborative practice skills
- the setting where the experience occurs
- the other health profession students or practitioners involved
- the way(s) that the medical students' attainment of the objectives of the experience is assessed

Clerkship learning (i.e. Year 3) provides the best opportunity to develop and apply collaborative skills. In all clerkship rotations students are required to work in multidisciplinary teams in order to contribute to effective patient care. Clerkship experiences are completed in the final year and a half of medical school. Specific rotations, such as family medicine, have explicit learning objectives (see table 7.9-1B) related to collaborative care. All clerkship experiences occur within the clinical setting (hospital based or community based). In hospital-based rotations, health care teams include but are not limited to: 1) physicians/residents/fellows (on service as well as consultant/ER); 2) physicians assistants/clinical assistants; 3) Nursing including RN, LPN and NP's; 4) allied health services teams that include occupational therapy, physical therapy, dieticians social work, transition services and others; and 5) others (spiritual care, palliative care, etc.). On all clerkship rotations, the final ITER includes questions about collaboration and communication with other health professionals and family/patients; as well as record-keeping and handover required for effective collaborative care. The clerkship OSCE involves assessment of EPAs related to collaborative care, including communicating management plans (EPA 5) that involve other health care team members, as well as performing the general procedures of a physician (EPA 11) in simulation settings which involve non-physician team members.

Requirement 7.9-2

These required curricular experiences include practitioners and/or students from the other health professions.

A. List those required learning experiences (from Table 7.9.1 B) where practitioners and/or students from other health professions are included.

Clerkship rotations (all)**

IPE placements

Career Exploration Weeks**

Community Engaged Learning **

ICP simulations

****These are present in both the RIME and Legacy curricula**

RIME Curriculum- Block 2 (Spring of Year 1)

Example of the formalized IPE session April 2024

The Interprofessional Education event (IPE) event is a collaboration with UME, the Southern Alberta Institute of Technology (SAIT), and the UC Faculty of Nursing. Each 2-hour session included one standardized patient (SP) and eight IPE students from three disciplines (medicine, nursing, respiratory therapy). The clinical case that the group worked through (for the April 2024 session) was back pain.

The goal of the session was to provide a safe environment for a student team of health care professionals to interact, collaborate, communicate, and develop a management plan with the standardized patient to optimize patient outcomes. The case was designed to have both social and medical priorities that the team worked through with significant overlap amongst professions in managing anxiety, pain, depression, fatigue, possible sleep apnea, substance misuse and medication side effects. Prioritizing as a team (which included the patient) and communicating this shared vision to the patient was an important learning goal; and the team skills that were used to achieve the goal was the focus of the debrief.

The event took place at three sites: UME at Foothills Campus, UC Nursing Faculty, and SAIT Respiratory Therapy School. Facilitators included nurses, respiratory therapists and physicians. Students from three programs were placed in groups of eight students to work together and the students (acting as a multidisciplinary primary care team) met the patient (played by trained standardized patient) who had chronic back pain. They interviewed the patient and performed some limited physical examination (25 minutes). They then took some time away from the "patient" to discuss the case, prioritize concerns and come up with a plan. This was followed by a team-patient discussion. Group Facilitators observed for collaborative teamwork and patient centered care.

Finally, a debrief focused on optimizing interprofessional communication / support and optimizing team functioning in health care.

Other examples of IPE experiences are noted in the table 7.9.1B above.

7.10 PROFESSIONAL AND LEADERSHIP DEVELOPMENT

The curriculum provides educational activities to support the development of each student's professional identity, core professional attributes, knowledge of professional responsibilities and leadership skills.

Requirement 7.10-1

The curriculum provides educational activities to support the development of each student's:

i. professional identity
ii. core professional attributes
iii. knowledge of professional responsibilities
iv. leadership skills

A. Table 7.10-1 A

Legacy Curriculum

Source: School-reported

Table 7.10-1 A | Educational Activities to Support Professional and Leadership Development

