

STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

The faculty of a medical school engages in curricular revision and program evaluation activities to ensure that that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.

8.1 CURRICULAR MANAGEMENT

The faculty of a medical school entrusts authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.

Requirement 8.1-1

The faculty of the medical school entrusts authority and responsibility for the medical education program to a duly constituted faculty body commonly called a curriculum committee.

- A. Provide the name of the faculty committee with primary responsibility for the curriculum.

Legacy Curriculum (until December 31st 2023):

Undergraduate Medical Education Committee

RIME Curriculum (From July 1st 2023):

Curriculum Innovation and Oversight Committee (CIOOC)

- B. Provide the terms of reference for this committee and note the source of its authority (e.g., the faculty bylaws). (*Appendix 8.1-1 B*) (Core Appendix)

Required Appendix 8.1-1 B1 – UMEC Terms of Reference

The Undergraduate Medical Education Committee was established under the authority of the CSM Faculty Council which in turn was established pursuant to the Alberta Post Secondary Learning Act.

Required Appendix 8.1-1 B2 – Curriculum Innovation and Oversight Committee Terms of Reference

The CIOOC was established under the authority of the CSM Faculty Council which in turn was established pursuant to the Alberta Post-Secondary Learning Act.

Requirement 8.1-2

This committee and its subcommittees or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the

- i. overall design*
- ii. management*
- iii. integration*

- iv. *evaluation*
- v. *enhancement of a coherent and coordinated medical curriculum*

- A. Provide an organizational chart for the management of the curriculum that includes the curriculum committee and its subcommittees, other relevant committees, the undergraduate dean or equivalent, and the individuals or groups with involvement in curriculum design, implementation, and evaluation. (*Appendix 8.1-2 A*) (Core Appendix)

Required Appendix 8.1-2 A – UME Committee Organizational Charts

- B. Provide the terms of reference of any subcommittees of the curriculum committee. (*Appendix 8.1-2 B*) (Core Appendix)

Legacy Curriculum (until December 31st 2023):

Required Appendix 8.1-2 B1 - Pre-Clerkship Committee Terms of Reference

Required Appendix 8.1-2 B2 - Clerkship Committee Terms of Reference

RIME Curriculum (From July 1st 2023):

Required Appendix 8.1-2 B3 – RIME Pre-Clerkship Committee Terms of Reference

- C. Provide copies of minutes of two curriculum committee meetings from the most recently completed academic year and of two curriculum committee meetings from the year prior that illustrate that the committee oversees the curriculum as a whole and has responsibility for the overall design, management, integration, evaluation, and the enhancement of a coherent and coordinated medical curriculum. Highlight and label areas of the minutes that illustrate each of the above points (i-v). (*Appendix 8.1-2 C*)
Note: Three years of curriculum committee minutes should be available on-site for the site visit team.

Legacy Curriculum (until December 31st 2023):

Required Appendix 8.1-2 C1 - UMEC Minutes January 21, 2022

Minutes of the Undergraduate Medical Education Committee meeting on January 21st, 2022, show that the committee reviewed and accepted the Terms of Reference for an ad hoc RIME Sub-Committee, which was tasked with the operational implementation of the new RIME curriculum. This demonstrates committee oversight for the overall design of the curriculum as a whole.

Required Appendix 8.1-2 C2 – UMEC Minutes June 24, 2022

Minutes of the Undergraduate Medical Education Committee meeting on June 24th, 2022, show that the committee approved required notification to CACMS, approved an Alberta Advanced Education Load Change Proposal, and approved the creation of a new Curricular Review Committee. These items demonstrate oversight for the required i) design, ii) management, and iii) integration of the curriculum.

Required Appendix 8.1-2 C3 – UMEC Minutes November 18, 2022

Minutes of the Undergraduate Medical Education Committee meeting on November 18th, 2022, show that the committee reviewed and approved changes to the clerkship work hours policy, changes to the clerkship feedback policy, changes to the policy regarding failures in clerkship, and changes to the MSPR policy. These items

demonstrate the required iv) oversight of the evaluation of medical school students as well as v) enhancements to policies to update them and make them more student friendly and responsive to student concerns.

Required Appendix 8.1-2 C4 – UMEC Minutes May 26, 2023

Minutes of the Undergraduate Medical Education Committee meeting on May 26th, 2023, show that the Competency Committee terms of reference was approved, annual reports from the Clerkship Committee and Pre-Clerkship Committee were reviewed and approved, and the changes to the student feedback policy were reviewed and approved. These items demonstrate the required iv) oversight of Undergraduate Medical Education Committee sub-committees as well as oversight for changes to the overall management of the curriculum.

RIME Curriculum (July 1, 2023, onward)

Required Appendix 8.1-2 C5 - Curriculum Innovation and Oversight Committee Minutes June 21, 2024 (approval pending)

Minutes of the June 21, 2024, meeting show that the committee membership, scope, and practical application is still being defined to best meet the needs of the MD program, without adding unnecessary duplication of efforts of other committees.

- D. Describe one example from the last three academic years that illustrates how the activities of the curriculum committee and its subcommittees have enhanced the coherent and coordinated medical curriculum.

The best example from the last three years is the approval for and oversight of the creation of the RIME curriculum. The Undergraduate Medical Education Committee approved in November 2020 that a RIME curriculum ad hoc subcommittee be formed to examine the feasibility and desirability of implementing RIME and report back to UMEC with recommendations. The Undergraduate Medical Education Committee accepted the recommendation of the ad hoc committee in January 2022 and the Undergraduate Medical Education Committee then approved the creation of a new RIME subcommittee in January 2022. This committee gave regular standing reports at every subsequent Undergraduate Medical Education Committee meeting, until July of 2023 when the new curriculum launched, and the RIME sub-committee was dissolved. In December 2023, the Undergraduate Medical Education Committee approved the terms of reference for the Curriculum Innovation and Oversight Committee, which was struck to monitor and track changes made to the new curriculum, to ensure that important aspects were not inadvertently removed, but also to strategically place new, contemporary material when needed with a coordinated and integrated approach.

8.2 USE OF PROGRAM AND LEARNING OBJECTIVES

The faculty of a medical school, through the curriculum committee, ensures that the formally adopted medical education program objectives are used to guide the selection of curriculum content, and to review and revise the curriculum. The learning objectives of each required learning experience are linked to the medical education program objectives.

Requirement 8.2-1

The faculty of the medical school, through the curriculum committee, ensures that the formally adopted medical education program objectives are used to:

- i. guide the selection of curriculum content*
- ii. review and revise the curriculum*

- A. Describe how the formally adopted medical education program objectives are used by the curriculum committee to guide the selection of curriculum content. Provide one example as an excerpt from the minutes of the curriculum committee.

The medical school developed and adopted the *Big10 Graduation Educational Objectives (Supplemental Appendix 8.2-1 A)* which represent global objectives for the medical school and are to be fulfilled at the time of medical student graduation. In addition, the medical school has adopted the AFMC EPAs for a graduated medical student as formal objectives and assessment avenues. While there is some overlap, these two main sets of objectives are complementary in that EPAs are more focused on discrete tasks within medicine and the Big 10 objectives are larger more global objectives incorporating knowledge, skills and attitudes outside of EPA related tasks. In addition, the curriculum is guided by the clinical presentation framework, adapted from the MCC framework.

The objectives, EPAs and clinical presentations were the guiding source upon which the RIME curriculum was built, as seen in the following excerpt from the RIME PCC TOR:

“The RPCC designs the content, components and delivery of the Undergraduate Medical Education (UME) pre-clerkship curriculum in keeping with the goals, objectives and philosophy of the University of Calgary’s Cumming School of Medicine, in a manner that meets or exceeds accreditation standards.”

The clinical presentations are updated periodically, and the Big 10 objectives reviewed to provide a guide from curricular development and review.:

From UMEC (November 2022):

“Big 10 Objectives – Discussion regarding the possibility of EPA assessments and the Big 10 objectives overlapping. The EPAs are very clinically oriented, and they do end up assessing all the graduation objectives in one way or another so they will not replace them. The updated Promotion and Graduation Standards Policy states that a student is expected to have met the Big 10 Graduation Objectives and to be ready for reactive supervision in the core EPAs. The Competency Committee can definitely be responsible to ensure the objectives are met for every student by the time of graduation.”

