Report on Curriculum Refresh, Effective Oct. 17 '22

Introduction

The Curriculum Refresh was instituted by Project Charter (see Appendix A), with a start date of May 2020 and an end date of September 2022. Dean David Anderson sponsored the project and assigned Associate Dean Evelyn Sutton as project leader, with additional UGME leaders as the steering committee.

The impetus for the Curriculum Refresh had several elements, some informed by the changing realities of the world in general, by the practice of medicine in Canada, and by the growing acceptance of the medical school's responsibility to better address equity, diversity and inclusion in both the education of physicians as well as the care of patients. In addition, particular gaps and relative weak points were identified within the undergraduate program that were broader than those that had been identified and addressed by the annual evaluation, review, revision processes for each unit and clinical experience. These elements were listed in the Project Charter, and are as follows:

- AFMC has mandated the incorporation of national EPAs into the Clerkship curriculum
- The Family Medicine Project Charter developed by the Faculty of Medicine in 2019 has directed a review of the undergraduate curriculum to ensure that the discipline of family medicine is seen in a positive perspective throughout the curriculum.
- The Truth and Reconciliation Report set out clear mandates for medical school training that must be incorporated into the curriculum.
- Equity, Diversity and Inclusion needs to be embraced in the medical school curriculum and is a strategic priority for Dalhousie University
- The goal of the undergraduate curriculum is to train medical students so they are prepared and competitive to enter any residency program in Canada. We need to review the curriculum though a generalism lens to ensure this occurs.
- The reality of climate change and the concept of environmental impact are critical factors in sustainability of the profession and these realities must be accounted for in the curriculum.
- The Med 1&2 tutorials have been highly criticized for the variability of tutor facilitation and the wide unofficial distribution of the tutor guides among the student body.
- Health systems knowledge is an emerging competency for medical students as health care delivery becomes more complex.
- Student wellness has been identified as a priority, and the integration of wellness and resiliency into the curriculum ensures that this element is not considered an add-on.

The Charter (section 3) set out the boundaries within which the Refresh would work: the general structure of the undergraduate curriculum content delivery would be maintained, the general organization of the Units and Clinical experiences would not be modified, and the governance structure would be unchanged. Nevertheless, there is much that can be and has been done within these constraints, as summarized in the Outcomes section of this report.

Process

Informed by the Project Charter, the Undergraduate Medical Education Curriculum Refresh Committee (the steering group, hereafter referred to as CRC – see Appendix B for Terms of Reference) began monthly meetings in early June 2020. The decision was made to establish nine working groups each with a focus on one theme. The CRC generated a guidance and terms of reference document for the working groups, setting out responsibilities, principles, member composition, expectations for consultations and research, as well as timelines (see Appendix C). These groups were constituted, the chairs recruited (see table below, final column), and their work initiated over the following months, some starting in August of 2020 and others in the autumn. The timelines were ambitious, with the working group reports and recommendations scheduled for delivery to the CRC in January 2021. Thereafter, feedback was sought from faculty, residents, students, staff, and the community through town halls, one for each theme, held over a five-week period between February 3 and March 8, 2021. A dedicated web page (https://medicine.dal.ca/for-faculty-staff/ugme-curriculum-refresh-.html) within the Faculty of Medicine site lists the working groups and the date of the town hall. The group's report as well as the recording of the town hall can be accessed from this webpage.

Key Theme	Town Hall Date	Meeting Link	Chair
Generalism [PDF 348 KB]	February 3, 2021 4:00 PM - 5:00 PM	Recorded Town Hall	Dr. Kathleen Horrey
Movement to Competency-Based Learning for UGME [PDF 127 KB]	February 4, 2021 3:30 PM - 4:30 PM	Recorded Town Hall	Dr. Simon Field
Priority Communities [PDF 245 KB]	February 9, 2021 4:00 PM - 5:00 PM	Recorded Town Hall	Dr. Lynette Reid
Public Health [PDF 314 KB]	February 19, 2021 10:00 AM - 11:00 AM	Recorded Town Hall	Dr. Gaynor Watson-Creed
Equity, Diversity and Inclusivity (EDI) [PDF 343 KB]	February 19, 2021 11:30 AM - 12:30 PM	Recorded Town Hall	Dr. Gaynor Watson-Creed
Health Systems [PDF 278 KB]	February 24, 2021 4:00 PM - 5:00 PM	Recorded Town Hall	Dr. Rob Boulay
Addictions Medicine [PDF 340 KB]	March 2, 2021 4:00 PM - 5:00 PM	Recorded Town Hall	Dr. Karim Mukhida
Student Wellness [PDF 789 KB]	March 3, 2021 4:00 PM - 5:00 PM	Recorded Town Hall	Dr. Sue Zinck
Planetary Health (including Climate Crisis) [PDF 275 KB]	March 8, 2021 4:00 PM - 5:00 PM	Recorded Town Hall	Dr. Sean Christie

The final recommendations of each working group were tabled for consideration at the April 15 and April 29, 2021 CRC meetings. The CRC assigned two members of staff (Boon Kek and Laura Harris-Buffet) to compile the recommendations of all nine working groups into one document, and to group those

recommendations according to domain (that is, curricular issues separated from administration, program evaluation, teaching and learning). As the project charter laid emphasis on refreshing the curriculum, and as the charter defined the scope and boundaries, the focus of the project turned to those recommendations that could be accommodated within the existing structures of the undergraduate program; "curricula" for the purpose of grouping the recommendations was defined as "specific recommendations for UGME units and objectives, which also includes issues related to student wellness". (Note: as there is overlap among these domains, a second review of all recommendations was carried out in the fall of 2021, and a new spreadsheet prepared to ensure that any recommendation with any implication for the curriculum was included for consideration and possibly action – this "second pass" doubled the number of recommendations that warranted further evaluation under the terms and conditions of the Curriculum Review (from 91 to 180.)

At this point (summer 2020) the project shifted to implementation of the recommended curricular items; the CRC assigned the undergraduate associate and assistant deans (Drs. Sutton, Hall, Field, and Boulay) to effect as many of the recommended changes as possible in time for the start of the 2022-23 academic year. Approval of changes to the undergraduate curriculum falls within the responsibilities of the Undergraduate Medical Education Curriculum Committee (UMECC). The annual cycle of approving the syllabi follows each end-of-unit review; this meant that as early as March and April 2022 the first of the block units (Foundations for Med 1; Neuroscience for Med 2; PIER 1 for Clerkship) would be brought to UMECC (following review at Med 1/2 or Med 3/4 Committees) for approval, and any changes to sessions and/or learning objectives consequent to the Curriculum Refresh would need to be embedded within the syllabus submitted. With this timeframe in mind, and with the understanding the unit leadership was best placed to determine whether and how new content could be accommodated within the existing opportunities, Dr. Sutton met with each unit head and longitudinal lead over the fall of 2021 to discuss the implications of the recommended changes for that curricular element, starting with the units that were already actively considering the 2022-23 syllabus. All unit heads/leads expressed full support for the Curriculum Refresh and offered to assist in any way they could, though few could identify specific recommendations that they could act on. A few unit heads, however, readily saw the implications and had already begun to plan with specific recommendations in mind, notably Skilled Clinician and Professional Competencies.

