

UNIVERSITY COUNCIL
ACADEMIC PROGRAMS COMMITTEE
REQUEST FOR DECISION

PRESENTED BY: Roy Dobson, Chair, Academic Programs Committee of Council

DATE OF MEETING: November 21, 2013

SUBJECT: College of Medicine replacement program

DECISION REQUESTED:

It is recommended:

That Council approve the revised Doctor of Medicine program for the College of Medicine.

PURPOSE:

The Doctor of Medicine degree program is an academic program at the University of Saskatchewan. Implementation of replacement programs requires approval by University Council.

SUMMARY:

The College of Medicine is revising its curriculum from a model of 2 ½ years of courses and 1 ½ years of clerkship, to a 2 + 2 model, where students will take classes and undertake supervised clinical experiences for two years, then spend the next two years in clerkship. This is the model followed by all other medical schools in Canada.

The revised curriculum contains all of components in the existing curriculum, rearranged to provide more integrated and sequential study. The revised program provides appropriate depth of knowledge needed at specific points in the student's program, which will be achieved by revisiting topics at different depths. For example, basic concepts in the Principles course will be covered in greater depth in the systems in the Foundation courses as well as being integrated into the Clinical Skills and Medicine & Society courses. The new curriculum also uses innovative practices within the classes such as 'flipped classrooms', includes appropriate technological educational innovations, and provides faculty development support. In this way, the college is able to condense the time frame of first year knowledge-based courses without losing content, and can enable students to master the material more deeply over the years of the program. At the end of the clerkship, students will undertake additional concentrated study to prepare for licensing exams.

REVIEW:

Associate Dean Sheila Harding and Curriculum Renewal project manager Joan Forder attended the Academic Programs Committee meeting on October 15 to explain the revised program and answer questions about implementation. It was noted at this meeting that the 2 + 2 model and the integration of biomedical and clinical content allows the curriculum to be better aligned with accreditation expectations and will reduce unintended redundancies. It was also noted that the

college is working with the College of Dentistry so that the dentistry students can continue to receive the biomedical course content needed in that program.

The Committee agreed to recommend that Council approve the revised program.

ATTACHMENTS:

Proposal documentation:

List of courses in the 2+2 curriculum

Comparison between current and revised curriculum

Schedule

Comprehensive Curriculum Document

Letters of support



2+2 Curriculum

COM Curriculum Committee Approved: May 16, 2013

COM Budget, Programs, & Priorities Committee Approved: September 09, 2013

College of Medicine Approved: September 25, 2013

[NOTE: all course proposals are completed and on file]

Course Title: MEDC 111.0 Success in Medical School I

Year 1, term 1, 0 credit units

Catalogue Description:

This non-credit course is designed to assist the medical student in orientating to the medical program while also providing information that will assist with personal wellness, stress management, study tips, and schedule organization. This course will be offered for two days before the start of classes as well as just-in-time short sessions throughout the school year. Materials will be posted corresponding to current topics.

Course Title: MEDC 211.0 Success in Medical School II

Year 2, term one, 0 credit units

Catalogue Description:

This non-credit course is designed to assist the medical student in orientating to the second year of the medical program while also providing information that will assist with personal wellness, stress management, study tips, and schedule organization. This course will be offered before the start of classes as well as just-in-time short sessions throughout the school year. Materials will be posted corresponding to current topics.

Course Title: MEDC 102.7 Medicine and Society I

Year 1, full year, 7 credit units

Catalogue Description:

Through classroom and community-based learning experiences, students will learn to determine and meet the diverse health needs of specific and significant populations in Saskatchewan and Canada. These populations may be determined by chronological age, gender, geography, ethnic and cultural background, and other criteria. Students will explore the determinants of health and disease prevention, public policy, environmental hazards, relevant ethical and legal issues, and culturally safe and modified care.

Course Title: MEDC 202.7 Medicine and Society II

Year 2, full year, 7 credit units

Catalogue Description:

Through classroom and community-based learning experiences, students will further refine their ability to determine and meet the diverse health needs of specific and significant populations in Saskatchewan and Canada. These populations may be determined by chronological age, gender, geography, ethnic and cultural background, and other criteria. Students will further explore the determinants of health and disease prevention especially from a global perspective, public policy with respect to Canada's health care system in particular, and environmental and occupational hazards.

Course Title: MEDC 114.4 Clinical Integration I

Year 1, term 1, 4 credit units

Catalogue Description:

Working in small groups, students will learn to integrate their knowledge and clinical reasoning skills from courses offered during the first term of the program focused on addressing issues raised in cases related to the care of patients, families, communities and populations. Major vertical themes as well as legal and ethical reasoning and medical informatics will be emphasized.

Course Title: MEDC 124.4 Clinical Integration II

Year 1, term 2, 4 credit units

Catalogue Description:

Working in small groups, students will learn to integrate their knowledge and clinical reasoning skills from all courses during the first year of the program focused on addressing issues raised in cases related to the care of patients, families, communities and populations. Major vertical themes as well as legal and ethical reasoning and medical informatics will be emphasized.

Course Title: MEDC 214.4 Clinical Integration III

Year 2, term 1, 4 credit units

Catalogue Description:

Working in small groups and using more complex cases, students will learn to integrate their knowledge and clinical reasoning skills from all courses during the program to date, focused on addressing issues raised in cases related to the care of patients, families, communities and populations. Major vertical themes as well as legal and ethical reasoning and medical informatics will be emphasized.

Course Title: MEDC 224.4 Clinical Integration IV

Year 2, term 2, 4 credit units

Catalogue Description:

Working in small groups and using more complex cases, students will learn to integrate their knowledge and clinical reasoning skills from all courses during the medical program, focused on addressing issues raised in cases related to the care of patients, families, communities and populations. Major vertical themes as well as legal and ethical reasoning and medical informatics will be emphasized.

Course Title: MEDC 115.18 Principles of Medical Science

Year 1, term 1, 18 credit units

Catalogue Description:

This course will provide basic concepts related to biomedical sciences to include: Introduction to Homeostasis, Anatomy & Histology, & Physiology; the Cell, Genetics & Neoplasia; Nutrition; and Pharmacology, Therapeutics & Toxicology. It will provide the requisite scientific knowledge framework for the Clinical Foundations of Medicine Course.

Course Title: MEDC 126.18 Foundations of Clinical Medicine I

Year 1, term 2, 18 credit units

Catalogue Description:

This course is an integration of four of the eleven human body systems modules running over Terms 2, 3, and 4. The four modules explored in this course include: Hematology; Respiratory; Cardiovascular; and Gastrointestinal. Students will learn to care for patients with common and/or urgent medical conditions by acquiring and applying knowledge and clinical reasoning skills to generate reasonable differential diagnoses and management plans, select and interpret appropriate investigations, and explain the pathogenesis and pathophysiology of the subject conditions. Major vertical themes will be emphasized. Students will be prepared to enter their clerkship where they will expand and deepen their knowledge and skills in these areas.

Course Title: MEDC 216.18 Foundations of Clinical Medicine II

Year 2, term 1, 18 credit units

Catalogue Description:

This course is an integration of 3 of the eleven human body systems modules running over Terms 2, 3, and 4. The three modules explored in this course include: Endocrine; Reproductive; Renal and Urinary Tract. Students will learn to care for patients with common and/or urgent medical conditions by acquiring and applying knowledge and clinical reasoning skills to generate reasonable differential diagnoses and management plans, select and interpret appropriate investigations, and explain the pathogenesis and pathophysiology of the subject conditions. Major vertical themes will be emphasized. Students will be prepared to enter their clerkship where they will expand and deepen their knowledge and skills in these areas.