From UMEC (April 2021):

“... updated clinical presentations list was distributed to the committee members prior to the meeting and the changes highlighted were language (wording) changes in the Medical Council of Canada Clinical Presentations. They are: 1) ‘substance use or addictive disorders, withdrawal’ is the new terminology replacing ‘substance use disorder withdrawal’. 2) ‘Sexual Dysfunctions and Disorders, gender and sexuality’ from old terminology of ‘sexually concerned patient’. One additional new clinical presentation added to the Medical Council Clinical Presentations List is ‘Preventative Health Encounter’.”

Regular review of the “Big 10 Objectives” occurs at UMEC, and these were taken to the Strategic Education Council (SEC) for review at the March 2023 meeting as the last
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review occurred in 2015. A working group has been struck to modify these objectives based on the recommendations (below) from SEC:

- Should there be a stronger statement regarding the importance of acting and working in an anti-oppressive and anti-racist, non-ableist way, as well as content regarding Indigenous health.
- Having not left the pandemic yet, public health should be raised as an issue.
- Social science research is a major pillar as well, not just clinical sciences.
- Planetary health to be added as an objective.
- Nothing specific to promoting learner wellness listed.
- Due for some modernization and revision.

The working group modifications were approved by UMEC in December 2023. These changes were then brought forward to Strategic Education Council in January 2024. The feedback from that presentation was that there was insufficient change to address the above recommendations. As such, additional stakeholder engagement is ongoing to ensure that the Big 10 are updated to accurately depict the goals for the students in the MD program, with a projected timeline to be implemented prior to July 2025 (for the Class of 2028).

B. Describe how the formally adopted medical education program objectives are used by the curriculum committee to review and revise the curriculum. Provide one example as an excerpt from the minutes of the curriculum committee.

Courses are reviewed each year and course feedback is provided to the course directors in the form of a detailed report. This provides the basis of a course report to the appropriate committee (Pre-Clerkship Committee or Clerkship Committee). With these reports comes a description of proposed changes based on feedback. These are done in the light of the feedback within the context of the CSM Objectives. Within the RIME curriculum there are reports at the end of each block for Fundamentals and Professional Role. These are then reviewed by the Curriculum Innovation and Oversight Committee (sub-committee under UMEC) to review and provide proposed changes in the light of the RIME principles, guiding objectives and clinical presentation outline.

Example: from the Course 1 report, Minutes of the Pre-Clerkship Committee (PCC), January 2023.

“Course weaknesses; still too “specialized” (Generalism) and constrained re: patient-centeredness, integration and spirality (RIME). Changes from the previous course: several new podcasts, small group revisions/updates, more CARDS, EDI audit of small groups and exam content and generalism assessment of SG content (using T-GAT). Dr. Cheng reported there were no significant changes to the evaluation criteria in terms of course breakdown.”

This response to feedback comes in the context of multiple program objectives including:

Big 10:

3. Apply a comprehensive patient-centered approach in the evaluation and care of patients including sensitivity to differing: sexual orientation and gender identity, cultural and spiritual beliefs, attitudes and behaviours, economic situations.

Within the RIME curriculum, the immediate application of curricular change will be through the Curriculum Innovation and Oversight Committee which reports to UMEC. This committee reviews all proposed curricular reviews to ensure that the principles of the RIME committee are maintained and that the balance of content serves the program objectives.

Requirement 8.2-2

The learning objectives of each required learning experience are linked to the medical education program objectives.

- A. Describe how the curriculum committee ensures that learning objectives for each required learning experience are linked to the medical education program objectives.

Each course is reviewed at the appropriate UMEC sub-committee on an annual basis (Pre-Clerkship Committee [PCC], RIME Pre-Clerkship Committee [RPCC], or Clerkship Committee [CC]). New content is presented with objectives that are judged in the light of the curricular principles (RIME principles), the program objectives and clinical presentation outline. Within RIME, all new curricular content is additionally scrutinized by the Curriculum Innovation and Oversight Committee (CIOC) to ensure that the objectives and content appropriately line up with these principles and objectives. Ultimate approval of large curricular changes then moves to UMEC for more scrutiny, discussion and approval.

- B. Provide one example from a required learning experience in the first year of the undergraduate medical education program illustrating that the learning objectives are linked to the medical education program objectives. (*Appendix 8.2-2 B*)

Required Appendix 8.2-2 B – Example Learning Objectives Linked to Program Objectives

- C. Provide one example from a required clinical learning experience illustrating that the learning objectives are linked to the medical education program objectives. (*Appendix 8.2-2 C*)

Required Appendix 8.2-2 C – Example Clinical Learning Experience Objectives Linked to Program Objectives

8.3 CURRICULAR DESIGN, REVIEW, REVISION/CONTENT MONITORING

The faculty of a medical school is responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

The curriculum committee oversees content and content sequencing, ongoing review and updating of content, and evaluation of required learning experiences, and teacher quality.

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee.

Requirement 8.3-1

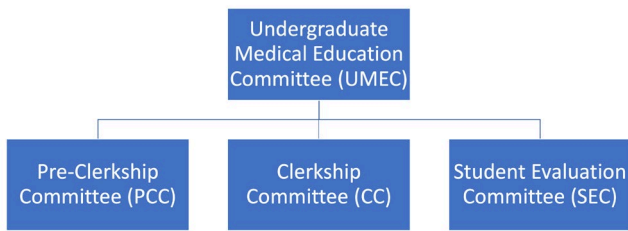
The faculty of the medical school is responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required learning experience, and instructional and assessment methods appropriate for the achievement of those objectives.

- A. Provide evidence (e.g., calendar entry, faculty council minutes, faculty by-laws) that a duly constituted faculty body of the medical school, commonly known as the curriculum committee, is responsible for the detailed development, design, and implementation of all components of the medical education program. Highlight and label the entries as appropriate. (*Appendix 8.3-1 A*)

Legacy Curriculum

The Undergraduate Medical Education Committee (UMEC) is the oversight committee for all UME operations. The terms of reference for this committee are included as **Required Appendix 8.3-1 A1**, as well as an example of the minutes (**Required Appendix 8.3-1 A2 – UMEC minutes June 24, 2022**). Three committees responsible for detailed curriculum development, design and implementation act as subcommittees that report to UMEC. As noted in the TOR, UMEC oversees planning, content, delivery and outcome of curriculum and recommends executive action. As such, UMEC has final authority (and thus needs not seek approval from Strategic Education Council) over decisions/policies directly relating to curricular content. Changes to the overall design or structure of a program, changes to the load that a student takes in an individual session or changes beyond swapping one course for another do require approval from main campus (as per their policy). The committees that report to UMEC include the following:

- Pre-Clerkship Committee (TOR – **Required Appendix 8.3-1 A3**, example minutes - **Required Appendix 8.3-1 A4** and course report - **Required Appendix 8.3-1 A5**)
- Clerkship Committee (TOR - **Required Appendix 8.3-1 A6**, example minutes - **Required Appendix 8.3-1 A7** and clerkship block survey report - **Required Appendix 8.3-1 A8**)
- Student Evaluation Committee (TOR - **Required Appendix 8.3-1 A9**, example minutes - **Required Appendix 8.3-1 A10**)



RIME Curriculum

The Pre-Clerkship Committee has been replaced by the RIME Pre-Clerkship Committee (RPCC) – the terms of reference included as ***Required Appendix 8.3-1 A11***. With the start of RIME (July 1, 2023) there is also a newly established Curriculum Innovation and Oversight Committee (CIOOC) – terms of reference included as ***Required Appendix 8.3-1 A12***. This committee reports to UMEC but has unique curriculum management responsibilities illustrated in ***Required Appendix 8.1-2 A – UME Committee Organizational Charts***.

Requirement 8.3-2

The curriculum committee oversees:

- i. content and content sequencing*
- ii. ongoing review and updating of content*
- iii. evaluation of required learning experiences*
- iv. teacher quality*

A. Describe how the curriculum committee oversees curricular content and content sequencing.

Legacy Curriculum

Individual course/clerkship committees (including course leaders, evaluation coordinators and program coordinators) were given the authority to develop content that fell under the scope of their course. They developed and reviewed the learning objectives, chose instructional design, and determined content sequencing. Courses were required to provide assessment blueprints to ensure alignment with course objectives.

Pre-Clerkship course leaders were members of the Pre-Clerkship Committee (PCC). This committee included the Associate Dean UME, Assistant Deans UME, Director of Master Teachers, Director of Teaching Innovation, Director of Interprofessional Education (IPE), faculty representatives, representatives from basic science, family medicine

and student representatives (VP academics). This committee met once a month with updates from other relevant committee leaders and annual course reports presented by course chairs.

These reports included metrics (student feedback, faculty feedback, student performance) from the last course delivered with proposed changes for the upcoming iterations. These annual reports were approved by the PCC by way of vote.