Following this initial round of meetings – these ended mid-October 2021 – the deans (Drs. Sutton and Hall for pre-clerkship and Drs. Boulay and Field for clerkship) reviewed each recommendation determining (1) whether the recommendation was already appropriately addressed within the existing undergraduate program; (2) if not already addressed, whether the recommendation was actionable within the Curriculum Refresh, and (3) if actionable, to which unit the recommendation should be assigned. The result of this review determined that 11 of the 180 recommendations were already appropriately addressed (see Appendix D). It is important to note here that the working group in reviewing the existent content of the undergraduate curriculum, relevant to that group's focus, was reliant on the specificity and searchability of the Daedalus Curriculum Map – an application that had limited search capability, and no flexibility in wording. In effect, a particular working group was unable to locate content that was indeed within the curriculum because either the Curriculum Map was out of date (it has lagged behind the current taught curriculum by between one and two years, depending on the point in time of the search query) or because the search terms used to query the Curriculum Map were not a perfect match to the wording in one or more learning objectives – these being the only

things stored in the Daedalus Curriculum Map. As an example, the Addictions Medicine Working Group recommended that students learn about "non-opioid pain management strategies". This was determined to have been appropriately addressed in the lecture and tutorial case within ProComp 2 During Neuroscience (Lecture week 8: Complementary and Alternative Medicine (CAM) and Chronic Pain; tutorial/case: Maggie Draper: A Case of Fibromyalgia).

Also, from the deans' review of recommendations, 20 of 180 recommendations were determined to not be actionable within this Curriculum Refresh (see Appendix E). An example is the recommendation from the Generalism Working Group that the program includes "Integrative cases. These could be introduced in several different ways: I. Periodic (every 2-4 weeks) cases summarizing learning from the preceding weeks II. Case of the Month – an undifferentiated patient presentation, permitting the development of a complex patient presentation, drawing on all preceding units." Drs. Hall and Sutton agreed that this was worth considering when the medical school next embarks on a larger scale revision of the undergraduate program, but that this recommendation lies outside the scope of the Curriculum Refresh, requiring as it does the addition of a new organizational structure.

The deans' review identified 129 of the 180 recommendations that they determined should be pursued further by assigning to one or more of the existing units of instruction and by approaching the unit lead requesting that they consider whether and how they could accommodate the recommended item. (Note: A further 20 recommendations of the 180 pertained to revising one or more aspects of the approximately 200 tutorial cases that are central to the curriculum in the pre-clerkship units. We will return to this dimension of the Curriculum Refresh process below.) It has been the deans' position that requesting consideration by the unit head rather than mandating a curricular change to a unit was the wisest course. The scope of the Curriculum Refresh as well as commitments by the medical school to its students to protect time for self-directed learning meant that adding learning experiences that involved additional "contact" time was not possible. Therefore, accommodating those recommendations that asked for the teaching of new content or new skills required other existent content and/or clinical practice sessions to be removed from the program, moved to another unit within the program, or compressed to occupy less contact time. In other words, adding in requires some degree of displacement of what is. The deans understood that the unit leadership teams were best placed to make these decisions, having the best oversight on, as well as accountability for, what within their discipline should be included in that unit of study for students at this stage of their education as physicians. Often, the unit head would take these deliberations to their respective department's education committee to work out the priorities and sequencing of content and skills over the four-year undergraduate program, as well as into the post-graduate program. For example, the Priority Communities Working Group recommended that students in Med 2 be taught "how to discuss consensual kink behaviours that might result in physical marking vs. nonconsensual/sexual assault/rape". This, along with several other recommendations pertaining to sexuality, was discussed by the education committee of the Department of Obstetrics and Gynaecology; that committee determined that this would be most appropriately addressed at the PGME level.

Following the identification of actionable recommendations and assignment to one or more units, the deans directed the Curriculum Refresh project manager to communicate the details of the request to the head(s) of the assigned unit(s) on their behalf. These communications went out concurrently with the review – as recommendations were assigned, communications were initiated. The initial contacts extended from November 10, 2021 through to the first days of the new year, and then communications

continued into the summer of 2022 as requests were negotiated, shared, redirected to other units, and/or embedded into revised syllabi for the 2022-23 academic year. The specific results – how each recommendation played out – are discussed in the Outcomes section below. It should be noted that not all recommendations were met in preparation for the 2022-23 academic year; some of these were found after consideration to be unachievable within the existing constraints and structures of the current curriculum, and others have been accepted but deferred to the following academic year to allow time to build the enabling attitudes, resources and structures. Again, these are addressed in the Outcomes section of this report.

Diversity in Tutorial Cases

As referenced above, 20 of the 180 recommendations related to changes to the body of tutorial cases used throughout Med 1 and Med 2 – the Case-Based Learning curriculum that aims to draw into a simulation of clinical practice the knowledge and understandings conveyed through lectures, readings, labs, seminars, etc. Most but not all of these 20 recommendations (see Appendix F) came from the Priority Communities Working Group and related to presenting students with a far more diverse array of case patients, in part to more honestly represent the diversity of patients that interact with the health care system, but also to disrupt normative assumptions about who is served and what values are upheld by health care in Canada.

Addressing these recommendations began with cataloguing the various dimensions of our current cases (2021-22 academic year) to gain a more comprehensive view of our case patient population – who they are, what medical issues are featured, what Curriculum Refresh themes are explored. The cataloguing confirmed what students have been pointing out over recent years in their evaluation feedback on tutorials – they are seeing far too many case patients that come from one group – white, settler, able-bodied, cis-gender, and heterosexual. For example, of the nearly 200 case patients, all but 18 are white, and of that total 2 would identify as from one of the 2SLGBTQ+ communities (see Appendix G for diversity measures and Appendix H for the variables used in the catalogue of cases). The cataloguing was completed by the end of March 2022.