Course Title: MEDC 226.18 Foundations in Clinical Medicine III

Year 2, term 2, 18 credit units

Catalogue Description:

This course is an integration of 4 of the eleven human body systems modules running over Terms 2, 3, and 4. The four modules explored in this course include: Musculoskeletal; Neurological; Mental Health; Skin. Students will learn to care for patients with common and/or urgent medical conditions by acquiring and applying knowledge and clinical reasoning skills to generate reasonable differential diagnoses and management plans, select and interpret appropriate investigations, and explain the pathogenesis and pathophysiology of the subject conditions. Major vertical themes will be emphasized. Students will be prepared to enter their clerkship where they will expand and deepen their knowledge and skills in these areas.

Course Title: MEDC 113.8 Clinical Skills I

Year 1, term 1, 8 credit units

Catalogue Description:

Learning in Clinical Skills I is designed to assist the student in developing fundamental clinical skills upon which they will build throughout their professional lives. Interviewing, communication skills, basic physical examination skills, and foundations of clinical reasoning are the focus of the course. The development of effective and caring relationships with patients is fundamental to the success of this course and all future clinical experiences.

Course Title: MEDC 123.8 Clinical Skills II

Year 1, term 2, 8 credit units

Catalogue Description:

Learning in Clinical Skills II will enable students to improve their basic clinical skills, including patient-centered communication and physical examination through a combination of assessment of 'real-life' patients and structured learning sessions. Students will further develop clinical reasoning skills including development of differential diagnoses. The course will include the following components: Advanced Communication Skills, Clinical Scenarios/Simulations, Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, and Surgery. When appropriate and possible, sessions will be organized around content students are learning in other courses. This course includes a two week rural clinical placement in May.

Course Title: MEDC 213.8 Clinical Skills III

Year 2, term 1, 8 credit units

Catalogue Description:

Learning in Clinical Skills III will enable students to further refine their clinical skills, including patient-centred communication and physical examination through a combination of assessment of 'real-life' patients and structured learning sessions. Students will further develop clinical reasoning skills including differential diagnosis and management planning. The course will include the following components: Advanced Communication Skills, Clinical Scenarios/Simulations, Emergency Medicine, Family

Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Surgery. When appropriate and possible, sessions will be organized around content students are learning in other courses.

Course Title: MEDC 223.8 Clinical Skills IV

Year 2, term 2, 8 credit units

Catalogue Description:

Learning in Clinical Skills IV will enable students to further refine their clinical skills and to become increasingly proficient at establishing rational differential diagnoses and developing appropriate patient-centred management plans. The course will include the following components: Clinical Scenarios/Simulations, Structured Interviewing and Physical examination sessions, Geriatrics, Neurology, Ophthalmology, Orthopedics, Physical Medicine and Rehabilitation, and Psychiatry. When appropriate and possible, sessions will be organized around content students are learning in other courses. This course may involve a rural clinical placement at the end of the term.

Course Title: MEDC 307.50 Core Clinical Rotations

Year 3, full year, 50 credit units

Catalogue Description:

During this full clerkship year, students will participate in the care of patients in the office, clinic, or hospitals under the direct supervision of faculty and residents within seven core, mandatory rotations in Anesthesia, Family Medicine, Emergency Medicine, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. Students will experience a broad range of clinical exposure, including a mandatory minimum of four weeks of clinical training in a rural community. They will also experience an opportunity to conduct research relevant to medical practice. Students who fail to complete the requirements of any portion of the clinical clerkship will be required to complete remedial work at the end of the clerkship.

Course Title: MEDC 308.16 Selected Topics in Medicine

Year 3, full year, 16 credit units

Catalogue Description:

This course consists of topics selected to address the general knowledge base required for completing clinical rounds and to ensure students attain a broad basis of learning that will help them as physicians, whatever their chosen career path.

This course is held every Tuesday morning and the sessions are coordinated across all three sites through video conferencing. Attendance is mandatory and students are to be excused from all other clinical duties in order to attend these sessions. Students will be relieved from all call duties by midnight on Mondays to allow adequate rest prior to the sessions.

Course Title: MEDC 407.33 Elective Clinical Rotations

Year 4, term 2, 42 credit units

Catalogue Description:

This course is designed to allow medical students to pursue their own interests and to design programs in keeping with their individual goals. Students will complete an electives application form and submit it to the department in which they wish to do the elective.

Course Title: MEDC 408.8 Selective Clinical Rotations

Year 4, term 1 & 2, 8 credit units

Catalogue Description:

This course is designed to allow medical students to further pursue their own interests in the areas of internal medicine and surgery in keeping with their individual goals. The two Selective opportunities are available throughout a 24 week period.

Course Title: MEDC 409.8 Preparation for Medical Practice

Year 4, term 2, 8 credit units

Catalogue Description:

This capstone course will provide topics selected to address any gaps in information acquisition that may have occurred during the pre-clerkship curriculum. Sessions will focus on preparing students for the LMCC Part 1 qualifying examination.

Course Title: MEDC 100.0 Extra-Curricular Medical Experience I

Year 1, non-mandatory

Catalogue Description:

Self-directed clinical learning experiences help medical students to consolidate and integrate their learning. Such experiences also help them to make more fully informed career decisions. Many students choose to take advantage of invitations by clinicians to join them in clinical practice settings. The extra-curricular Medical Experience course is intended to formalize such learning while supporting students in their quest for medical experience. Such formalization will facilitate clear communication among the various participants concerning the level of training and current skill set of each student; the absolute requirement for direct supervision of all patient-related student activities; and the expectation of patients' knowledge of, and assent to, the inclusion of first year medical students in their care.

Extra-curricular medical experience is arranged by agreement between medical students and volunteer supervisors of the student's choosing. Supervisors are not remunerated. All involvement of students in clinical situations must take into account their current level of training.

Course Title: MEDC 200.0 Extra-Curricular Medical Experience II

Year 2, non-mandatory

Catalogue Description:

These extra-curricular self-directed clinical learning experiences will build on the first year experience and help medical students to consolidate and integrate their learning while taking a more active part in the experience. Such experiences also help them to make more fully informed career decisions. Many students choose to take advantage of invitations by clinicians to join them in clinical practice settings. The extra-curricular Medical Experience course is intended to formalize such learning while supporting students in their quest for medical experience. Such formalization will facilitate clear communication among the various participants concerning the level of training and current skill set of each student; the absolute requirement for direct supervision of all patient-related student activities; and the expectation of patients' knowledge of, and assent to, the inclusion of first year medical students in their care.

Extra-curricular medical experience is arranged by agreement between medical students and volunteer supervisors of the student's choosing. Supervisors are not remunerated. All involvement of students in clinical situations must take into account their current level of training.

Comparison of Current Medical Curriculum to Proposed New 2+2 Medical Curriculum

EDUCATIONAL PHILOSOPHY

The educational philosophy underlying our curricular planning is learner centered, making use of increasingly complex and relevant cases within the following broad approaches: Cooperative, Active, Self-Directed and/or Experiential learning (i.e., CASE-based). Students benefit from early and frequent patient contact, solid grounding in basic biomedical sciences and the frequent use of integrated case studies to link basic and clinical science learning.