PCC and UMEC: Terms of Reference and Meeting Minutes (see *Appendix 8.3-1 A1-A4* for information).

RIME Curriculum

Curricular content and sequencing were created according to the working groups as described below. Future modifications to this will require review and approval by the Curriculum Innovation and Oversight Committee (see *Supplemental Appendix 8.3-2 A* for a description of UME curriculum governance and oversight).

- B. Provide an example from curriculum committee minutes within the past three years that demonstrate that the curriculum committee oversees curricular content and content sequencing. Highlight and label the example. (*Appendix 8.3-2 B*)

Legacy Curriculum

An example from the PCC minutes (*Required Appendix 8.3-2 B1*) regarding reports of two courses, including the sequencing change of Course 5 and Population Health.

RIME Curriculum

Curricular content and sequencing were created according to the working groups as described below. Future modifications to this requires review and approval by the Curriculum Innovation and Oversight Committee.

- C. Describe how the curriculum committee oversees ongoing review and updating of curricular content.

Legacy Curriculum

The Pre-Clerkship Committee (PCC) had overseen annual course reports delivered by course leaders. These reports included student feedback data, faculty feedback data, and intended changes for the subsequent iteration of the course. The reports were discussed and voted on for approval. PCC then reported back to UMEC for final approval as part of an annual report.

RIME Curriculum

Feedback to RIME leaders is provided at the RPCC on a regular basis. This includes feedback from students and faculty. Intended changes are discussed at this committee. To add or change curricular content, the proposal must be submitted to the CIOC for recommendations. Factors that are considered include but are not limited to: alignment of learning objectives with MCC objectives, demonstration of need, instructional strategy, evaluation strategy and what content would be removed as to limit content overload/creep.

- D. Provide examples from curriculum committee minutes for each of the past three years that demonstrate that the curriculum committee oversees ongoing review and updating of curricular content. Highlight and label each example. (*Appendix 8.3-2 D*)

Legacy Curriculum

Examples of PCC minutes documenting review and updating of curricular content are included as:

1. PCC minutes March 10, 2023 (*Required Appendix 8.3-2 D1*)– Course 6 review and changes to content and student feedback
2. PCC minutes November 19, 2021 (*Required Appendix 8.3-2 D2*) – Course 4 new elements and overall ratings, strengths and weaknesses
3. PCC minutes January 14, 2022 (*Required Appendix 8.3-2 D3*) - Course 5 and Population Health reports with student feedback, success and areas of growth identified

RIME Curriculum

The Curriculum Innovation and Oversight Committee held its first meeting on June 21, 2024.

E. Describe how the curriculum committee oversees evaluation of required learning experiences.

Legacy Curriculum

Student and faculty feedback were collected at the end of every course/clerkship. Feedback was reviewed by the Assistant Dean of Program Evaluation and then presented to the UME management committee. This data was then shared in its entirety with the relevant Assistant Dean. The Assistant Dean then approved release of the data to the Course/Clerkship leaders. This was followed by a meeting of the Assistant Dean with Course leaders and subsequent generation of an annual course report which was presented, discussed and approved at the appropriate curricular committee (pre-clerkship or clerkship). This included any changes planned for subsequent years.

RIME Curriculum

Student and faculty feedback are collected at the end of every two units (12 weeks). This feedback is reviewed by the Assistant Dean of Program Evaluation and then presented to the UME management committee. The data is then shared in its entirety with the relevant Assistant Dean. The Assistant Dean then approves release of the data to the appropriate RIME Directors with presentation at the RPCC meeting for approval. Of note, in the first iteration of RIME, this feedback is reviewed every 6 weeks to be responsive to the new curricular design. Additionally, there will focus groups and student townhalls to collect additional data. The RPCC has held monthly meetings including summer months in 2023.

F. Provide an example from curriculum committee minutes within the past three years that demonstrate that the curriculum committee oversees evaluation of required learning experiences. Highlight and label the example. (*Appendix 8.3-2 F*)

Legacy Curriculum

The Pre-Clerkship Committee minutes with the Course report for Course 3 (2022), the Course Chair report and Faculty Survey results are included as:

1. PCC minutes October 2022 (*Required Appendix 8.3-2 F1*)
2. Course 3 presentation to RPCC (*Required Appendix 8.3-2 F2*)
3. Course Chair Report of Course 3 - Faculty Survey - Class of 2024 (*Required Appendix 8.3-2 F3*)

G. Describe how the curriculum committee oversees teacher quality.

Student feedback is collected on each teaching event providing numerical and narrative feedback on teaching quality. This information is included in the Course Chair report that is reviewed by the Assistant Dean Program Evaluation and the relevant Assistant Dean (Pre-Clerkship/Clerkship). Teachers are automatically sent their numerical feedback (on a scale of 1-5) approximately 2 weeks after the learning event. To respond to potential quality concerns early, any teacher who receives a score of $< 3/5$ is flagged to the Assistant Dean Program Evaluation and relevant Assistant Dean (Pre-Clerkship or Clerkship). Additionally, all comments are reviewed and even if a score is $> 3/5$, if there is a concerning comment, it is flagged to the relevant Assistant Dean. In these cases, prior student feedback is reviewed, and a variety of actions can be taken. These include: a discussion between the Associate Dean and the faculty member, forwarding the feedback to the relevant course leader to provide feedback to the faculty member or monitoring. All faculty ratings and comments are included in the Course Chair report that is provided to the course leaders at the end of a course.

- H. Provide an example from curriculum committee minutes within the past three years that demonstrate that the curriculum committee oversees teacher quality. Highlight and label the example. (*Appendix 8.3-2 H*)

Legacy Curriculum

The Pre-clerkship Committee minutes January 2022 (*Required Appendix 8.3-2 H1*) that demonstrate oversight of teacher quality along with the Population Health Course Chair report July 2021 pages 20-38 (*Required Appendix 8.3-2 H2*) and Population Health Course Report (*Required Appendix 8.3-2 H3*) are included as examples.

Requirement 8.3-3

The medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the curriculum committee.

- A. Describe the process(es) used by the curriculum committee demonstrating ongoing monitoring of the: medical education program objectives; learning objectives; content; and instructional and assessment methods.

UMEC is the overarching committee for all UME operations. This committee is responsible for review of program objectives as well as approval of learning objectives, content, instruction methods and assessment methods that are discussed and approved at the UMEC subcommittees. Program objectives are reviewed annually at this committee and changes require approval at the CSM Strategic Education Council. Each of the UMEC subcommittees (PCC, CC and SEC) report updates to UMEC in each meeting as well as an annual report for approval. A recent example of this was a change to the assessment policy of clerkship. A proposed change was presented and passed at UME SEC. This was subsequently taken to UMEC for approval (UMEC November 2022 minutes). A pre-clerkship example is provided in the June 2022 UMEC minutes where there was a change to the proposed RIME curricular schedule.

- B. Provide the three most recent reviews from one required learning experience in the first year of the undergraduate medical education program demonstrating ongoing monitoring by the curriculum committee. (*Appendix 8.3-3 B*)

Legacy Curriculum

Reviews for Anatomy:

Class of 2023 - Anatomy Annual Report - Year 1 (*Required Appendix 8.3-3 B1*), PCC minutes March 10, 2023 (*Required Appendix 8.3-3 B2*)

Class of 2024 - Anatomy Annual Report - Year 1 (*Required Appendix 8.3-3 B3*), PCC minutes June 10, 2022 (*Required Appendix 8.3-3 B4*)

Class of 2025-Anatomy Annual Report-Both Year 1 (MDCN 300) and Year 2 (MDCN 400) (*Required Appendix 8.3-3 B5*), PCC minutes March 15, 2024 (*Required Appendix 8.3-3 B6*)

RIME Curriculum

Class of 2026-Anatomy Report - Block 1 (*Required Appendix 8.3-3 B7*), RPCC minutes May 10, 2024 (*Required Appendix 8.3-3 B8*)

Class of 2026-Professional Role Report - Block 1 (*Required Appendix 8.3-3 B9*), RPCC minutes June 7, 2024 (*Required Appendix 8.3-3 B10*)

Class of 2026-Block 1 report (*Required Appendix 8.3-3 B11*), RPCC minutes April 5, 2024 (*Required Appendix 8.3-3 B12*)

C. Provide the three most recent reviews from one required clinical learning experience demonstrating ongoing monitoring by the curriculum committee. (*Appendix 8.3-3 C*)

Annual Report 2023, CC minutes September 12, 2023 (*Required Appendix 8.3-3 C1*)

Annual Report 2022, CC minutes September 20, 2022 (*Required Appendix 8.3-3 C2*)

CC minutes September 7, 2021 (*Required Appendix 8.3-3 C3*)

Clerkship Surgery Block Survey 2022 (*Required Appendix 8.3-3 C4*)

RIME Curricular Development

The curriculum for RIME was framed on the MCC clinical presentations in a spiral pattern with integration of all non-medical content expert objectives. The RIME Implementation team consisted of several sub-committees.