It became apparent that the process of revising cases would need to be informed by a principled approach, rooted in a deep understanding of how to represent diversity in ways that are respectful, authentic, consistent with anti-oppressive practices, and educationally valuable to learners. The deans therefore convened a new working group, the Advisory Group on Diversity in Cases, led by Dr. Lynette Reid, to provide guidance for the development of new cases as well as the revising of existing cases. The membership includes Keith Brunt (Pharmacology, DMNB), Abdullah Chanzu (Class of 2025; SDIC), OmiSoore Dryden (JR Johnston Chair in Black Canadian Studies), Jordin Fletcher (Class of 2025), Sarah Gander (Pediatrics DMNB), Neha Khanna (Class of 2025; DMSS VP EDI), Darrell Kyte (Program Evaluation), Osama Loubani (Assistant Dean Pre-Clerkship), Susan Love (CPDME), Natalie Lutwick (Student Assessment), Anna MacLeod (Director of Education Research; RIM), Eli Manning (Visiting Scholar in EDIA), Anu Mishra (Skilled Clinician Unit Head), Anne O'Brien (administrative support), Tiffany O'Donnell (Family Medicine, Med 1 ProComp Unit Head), Christopher O'Grady (Class of 2023), Sarah Peddle (Community Partnerships and Global Health), Leanne Picketts (EDIA Curriculum Reviewer), Lynette Reid (Bioethics; chair), Jim Rice (Curriculum Refresh liaison), Sanja Stanojevic (Community Health and Epidemiology), Wendy Stewart (Assistant Dean Pre-Clerkship), Gaynor Watson-Creed

(Associate Dean for Serving and Engaging Society), Brent Young (Family Medicine; Indigenous Health Academic Lead).

The group first met on February 3, 2021, and was tasked with providing advice on the following:

1. Diversifying patients: What proportion of patients/cases should be identified with each priority community? There are nearly 200 cases in total. A number of these cases have more than one patient, and on the other hand some have no patients (they are about the medical student, or they are more discussion sessions than cases). So, 200 patients is a reasonable estimate. And of course, one patient may be a "member" of more than one priority community.
2. Introducing the patient: How should a patient be introduced? You are likely aware of how patients are currently introduced in cases. What has been asked for is that ethno-racial identity be included in the introduction of patients, along with what we currently have (name, sex, age). What other elements of identity should be "front loaded' in the introduction? Or should other elements be revealed in the more natural course of the medical interviewing processes? In this regard, it would be most helpful if the working group were aware of the training students are receiving in their Skilled Clinician unit, particularly in the Communications component, and offer advice that aligns with what students are asked to do as practitioners.
3. Preferred or appropriate terminology: please advise on the terms that we should be using, and those we should be sure to remove. For example, the Addictions Medicine Working Group has asked that we review all cases, removing the terms "substance abuse and substance dependence".

The initial timeframe for the committee work was six weeks, but as Dean Sutton received feedback on progress, the deadline for the three deliverables was extended to April 15, that date coinciding with the start date of a dedicated full-time staff person responsible for revising all cases for Med 1 and Med 2. Leanne Picketts has been seconded for one year from her role as a simulated patient educator to serve as the medical writer on the Curriculum Refresh project. She joined the Diversity working group, was guided in her revisions by the draft framework generated by the group, and in turn fed back into the group the challenges and opportunities uncovered once she began revising actual cases. Within a month, it was apparent that the scope and scale of the revisions would not allow simultaneous work on both Med 1 and Med 2 cases in time for the start of the 2022-23 academic year, the original work plan. With the agreement and support of deans Sutton, Hall, Loubani, and Stewart, the work plan was altered such that all Med 1 cases would be revised for 2022-23, and once complete (anticipated to be in March 2023), the medical writer would then work on revising Med 2 cases in preparation for the 2023-24 academic year. At this point, cases have been revised for Foundations, ProComp 1 During Foundations, Host Defence, and ProComp 1 During Host Defence; indeed, we are now collecting feedback on these tutorials from tutors, students, and unit lead teams.

As work progressed on revising Med 1 cases, the Diversity working group prepared materials to guide and support the implementation in Med 1, including guidance documents, discussion papers, student-directed introductory materials, as well as educational seminars, webinars, and written supports for the tutors who would be leading (and are now leading) the case-based learning sessions. Student-directed resources are posted on BrightSpace for each unit as it is opened to student access; in addition, all resources, those directed to students as well as those directed to faculty, can be accessed here, on one of the pages of the Continuing Professional Development and Medical Education site. The committee

continues to develop and add resources in response to feedback and perceived needs, so that this important dimension of the Curriculum Refresh can succeed. In addition, the Diversity working group, with encouragement from the deans, generated and submitted for UMECC approval the terms of reference for the group to continue as a standing committee reporting to UMECC (see Appendix I).The Case Diversification Committee (new committee name) has been critical in shaping and ensuring the success of this element of the Curriculum Refresh, the element that from the students' perspective is the most obvious and perhaps most consequential manifestation of this project. The importance of this group's work is reflected in it being made a subcommittee of the Undergraduate Medical Education Curriculum Committee.

Community Engagement

Engaging the wider community in the Curriculum Refresh, particularly in its first year from the summer of 2020 to summer of 2021, has been for the most part indirect, with the diverse perspectives from outside the Faculty of Medicine represented by but also mediated through the voices of Faculty members who work in and/or have an interest in a particular issue, whether that be addictions medicine, planetary health, public health, etc. The Town Halls referenced on page 2 of this report were open to the wider public, but they were advertised and pitched to the Dalhousie Faculty of Medicine to draw on their expertise and experience. The exception to this limited community engagement during the first year was the Priority Communities Working Group which, working with the Office of Community Partnerships and Global Health (OCPGH), educated itself and then implemented the Principles of Community Engagement in its work. The Priority Communities Working Group identified twelve communities and sought to engage each community, though the type of engagement differed given the degree to which existing relationships were or were not in place and given the specific concerns of communities in relation to the Faculty of Medicine.

Engagement with the Indigenous Community was most extensive, working with the existing curriculum partnership (Dr. Margot Latimer (Nursing) and the Indigenous Health IPE) and the existing staff in Global Health (Hannah Asprey) to engage with the Executive Director of the Mi'kmaw Native Friendship Centre in Halifax (Pamela Glode Desrochers) and staff of the Atlantic Policy Congress of First Nations Secretariat (including Director of Health Vanessa Nevin; Associate Director of Health Jarvis Googoo). This partnership informed the Working Group's curriculum deliberations in substantive ways and supported the community in raising and moving forward their long-standing concerns with the Dal Med admissions process. Hannah Asprey and the incoming Indigenous Health Academic Lead (Dr. Brent Young) moved that policy question forward, achieving substantial change in the following year.

Recognizing that a particular community can be burdened by repeat, poorly coordinated requests from the same institution, the Working Group engaged committees and positions internal to Dalhousie. The various advisory committees and the Service Learning Advisory Committee of the OCPGH were engaged for Francophone Health and Black Health (Promoting Leadership in Health for African Nova Scotians Advisory Committee). It is worth noting in this regard that there are no structures internal to the Faculty of Medicine linked to communities of persons with disabilities, newcomer health, and diversity of sexual orientation and gender identity. For these communities, the Priority Communities Working Group engaged clinicians who are active in clinical care and advocacy; examples include working with the staff at the Newcomer Health Clinic (some of whom have Dal appointments), with Immigrant Services Association of Nova Scotia, and with PrideHealth. Given the lack of funding for this work, engagement relied on existing partners who would (at least in the short term) accept an absence of remuneration.