List required learning experience(s) that support the development of each student's professional identity, core professional attributes, knowledge of professional responsibilities and leadership skills. Add rows as necessary.		
Topic	Required learning experience(s)	Learning objective(s) or medical education program objective(s)
Professional identity	Professionalism & Physician Health Course	
	Session: Serving the Public by Guiding the Medical Profession (CPSA)	1. To provide an understanding of the role of the CPSA as reflected in the Mission Statement and the Code of Conduct. 2. To anticipate student/physician professionalism challenges and how best to address them.
Core professional attributes	Professionalism & Physician Health Course	
	Session: Mindfulness	1. Be able to describe mindfulness as an important medical skill. 2. Consider adopting and practicing mindfulness.
	Session: Changing relationship to self during medical school	1. Identify current and potential stressors and analyze their effect on your relationships (family, friends and peers). 2. Describe possible approaches to managing your health, family responsibilities and a career in medicine. 3. Identify how culture and gender related issues might influence professional relationships in Medical School.
	Session: Building Resilience	1. Recognize the impacts of acutely stressful medical situations on your physical performance and cognitive abilities. 2. Understand the importance of building resilience throughout your medical training and career. 3. Introduce the STRIVE* training course as a validated method to address resilience training.
Knowledge of professional responsibilities	Professionalism & Physician Health Course	
	Orientation - Week Session	1.To help incoming medical students understand expectations around student professionalism. 2.To access various documents that will provide you with guidance in the development of your professionalism as a Year I medical student. 3. To introduce basic rules to help make small group learning a safe place.
	Session: Social Media Professionalism	1. Have successfully completed the mandatory clerkship component of the PPH course. 2. Be able to apply best practices in digital professionalism in specific social media applications. 3. Have an overview of a conceptual model of digital professionalism for physicians.
	Session: Student Mistreatment	1. Be able to place the student mistreatment issue in the context of professionalism and the culture of Medicine. 2. Be aware of the history of this issue at the U of C Cumming School of Medicine. 3. Be able to identify different types of student mistreatment.

	Session: Are you well?	1. Review the dimensions of wellness. 2. Discuss various ways to support one another as a community when we become concerned about a colleague.
	Session: Dealing with the crisis of Medicine: Being professional & being human	1. Discuss some adverse medical events that you have encountered and how these have affected you as both a caregiver and as an individual. 2. Develop an approach to staying human during and after adverse medical events. 3. Discuss challenges around being a physician and becoming a patient.
	Session: actualizing the professional role	To understand your professional role once starting clerkship
Leadership skills	Professionalism and Physician Health Course	Leadership relevant concepts related to professionalism and wellness are listed above under a number of sessions within this course.
	Leaders in Medicine (LIM)	This joint degree program allows select students to pursue a Masters, PhD or MBA concurrent with their MD to develop future leaders in clinical and academic medicine.

* As described by the CMA the **Simulated Training for Resilience in Various Environments (STRIVE)** is a course that teaches mindfulness-based stress management tactics to medical professionals, helping them effectively deal with acute stress and cope after traumatic events.

RIME Curriculum

There is a longitudinal component/course entitled The Professional Role. These concepts are continuously incorporated into the curriculum relevant to the weekly content. The Professionalism and Physician Health portfolio is joint between the curriculum and the Student Advocacy and Wellness (SAW) Hub. Professionalism and professional identity are presented within the patient presentations, with a focus on accountability, integrity, and altruism, and assessed using self-reflection and observation in all learning events. Physician Health is championed by the SAW Hub, to provide evidence-based resources for students to learn about work-life integration and for support through challenges.

RIME Curriculum

Table 7.10-1 A | Educational Activities to Support Professional and Leadership Development

List required learning experience(s) that support the development of each student's professional identity, core professional attributes, knowledge of professional responsibilities and leadership skills. Add rows as necessary.		
Topic	Required learning experience(s)	Learning objective(s) or medical education program objective(s)
Professional identity	Orientation Block – Introduction to Professional Role (0.0.2 PRB)	Have awareness of skills of knowledge acquisition to prepare for lifelong learning Conceptualize a personal plan for acquiring knowledge and evaluating learning outcomes Reflect on concepts of professionalism and professional identity to examine personal and societal beliefs Integrate concepts of accountability to self, patients, and profession, integrity, and altruism After the introduction of these topics in a required learning experience, these concepts are reinforced with an optional guided reflection workbook that is provided periodically throughout the curriculum.
	Developing Professional Identity – Who are you as a physician?	Understand the evolving concept of professionalism in modern medicine Embrace diversity and inclusion as core elements of professional identity Foster a professional identity that reflects personal values and commitment to the modern healthcare landscape
Core professional attributes and knowledge of professional responsibilities	Orientation Block – Introduction to Professional Role (0.0.2 PRB)	Have awareness of skills of knowledge acquisition to prepare for lifelong learning Conceptualize a personal plan for acquiring knowledge and evaluating learning outcomes Reflect on concepts of professionalism and professional identity to examine personal and societal beliefs