Current model: 2 ½ years Pre-Clerkship + 1 ½ years Clerkship

New model: 2 Years Pre-Clerkship + 2 years Clerkship

CURRENT		NEW 2+2	
PHASE A		YEAR 1	
Course #	Current Course Names	Becomes	New Course Names
MED 100.0	Pre-Clerkship Electives		Success in Medical School I
MED 102.1	General Pathology		Extra-curricular Medical Experience II
MED 103.2	Civic Professionalism		Medicine & Society I
MED 104.4	Life Cycles & Humanities		Clinical Integration I
MED 104.6	Nutrition (part of LC&H)		Clinical Integration II
MED 105.10	Professional Skills I		Clinical Skills I
MED 106.20	Form & Function		Clinical Skills II
MED 108.4	Introductory Neuroanatomy		Principles of Medical Science
MED 110.1	Medical Genetics		Foundations of Clinical Medicine I
PHASE B		YEAR 2	
MED 200.0	Pre-Clerkship Electives		Success in Medical School II
MED 207.3	Community Health & Epidemiology		Extra-curricular Medical Experience II
MED 202.3	Microbiology & Infectious Diseases		Medicine & Society II
MED 201.4	Pharmacology		Clinical Integration III
MED 202.3	Systemic Pathology		Clinical Integration IV
MED 204.20	Professional Skills II		Clinical Skills III
MED 205.16	Systems II		Clinical Skills IV
			Foundations of Clinical Medicine II
			Foundations of Clinical Medicine III
PHASE C		YEAR 3 (clerkship begins)	
MED 300.0	Pre-Clerkship Electives		
MED 301.3	Community Health & Epidemiology		
MED 303.2	Microbiology & Infectious Diseases		
MED 302.2	Systemic Pathology		
MED 304.10	Professional Skills III		
MED 305.8	Systems III		
PHASE D (clerkship begins)		YEAR 4 (clerkship continues)	

<p>Medicine and Society I First year, full year, two terms, 5 credit units</p> <p>Integration Medical Problem-Solving I First year, full year, both terms, 5 credit units</p> <p>Principles of Medical Science Term 1, first year, 16 credit units</p> <p>Clinical Skills I Term 1, first year, 6 credit units</p> <p>Clinical Skills II Term 2, first year, 7 credit units</p> <p>Foundations of Clinical Medicine Term 2, first year, 18 credit units</p> <p> Foundations of Clinical Medicine: Hematological System Term 2, first year</p> <p> Foundations of Clinical Medicine: Respiratory System Term 2, first year</p> <p> Foundations of Clinical Medicine: Cardiovascular System Term 2, first year</p> <p> Foundations of Clinical Medicine: Gastrointestinal System Term 2, first year</p> <p>Succeeding at Medical School I Terms 1 and 2, first year, 0 credit units</p>	<p>Medicine and Society II Second year, full year, two terms, 5 credit units</p> <p>Integration of Medical Problem-Solving II Terms 1 and 2, second year, 5 credit units</p> <p>Clinical Skills III Term 1, second year, 6 credit units</p> <p>Clinical Skills IV Term2, second year, 6 credit units</p> <p>Foundations of Clinical Medicine Terms 1 and 2, second year, 34 credit units</p> <p> Foundations of Clinical Medicine: Endocrine System Term 1, second year</p> <p> Foundations of Clinical Medicine: Reproductive Systems Term 1, second year</p> <p> Foundations of Clinical Medicine: Renal and Urinary Tract Term 1, second year</p> <p> Foundations of Clinical Medicine: Musculoskeletal System Term 2, second year</p> <p> Foundations of Clinical Medicine: Neurological System Term 2, second year</p> <p> Foundations of Medical Practice: Mental Health Term 2, second year</p> <p> Foundations of Clinical Medicine: Skin Term 2, second year</p>
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Year One

Aug	September	October	November	December	January	February	March	April	May	June
Orientation	Early Clinical Experience	Principles of Biomedical Science			Foundations I		Foundations I			
		Medicine & Society I			Heme	Resp	Resp	CV	GI	
		Clinical Integration I			Clinical Int II		Clinical Integration II			
		Clinical Skills I			Clinical Skills II		Clinical Skills II			
				Integrative Cases					Integrative Cases	
				Integrative Exams					Integrative Exams	
				Break		Break				
										Rural Clinical Experience

Year Two

Aug	September	October	November	December	January	February	March	April	May	June					
Orientation	Foundations II			Integrative Cases	Integrative Exams	Break	Foundations III			Integrative Cases	Exams	Rural Clinical Placement			
	Endo	Reproductive	Renal / Urinary				MSK	Neurology	Neurology				Mental Health	Dermatology	
	Medicine & Society II						Med & Society II						Medicine & Society II		
	Clinical Integration III						Clinical Int IV						Clinical Integration IV		
	Clinical Skills III						Clinical Skills IV						Clinical Skills IV		

Year Three

Aug	September	October	November	December	January	February	March	April	May	June
Orientation	Core Rotations (9 x 6 weeks each)									
	Advanced Topics in Medicine (Tuesday mornings)									

Year Four

Aug	September	October	November	December	January	February	March	April	May	June
Orientation	Elective Rotations				Preparation for Medical Practice					

COMPREHENSIVE CURRICULUM DOCUMENT



2013

College of Medicine
University of Saskatchewan

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Statement of Educational Philosophy

It is the responsibility and privilege of physicians to be agents of health and healing.

Therefore our graduates will embody the finest personal and professional qualities and exhibit the most effective practices; be fully prepared to learn and improve their practice of medicine over the course of their entire careers; and contribute to the physician human resource needs of Saskatchewan. While still learners they will actively engage in their own learning and support the learning of other students; they will think broadly and act ethically and professionally. The formation, education, and training of our medical students will be directed towards these five core learning goals: discovery, knowledge, integrity, skills, and citizenship and will be built on three pillars: (1) patients, (2) effective teaching, and (3) expert assessment.

(1) Our curriculum starts with and is rooted in patients, their families and communities, and populations reaching the health issues and conditions of the people our graduates will eventually serve; and

integrates into the student's growing expertise in the practice of medicine knowledge frameworks from the bio-medical and social sciences and humanities; ethics, ethical behaviour, and the values and qualities of civic professionalism and medical leadership; intra- and inter-professional team work and collaborative practices, and health promotion, disease prevention, and skills at resource management;

(2) The curriculum employs learning experiences that directly contribute to the development of their growing expertise in the practice of medicine based on sound pedagogical principles and evidence-based approaches to learning such as cooperative, active, self-directed, and experiential.

(3) There is a major emphasis on formative assessment and the alignment of all student assessment with stated goals, objectives, competencies, and instruction.

Flowing out of our aspiration to be the best medical school in Canada we commit to providing high quality learning opportunities, to building a safe and inclusive environment, and to fully supporting the optimum learning of our undergraduate students.

We also expect that our instructors will (1) exemplify learning in their disciplines and with respect to their competence as teachers, (2) teach effectively, (3) assess fairly and accurately, and (4) solicit and respond to feedback on their teaching.

Finally, we will take a scholarly approach to curriculum development and design. We will use the most advanced and effective practices of evaluation to determine at both the course and program levels the extent to which

- (1) the intended curriculum has been implemented and
- (2) the goals and objectives of our curriculum have been realized.

Medical Student Graduation Objectives

Broad Goals for the MD Program

Medical Expert

The graduate, under appropriate supervision, will be able to:

- Diagnose and initiate management of patients in all age groups with common and urgent conditions.
- Gather information and/or order investigations that contribute to the diagnosis and care of patients.
- Promote health and prevent illness for patients, families, communities and populations.

Communicator

The graduate, under appropriate supervision, will be able to:

- Engage in effective therapeutic and patient-centred communication with patients, families, other health care providers, and caregivers.
- Provide information effectively to patients, other health care providers, and administrators.

Collaborator

The graduate will be able to:

- Especially in interprofessional teams, collaborate effectively within and outside of the health care system.