The Priority Communities Working Group identified this lack of remuneration as a serious gap going forward, stating in its report that the Faculty of Medicine ought to institute a full system of remuneration to support community engagement. Consistent with this goal, the Case Diversification Committee has secured funding ($5,000) for further community engagement in the work of diversifying cases. Sarah Peddle of OCPGH has been central in bridging the efforts and commitment of the Associate Dean for Serving and Engaging Society, the OCPGH, and the Case Diversification Committee to secure the support of the Associate Dean UGME and funding from the Dean. This funding will support the participation of community members including voices of first-person experience in revising Med 1 and 2 tutorial cases. The committee has developed a consultation plan mapped to the timeline of case revisions being carried out by the EDIA Curriculum Reviewer Leanne Picketts. While this funding accomplishes the immediate goals of the Committee, more substantial funding should be budgeted for community engagement, including remuneration of community members and students who are invited as consultants on special projects.

It is worth noting that the Case Diversification Committee is a place where a substantial number of Faculty and staff who belong to and work with priority communities have a role in the governance structure of the medical school, representing a step forward in social accountability.

Outcomes

This report offers two ways to look at the Curriculum Refresh achievements – one is provided in Appendix J, a spreadsheet of all the recommendations that have resulted in specific changes to the curriculum as delivered in the 2022-23 academic year (Appendix K lists those recommendations that are expected to result in changes in the 2023-24 academic year, and Appendix L lists those that faculty leads advised could not be accommodated under the current structures and time constraints). The second way to look at the Curriculum Refresh achievements is offered in this section, organized by year of study, highlighting the changes evident to students. This section provides a higher-level summary perspective, omitting changes made within existing lectures and/or case practice sessions, including additions to or revisions of Learning Objectives. For these details see Appendix J.

Med 1			
Newly added/significantly revised	**Type of Learning Experience**	**Unit**	**Notes**
Orientation to Anti-Oppressive Practice	Framing Lecture	O-Week	Dr. Gaynor Watson-Creed
Public Health	Framing Lecture	O-Week	Dr. Gaynor Watson-Creed
Indigenous Health & Black Health	Framing Lecture	O-Week	Drs. Brent Young and OmiSoore Dryden
Ethical Research Practice	Seminar	Research in Medicine	Increased emphasis on history of medical research ethics, including the Holocaust, as well as research *on* as opposed to *with* priority populations
Introduction to the Social Determinants of Health	Panel & Workshop	ProComp 1 During Metabolism	

Practicing Generalism	Lecture	ProComp 1 During Metabolism	
Principles of Generalism	Tutorial	ProComp 1 During Metabolism	
Planetary Health	Lecture	ProComp 1 During Metabolism	
Environmental Health & Advocacy	Tutorial	ProComp 1 During Metabolism	
What is the clinical relevance of race?	Lecture	ProComp 1 During Human Development	
What is the clinical relevance of race?	Tutorial	ProComp 1 During Human Development	
Changes to IPE indigenous Health	Tutorial	**Notes:** In response to feedback from students, improvements in psychological safety are being implemented: **Facilitator training:** recruiting facilitators with lived experience and expertise will be prioritized **Content**: all modules are being revised based on student feedback. Dr. Young will be looking at ways to better incorporate IPHE content in a way that is robust but also mindful of the gravity of anti-racism content. **Format**: assignments will be channelled directly to tutors, and not through discussion boards.	
Approach to Gender Dysphoria	Lecture	Sexuality Component Human Development	Formerly Psychology of Sexuality lecture
Med 2			
Understanding John Jones: A Case of Autism	Tutorial	ProComp 2 During Neuroscience	Formerly case focused on the mother of an infant with ASD; current case features a young adult with ASD.
Prison Health, Incarcerated Populations	Lecture	ProComp 2 During Metabolism 2	
A Case of Structural Determinants and Health Needs of Persons Experiencing Incarceration	Tutorial	ProComp 2 During Metabolism 2	
Trauma Informed Care	Lecture	ProComp 2 During MSK/Derm	
Practicing Trauma Informed Care	Tutorial with simulated patients	ProComp 2 During MSK/Derm	
Occupational Lung Disease	Lecture	Metabolism 2 Respirology Component	Lecture now includes air pollution
Med 3			
CL – 12 Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other	Clerkship learning objective	All units Med 3 and 4	Added Clerkship objective

wider determinants of health into patient centred care.			
CL – 13 Develop familiarity with health systems sciences and contribute to the reduction of health inequities and improvement of healthcare systems, including being a responsible steward of healthcare resources.	Clerkship learning objective	All units Med 3 and 4	Added Clerkship objective
Optimizing Care for People with Serious Mental Illness	Seminar	Psychiatry Rotation (and also LICD)	Learning objectives for this seminar use the term “severe and persistent mental illness”
Contraception	Seminar	Obs/Gyne Rotation (and also LICD)	New section on access to contraception
Female Genital Cutting	Recorded presentation	Obs/Gyne Rotation (and also LICD)	
Med 4			
Substance Use Disorders	Lecture	PIER 4	
Substance Use Disorders	Interdisciplinary panel	PIER 4	
Overview of Somatic Symptom Disorders (SSD)	Lecture	PIER 4	
Evaluation of the Somatic Symptom Disorder patient	Lecture	PIER 4	
The Interviewer, Patient Education and Treatment of Somatic Symptom Disorder	Lecture	PIER 4	
Somatic Symptoms	Small Group Session	PIER 4	

In addition to the specifics listed above, it bears repeating that the pre-clerkship program will be a different experience for the Class of 2026 (those who started in the fall of 2022) from that of previous classes, partly because we have started their year during Orientation Week by foregrounding anti-oppressive principles and practices, but mainly because during every tutorial students will be made aware of and invited to discuss the practice of medicine in service to all patients, their families however constituted, and their communities, including those that have been largely invisible in medical education and therefore overlooked. Moreover, we cannot underestimate the subtle but significant changes that have arisen and will continue to arise consequent to the teaching faculty having actively engaged in the Curriculum Refresh processes and the discussions. We have also reinforced key messages through our CPD offerings, through communications to lecturers, and by working with unit leadership teams through our governance structures. Some of these changes may be hard to track, as they will become knowable

only by the absence of criticisms we have heard over past years – for example, the predominant, sometimes exclusive, use of images of white skin tones in lectures and seminars. Other changes we hope to learn about through our evaluation processes.

Next Steps

There are recommendations that could not be enacted in time for the current academic year. These will continue to be developed for the next academic year. In addition, those recommendations listed in Appendix L will be reviewed by UMECC as part of its annual review and evaluation processes to consider possible future changes. Those recommendations that could not be accommodated within the scope of the existing program, that lay outside of the Curriculum Refresh project, nevertheless warrant consideration within the context of the next major revision to the undergraduate medical education program; we will need to ensure that these ideas are carried forward into that process.