RIME Sub-Committee

Role Committee Position	UME/CSM Role	Name
Chair	Director of Teaching Innovation	Dr. Rahim Kachra
Lead - Curriculum & Clinical Presentations	Director of Teacher Development (Faculty Development) & former Associate Dean UME	Dr. Sylvain Coderre
Lead – Student Assessment	UME Assistant Dean – Evaluation & Research	Dr. Janeve Desy
Lead – Program Evaluation & Accreditation	UME Director – Program, Faculty & Student Evaluations	Dr. Adrian Harvey
Lead - Rhythm	UME Manager	Ms. Shannon Leskosky
Co-Lead – Health Equity & Structural Competency	Clinical Assistant Professor, Pediatric Surgery PGME Anti-Racism Lead	Dr. Tito Daodu
Co-Chair Co-Lead – Health Equity & Structural Competency	PhD Educator & Assistant Professor, Department of Medicine	Dr. Allison Brown

Co-Lead – Learner Wellness	Associate Director, Student Advocacy & Wellness Hub	Dr. Kannin Osei-Tutu
Co-Lead – Learner Wellness	Associate Director, Student Advocacy & Wellness Hub	Dr. Teresa Killam
Lead – Development of Professional Identity	Director – Master Teacher Program & Career Exploration Program	Dr. Melinda Davis
Lead – Medical Skills	Evaluation Coordinator – Medical Skills	Dr. Glenda Bendiak
Co-Chair	UME Manager, Academic Technologies	Mr. Mike Paget
Designated Generalist Focused Family Medicine Physician	Associate Director – UME Admissions	Dr. Rabiya Jalil

Week-by-Week Working Group (Curriculum)

Rahim Kachra – Director of Teaching Innovation
 Glenda Bendiak – Medical Skills Evaluation Coordinator
 Hanan Bassyouni – Master Teacher, Course 4 Co-Chair, Communications Co-Chair
 Murray Lee – Master Teacher, Population Health Chair, Communications Co-Chair
 Patrick Lee – Master Teacher, Integrative Course Chair, Physical Exam Co-Lead
 Joshua Low – Student representative

Day-by-Day Working Group (Curriculum)

Theresa Wu – Course 6 Co-Chair
 Adam Bass – Course 4 Co-Chair
 Murray Lee - Master Teacher, Population Health Chair, Communications Co-Chair
 Sarah Anderson – Anatomy Course Co-Chair
 Melinda Davis – Director of Master Teacher Program, Career Exploration Course Chair
 Amy Gausvik – Master Teacher, Global Health Unit Co-Chair
 Amy Bromley – UME Pathology Lead
 Yan Yu – UME Calgary Guide Lead
 Tito Daodu – Faculty Lead Health Equity
 Joshua Low – Student representative

The RIME Curriculum sub-committee took the current course content from all Legacy courses and mapped it out into 12 units (each ~6 weeks). There was a pre-week of background science/principles for each unit.

Weekly topics were then outlined, including clinical presentations and main “diagnosis”. Then to ensure spirality, mapped each clinical presentation (CP) to return at least once and in most cases many times to other weeks. A curricular map with all the CPs was then constructed across all 12 units.

“Non-medical expert domains” were then overlaid by the Health Equity & Structural Competency Sub-Committee and the Professional Identity Sub-Committee.

Future content changes will need to be approved by the Curriculum Innovation and Oversight Committee. This committee, with broad representation, will regularly review methods of implementation of education objectives and provide recommendations to appropriate committees to ensure integration and coordination of the program as a whole, provide regular reports to RIME Pre-clerkship Committee, Clerkship Committee, Student Evaluation Committee and Undergraduate Medical Education Committee. This Committee will also review, provide recommendations, and approve all proposed modifications to the curriculum. This will be based on if the proposal is in keeping with: 1) the educational objectives of the program, which are framed by the Medical Council of Canada Examination Objectives; and 2) the rhythm and structure of the calendar, including scheduled time assigned to the course.

The RIME Pre-Clerkship Committee (RPCC) has replaced the former Pre-Clerkship Committee (PCC). This is the operational committee for pre-clerkship. Although it may provide input to the CIOC and the CIOC chair will provide updates to RPCC, this committee does not have the authority to make curricular changes.

The Assistant Dean, Program Evaluation is responsible for evaluation of learning experiences and assessment of faculty.

8.4 EVALUATION OF PROGRAM OUTCOMES

A medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives and to enhance the quality of the medical education program as a whole. These data are collected during program enrolment and after program completion.

Requirement 8.4-1

The medical school collects and uses a variety of outcome data, including national norms of accomplishment, to demonstrate the extent to which medical students are achieving the medical education program objectives.

A. Table 8.4-1 A

Table 8.4-1 A | MCCQE Part 1 Results of First-Time Takers (Core Appendix)

Source: School-reported from MCC report

Provide the requested MCCQE Part 1 results of first-time takers during the three most recently completed academic years. Add rows as needed for each campus.			
Campus	Academic Year (AY)	No. Examined	Percent Passing
Foothills Medical Centre	2023	135	90%
	2022	135	96%
	2021	148	93%
	2020	145	97%

B. Table 8.4-1 B

Table 8.4-1 B | Collection and Use of Outcome Data to Demonstrate the Extent of Achievement of Medical Education Program Objectives (Core Appendix)

Source: School-reported

Identify those outcome data types collected to demonstrate the extent to which medical students are achieving the medical education program objectives and describe how these data are used. Add rows as needed for additional data types and delete those rows of data types not used. Add rows as needed for each campus if differences exist across campuses.		
Campus	Outcome Data Collected and Used	Description of how data are used to demonstrate the extent of to which medical students are achieving medical education program objectives
Foothills Medical Centre Campus	Student performance in required learning experiences	<p>Student performance in all required learning experiences is reviewed by the Assistant and Associate Deans on an ongoing basis. As all examinations are mapped to the course/clerkship objectives, by ensuring that all students meet the passing threshold of each course by the time of graduation, the program ensures that each student meets or exceeds the objectives of the program.</p> <p>At the clerkship level, all student performance data are reviewed twice yearly by the clerkship Competency Committee, who ensure that students are meeting or exceeding the program’s objectives by the time of graduation.</p> <p>RIME: this process has not changed in the new curriculum</p>
	Performance-based assessment of clinical skills (e.g., OSCEs)	Student performance on all OSCE examinations is reviewed by the Assistant and Associate Deans on an ongoing basis. For OSCE examinations, passing thresholds are set to ensure that all students have met developmentally appropriate program objectives

		depending on the timing of the examination. RIME: this process has not changed in the new curriculum
	Achievement of AFMC EPAs	Students collect EPAs throughout clerkship as well as on the clerkship OSCE. The program has pre-determined the number of successful EPAs of each category that each student must complete by the time of graduation. The Competency Committee reviews all student EPA data twice yearly to ensure that all students have met the program's standards by the time of graduation. Without sufficient EPAs on clerkship rotations (such as observed history and physical examination) a clinical clerk will not be rated as ready for graduation by the committee. RIME: EPA assessment is now used in the pre-clerkship curriculum. Currently, all pre-clerkship EPAs are formative in nature, and are a must complete component of some learning experiences. A pre-clerkship competency committee has been introduced, that meets every 6 months during the pre-clerkship program to review all assessment data for all students (including achievement of EPAs).
	Student advancement and graduation	These data are reviewed yearly by the Associate and Assistant Deans, UME management team, and UMEC. Collated data helps the program identify how many students are achieving the program objectives, and how many require extra time to do so. RIME: this process has not changed in the new curriculum
	Results of MCCQE Part 1	MCCQE Part 1 results are reviewed by the Associate and Assistant Deans and UME management team yearly. They are also reviewed yearly by the MCCQE Part 1 review course chair, and feedback is provided to review course preceptors regarding collated student performance on individual MCC objectives. RIME: this process has not changed in the new curriculum
	Other – residency performance of graduates	Program directors are surveyed yearly about the 1 st year residency performance of students. This information is reviewed by the Assistant Dean of Program Evaluation yearly, to determine the extent to which students were prepared for post-graduate training. RIME: this process has not changed in the new curriculum

Requirement 8.4-2

The medical school collects and uses a variety of outcome data, including national norms of accomplishment, to enhance the quality of the medical education program as a whole.