Manager

The graduate, under appropriate supervision, will be able to:

- Explain the best use of resources when making patient-centred clinical and population health decisions.
- Explain and participate effectively in a QI PDSA cycle.

Health Advocate

The graduate, under appropriate supervision, will be able to:

- Recognize, and advocate for addressing the needs of patients, families, communities, and populations in all areas that affect health and well-being.
- Take a leadership role and/or act in concert with individuals and agencies and groups to address systemic issues and conditions that impact the health of patients, their families and communities, and populations.

Scholar

The graduate will be able to:

- Demonstrate skills of and disposition towards self-directed and life-long learning for physician roles.
- Apply evidence in clinical decision-making.
- Participate effectively as a member of a team in a research project (including clinical trial and/or QI projects, knowledge translation and distribution).
- Teach effectively.

Professional

The graduate will be able to:

- Consistently act responsibly, respectfully, and ethically and encourage others to do the same.
- Explain and internalize the evolving social contract between physicians and society.
- Balance self-care with professional responsibilities.

Detailed Graduation Objectives for the MD Program

Medical Expert

The graduating physician will demonstrate enduring ability to apply and integrate medical knowledge, clinical skills (both cognitive and procedural), and professional attitudes to provide medical care to patients across the spectrum of health (wellness, acute illness, chronic illness) and along the continuum of life. The graduating physician will integrate an understanding of the determinants of health and the modifiers of illness, together with an understanding of the unique characteristics and circumstances of each patient, to guide diagnosis and patient- and family-centered clinical decision-making.

Domains	Competencies
Recognition of Wide Variability of “Normal” Human Health	-integrate knowledge of normal human development, structure and function from a biological, physical, psychological, cognitive and social perspective within the context of the individual’s age, life stage, personal, family and community situation
	-apply basic principles of surveillance and screening to the normal/healthy population
Health Promotion	-integrate knowledge of evidence to help patients make informed decisions about healthy personal habits (diet, exercise, appropriate use of dietary supplements, etc.)
	-integrate longitudinal knowledge of an individual patient with knowledge of family history and other factors to predict modifiable health risks; develop appropriate mitigation strategies
Illness Prevention	-integrate knowledge of determinants of health with knowledge of patient’s life circumstances and clinical context; develop patient-, family-, and community-centered interventions as required
	-integrate knowledge of principles of public health (hygiene, immunization, harm reduction, etc) with knowledge of patient’s life circumstances and clinical context; develop

	patient-, family-, and community-centered interventions as required
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Diagnosis of Acute Illness	-Safety first: develop and apply appropriate skills for triage and immediate intervention in acute, life-threatening situations
	-integrate knowledge of natural laws, medical concepts, principles, methods and procedures, the natural history and pathology of a discrete number of common and important diseases, and how illness presents differently in various personal/clinical settings; develop a reasoned and reliable approach to the diagnosis of undifferentiated illness
	-procure relevant and necessary information in each clinical situation, including: -patient- and family-centered interview and history-taking; -detection and interpretation of physical signs, both positive and negative, by performing an appropriate and focused physical examination that minimizes patient discomfort; -development of initial working diagnostic hypotheses based upon history and physical examination; -selection and interpretation of appropriate diagnostic tests, including laboratory, imaging, electrophysiologic and other modalities, using evidence-informed decision-making together with patient and family preferences and risk tolerance to determine the relative appropriateness and necessity of such tests based upon the working diagnostic hypotheses; -integrate ancillary information; -integrate relevant elements of the foregoing to test the working diagnostic hypotheses and arrive at a final presumptive diagnosis
Treatment of Acute Illness	-integrate knowledge of presumptive diagnosis, prognosis, disease progression, and evidence for and against efficacy of proposed remedies
	-within the context of the patient-centered approach to care, develop appropriate therapeutic interventions, using both pharmacological and non-pharmacological

	techniques as appropriate to the diagnosis and the patient's circumstances and preferences
Informed Consent	- using ethical principles, assist patients to understand the risks and benefits of accepting or refusing suggested therapeutic interventions
Safe and Effective Use of Medications	-integrate knowledge of pharmacotherapy (matching diagnosis to therapy; pharmacology, including kinetics, dynamics, therapeutic window, important potential adverse events and drug interactions) with knowledge of patient circumstances and preferences, to recommend illness- and patient-specific drug therapies
	-assist patients and families to mitigate the risks of polypharmacy, including the risks of cross-reaction to self- or other-prescribed drugs, over-the-counter medications, and herbal, "natural" or nutraceutical products
	-revision and re-evaluation of the presumptive diagnosis and/or treatment plan based on new information and/or response to treatment
Chronic Disease Management	-integrate a functional conceptualization of "dis-ease" (effect on patient within patient's personal context) and static vs. progressive problems into clinical approach to patients with chronic illness or disability; promote patient autonomy and independence to greatest degree possible and/or desired by patient/family
	-integrate knowledge of acute illness to inform approach to interventions in "acute on chronic" situations
	-integrate concepts of community-based care and self-monitoring (by patient or family caregiver) into clinical approach to care
Palliative Care/End of Life Support	-integrate a functional approach to determining medical futility of interventions; within patient- and family-centred care plans and in accordance with ethical principles, assist patients and families to avoid futile and harmful interventions
	-using a multi-dimensional understanding of "suffering", strive to relieve suffering and assist patients and families through the process

	of dying in disease-specific and person-specific context
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Compliance and Adherence to Treatment	-integrate knowledge of pathophysiology of specific disease process, risks/benefits of treatment and non-treatment (including limitations of knowledge) with patient's/family's understanding, fears, risk tolerance, economic and social circumstances, to negotiate care that is acceptable to patient, family and providers
	- if unable to negotiate a mutually acceptable approach to care provide information about alternative providers and/or transfer care according to relevant ethical principles and policies
Patient, Family and Provider Safety	-demonstrate self-knowledge and recognition of limits of knowledge/experience or limits imposed by personal, cultural, religious, or other constraints; enlist appropriate assistance and/or ensure transfer of care to an appropriate caregiver according to relevant ethical principles and policies
	-ensure coordination and continuity of care and clear delegation of responsibility or authority; accept or refuse responsibility or authority within scope of competence; minimize duplication and role confusion
	-identify and mitigate potential sources of error in assessment and management of clinical conditions
	-integrate a functional approach to cultural safety that respects the uniqueness and diversity of all persons, the power differentials inherent in the delivery of all types of health care, adjusts for those factors, and recognizes "safe care" as a patient-specific perception
	-maintain accurate, complete and timely records of patient care

Communicator

The graduating physician will use effective communication skills and modalities to build and sustain a positive therapeutic relationship with patients and their families. Positive therapeutic relationships are characterized by trust, compassion, respect, empathy, honesty, and openness. The graduating physician will communicate the right information, at the right time, to the right person for the primary benefit of the patient, particularly where shared care, transfer of care, or additional opinions are required. The graduating physician recognizes that communication is a skilled process which will continue to evolve and develop throughout the clinician's career.