Other elements of the Curriculum Refresh, not directly connected to the curriculum itself, are also underway, notably the replacement of the on-line Curriculum Map with a more user-friendly, searchable, and up-to-date tool to support student, faculty, staff and community use. A new provider – C-Blue – has been working with staff on implementing our Curriculum Map; it should be operational early in 2023.

Finally, it should be noted that the Curriculum Refresh has been an important opportunity to update the Dalhousie undergraduate medical program and to address gaps in the curriculum. However, we are all aware that ensuring a high-quality educational program in medical education is an ongoing endeavour. Even as we wrap up one cycle of improvements, we receive new inputs from national bodies, including medical student groups, asking for enhancements to one or more aspects of the program. And of course, as we learned from the recent pandemic, the context for health care in Atlantic Canada, in Canada and in the world can change suddenly and profoundly. The medical school has robust processes in place annually to review and revise as needed every aspect of the program, but we must be open to engaging once again in a more far-reaching review when warranted.

DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

Project Charter

PROJECT IDENTIFICATION	
Project Name	Undergraduate Curriculum Refresh
Start Date	May 2020
End Date	September 2022
Sponsor	David Anderson
Project Leader(s)	Evelyn Sutton
Project Steering Committee	Simon Field Jennifer Hall Rob Boulay Natalie Vautour Carla Whytock
Project Subgroups	TBC

1. BACKGROUND

The Undergraduate medical school curriculum was last extensively reviewed in 2009. This aligned with the introduction of DMNB in 2010. Since then, the curriculum has been modified based on the regular program evaluation process that includes review of each unit and clinical experience annually. Identification and incorporation of emerging trends in medicine and medical education have also been incorporated into the curriculum.

Despite this, there are some elements of the curriculum that have been identified as requiring a more focused review:

- AFMC has mandated the incorporation of national EPAs into the Clerkship curriculum
- The Family Medicine Project Charter developed by the Faculty of Medicine in 2019 has directed a review of the undergraduate curriculum to ensure that there is no hidden or overt bias against family medicine or family physicians within the content.
- The Truth and Reconciliation Report set out clear mandates for medical school training that must be incorporated into the curriculum.
- Equity, Diversity and Inclusion needs to be embraced in the medical school curriculum and is a strategic priority for Dalhousie University
- The goal of the undergraduate curriculum is to train medical students so they are prepared and competitive to enter any residency program in Canada. We need to review the curriculum though a generalism lens to ensure this occurs.
- The reality of climate change and the concept of environmental impact are critical factors in sustainability of the profession and these realities must be accounted for in the curriculum.
- The Med 1&2 tutorials have been highly criticized for the variability of tutor facilitation and the wide unofficial distribution of the tutor guides among the student body.
- Health systems knowledge is an emerging competency for medical students as health care delivery becomes more complex.
- Student wellness has been identified as a priority, and the integration of wellness and resiliency into the curriculum ensures that this element is not considered an add-on.

2. PROJECT OBJECTIVE(S)

- Map Undergraduate curriculum to CanMeds Framework
- Map Clerkship objectives to AFMC-mandated EPAs
- Incorporate lenses of Generalism, Family Medicine, EDI, Environmental impact, and TRC into a review of the 4 years of curriculum and make appropriate modifications.
- Develop new tutorial cases and support materials to enhance tutorial experience for students and facilitators.
- Develop a health systems curriculum
- Integrate student wellness into academic curriculum in all medical school years
- Increase lecture contribution from DMNB faculty to 15%
- Increase proportion of lectures delivered or co-delivered by family physician faculty.
- Identify current clerkship gaps and modify clinical and academic experiences to address these gaps. The recent academic curriculum review for the LICD can inform this process.
- Develop an enhanced program evaluation metric to ensure a reliable CQI process for curriculum review and renewal.

3. PROJECT SCOPE

The general structure of the undergraduate curriculum content delivery is maintained. The general organization of the Units and Clinical experiences will not be modified by this project. The governance of the curriculum by UMECC and its subcommittees will not be modified.

4. KEY PROJECT DELIVERABLES

Deliverable(s)	Description
Can Meds framework document for curriculum	Current objectives to be mapped to CanMeds framework
Dynamic functional curriculum map tool	Purchase or in-house development of highly functional interactive system to manage the curriculum map
Lenses identified in project objectives applied to the refreshed aspects of the curriculum and tools created to review other curriculum from these lenses	The new tutorial cases will be developed with the identified lenses as a guide. Specific tools will be developed to review the remaining curriculum.
Replacement of Tutorial cases created before 2018	Resources will be mobilized to assist case writers and unit/component heads to replace tutorials created before 2018
Development of new tutor guides	New tutor guides will be developed to facilitate the tutorial process and stimulate critical thinking. Faculty development will be provided to tutors to enhance the tutorial experience for students.
Review and refresh of Block clerkship academic sessions	Using similar methodology as applied to the LICD curriculum, block academic curriculum will be reviewed, gaps identified, objectives refined and mapped to AFMC Clerkship EPAs.

4. KEY PROJECT DELIVERABLES	
Deliverable(s)	**Description**
Review lecturer feedback and consider modifications to content and lecturers to meet objectives	For those lectures/lecturers that have been evaluated as less effective, component and unit heads will be asked to recruit DMNB faculty to deliver the lecture in all 4 years of academic curriculum. Purposeful recruitment of family medicine faculty to lecture or co-lecture in all 4 years of academic curriculum.
Integrated Student wellness curriculum	The Associate Dean, Student Affairs will be a key member of the Curriculum Refresh committee and the development of a SA syllabus will be a key outcome deliverable
Enhanced health systems curriculum	
Syllabi Modification	

5. MILESTONES				
#	**MILESTONE**	**DATE DUE**	**Assigned to:**	**Completed** ✓
1	Identification of Curriculum Refresh team	May 2020	E Sutton	
2	Update current Curriculum map	June 2020	UGME	
3	Hire curriculum project manager	May 2020	E Sutton	
4	Identify subgroups and subgroup leads for project objectives, and assign responsibilities	July 2020	E Sutton	
5	Develop Faculty and student input strategy and framework.	August 2020	L Hazelton/L Bonang/L Searle	
6	Map Curriculum to CanMeds Framework	August 2020	Curriculum developer	
&	Clerkship objectives mapped to AFMC EPAs			
7	Hold the UG Retreat focusing on priority lenses and case writing	Sept 2020	J Hall	
8	Gaps in mapped curriculum identified and plan developed for addressing gaps	Nov 2020	Curriculum developer	
9	Tutorial cases reviewed with project lenses and updated/created	Feb 2021	Unit heads	
10	New tutor guides developed	Feb 2021	Unit Heads	
11	Updated Curriculum Map completed	June 2020	UGME	
12	Syllabi modification complete	Aug 2021	UMECC	
13	Implement Curriculum Refresh Faculty Development program	Jan 2022	L Hazelton/L Bonang/L Searle	
14	Implement curriculum	Aug 2022	UMECC	