A. Table 8.4-2 A

Table 8.4-2 A | Collection and Use of Outcome Data to Enhance the Quality of the Medical Education Program as a Whole (Core Appendix)

Source: School-reported

Identify those outcome data types collected to enhance the quality of the medical education program as a whole and describe how these data are used. Add rows as needed for additional data types and delete those rows of data types not used. Add rows as needed for each campus if differences exist across campuses.		
Campus	Outcome Data Collected and Used	Description of how data are used to enhance the quality of the medical education program as a whole
Foothills Medical Centre	Student advancement and graduation	<p>Student advancement and graduation decisions are made by the Student Academic Review Committee. Numbers are reviewed yearly at the Student Academic Review Committee and with the Registrar of the University. Data are used to ensure that graduation targets are met on an ongoing basis. The data ensure that the medical school is compliant with contractual obligations that the University of Calgary has with the Government of Alberta, as well as to inform resource planning, both within the University and with community partners, which improves the quality of education that the school can provide.</p> <p>RIME: this process has not changed in the new curriculum</p>
	Student responses on the AFMC GQ	<p>Student responses on the AFMC GQ are reviewed yearly at a UME Management meeting, and areas for possible improvement are highlighted. As all Assistant and Associate Deans are present, as well as all UME managers, individual portfolio leads determine what (if any) changes need to be made based on this data.</p> <p>RIME: this process has not changed in the new curriculum</p>
	Specialty choices of graduates	<p>The information technology team keeps records of the CaRMS match data for the students. The data help to inform curricular innovations such as the implementation of the career exploration program, which helps students make informed choices about medical career paths.</p> <p>RIME: this process has not changed in the new curriculum</p>
	Results of MCCQE Part 1	<p>MCCQE Part 1 results are used to identify overall trends in performance, as well as MCC objectives that students perform above and below average on. This information is used to design the yearly MCCQE Part 1 review course. Extra time is spent on topic areas or question formats that students have underperformed on in the past.</p> <p>RIME: this process has not changed in the new curriculum</p>
	Feedback on residency performance of graduates	<p>Feedback from program directors is used to identify overall strengths and weaknesses of CSM graduates, which can then be fed back to course leaders who are tasked with designing course and clerkship learning experiences. Additionally, the program is currently working with PGME to retrospectively review all assessment data for individual students for whom major red flags were raised within the first year of post graduate training, to identify methods of improving the</p>

		accuracy and predictive ability of the assessment tools used within the program.
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RIME: this process has not changed in the new curriculum

B. Provide an example of how outcome data identified in Table 8.4-2 A were used to enhance the quality of the medical education program as a whole since the time of the last full accreditation visit.

1. Prior to 2020, the CSM UME program began implementing EPA-based assessment into the program during the annual clerkship OSCE. Student performance on these EPAs was used to determine if students passed this examination. As students did not need to pass every EPA to pass the OSCE, review of student achievement on the AFMC EPAs showed a gap in the school's ability to assess all students on all EPAs using this model. This led to the question of what is the optimum number of EPAs that a clerkship level undergraduate student should achieve during their training. This gap led to a scholarly project where the Program used a modified Delphi methodology to determine the number of EPAs required of a graduating medical student, which allowed the UME program to define the number of successful performances of each AFMC EPA the students need to complete by graduation. Once these standards were defined, a clerkship competency committee was created that oversees all assessment data (including the completion of all mandatory EPAs) for all students within the program. This was an evidence-based initiative geared towards creating a competency-based undergraduate education program and has enabled the UME leadership to review all graduating students in detail, with multiple stakeholders, who make consensus recommendations about graduation from the program.

Ref: Harvey A, Paget M, McLaughlin K, Busche K, Touchiee C, Naugler C, Desy J. How much is enough? Proposing achievement thresholds for core EPAs of graduating medical students in Canada. *Med. Teacher.*2023, VOL. 45, NO. 9, 1054–1060. <https://doi.org/10.1080/0142159X.2023.2215910>

Requirement 8.4-3

These data are collected during program enrolment and after program completion.

A. List those data types shown in Table 8.4-2 A that are collected after program completion.

Results of MCCQE Part 1
Feedback on residency performance of graduates

8.5 MEDICAL STUDENT FEEDBACK

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of required learning experiences, teachers, faculty members, and other relevant aspects of the medical education program.

Requirement 8.5-1

In evaluating medical education program quality, the medical school has formal processes in place to collect and consider medical student evaluations of their:

- i. required learning experiences*
- ii. teachers (other than faculty members)*
- iii. faculty members*
- iv. other relevant aspects of the medical education program*

- A. Describe those aspects of the medical education program (other than required learning experiences and teachers) about which the medical school collects and considers student evaluations.

Student evaluations are collected from some learning experiences that are not required, but that are offered to the students, including from sessions such as optional review sessions.

In addition to student evaluations about learning experiences and teachers, a student-wide survey is also collected at the end of each year of the program. Additional questions that are asked include:

Year 1:

- Whether students felt that their exposure to certain topics (Indigenous health, anatomy, disease prevention/health promotion, end of life care, inter-professionalism, and physician wellness and self-care) was inadequate, appropriate or excessive
- Level of satisfaction with: career planning services, guidance when choosing electives, budget/debt management counseling, financial aid services and counseling
- The approximate amount of debt that students have accumulated directly related to their medical studies
- Whether or not students have experienced various forms of mistreatment within the last year
- If so, whether they felt that the mistreatment was based on any of the following categories: race or ethnicity, gender, gender identity, religion, physical appearance, other.
- Where the mistreatment was from (i.e. students, residents, staff, patients or standardized patients, other)
- Familiarity with the school's mistreatment reporting process
- Familiarity with how to access mistreatment advisors
- Participation in research or scholarly activities
- Agreement with statements on equality of student treatment, respectful treatment of students, support for students in academic difficulty, support for students who have experienced personal stress, adequate feedback on performance, appropriate balance between individual study time and scheduled class time, availability, and access to personal health care.
- Awareness of what to do if they are exposed to an infectious or environmental hazard
- Safety/security at the various teaching sites
- Comments about the strengths and weaknesses of the program
- Overall rating of the year

Year 2:

- Readiness for clerkship with respect to history taking, physical examination, documentation, verbal presentations, ability to identify patients who are seriously ill, ability to determine if a patient is not competent, ability to develop a differential diagnosis, ability to interpret key investigations, ability to interpret key imaging reports, ability to develop an appropriate management plan, incorporation of efficient and equitable health care resource allocation, communication skills, professionalism skills, self-directed learning skills, wellness skills
- Finances - amount of preexisting debt before medical school, if the overall debt has increased since entering medical school, the approximate amount that debt has increased, how much of the debt is attributed to the cost of medical school (directly and indirectly)

Year 3:

- Same questions as Year 1 survey except for the addition of: how well the program prepared the student for each of the Big 10 educational objectives.

B. In evaluating medical education program quality, describe the formal process(es) in place to collect and consider medical student evaluations of required learning experiences.

Legacy Curriculum

Medical student evaluations were collected after all required learning experiences. The data were collected anonymously, through the One45 system. These evaluations were collated at least yearly and reviewed in detail at the UME Management Committee and the Pre-Clerkship and Clerkship committees. Key themes were identified by the Assistant Dean of Program Evaluation. At these meetings, red flags were identified and actioned on by the appropriate individual, and key strengths and weaknesses were discussed, with the goal of identifying future areas for growth. These reports were shared with the leaders of the relevant course or clerkship, who also reflected on this data and implemented changes based on this data.

In addition to the above-described review process, each course and clerkship lead also presented a yearly report at the relevant Pre-Clerkship or Clerkship Committee. In this report, they shared (among other things), data from student evaluations, and highlighted changes that have been made based on student feedback.

During each course or clerkship, all below satisfactory flags were sent to the relevant Assistant Dean for immediate review, so that any egregious concerns could be addressed immediately.

RIME Curriculum

Evaluation forms are sent to a subset of the class for each learning experience, to help mitigate survey fatigue and improve the quality of data.

Block evaluations and focus group reports are reviewed by relevant block directors, and incorporated in their reports to relevant committees (i.e. RPCC, CIOC).