Domains	Competencies
Conduct Patient-Centered Interviews (A) elicit information effectively	-use principles of FIFE (feelings, ideas, function, expectations) to explore and understand the impact of the patient's symptoms or diagnosis on his/her life and circumstances; recognize the difference between illness and disease, and explore both dimensions
	-use skills of active listening, silence, observation of non-verbal communication, and active reflection to ensure understanding of the patient perspective
	-adjust personal communication style (verbal and non-verbal) including pace, volume and timbre of voice, physical proximity and adjustment of personal space, to suit the patient's reactions and the nature and content of the communication
	-adjust personal communication style in accordance with the patient's cultural practices or traditions
	- listen and respond to full range of problems and issues presented by patients, including those that are not traditional biomedical problems
	- manage specific challenging communication situation such as: breaking bad news, medical error and adverse events, disclosure of abuse, sexual history, and suicide risk
(B) provide information effectively	-respect and adjust communication style to reflect functional literacy as well as psychological and other factors in patients' and

	families' comprehension of information; use effective teaching techniques such as simplification, repetition, restatement and question/response to assess and ensure comprehension
	-assess, build, and reinforce understanding and retention of information over time

(C)develop care plans effectively	-use negotiating skills to “find common ground” with patients in defining the nature of the problem, the goals of management, and the roles of the patient, family and provider(s) in care
Respect the Principles of Autonomy, Privacy, and Confidentiality as They Apply to the Acquisition, Use and Disclosure of Personal Health Information	-integrate knowledge of principles with knowledge of statutory or other regulated requirements for the collection, use or disclosure of personal health information, irrespective of the method of data collection and record-keeping
	-recognize the difference between primary and secondary use of personal health information; apply higher standards for patient protection in any secondary use or disclosure, including explicit consent for such disclosures
	-recognize and respect disease-, patient-, or culture-specific variables that affect the relative sensitivity of personal health information
	-maintain written records securely; share patient information with other providers in a manner that ensures relevancy, timeliness, and security
	-respect doctor-patient boundaries; use patient- and family-specific information to identify factors that affect personal and cultural safety; develop and apply strategies to avoid or mitigate risk of boundary violations
Negotiates Informed Choice	-integrate knowledge of legal and ethical principles and requirements when communicating with patients for the purposes of negotiating patient choice in a broad variety of clinical situations <i>for which the student is competent</i>

Collaborator

The graduating physician recognizes that he/she is one member of a team whose goal is to achieve optimal care for each patient. Care teams are patient-, family-, diagnosis- and situation-specific and their characteristics and composition are fluid over time and across multiple sites or locations. Patients, their families and support systems are integral members of the care team. In addition to patients, families, physicians and other health professionals, the care team may include community and social agencies, educators, faith/cultural support persons, and traditional/alternative healers or service providers.

Domains	Competencies
Collaboration Within the Health Care System	-intraprofessional collaboration: using a wide variety of physician colleagues, apply patient- and situation-specific knowledge to engage the right practitioners for the right reasons at the right time
	- understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient, family, and community goals*
	*National Interprofessional Competency Framework, Canadian Interprofessional Health Collaborative
	-understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration*
	- actively engage self and others including the patient and family, in dealing effectively with interprofessional conflict*
	- work together with all participants, including patients and families, to formulate, implement, and evaluate care/services to enhance health outcomes*
	-use hospital-, community-, or ambulatory care- based teams as appropriate to the circumstances
Collaboration Outside the Health Care System	-accept public health responsibilities, particularly with respect to reportable illnesses
	-recognize role and function of educational, social, community, faith- or culturally based supports, and liaise with these as appropriate
Patient and Family Engagement	-empower patients as active participants in their care

	-find common ground on the identification of problems, and the goals, priorities and methods of intervention
Maintain Effective and Positive Work Environment	-articulate, revise and update the agreed care plan so that it remains focused on meeting the patient's (evolving) needs
	-communicate regularly and effectively with all members of the care team and with patients/families; attend team meetings as appropriate
	-utilize principles of team dynamics, recognize own limitations, work with others to prevent conflicts, respect team ethics and confidentiality, provide and receive focused and effective feedback, demonstrate professionalism, reflect upon and adjust team function in interests of optimal patient outcomes and/or resolution of patient problems

Manager

Physicians are integral participants in the health care of individuals and in the function of healthcare organizations. Physicians have a primary fiduciary responsibility to each individual patient but also a broader societal responsibility for prudence and wisdom in the use of scarce resources. Physicians are a resource to patients, their families, communities and populations. Physicians manage their personal, family and professional lives and their working relationships with employees, colleagues and other health care workers using effective processes of human resource and financial management. Physicians use information systems and practice management tools to coordinate care and ensure efficient and effective care. The graduating physician will have foundational knowledge of these principles and emerging competence in the areas of self-directed and self-managed professional practice.

Domains	Competencies
Primacy of the Patient-Physician Relationship	-ensure that decisions regarding the investigation and treatment of illness are made jointly with patients and their families, informed by evidence of risks and benefits, in the best interests of the patient
Management of System Resources	-integrate knowledge of the structure and function of the health care system, the role of physicians within the system, and the needs of patients, families and communities, to: -determine the appropriate level of care (inpatient, hospital ambulatory, outpatient, community, long term care, rehabilitation) for the patient; and -advocate for patients where external pressures threaten or affect clinical decision-making
Models of Clinical Practice and Remuneration	-understand various models of professional practice and remuneration, allowing graduating physician to recognize how these choices: -allow flexibility for special clinical interests and expertise, -support shared professional responsibilities, including provision of on-call services and coverage for vacation, illness, educational and other leaves; and -provide fair and reasonable compensation while meeting business and personal obligations

Health Advocate

Physicians use their expertise (knowledge) and influence (social, political, financial) to advance the health and well-being of individual patients, communities, and populations. Physicians contribute actively to the development of public policy, particularly in the areas affecting the determinants of health and access to care. Graduating physicians will recognize and attempt to balance competing backgrounds, interests and needs as they develop personal professional competency in this domain.

Domains	Competencies
Recognition of Vulnerability	-integrate knowledge of patients' and providers' social, cultural, educational, and personal backgrounds and the impact of these on the dynamics of care relationships, as well as on system and community responses to individual needs - advocate for change where possible and appropriate
Balance of Competing Needs	-integrate knowledge of patient as individual, as member of family and community, and knowledge of system drivers and effects; apply ethical principles to inform decisions where needs of individuals and larger groups or systems are not synchronous
Reliance on External Support Networks	-liaise with, or facilitate patient and family connection to community support networks, disease-specific patient support groups, and other external agencies for advocacy and direct service to patients
Disease Prevention/Health Promotion	-integrate knowledge of communities, illness prevalence, determinants of health and other local factors with evidence to support specific interventions in order to advocate for the provision of services appropriate to the specific person/population/community/location

Scholar

The graduating physician recognizes the need for and commits to the process of lifelong reflective learning. The graduating physician accepts the responsibility to share, translate, teach, and enhance medical knowledge for the benefit of patients, students, colleagues, and society as a whole.

Domain	Competencies
Demonstrate Self-Directed Learning	-within practice/training experience, identify learning needs within all CanMEDS roles, find appropriate resources to address identified needs, and integrate new knowledge in practice/training setting; use quality improvement projects to enhance learning within training/clinical practice
Apply Evidence in Clinical Decision-Making	-integrate existing and emerging evidence for and against planned investigation or treatment; work with patients/families to formulate an evidence-informed and patient-centered plan
	-support and value the work of scientists as vital to the health of individuals and populations
Engage in Research	- use appropriate search strategies to find pertinent information - critique sources of information and apply basic principles of critical appraisal to research reports -apply ethical principles to the design and execution of research protocols; - plan a worthwhile and feasible QI project for a practice or study setting and/or participate in and contribute to a QI project <u>OR</u> - participate and make a contribution as a member of a research team
Dissemination of Knowledge	-integrate knowledge of patients' educational and literacy levels to provide patient teaching at an appropriate level; recognize need for and contribute to provision of knowledge and practices related to underserved and disadvantaged groups or individuals
	-integrate principles of patient-centered communication to assess understanding and retention of information
	-use learner-centered methods for student or peer educational activities and presentations

	and provide constructive feedback for presentations and activities
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Professional

The graduating physician accepts the tenets of the profession: commitment to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high standards of personal behaviour. Physicians are guided by codes of ethics, committed to clinical excellence, and embrace appropriate attitudes and behaviours, including honesty, altruism, integrity, commitment, compassion, respect, and the promotion of the public good.