15	Develop Curriculum Review process/framework	Aug 2022	E Sutton	
16	Purchase/development of curriculum map tool			

6. BUDGET
• 1.0 FTE Salary for curriculum developer • Curriculum Map tool • Undergrad retreat funding

7. OTHER RESOURCES REQUIRED	
	Project manager for curriculum reform: Dr. Leanne French
	Curriculum Educator lead: ? (Boon +)
	Curriculum mapping tool
	Focused faculty development resources and programming for case-based tutors

8. ESTIMATED ONGOING COSTS/RESOURCES	
	Dynamic curriculum map tool
	Curriculum developer/evaluator

9. PROJECT ASSUMPTIONS
Changes will be applied in fall of 2022 to all Classes.

10. CRITERIA FOR SUCCESS / RISK MANAGEMENT
Engagement of Department Heads to see this work as a priority for faculty members.

PROJECT APPROVAL

Prepared by ___Evelyn Sutton_______________________ ___________________________________

Project Leader Date

Approved by ___David Anderson___________________________________

____

Project Sponsor Date

Undergraduate Medical Education Curriculum Refresh Committee

TERMS OF REFERENCE

ROLE

The Curriculum Refresh Committee (CRC) is a sub-committee of the Undergraduate Medical Education Curriculum Committee (UMECC). The CRC will assess the strengths and gaps/areas of improvement of the preclerkship and clerkship years of the undergraduate medical education program and make recommendations to UMECC to ensure students receive the most effective and relevant curriculum for the practice of medicine. In completing its review, the CRC will pay particular attention to societal and learner needs, as well as the movement to competency-based learning in medical education. Key areas of focus will include: Equity, Diversity and Inclusivity (EDI), Planetary Health, Poverty and Marginalized Communities (including Opioid Crisis), and Generalism.

MEMBERSHIP

Faculty and Students who will develop consensus recommendations to UMECC:

- Associate Dean, Undergraduate Medical Education (Chair)
- Associate Dean, Dalhousie Medicine New Brunswick
- Assistant Dean, Clerkship
- Assistant Dean, Clinical Education (DMNB)
- Assistant Dean, Skilled Clinician Program & Interprofessional Education & Director of Simulation
- Assistant Dean, Student Affairs
- Faculty member from Dalhousie Medicine New Brunswick (Dr. T. Pulinilkunnil - Biochemistry)
- Content Experts: Dr. G. Watson-Creed (EDI & Public Health/Planetary Health), Dr. K. Mukhida (Opioid Crisis), Dr. K. Horrey (Generalism), Dr. S. Burm (Medical Education), Dr. L. Reid (Bioethics-poverty and marginalized communities),
- Representative from the University Centre for Teaching & Learning
- Student representatives (1 from Halifax and 1 from DMNB) as appointed by DMSS

Non-voting membership includes:

- Administrators who are engaged in the development and implementation of the curriculum, as appointed by the Chair.

RESPONSIBILITIES

The CRC is responsible for the following:

a) Reviewing and evaluating the current objectives and course content of the clerkship curriculum of the MD program including key transitions being addressed in PIERs, how the Med 4 year prepares students for residency, adequacy of generalist areas and electives during Med 4 and the impact on CaRMS process

b) Consulting with unit and component heads to identify any gaps in the preclerkship curriculum of the current MD program.

c) Reviewing student evaluations to identify any gaps in the curriculum of the MD program.

d) Consulting with clerkship directors to identify any gaps in the preclerkship curriculum of the current MD program that impact integration of the curriculum across all 4 years of MD program.

e) Making recommendations to the UMECC to address any gaps or integration issues as identified through the CRC's review of the preclerkship and clerkship curriculum of the MD program.

f) Developing framework for ongoing curriculum renewal over the next 5 years. (ie beyond the recommendations in this report).

g) Review framework of current curriculum and consider whether it requires updating or conversion to CANMEDS.

h) Review whether the Faculty of Medicine should be moving to competency-based medical education as means of student assessment and how should entrustable competencies frame the assessment system.

i) Review the Serving and Engaging Pillar of the Faculty's strategic plan to determine how components should be integrated into the MD program. Themes for review include catalyzing system change, leadership, wellness, and advocacy.

REPORTING

The CRC will begin its work in May 2020 and will report its findings and recommendations to the UMECC in nine months.

DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

UGME Curriculum Refresh Project

Guide & Terms of Reference for Working Groups (Leads and Members)

INTRODUCTION

- For the MD program, it's an accreditation requirement to review the curriculum on a regular basis. This is necessary to assess the strengths and gaps/areas for improvement of the pre-clerkship and clerkship years of the UGME program, to ensure students receive the most effective and relevant curriculum for the practice of medicine.
- The following guide and terms of reference provides support and structure to the UGME Curriculum Refresh (CRC) working groups as they explore identified themes in undergraduate medical education and, where relevant and appropriate, integrate them into the curriculum.

This guide includes information regarding:

1. Purpose of the *Curriculum Refresh Working Groups*
2. Principles to guide the work of each group
3. Composition
4. Roles & responsibilities
5. Timelines
6. Support offered through the Project Team
7. Working group time commitment and engagement
8. Stakeholder identification and engagement
9. Data needs
10. Final report of recommendations

1. PURPOSE OF THE CURRICULUM REFRESH WORKING

Each working group will engage in a process of investigation and analysis on an identified theme to produce a report with high-level recommendations for the Curriculum Refresh Committee (CRC) to review, refine and recommend to the Undergraduate Medical Education Curriculum Committee (UMECC)

Each working group is welcome to map out their own process of exploring the themes in relation to the curriculum, and as such, there is flexibility in some of the areas detailed below. Leads and working group members are encouraged to explore their respective themes, in the context of the UGME curriculum across all four years.
A summary of the Working Group's workplan is provided below:

1. Review the current curriculum map to determine where the theme is taught/covered in the current curriculum.
2. Determine if further consultation with key stakeholders is required.
3. Determine if any gaps/deficiencies exist based on review of current curriculum and consultation.
4. Develop recommendations for review by the CRC that will address the gaps/deficiencies identified.