		Integrate concepts of accountability to self, patients, and profession, integrity, and altruism After the introduction of these topics in a required learning experience, these concepts are reinforced with an optional guided reflection workbook that is provided periodically throughout the curriculum.
Throughout the curriculum, a series of asynchronous resources (combinations of podcasts, self-guided workshops, reference material, etc) and scenario-based multiple-choice questions with feedback and explanations are woven through the presentations of the week. As this content is needed throughout the curriculum, flexibility is inherent, based on other aspects of the week such as workload, in person events, and time constraints in short weeks, however some sessions are tagged specifically to content being taught at a specific time. For example, "Dealing with Difficult Issues" is embedded in the week which talks about maternal-fetal conflict, abortion, advanced reproductive technology, and genetic testing and manipulation, acknowledging that those are topics specifically stressed in the MCC professional objectives regarding Integrity.		
	Teamwork (1.3.4 podcast and CARDS)	Understand the importance of effective teamwork in clinical practice Identify barriers to effective interprofessional care Recognize the six pillars of the Canadian Interprofessional Health Collaborative (CIHC) framework. Be prepared to use the CIHC framework to engage in interprofessional learning opportunities
	Conflict Management (Communication session, Block 3)	Recognize and prevent tensions that may lead to conflict Use strategies to deal with conflict through negotiation and collaboration, while respecting the views and positions of others Seek help and advice when necessary, recognizing personal limitations in conflict resolution
	Balancing Balance (podcast and CARDS, Block 1 and 2)	Recognize the importance of work-life balance in medical education Develop strategies for balancing academic and personal commitments Identify and access available support services for professional competence concerns
	Investing in Yourself (podcast and CARDS, Block 1 and 2)	Understand the importance of lifelong learning and competence maintenance in medicine Develop effective strategies for self-assessment and goal setting Implement a personalized plan for self-improvement and competence maintenance
	Time Management (podcast and CARDS, Block 1 and 2)	Understand the importance of effective time management in medical education and practice Develop and implement effective time management strategies Balance professional and personal priorities through effective time management
	Know Your Limits (podcast and CARDS, Block 1 and 2)	Understand the importance of self-accountability and competence maintenance in medicine Develop skills to evaluate personal professional competence Establish a plan for ongoing personal education and competence maintenance
	When do Behaviours Impact Care? (podcast and CARDS, Block 1 and 2)	Understand the critical role of practicing medicine free from impairment Identify the signs of impairment and its potential consequences Commit to maintaining personal well-being and seeking assistance when needed
	Avoiding Abuse of Privilege (podcast and CARDS, Block 1 and 2)	Understand the concept of professional privilege and its ethical significance Recognize ethical dilemmas and boundary issues in medical practice Commit to ethical decision-making and preventing abuse of privilege
	Doctor as Teacher (podcast and CARDS, Block 1 and 2)	Demonstrate proficiency in medical knowledge and skills Recognize opportunities for mentorship and support Provide effective instruction and support to peers and junior learners
	Dealing with Difficult Issues (Week 2.7.2)	Develop profound ethical awareness Analyze and evaluate complex ethical issues Make ethically sound decisions and communicate effectively
	Altruism – A Seemingly Impossible Ask (podcast and CARDS, Block 1 and 2)	Internalize the principle of altruism in professional behavior Develop skills for service beyond normal expectations Establish a personal framework for balancing altruism and self-care

	Collaborative Practice Podcast 1.3.4 – Introducing the CIHC Framework	Understand the importance of effective teamwork in clinical practice Identify barriers to effective interprofessional care Recognize the six pillars of the CIHC Framework Be prepared to use the CIHC framework to engage in interprofessional learning opportunities Students will be introduced to the concept of collaborative leadership as one of the six pillars of the CIHC Framework.
Leadership skills	Introduction to Leadership 2.5.1 – podcast and asynchronous resources	Understand the Role of Leadership in Healthcare Develop Leadership Skills in Healthcare Contexts Explore Ethical and Cultural Dimensions of Healthcare Leadership Students will be introduced to the LEADS framework, and given additional resources to explore leadership in the healthcare setting.
	Leadership Cards	A set of scenario-based multiple-choice questions that reinforce the learning objectives of the Introduction to Leadership asynchronous resources in 2.5.1
	Tutorial Group 2.5.1	Explore how students' individual leadership style and professional identity will play into the group dynamic Identify a shared purpose and a vision of how your team will function, using the Why, How, What model Discuss the features of successful groups and common challenges they may encounter Begin the process of establishing expectations, ground rules and group processes This group session is the first time the students will be with a new group of peers since the start of medical school. Expanding on the concepts of Tuckman's Team Stages Model, students will now approach the group with a leadership model to apply skills and competencies introduced in sessions 1.3.4 and 2.5.1 podcast.
	Tutorial Group 2.7.1	Explore how students' individual leadership style and professional identity will play into the group dynamic Identify a shared purpose and a vision of how your team will function, using the Why, How, What model Discuss the features of successful groups and common challenges they may encounter Begin the process of establishing expectations, ground rules and group processes This group session is the second time the students will be with a new group of peers since the start of medical school. Expanding on the concepts of Tuckman's Team Stages Model, and the first opportunity to apply a leadership model to working in the tutorial group, students will have an opportunity to examine the new group from a leadership lens, building on skills learned and competencies achieved in 2.5.1.
	Leadership for Patient Safety (Block 3)	Examine the role of physicians as leaders in the context of patient safety and quality management models.
	Leaders in Medicine (LIM)	This joint degree program allows select students to pursue a Masters, PhD or MBA concurrent with their MD to develop future leaders in clinical and academic medicine. Students may still access the LIM program within RIME.