Domain	Competencies
Altruism and Integrity	-act consistently in the best interest of the patient; avoid or declare competing interests and remove self where competing interests may compromise patient care
	-refrain and abstain from using the patient-physician relationship for any type of personal gain or benefit
	-respond to public health threats or crises, including epidemics and disasters (natural and other)
	-adhere to principles of patient autonomy, privacy and confidentiality (see Domain #2)
	- explain and internalize the evolving contract between physicians, their organizations, and society with reference to the Hippocratic Oath and the CMA Code of Ethics
Honesty	-disclose areas of uncertainty; promptly and voluntarily identify errors of omission or commission
	-understand the patient, personal and professional impacts of medical error and the appropriateness of apology
Respectfulness	-practice patient-centered skills in all patient encounters; demonstrate respect to all colleagues and collaborators in patient care, research, or education
	-practice personal safety, including awareness and adjustment for imbalances in personal power; refrain from self-disclosure to patients
	-practice cultural safety, including authentic, supportive and inclusive behaviours with First Nations, Inuit and Métis, immigrants, or with any other group or individual whose background or circumstances create the potential for differential or discriminatory behaviours
Responsibility	-complete assigned tasks (including documentation and follow-up), meet timelines, demonstrate self-

	direction and accountability for personal actions
	-recognize and respond to needs of other professionals, particularly where such needs may adversely affect the ability to provide care to patients safely and appropriately
	-recognize and respond to unprofessional behaviours by colleagues or others; intervene as required
	- exercise other-awareness to identify and reach out to support colleagues who may be in personal or professional difficulty
	-accept and fulfill leadership roles as appropriate
Personal and Family Health and Wellbeing	- maintain and enhance personal development
	-achieve a healthy professional/personal balance for long term sustainability of professional competence
	-integrate knowledge of impact of stress, fatigue, personal/family illness, professional isolation and other factors; manage these factors in own professional circumstances
	-exercise self-awareness; access resources and supports provided by professional associations, employers and educational institutions to avoid or mitigate factors adversely affecting personal mental or physical health or family relationships
	-exercise particular vigilance for specific risks for substance abuse, including access to narcotics and other controlled drugs within the work situation

Themes (unweighted)

These themes represent areas identified by CanMEDS, FMEC, and committee members as representing specific knowledge, skill or behavioural domains deserving special emphasis in the curriculum. The list is not all-inclusive, but recognizes that a patient-centered approach will encompass other areas which have not been listed separately (e.g., chronic disability).

Appropriate theme content will be integrated vertically and horizontally.

A. Social Accountability

1. Aboriginal Health
2. Immigrant Health
3. Global Health
4. Socio-economic Inequalities

B. Mental Health

C. Age and Gender

1. Pediatrics
2. Geriatrics
3. Gender Related Health Issues (including gay, lesbian, bisexual, transgender, and questioning)

D. Health Promotion and Prevention

1. Physical Wellness
2. Mental Wellness
3. Education
4. Nutrition

E. Rural and Urban Experience and Access

F. Integrative Medicine

1. Complementary and Alternative Medicine (CAM)
2. Holistic Medicine

Principles of Assessment

(July 1/05, modified November 2012)

Assessment Programs SHOULD include:

Opportunities for students to demonstrate that they have achieved curricular outcomes (course and program objectives);

An assessment plan that links all curricular outcomes to tests (and instruction);

A test or assessment blueprint that ensures a balance in the content emphasized on tests;

Clear guidance on what is expected of learners (course and program objectives and standards);

Audits of all tests to ensure that they meet and will help achieve the goals of the curriculum and, where necessary, revision of the tests, items, courses, teaching, or objectives and competencies;

Regular formative assessment opportunities for students (quizzes, cases discussions, etc. that do not count for marks but that include feedback on what and how well students are learning);

To promote learning and develop self-assessment skills, reviews of all tests such that students have access to feedback on what they answered correctly and what they did not (with an explanation of the key concepts and principles);

A variety of reliable and valid assessment tools including but not limited to one best answer multiple choice questions, extended matching MCQs, short answer questions, essay questions, open book tests, assignments, portfolios, direct observations of simulate and real patient encounters, multi-source feedback, portfolios, and projects; and

Training for the instructors on the creation of valid and reliable assessment instruments and the determination of defensible standards for passing students.

Test Items SHOULD test material that is:

Directly linked to the stated learning objectives and competencies of the course as well as our Graduation Goals and Objectives and those of the Medical Council of Canada;

Sufficiently important to be essential or integrally helpful information, concepts, or principles for all examinees relevant to future courses and/or practice settings;

Common and useful factual information, concepts, and principles necessary for the proficient performance of one or more competencies;

Medical knowledge and skills that must be readily available for timely and appropriate patient management; and

At the application and problem-solving levels a majority of the time.

Items SHOULD NOT test material that is:

- Obscure factual information, concepts, and principles such that recall is not normally expected in daily general medical practice or future courses for medical students;
- Controversial because the scientific base is incomplete or because the “facts” are seriously debated among experts (unless this controversy is the point and/or acknowledged); or
- Interesting but neither essential nor helpful to future learning or performance of medical students in the context of general medical practice.

Examinations

- All summative examinations must follow a test blueprint based on the objectives and teaching emphasis of the course; and
- All examination must be based on the competency model and therefore must be rigorously constructed to reflect a defensible pass/fail cut point.

C.A.S.E. Curriculum Delivery Framework

C.A.S.E. Curriculum

We are making an informed educational decision to pursue the goal of creating an excellent Saskatchewan-style UGME **C.A.S.E. Curriculum** focusing on the achievement of Competencies through Cooperative Learning, Active Learning, Self-Directed Learning, and Experiential Learning. In deciding against becoming a “full PBL” school we are not just being rugged prairie individualists nor are we simply balking at the costs involved. Despite a vast number of studies there appears to be little convincing evidence that PBL improves the knowledge base or clinical reasoning skills of students (Albanese, 2000; Colliver 2000). More recent studies (Koh et al, 2008; Hoffman et al, 2006) seem to show that there are benefits. We believe that the benefits of PBL are mostly related to the quality and number of the case-based application exercises in which students in those programs engage. Our **C.A.S.E.** curriculum will provide many of the benefits of a PBL curriculum with fewer of the drawbacks.

To help our learners to transfer their knowledge, skills, and attitudes (become strong problem-solvers) we are committed to teaching knowledge skills and attitudes in clinically relevant contexts, using integrative patient scenarios, or cases. As students learn and progress, the tasks they face will grow with them until the cases and practice exercises are real, authentic situations. This will allow our students to build on success, reinforce prior learning, and become prepared to transfer their learning to new and different situations.

The C.A.S.E. Curriculum is focused on Competencies

We are committed to the formation, education and training of our students. The graduation goals and objectives of the U of S medical school and MCC Objectives set the ultimate destination for our students. Each course and set of courses will define complementary competencies that will lead directly and integrally to the graduation goals and objectives of the U of S and the MCC objectives. Similarly knowledge and skills at supporting levels must contribute to and be inextricably linked through the competencies to those objectives. The concept of competency assumes both proficient and enduring performance of the behaviour requiring several opportunities for practice and identification of key core knowledge, skills, and attitudes in the five areas as defined in the Learning Charter of the U of S: Discovery, Knowledge, Integrity, Skills, and Citizenship.