2. PRINCIPLES TO GUIDE THE WORK OF EACH GROUP

The working groups curriculum work are guided by the following principles:

- Building on Educational Excellence: *contributions from and collaboration among faculty, learner-centred*
- Medical Education Responsive to Health Needs of the Maritimes: *evidenced-informed*
- Leadership Through Scholarship in Medical Education*: program-level perspective, continuous improvement*

Based on these principles, each working group should consider the following as core requirements of their work:

- Engage appropriately, considering all stakeholders and conducting both primary and secondary research
- Think about how equity, diversity, and inclusion informs or influences their theme
- Identify resources and enabling factors that need to be addressed in supporting their theme
- Consider the long-term outlook, feasibility, and relevance of recommendations
- Build on existing work by reviewing current foundational reports and surveys
- Ensure the perspectives of equity-seeking groups are represented

3. COMPOSITION

- Faculty Lead (welcome to identify a co-lead to share your work)
- 7-12 members consisting of faculty, staff, and learners
- Members should be balanced in terms of content and educational expertise across each of the four years of the UGME program
- Working group members should represent diverse backgrounds and perspectives (i.e., basic science and clinical faculty, interprofessional faculty/groups, equity-seeking groups, etc.)
- Although each team may not include representation from all equity-seeking groups, it is necessary to ensure that perspectives of all equity-seeking group perspectives are included in the work of the team

4. ROLES & RESPONSIBILITIES:

Lead

- Responsible for ensuring completion of a final report to be submitted to the CRC (see timelines below)
- Will meet regularly with the working group and the Project Team
- Serve as a member of the CRC
- Responsible for ensuring authentic engagement both within their working groups and their identified stakeholders (internal and external)
- Time commitment required of the leads will vary, depending upon how members of the working group are engaged and the approach taken

Working Group Members

- Will provide input and ideas on the work of the team
- Are expected to remain engaged in the working group and defined process and contribute regularly to discussions
- Time commitment will vary, depending upon how members choose to engage with the team and the team’s overall approach
- Team members may be asked, or may choose, to volunteer for particular tasks or responsibilities. As such, the time commitment required of team members will be different both within and among the teams.

5. TIMELINES

The curriculum refresh planning process is currently underway.

Working groups are expected to kick off by July and have their work completed by December 11, 2020. The following table highlights key milestones for the working group.

Date	Key Deliverable
July 24, 2020	Invite Working Group Members to participate
August 15, 2020	Confirm first meeting of Working Group
August 21, 2020	Establish approach of exploring theme
August 28, 2020	Identify key foundational materials for review
August 28, 2020	Understand consultation needs
September 2, 2020	Submit consultation plan to Shawna O'Hearn for review
September 11, 2020	Shawna O'Hearn presents overarching engagement plan to CRC
October 31, 2020	Consultations completed
December 11, 2020	Final report with recommendations submitted to Project Team
January 2021	Project Team presents consolidated document with recommendations to CRC for review

6. SUPPORT

The CRC Project Team membership includes the following:

- Dr. Evelyn Sutton, Associate Dean, Undergraduate Medical Education
- Dr. Jennifer Hall, Associate Dean, DMNB
- Dr. Simon Field, Assistant Dean, Clerkship
- Dr. Rob Boulay, Assistant Dean, Clinical Education (DMNB)
- Ms. Natalie Vautour, Operations Manager, DMNB
- Ms. Carla Whytock, UGME Administrator, DMNS

Curriculum Designers: Laura Buffett-Harris
Boon Kek

The Project Team will provide the following support:

- Work with leads to develop a work plan timeline for each ~~team~~ Working Group. This will help to identify the anticipated time commitment for all working group members
- Support the working groups throughout the duration of the work plan to ensure key milestones of the project are met
- Create a Microsoft Teams site for each working group
- Work with the leads to prepare draft information for review and consultation with the teams and others
- Help ensure work of the Working Groups is integrated across initiatives with other working groups and aligned accordingly
- Keep the leads apprised of work progress by other working groups and about relevant developments on their theme
- Identify issues that arise as the work proceeds, analyse these issues, and bring them to the Project Team to help resolve. The Project Team will determine if issues need to be discussed more broadly by the CRC.
- Document the planning process, planning assumptions, identification and discussion of critical issues, recommendations, and the resources identified to realize those recommendations
- Assist the leads in presentation of all working group-related information, reports and recommendations to the CRC

For questions or assistance with your Working Group, please contact Anne Weeden (anne.weeden@dal.ca).

7. WORKING GROUP TIME COMMITMENT AND ENGAGEMENT

Working Groups will engage virtually through a Microsoft Teams site. This online space can be used for document sharing and online discussion. Each team can customize this tool to suit their specific needs

Each team will set a meeting schedule that best suits their approach to their work. It is anticipated, however, that weekly meetings will be required at the outset until an approach is decided upon and tasks are assigned. Following this, each working group should plan to meet biweekly.

8. STAKEHOLDER ENGAGEMENT

Each working group will identify and engage with stakeholders, internal and external, that are relevant to their theme.

- Faculty, staff, and learners (across all health faculties) are considered common internal stakeholders across all working groups.
- Other stakeholders may include health authority representatives, University representatives, Royal College representatives, AFMC VP Education, community based organizations (i.e. connected to service learning and/or EDI initiatives)……
- Each team will decide how best to engage with their identified stakeholders. Some options to consider for stakeholder engagement include focus groups, surveys, townhall meetings, and interviews.
- For additional support in developing your engagement plan, Shawna O'Hearn will be a resource and can either meet with the Faculty Lead or the Working Group. She can be reached at shawna.ohearn@dal.ca
- Engagement plans will be submitted to Shawna O'Hearn no later than September 02, 2020
- As many of our internal and external stakeholders will overlap, the goal is to ensure a coordinated response to consultation and to maximize time across working groups.
- Shawna O'Hearn will provide the overarching engagement plan to the Working Groups and Leads on September 11, 2020

9. DATA NEEDS

Working groups are expected to engage in both primary and secondary research as part of their work. The stakeholder engagement discussed above should deliver the primary research needed.

As a starting point, Working Groups will review the current curriculum map to determine where the theme is taught/covered in the current curriculum. There are 2 curriculum designers available to assist with this review (Laura Buffett Harris and Boon Kek).

It is important that all data sources be documented and attributed in a recognized format.

10. FINAL REPORT OF RECOMMENDATIONS

Each Working Groups will conclude with a final report with high-level recommendations that address any identified gaps. This report will be shared with the Project Team. All Working Group reports will be collated and reviewed. A collated report of recommendations will be presented to UMECC.