Event feedback threshold teaching evals (<3/5 on instructor eval) is flagged. If concerning comments are seen, there is an informal meeting to discuss, which may involve the block director. If significant, the Associate Dean is informed. The Curriculum Manager reads every comment and will flag based on comments.

If there are egregious or repetitive concerns, the Associate Dean may discuss with the Senior Associate Dean of Education and/or the Precision Equity and Social Justice Office (PESJO).

Only a subset of students receive evaluations to complete to reduce survey fatigue. However, a student not selected to evaluate can still elect to complete an evaluation if desired.

Overall, in the pre-clerkship, there are 12 unit surveys (1/3 of class each), 3 block surveys (everyone) and event survey (cohorted). Unit surveys are mandatory (if not done, potential for EPA on professionalism); Block surveys are non-mandatory, but incentives are offered.

Given that the new pre-clerkship curriculum “Re-Imagining Medical Education” (RIME) was launched in July 2023, the Class of 2026 were invited to participate in a voluntary ISA-style pre-accreditation survey designed to provide data for program evaluation purposes. Survey results and a report from the Calgary Medical Students Association (Class of 2026) are included as ***Supplemental Appendix 8.5-1 B***.

C. In evaluating medical education program quality, describe the formal process(es) in place to collect and consider medical student evaluations of teachers (other than faculty members).

Students complete evaluations of their teachers throughout the program through the One45 system. This applies to non-faculty members (residents, allied health care professionals etc.) in a similar manner to faculty members. In the pre-clerkship curriculum, the students complete a Likert-style response regarding the teaching effectiveness of each preceptor who they encounter and are also provided with the ability to provide narrative comments. Once collected, quantitative feedback is immediately provided to each individual faculty member who teaches in the program. Qualitative comments are released only upon request, and all comments are reviewed in detail by the Assistant Dean.

In the clerkship, students have an opportunity to evaluate the residents in a formal manner and are provided with an opportunity to provide narrative comments. Given the smaller numbers of students evaluating individual residents, this feedback is released in aggregate, combined with ratings from at least three students, to protect student anonymity. Data are typically released to residency program directors yearly from the Assistant Dean, Clerkship. All ratings and comments are reviewed by the Assistant Dean in a timely manner (typically within a week) and any concerning findings are addressed in a timely manner.

Collated data are reviewed after each course or clerkship by the Assistant Dean of Program Evaluation, and concerns are brought forward to the UME Management Committee for discussion and action.

Awards are given out yearly to residents who receive exceptional ratings.

All below satisfactory flags are sent to the relevant Assistant Dean for immediate review *during* each course or clerkship so that any egregious concerns can be addressed immediately.

D. In evaluating medical education program quality, describe the formal process(es) in place to collect and consider medical student evaluations of faculty members.

Students complete evaluations of their teachers throughout the program through the One45 system. In the pre-clerkship curriculum, students complete a Likert-style response regarding the teaching effectiveness of each preceptor that they encounter and are also provided with the ability to provide narrative comments. Once collected, quantitative feedback is immediately provided to each individual faculty who teaches in the program. Qualitative comments are released only upon request.

In the clerkship, as the students generally have a more prolonged exposure to their preceptors, they complete more detailed evaluations of their clinical preceptors that ask for feedback on various aspects of the preceptors' skills. Again, they are provided with an opportunity to provide narrative comments. Given the smaller numbers of students evaluating individual preceptors, this feedback is released in aggregate, combined with ratings from at least three students, to protect student anonymity.

Collated data are reviewed after each course or clerkship by the Assistant Dean of Program Evaluation, and concerns are brought forward to the UME Management Committee for discussion and action.

Awards are given out yearly to preceptors who receive exceptional ratings.

All below satisfactory flags are sent to the relevant Assistant Dean for immediate review *during* each course or clerkship so that any egregious concerns can be addressed immediately.

E. In evaluating medical education program quality, describe the formal process(es) in place to collect and consider medical student evaluations of other relevant aspects of the medical education program.

Student evaluations from mandatory learning experiences are distributed through the One45 system, as with all other evaluations, and reviewed in the same manner as described above.

Student end of year evaluations on aspects of the program outside of required learning experiences and teachers are also collected through the One45 system. Data are reviewed by the Assistant Dean Program Evaluations to identify themes and areas for improvement. Aggregate data are shared with other Assistant Deans and the Associate Dean and presented at the UME Management Committee for further discussion, review, and identification of actionable items.

F. Table 8.5-1 F

Table 8.5-1 F | Processes for Medical Student Evaluations of Program Quality

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 (%)			
		Year 1	Year 2	Year 3	Year 4
Foothills Medical Centre	The medical school provided me with opportunities to evaluate my required learning experiences (e.g., courses, clerkship rotations, longitudinal integrated clerkships).	145/149 (97.32%)	115/117 (98.29%)	112/113 (99.12%)	N/A
	The medical school provided me with opportunities to evaluate my teachers.	149/149 (100.00%)	116/118 (98.31%)	112/113 (99.12%)	N/A

RIME Curriculum

In the RIME curriculum, the overall processes for evaluating required learning experiences, teachers, and other relevant aspects of the medical education program have not changed. However, a few key aspects of this process have changed including:

- Surveying a subset of the class after each required learning experience, so that each individual student has fewer evaluations to complete.
- Streamlining the types of questions asked in end of course evaluation surveys, so that only key questions are asked, and the survey style is consistent across courses.

8.6 MONITORING OF REQUIRED PATIENT ENCOUNTERS AND PROCEDURES

A medical school has in place a system with central oversight that monitors, remedies any gaps, and ensures completion of the required patient encounters, clinical conditions, skills and procedures to be performed by all medical students.

Requirement 8.6-1

The medical school has in place a system with central oversight that monitors the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

A. Describe the system with central oversight used to monitor required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

Each clerkship rotation is responsible for ensuring that students have an experience in a defined set of clinical presentations. The ideal is that each of these clinical experiences will occur in the context of a real patient, however, given the variety of experiences that can occur during an individual clerkship, it is not feasible for this to be the only approach to clinical learning. As such, allowances are made for students to have a substitute clinical experience through simulation or discussion as a part of the clerkship rotation, or to have a simulated experience as a part of the longitudinal Course 8 (Comprehensive Clinical Skills Curriculum for Clerkship) during clerkship.

The required clinical presentations for that rotation are tracked through mandatory on-line logbook reporting. This is a 'must complete' element in each clerkship for a student to be considered satisfactory in that rotation. When students identify an exposure gap during their clerkship, they must engage a preceptor in a discussion about those clinical presentations as a substitute exposure. Several clerkships (Obstetrics & Gynecology, Surgery, Emergency Medicine, Pediatrics) have simulation sessions as a component of their clerkship that allow for students to experience common clinical presentations. Similarly, each clerkship has dedicated protected academic time for students to learn about these clinical presentations through self-study or preceptor led teaching sessions. In addition, some clerkships (Pediatrics, Anesthesia) use daily encounter cards or passports that further guide the learners in the accessing of clinical presentations.

Course 8 was developed as a 'safety net' to further ensure the range of clinical exposures included the key 'must see' clinical presentations in clerkship. Course 8 includes several clinical presentations focused on clinical reasoning, clinical skills, procedural skills, basic science knowledge, chronic disease management, knowledge and skills in diagnostics and therapeutics, patient safety, conflict resolution, interprofessional collaboration and basic bedside ultrasound skills. Year to year Course 8 changes are based on student and faculty feedback, performance on formative and summative evaluations, student clerkship logbooks, and the changing requirements for medical school accreditation requirements. Course 8 uses simulated and standardized patient encounters to address clinical presentations underrepresented during clinical clerkship exposure. The curriculum is delivered throughout the clerkship's duration using a combination of didactic, small group, and simulation learning experiences and evaluated using a combination of summative and formative evaluations.