The CASE Curriculum incorporates Cooperative Learning (CL)

We believe in best-practice CL which has five important and necessary features: positive interdependence, face-to-face interaction, individual accountability, interpersonal and small group skills, and group processing (Johnson, Johnson, Smith, 1998; Nilson, 1998). Considering the large amount of research over a long period of time that has shown that CL is effective at facilitating learning to work in teams and for problem solving, we are committed to incorporating CL environments into our curriculum, programs, and individual teaching sessions.

The CASE Curriculum uses Active Learning (AL)

Active Learning (AL) is an approach to teaching that incorporates one or more of the four elements of talking and listening, reading, writing, and reflecting into the engagement by learners in relevant and authentic tasks in a supportive environment. Compared to a traditional approach of passive information transmission, AL produces better learning, including concept formation; increased motivation; discovery of misconceptions; and the acquisition of knowledge, critical thinking, attitudes and values, and interpersonal skills. Case discussions are one example of active learning approaches.

Therefore, the College of Medicine will incorporate into all course, programs, and individual teaching session opportunities for students to engage in AL. This does not mean that all teaching and learning will be given in small groups. AL can take place within the traditional large or a small group setting for short or long periods of time and can happen on-line among learners separated by great distances.

The CASE Curriculum incorporates opportunities for Self-Directed Learning (SDL)

SDL is a continuum of behaviours ranging from near-complete teacher or institutional control of the learning tasks and environment to greater learner control. Opportunities for SDL are more limited in professional schools "where the standards for knowledge and performance may be imposed by regulatory agencies or professional organizations, (and) there seems to be little room to allow students to select what and how they learn" (Allen, 1997). Furthermore, some methods, while they personalize and adapt the learning, perhaps as in some forms of PBL may not in any significant way "shift the locus of control from teacher to learner..." (Candy, 1991). Nevertheless, opportunities for meaningful SDL must be present to balance the tight delimitations of knowledge and skills in a competency-based curriculum. Therefore, teaching in

the College of Medicine will encourage and cultivate a moderate, and genuine form of SDL in our learners through selection of assignment topics, electives, and time for extra-curricular activities.

The CASE Curriculum incorporates *Experiential Learning (EL)*

Our curriculum will employ AL strategies and progress through increasingly complex learning tasks. Whereas CL provides a useful and tested pedagogical approach, EL is the process by which they will tackle these progressively more complex tasks, sometimes in groups. Beginning with a particular experience such as a patient encounter, paper case or simulation of some kind, students first plan a response to the situation and then carry out their plans. The cycle moves on to an observation or data collection stage and finally to reflection and the creation of general rules and principles. This simple cycle (plan, act, observe, reflect) is a process that will help students approach and learn from experiences they encounter.

The EL opportunities will include at least one significant Community Service Learning project and in many cases many more depending on student willingness and motivation.

Therefore, the College of Medicine will encourage and build into its programs explicit emphasis on the experiential learning cycle.

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Letters of support



UNIVERSITY OF
SASKATCHEWAN

College of Medicine

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MEMORANDUM

To: Dr Roy Dobson, Chair, Academic Programs Committee

From: Dr Lou Qualtiere, Acting Dean

Date: October 17, 2013

Re: MD Program Revision

I am writing to express the unwavering support of senior College of Medicine leaders for the proposed curriculum revision to the MD Program, the so-called "2+2 Curriculum". This major curriculum revision is long overdue and will be of enormous benefit to our students. While the most obvious change pertains to the scheduling framework of the curriculum, this revision will afford the opportunity to introduce or expand a number of initiatives that will strengthen the program and better prepare our students for licensing examinations and residency.

We recognize that increased resources will be needed as the student numbers increase and as we expand the distribution of our educational activities. However, careful review demonstrates that the resources needed for the proposed 2+2 Curriculum will not exceed the resources that would be needed to properly deliver our current curriculum. The current restructuring of the College of Medicine is focused, in part, on ensuring more effective alignment of resources with the educational mission, so the timing is opportune.

Lou Qualtiere, PhD
Acting Dean, College of Medicine

LFQ/kk

cc: Dr Gill White, Interim Vice-Dean, Medical Education
Dr Sheila Harding, Associate Dean, Undergraduate Medical Education

MEMORANDUM

To: Dr. Joan Forder, Program Manager
2+2 Curriculum Implementation
College of Medicine

From: Marcel D'Eon
Secretary, Faculty Council
College of Medicine

Date: September 30, 2013

Re: UGME Curriculum Changes

**Faculty Council
Wednesday September 25th
5:00 p.m.**

B450 Health Sciences, Regina General Auditorium, and West Winds Clinic

MINUTES

Curriculum Committee Report - M. D'Eon

Two previously-discussed curriculum reports were presented, outlining changes to the undergraduate medical curriculum. The financial side of the changes received approval from BPP on September 9, 2013.

Motion: That the UGME Curriculum Proposal May 16, 2013 and the Comprehensive Curriculum Document August 19, 2013 be approve for implementation in August 2014.
D'Eon/Qualtiere CARRIED

Sincerely,



Marcel D'Eon, PhD

October 25, 2013

To Whom It May Concern,

We would like to voice our support for the new College of Medicine 2+2 undergraduate medical education program. The Clinical Learning Resource Center (CLRC) staff are very excited to be working with 2+2 development team. We have had several meeting with team members to discuss projected CLRC and Volunteer/Standardized Patient use. We are very pleased with the collaborative relationship we have developed with this team and as we all move forward supporting the new program I anticipate this relationship will continue. The CLRC staff are committed to helping the 2+2 program be successful in its endeavor to provide excellence in medical education and research. We will work closely with the development team to determine the 2+2 program needs in relation to the CLRC and problem solve together how the CLRC can best meet these needs. It is essential that the CLRC continue to be included in the conversations around the 2+2 program so that we can adeptly plan for the fall of 2014. Our goal is that the CLRC will work collaboratively with the College of Medicine to seamlessly facilitate the implementation of the 2+2 program in the fall of 2014.

We are very excited about the new 2+2 program and the educational opportunities it offers the incoming medical students. We look forward to our continued work with the College of Medicine and the excitement of the Medical Students as they go through the new program.

Sincerely,

Mary Freeman RN BSN MS
Associate Director of Learning Services
CHSDO
Mary.freeman@usask.ca
306-966-5863

Forder, Joan

From: Ben Rosser <ben.rosser@usask.ca>
Sent: Tuesday, October 15, 2013 11:59 AM
To: Forder, Joan; Harding, Sheila
Subject: Re: support for the new 2+2 curriculum

Drs. Forder and Harding,

The current proposed 2+2 undergraduate medical curriculum has a number of stipulations regarding the instruction of human gross anatomy. The proposal offers 90 plus hours, and cadaveric dissection, in Term 1. In Terms 2, 3 and 4, the study of prosected specimens will be integrated into the body systems taught .

If the above mentioned conditions are retained in the 2+2 curriculum, the Department of Anatomy and Cell Biology would be in support of the proposal.

Sincerely,

BWCR

Benjamin W.C. Rosser, Ph.D.
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October 29, 2013

Joan Forder, PhD
Project Manager, UGME Curriculum Renewal, Planning & Implementation
College of Medicine Undergraduate Medical Education (UGME) University
of Saskatchewan
B526 Health Sciences Building
107 Wiggins Road
Saskatoon SK S7N 5E5

Dear Dr. Forder,

RE: New 2 + 2 Curriculum

I have reviewed the documents of the proposed implementation of the new 2 + 2 Curriculum and I am pleased to see that our College of Medicine is moving forward to an undergraduate education model already in place in most of the medical schools in Canada. This will allow our college to move into a more effective and modern undergraduate medical education.