Tracked presentations and procedures:

78 Must-see clinical presentations for clerkship

abdominal mass	mood disorder
abdominal pain	neck mass/goitre
abuse	new born, depressed
attention deficit	non reassuring fetal status
blood from GI tract	pain
blood in urine	palpitations
BP abnormal	panic/anxiety
breast disorders	pap smear/screen
calcium, abnormal	peds emergency, acutely ill
chest pain	pelvic mass
coagulation abnormalities	pelvic pain
constipation	periodic health exam
contraception	personality disorders
cough	potassium abnormal
cyanosis/hypoxia	pregnancy
development delay	pregnancy loss
diarrhea	prolapse/pelvic relaxation
dizziness/vertigo	proteinuria
dying patient	psychotic patient
dysphagia	renal failure
dyspnea	skin rash macules
ear pain	skin rash, papules/blisters
edema	skin ulcers/tumors
eye redness	sodium abnormal
falls	sore throat
fatigue	substance abuse
fractures/dislocations	suicidal behaviour/prevention
glucose abnormal	temperature abnormal
headache	trauma
hearing loss/deafness	urinary frequency
hemoglobin abnormal	urinary obstruction/prostate
hydrogen ion conc abnormal	vaginal bleeding
infertility	vaginal discharge
jaundice	violence, family
joint pain	vision loss
lipids abnormal	vomiting, nausea
liver function tests abnormal	weakness
menstrual cycle, abnormal	weight abnormal
mental status, altered	wheezing

Procedures / Tasks

Anesthesia

Adjuncts to narcotics
Airway Exam
ASA classification
Bag Mask Ventilation
Intubation
IV start
LMA
Observed History
Observed Physical
Pharmacology of propofol
Pharmacology of succinylcholine
Physiology, risk factors,
treatment of post-operative
nausea/vomiting
Pre-op Assessment
Principals of PCA indications and
dosing
Rapid Sequence Induction

Emergency Medicine

12 LEAD ECG Interpretation
Bladder catheterization
Blood gas interpretation
Cards Formative Exam
Casting fractures
Lumbar puncture
N/G or O/G tube
Observed History
Observed Physical
Suture lacerations

Family Medicine

Blood glucose/glucometer
Complete the LearnFM Cards
(cards.ucalgary.ca)
Cryotherapy
Intramuscular injections
Joint injection (can be aspiration
or injection)
Observed History
Observed Physical
Papanicolaou smear
Skin biopsy
Syringe auditory canal

Throat swab
Urinalysis
Vaginal smears/swab
Wound swab

Internal Medicine

12 LEAD ECG Interpretation
Arterial blood gas collection
Arterial blood gas interpretation
Central line insertion
CXR interpretation
Insertion of IV cannula
Knee aspiration
Lumbar puncture
Observed History
Observed Physical
Paracentesis
Thoracentesis
Venipuncture

Obstetrics/Gynecology

Artificial rupture of membranes
Cervical dilation assessment
Cesarean Delivery
Dilatation and Curettage (D&C)
Endometrial Biopsy or IUCD
insertion
Episiotomy / Vaginal tear repair
Hysterectomy
Hysteroscopy
Laparoscopy
Leopold's maneuvers
Observed History
Observed Physical
Obstetric Ultrasound
Operative Vaginal Delivery -
forceps/vacuum
Pelvic Examination +/- Pap Smear
Spontaneous Vaginal Delivery

Pediatrics

Create management plan -
Adolescent
Create management plan - Child
Create management plan - Infant

Formulate ddx - Adolescent
Formulate ddx - Child
Formulate ddx - Infant
Observed History
Observed History - Adolescent
Observed History - Infant
Observed Physical
Observed Physical - Adolescent
Observed Physical - Infant
Plot Growth Chart
Present case - Adolescent
Present case - Child
Present case - Infant
Rx - Write Prescription

Psychiatry

Assess Suicidal Risk in ER
Attend & Discuss ECT
Cognitive Assessment
Discuss Psychotherapy
Observed History
Observed Mental Status Exam

Surgery

Assess a surgical drain
Assess a urinary catheter
Examine a surgical wound (clinic
/ ward)
Observe the three elements of
Surgical Safety Checklist in the
OR
Observe/practice universal
precautions
Observed History
Observed Physical
Perform basic suturing (OR /
minor surgery)
Requested midpoint feedback
from a faculty member
Scrub and gown in OR

Observation of a portion of the history and physical exam is a required part of the logbook in every rotation. This requires the faculty members' details, to validate that this was observed. Preceptors are required to indicate on all clerkship ITERs whether or not the student was observed completing a history and physical exam, and all students are required through the course of the clerkship to successfully complete eight observations of EPA 1 (complete a history and physical exam). Successful completion of the EPA requires the observer (faculty or resident) to evaluate the student as being ready for reactive supervision.

Requirement 8.6-2

The medical school has in place a system with central oversight that remedies any gaps in the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

- A. Describe how the system with central oversight remedies any gaps in the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

A robust system is in place within each clerkship to ensure that students are exposed to the required clinical presentations. Any student who does not directly experience the clinical presentations in a real patient will have the opportunity to have a simulated experience or at least a clinical discussion about the approach to such a patient with a preceptor. This is an absolute requirement in every clerkship and must be documented in the logbook to be complete in each rotation. Course 8 serves as a safety net to ensure more detailed coverage of the clinical presentations considered most critical for an undifferentiated physician graduating from the MD program into residency training.

Requirement 8.6-3

The medical school has in place a system with central oversight that ensures completion of the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

- A. Describe how the system with central oversight ensures completion of the required patient encounters, clinical conditions, skills, and procedures to be performed by all medical students.

Any student who is identified as having not completed their logbook for a given clerkship rotation will be contacted by the program coordinator (UME staff) for that clerkship to alert them to their deficiency. This contact will include a mandatory requirement reminder which will indicate that they will not be allowed to complete the clerkship final exam until the logbook is complete. Rarely, if the student does not reply in a timely fashion and/or doesn't complete the logbook as required, the clerkship director or Assistant Dean will contact the student with a subsequent reminder.

The ISA data below illustrate student perception of their access to adequate presentations.

Table 5.5-2 B | Access to Patients by Curriculum Year (as applicable)

Source: ISA

Campus	Survey Question	Number (%)			
		Year 1	Year 2	Year 3	Year 4
Foothills Medical Centre	At this stage of my education/training, I consider that I have sufficient access to adequate numbers of patients/simulated patients to complete my required learning objectives/clinical encounters log.	112/140 (80.00%)	88/111 (79.28%)	105/113 (92.92%)	N/A
	At this stage of my education/training, I consider that I have sufficient access to the types of patients/simulated patients to complete my required learning objectives/clinical encounters log.	114/139 (82.01%)	84/111 (75.68%)	102/113 (90.27%)	N/A

The clerkship logbook is used to document student completion of required clinical presentations and procedures.

A sample of what the logbook looks like for a student is demonstrated below. Each clinical presentation has a pre-specified level of completion. For example, in the emergency medicine clerkship, ‘abdominal pain’ must be directly assessed; it cannot be a presentation that is only accessed through direct participation, either in a real or simulated patient.

Emergency Medicine



There were 7 Presentations/Objectives[7] and 7 Procedures[7] logged.

Clinical Presentations / Objectives

- Abdominal Pain - [Simulated & Participated]
- Chest Discomfort - [Participated]
- Dyspnea/ Resp. Distress - [Simulated & Participated]
- Mental Status, Altered, Confusion/Delirium - [Participated]
- Pain - back - [Participated]
- Sepsis - [Discussed & Participated]
- Trauma, /Accidents/Bone Joint Injury - [Observed & Participated]

Procedures / Task

12 LEAD ECG Interpretation - [Participated]

Blood gas interpretation - [Participated]

Clerkship Schedule Progress Report **Clerklog** Murtatha Ali

Emergency Medicine Clinical Presentation Procedures / Tasks

Abdominal Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chest Discomfort	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dyspnea/ Resp. Distress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Status, Altered, Confusion/Delirium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pain - back	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sepsis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Trauma, /Accidents/Bone Joint Injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Discussed Observed Simulated Participate

Clerk's Log

Emergency Medicine



Clinical Presentation

Procedures / Tasks

Abdominal Pain

Discussed

Observed

Simulated

Participated

Submit Cancel

B. Table 8.6-3 B

Table 8.6-3 B | Required Patient Encounters Not Completed by the End of the Scheduled Duration of the Medical Education Program (Core Appendix) Source: School-reported

Report the number of students (% of class) who in the last two complete academic years (AY) failed to complete at least one required patient encounter described in Table 6.2-1 A by the end of the scheduled duration of the medical education program and describe the medical school’s response(s). Add rows as needed for each campus.

Campus	AY	Number (%) of students who failed to complete at least one required patient encounter by the end of the scheduled duration of the medical education program	Description of school’s response(s) to student failure to complete all required patient encounters by the end of the scheduled duration of the medical education program (but before graduation)
Foothills Medical Centre	3	0	As described in the narrative above

C. Table 8.6-3 C

Table 8.6-3 C | Required Skills and Procedures Not Completed by the End of the Scheduled Duration of the Medical Education Program (Core Appendix) Source: School-reported

Report the number of students (% of class) who in the last two complete academic years (AY) failed to complete at least one all required skill/procedure described in Table 6.2-1 B by the end of the scheduled duration of the medical education program and describe the medical school’s response(s). Add rows as needed for each campus.

Campus	AY	Number (%) of students who failed to complete at least one required skill or procedure by the end of the scheduled duration of the medical education program	Description of school’s response(s) to student failure to complete all required skills and procedures by the end of the scheduled duration of the medical education program (but before graduation)
Foothills Medical Centre	3	0	As described in the narrative above

8.7 COMPARABILITY OF EDUCATION/ASSESSMENT

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

Requirement 8.7-1

The medical school ensures that the medical curriculum includes comparable educational experiences across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

- A. Describe how the medical school ensures that the medical curriculum includes comparable educational experiences across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

In the pre-clerkship curriculum, aside from required clinical learning experiences, required learning experiences are provided centrally to all students from our single campus.

In the clerkship curriculum (and during clinical experiences in the pre-clerkship), students attend clinical rotations at more than one location. Multiple methods are used to ensure that the educational experiences across all locations are comparable including:

- Maintaining clear objectives for all required learning experiences
- Assigning a clerkship director to each mandatory clerkship rotation, who oversees the clerkship experience at each location, and ensures that the educational experience is comparable, and that it aligns with the objectives of the rotation
- Regularly disseminating information about clerkship objectives to clinical supervisors (this process is managed by each of the clerkship directors)
- Re-sending a link to the program’s “Big 10 graduation objectives” to all preceptors at the time of ITER completion
- Re-sending a link to the relevant course/clerkship objectives to all preceptors at the time of ITER completion
- Having must complete questions on all ITERs asking preceptors to express their awareness of the “Big 10 graduation objectives” and the relevant course/clerkship objectives
- Monitoring comparability across sites by a group consisting of: the Manager of Academic Technologies (who maintains a database which identifies rotation sites for each student and allows for comparison of ITER scores and examination results per site), the Assistant Dean of Program Evaluation (who collates and analyzes the information from this database), the Assistant Dean-Clerkship (who interacts with specific Clerkship Directors when discrepancies are noted), and the Associate Dean-UME who oversees this process

Requirement 8.7-2

The medical school ensures that the medical curriculum includes equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

- A. Describe how the medical school ensures that the medical curriculum includes equivalent methods of assessment across all locations within a given required learning experience to ensure that all medical students achieve the same learning objectives.

As the program only has one campus, most student assessments are completed centrally on this campus. For example, all multiple choice and OSCE examinations are administered in person at the Foothills Campus.

Assessments that are completed at more than one location for a required learning experience include: ITERs that are completed as part of mandatory clinical rotations, EPAs that are completed in a workplace environment, and any “must complete (i.e. not graded) projects that are completed as part of clinical rotations. The Assistant Dean of Evaluations and Research (with support from the Student Evaluation Committee), oversees all assessments that are used in the program, and approves any changes or updates to these tools. This person ensures that students are assessed in the same way across learning experiences, regardless of the location of that experience.

Equivalent methods of assessment are used across all locations in the following ways:

- All assessment forms/formats are the same for each required learning experience (i.e. the ITER that must be completed for a given clerkship is the same, regardless of where the clerkship is physically completed)
- As described in section 8.7-1A, the required learning objectives for a particular required learning experience are well communicated to all preceptors who are assessing students, so that they have clear expectations
- Assessment forms are designed with explanatory language, so that it is very clear what the level of expected performance for a student is at a given stage of training (an example are the EPA forms where it is clearly stated which anchors are considered below expectations and what designates the standard of achievement)
- As described in 8.7-1A, a database is maintained that includes rotation location, ITER scores, and examination results, to continuously compare performance across locations, and ensure that discrepancies do not arise

8.8 MONITORING TIME SPENT IN EDUCATIONAL AND CLINICAL ACTIVITIES

The curriculum committee and the program’s administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

Requirement 8.8-1

The curriculum committee and the program’s administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.

- A. Provide a copy of the policy or equivalent document(s) related to the amount of time medical students spend in required learning activities and required clinical learning activities. Highlight and label the appropriate sections. (*Appendix 8.8-1 A*)

Required Appendix 8.8-1 A – Class of 2027 Pre-clerkship Student Handbook

Required Appendix 8.8-1 B – Clerkship Work Hours

Pre-clerkship curriculum:

The schedule is organized into 10 half-days per week. Curricular content (including Independent Study Time {IST}) is scheduled from 8:30 to 17:30 daily. The UME Pre-Clerkship Program Supervisor creates a master timetable for Year 1 and Year 2 Curriculum prior to the class starting the program. This master timetable is presented and approved in the Fall of each year at the Pre-Clerkship Committee and can be found on the program website.

For the Legacy curriculum, the general layout of the schedule was 5 half-days for the “systems” courses, 2 half-days for the longitudinal courses, and 3 half-days of Independent Study Time.

For the RIME curriculum, the layout of the schedule is 3 half days of the Professional Role course, 3.5 half days of the Fundamentals course, and 3.5 half days of Independent Study Time.

As per the Pre-Clerkship Student Handbook document, in the section on the school’s *Operating Philosophy* (in ***Required Appendix 8.8-1 A1***), a minimum of 25% of scheduled time will be in an interactive, small group setting (this has been achieved and at times exceeded by pre-clerkship courses), and 30% of the week will be set aside for Independent Study Time, or IST. IST is entirely under students’ control, and is a time during which students can address required activities assigned to be completed outside of class (e.g. preparation for mandatory activities, viewing vodcasts).

Any clinical sessions within the pre-clerkship curriculum (e.g. clinical correlation sessions) are completed in a pre-specified amount of time that is pre-determined by the program in advance.

Clerkship Curriculum

Work hours in clerkship are outlined in the *Clerkship Work Hours Policy* (***Required Appendix 8.8-1 A2***). As outlined in this policy, unless scheduled for evening or overnight call, clerks should not be expected to work more than 11 hours per day on a regular basis. Call may not exceed an average of 1:4 (7 calls maximum in 28 days) over the course of the rotation. Students should be excused the morning after overnight call, once sign over is complete (24 + 2 hours). Any exceptions to these rules are outlined in the policy.

B. Describe how a) students and b) faculty members involved in required learning experiences (other than required clinical learning experiences) are made aware of the policy or equivalent document(s).

The school policies, including the Pre-Clerkship Handbook and Clerkship Work Hours Policy, are available on the UME policy website. In addition, these are frequently discussed at several of the sub-committee meetings, where student representatives are present.

C. Describe how, in required clinical learning experiences, a) students and b) faculty members, and c) residents involved are made aware of the policy or equivalent document(s).

The policies are disseminated to students via the clerkship policies/procedures manual, which is sent electronically to all of the students and the Clerkship Directors. The specific policy regarding work hours is posted on the UME policy website and linked to in the Clerkship Handbook.

D. Describe how the medical school monitors compliance with the policy or equivalent document(s) in required learning experiences (other than required clinical learning experiences).

Each course in their annual report provides a breakdown of numbers of hours of instructional time, and percentage breakdown by instructional strategy (i.e. didactic small group, simulation, etc.). The Program Supervisor regularly calculates, on a yearly basis, the amount of time devoted to IST in the pre-clerkship, and reports this initially to UME management, and subsequently to the relevant committees.

E. Describe how, in required clinical learning experiences, the medical school monitors compliance with the policy or equivalent document(s).

Students are asked at the end of all clinical rotations whether the work hours policies were followed. Additionally, students are present on all major committees in the program and have an opportunity to give updates at each meeting, where they can express any concerns, including those related to work hour compliance.

F. Describe how, in required clinical learning experiences, monitoring data are used to identify effectiveness of the policy or equivalent document(s) and address any violations that arise.

Data collected from the end of clerkship surveys are reviewed regularly (at least yearly) by the UME Management committee and the Clerkship Director(s) and Clerkship Committee. When red flags are identified, the Assistant Dean of Clerkship and/or the Clerkship Director follow up on these concerns with the specific site/preceptor involved.

G. Table 8.8-1 G

Table 8.8-1 G | Amount of Time Students Spend in Required Activities (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 (%)			
		Year 1	Year 2	Year 3	Year 4
Foothills Medical Centre	I am informed of the amount of time that that the medical education program expects me to spend	133/149 (89.26%)	90/118 (76.27%)	92/113 (81.42%)	N/A

	in required activities.				
	I am disappointed by the number of times I was required by a supervisor/teacher to spend more time in required activities than expected by the medical education program.	30/149 (20.13%)	39/117 (33.33%)	36/113 (31.86%)	N/A