As you know, the College of Medicine at the University of Saskatchewan is going through turbulent times as it has been put on probation and I strongly feel that the implementation of a modern curriculum will go to great lengths to put our College back on track. From the Department of Surgery perspective, we are committed to be involved in all undergraduate education throughout the four years of the curriculum. We are interested in not only providing our undergraduates with the best surgical education but also to serve as role models for the training of the surgeons of the future. I feel that it is our responsibility to build an environment for our undergraduates to succeed and pass their competency exams. We want competent physicians that become leaders in medicine in the future.

All of the members of the Department of Surgery will participate enthusiastically in this new curriculum and in particular we will make the practical experience of the two years of clerkship as interactive as possible not only in conveying new knowledge to our undergraduates but allowing them to experience the full range of the surgical practice.

... Page 2

In summary, the Department of Surgery supports whole heartedly the implementation of the 2 + 2 Curriculum as we feel that it will open new avenues for success for our students and our college.

Sincerely yours,

❖ **Ivar Mendez, MD, PhD, FRCSC, FACS**

F.H. Wigmore Professor and Unified Head

University of Saskatchewan and Saskatoon Health Region

Department of Surgery



IM/Ilf

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October 10, 2013

Dr Joan Forder, PhD
Project Manager, UGME Curriculum Renewal, Planning & Implementation
College of Medicine
Undergraduate Medical Education (UGME)
University of Saskatchewan

Dear Dr. Forder,

Thank you for the opportunity to provide the perspective of the Dept. of Physiology on the proposed implementation of the new 2+2 medical curriculum. We understand there is a solid rationale to re-organize the existing curriculum into two pre-clinical and two clinical years, hence the 2+2 label.

Faculty members in Physiology will be primarily involved in the delivery of Physiology instruction in the two pre-clinical years. It is different than the existing curriculum in that all our teaching to medical students is currently in Year 1 through an integrated course MED109.16. Thus, we will be meeting with the same cohort of students over two years instead of one. Although there is a reduction in the number of hours allocated to the teaching of Physiology, we are assured that the understanding of physiology, the fundamental basis for medicine, will occur through the case-based approach promoted in the new curriculum. With a case-based approach, a closer cooperation between the clinicians and the basic biomedical Faculty members will be required for an optimum delivery. Faculty members in Physiology have been involved already in the development of several of the sub-sections of the pre-clinical years and of the physiology section of the "Principles of Medical Sciences" course, scheduled to start August 2014 (i.e. Term 1, year 1 of the new curriculum).

As a Department of Physiology in the College of Medicine, our primary responsibility is physiology instruction to medical students and other students in the Health Care professions. We continue to support the development and implementation of the new medical curriculum.

Best regards,



M. Desautels, Ph.D.
Professor and Head,

MEMO**Date:** October 10, 2013**To:** Dr. Joan P. Forder, Ph.D.
Project Manager,
UGME Curriculum Renewal, Planning & Implementation**From:** Dr. Venkat Gopalakrishnan (GOPAL)
Professor and Head, Department of Pharmacology
Coordinator, Med201.4 Pharmacology Delivery for Year II Medical & Dental Students**Re:** Pharmacology Curriculum Delivery for Medical Students under Systems 2+2 Model
beginning next Academic Year (2014-2015)

Thank you for meeting with me as soon as you arrived to take up the position as the Project Manager for the UGME Curriculum Delivery under the Vertically Integrated 2+2 Program.

When this plan was envisaged three years ago, Dr. J. S. Richardson from our Department had given a blue print to the UGME Committee based on what is being done in certain Medical Schools in the USA. We have a clear idea as to how each topic in Pharmacology could be successfully aligned for delivery at various stages of MD training under Systems. The plan we proposed for integrating Pharmacology Curriculum delivery was welcomed and accepted by the Phase B Committee as proposed by our Department in the past.

We must reiterate that Dr. Lixin Liu, Associate Professor, Dept. of Pharmacology has been delivering his teaching on the topic on "Immunomodulators" under Systems in the Rheumatology section.

As the current Coordinator of the Pharmacology Course, Med201.4, given in Year II to medical students, I have made major and significant changes to the delivery of the curriculum during the current year (2013-2014) year in an attempt to prepare our students to excel in the LMCC final examination with regard to questions related to Pharmacology.

I will be willing to meet with you anytime to go over the changes we have done so far. Moreover, the Faculty in the Department of Pharmacology are enthused to deliver Pharmacology program through the integrated model. We are ready to align with the Clinical Faculty in the delivery of Pharmacology under respective Systems during 2104-2015 while aspects related to General Pharmacology will be covered during Year I training.

Dr. Kaushik DESAI will be working on the 2+2 Committee representing the Dept. of Pharmacology. He is a dynamic and efficient Teacher.

Page 2

Letter of Support from the Dept. of Pharmacology for the delivery of 2+ UGME Curriculum

Beginning September 1, 2014, I will proceed on Administrative Leave for one year to carry out Collaborative Research at the University of Toronto as I complete my term as Head of the Department for a continuous period of ten years. I have already applied and sought the permission of the Acting Dean, College of Medicine. To ensure that everything moves smoothly with regard to Teaching delivery, I have requested Dr. Kash Desai to serve as the Coordinator of the Med201.4, Pharmacology delivery during the 2014-2015 term when I could be away. In the event, my administrative leave could not be approved due to the restructuring/reorganization and Faculty early retirement that could affect the Teaching delivery and the College of Medicine decides to extend my Headship for one more year (2014-2015), I will then continue to serve as the Coordinator for the delivery of the Med201.4 Course.

While closing this letter, I should emphasize that the Department of Pharmacology will meet the expectations of the UGME Committee with the proposed 2+2 Curriculum delivery as this is our top priority and core Program besides focusing our attention to Research.

In the event students in Dentistry Program could not be aligned under Systems with our students in Medicine, we could request students in the Dentistry program (during their Year II training) to take Pharmacology classes with the Year II Pharmacy students through the course we offer as PCOL350.6. This is a point for you to consider as it is discussed with the College of Dentistry so we find solutions to issues that may come up as we go away from the current model of Teaching Med201.4 Pharmacology to both medical and dental students during their Year II.

I look forward to meeting with you next week to discuss these points further.

Sincerely yours,



Venkat Gopalakrishnan, Ph.D.
Professor and Head, Department of Pharmacology
College of Medicine

C.c. to: All Faculty, Department of Pharmacology
Dr. Lou Qualtiere, Acting Dean, College of Medicine
Dr. Sheila Rutledge Harding, Associate Dean, College of Medicine
Dr. Meredith McKague, Chair, Phase B and Phase C - UGME Committee



UNIVERSITY OF
SASKATCHEWAN

College of Dentistry

➤ College of Dentistry

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October 15, 2013

Ms. Joan Forder

Project Manager, UGME Curriculum Renewal, Planning & Implementation

College of Medicine

University of Saskatchewan

Re: College of Medicine 2+2 Curriculum Proposal

Dear Ms. Forder,

The College of Dentistry has reviewed the College of Medicine's 2+2 Curriculum Proposal. We still need to explore other options to ensure that our students' needs are met for the subject areas of Neuroanatomy, Pharmacology, and Microbiology, however, we are otherwise in support of the proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read 'G. Pakkota'.

Dr. Garnet Pakkota
Acting Associate Dean
College of Dentistry