The following sections are intended to guide the development of the report:

Suggested Format

I. Executive Summary
II. Introduction & Background (Including internal and external environmental scan)
III. Overview of Approach taken to explore theme
IV. Recommendations by program year
V. Final Recommendations
VI. Issues for Further Consideration
VII. Data/information source list

Following the completion of all working group reports, a consolidated document will be assembled and shared with the CRC by the Project Team in early January 2021 (date to be confirmed)

Appendix D

Recommendations already appropriately addressed		
Theme	**Recommendation**	**Notes**
Addictions	Assessment and pathophysiology of acute and chronic pain	ProComp2 in Neurosciences: Week 9: Lecture: Understanding and Managing Pain in Different Settings (Dr. Maureen Allen); also the Tutorial/Case Study that follows; same title; See also Objective C21 for Neurosciences: Describe the physiology of pain and principles of pain management including mechanisms of major classes of analgesics. Also the Neurosciences lecture: Pain and Analgesics (Week 2)
Addictions	Biopsychosocial model of pain	ProComp2 in Neurosciences: Week 9: Lecture: Understanding and Managing Pain in Different Settings (Dr. Maureen Allen); also the Tutorial/Case Study that follows; same title
Addictions	Importance of managing acute pain	ProComp2 in Neurosciences: Week 9: Lecture: Understanding and Managing Pain in Different Settings (Dr. Maureen Allen); also the Tutorial/Case Study that follows; same title; Likely also a feature of the treatment plans found in many of the Med 1 and 2 cases
Addictions	Non-opioid pain management strategies	ProComp2 in Neurosciences: Week 8: Lecture: Complementary and Alternative Medicine (CAM) and Chronic Pain; also the Tutorial/Case Study that follows: Maggie Draper: A Case of Fibromyalgia
Addictions	Review of specific pain conditions (e.g. fibromyalgia, cancer pain)	In the above lectures and cases, as well as in Integration unit
Addictions	Barriers for people with substance use disorder to obtain care	ProComp2 in Neurosciences: Week 11: Lecture: Managing Addictions: Access, Barriers, and Stigma

Theme	Recommendation	Notes
Addictions	Drug policies and criminalization (how drug policy in Canda has affected the management and treatment of people with substance use disorder)	ProComp2 in Neurosciences: Week 10: Lecture: Substance Use Disorder: Definitions, Prevalence, Risk Factors, and Harms (Timothy Christie)
Health Systems	UGME Curricular content be mapped to the MCC objectives as they pertain to HSS. This implies that a central review process is required to ensure that this mapping can occur.	While this could be a helpful audit of curriculum content, mapping to MCC of this and other content elements could be adopted as one approach to a major curriculum revision process
Priority Communities (Physical Disabilities)	Incorporate the WHO International Classification of Functioning, Disability, and Health in overall case framework	Note that this item has been tracked on the objective sheet (item# PCPD - 5) but has been found to be present within the curriculum in ProComp 1 and 2; as well we have the objectives referencing this tool: L-PCMSK-2 and L-PCMSK-6.
Priority Communities (Physical Disabilities)	Integrate ability/functional diversity into the mapping of RIM opportunities and of elective opportunities and preceptors, so that students can develop focused skills in serving and advocating for this priority population.	Current elective choice includes: Community Health & Epidemiology (Swarna Weerasinghe,): Health of Diverse, vulnerable Populations: ... the diverse populations of students' choice can be: disabled, minority populations (Aboriginal, African Nova Scotian's, language minorities and Immigrants/refugees), rural or old populations, single women/men, as well as transgendered and people with diverse sexual orientations. Current research focuses on homelessness and access to emergency care.

Theme	Recommendation	Notes
Priority Communities (Physical Disabilities)	We advocate for the incorporation of the ICF in the process of case development, as well as teaching it early in Med 1, as a conceptual framework for the students, as this can expand the detail and depth of cases by providing a vocabulary and structure to to broaden collaborative, interprofessional, whole-person goal setting and treatment plans	Note that this item has been tracked on the objective sheet (item# PCPD - 7) but has been found to be present within the curriculum in ProComp 1 and 2; as well we have the objectives referencing this tool: L-PCMSK-2 and L- PCMSK-6.

Appendix E

Recommendations Not Actionable at this Time		
Theme	**Recommendation**	**Notes**
Generalism	Adopt some **symptom-based lectures** rather than systems-based lectures alone. Patients present with symptoms rather than systems. Incorporating some symptoms-based lectures will assist students in developing an approach to the undifferentiated patient and the development of the broad differential diagnosis (for example, chest pain that could be cardiovascular, respiratory, gastrointestinal, musculoskeletal, or psychological in origin).	This is asking for a return to Problem Based Learning - which pre-dated the 2010 curriculum rewrite, and was found to have failed in the UGME context.
Generalism	Establish **"Integrative cases"**. These could be introduced in several different ways: I. Periodic (every 2-4 weeks) cases summarizing learning from the preceding weeks II. Case of the Month – an undifferentiated patient presentation, permitting the development of a complex patient presentation, drawing on all preceding units.	Concept good, but this has no fit within the organization of the UGME program. This recommendation should be explored further in the cointext of the next major curriculum revision, not part of the CR.
Generalism	Students should be introduced to the concept of the hidden curriculum and how to identify it. In clerkship, create a session to debrief and reflect upon evidence of the hidden curriculum witnessed.	
Planetary Health	Additional themes, to be embedded in all units - Marginalized Populations - Climate change will disproportionate affect marginalized populations - Elderly/Children, Climate Refugees, Remote and Rural Communities - Indigenous Health - Greening healthcare/hospital waste management protocols - Health Advocacy and ecological health promotion	These recommendations are covered in other WG recommendatiuons, and will be addressed there.

Theme	Recommendation	Notes
Planetary Health	identifying 1-3 curriculum blocks in Med 1 and 2 to incorporate full lectures on Planetary Health. Possibilities include epidemiology and/or public health. Specifically, at a minimum, one comprehensive lecture on climate change and health is recommended in each of the Med 1 and 2 years.	Partially met. A full lecture and tutorial case on Planetary Health have been added to ProComp 1; as well there is a new lecture given in O-Week on public health. We continue to look for additional opportunities within the Med 2 program.
Planetary Health	Integrating planetary health topics throughout the Med 1 and Med 2 curriculum. Specific subject areas and associated curriculum areas where these could be integrated are attached as Appendix 1. This can be achieved through integration of one Planetary Health learning objective into each tutorial.	Partially met. A full lecture and tutorial case on Planetary Health have been added to ProComp 1; as well four lectures within Host Defence have been changed to incorporate some of the topics listed in the Appendix document referred to. The medical writer working on Med 1 and Med 2 cases is looking for opportunities to add questions (and possibly learning objectives) to cases; however, it is unreasonable to posit that all cases lend themselves to a Planetary Health topic/issue.
Priority Communities	Map existing small group teaching in Clerkship and in PIERS to these objectives and where there is none, integrate at least one small group session in each PIER Unit or Clerkship block. i. E.g. clerkship session on decolonizing perspectives on seizing infants at birth. ii. E.g. newcomer perspectives on palliative care and end of life decision-making.	Clerkship - FM rotation Also, Addictions It is there now, with the exception of seizing infants.

Theme	Recommendation	Notes
Priority Communities	b) Review and revise ProComp 1 and 2 objectives and governance i. Introduce care of and advocacy with priority communities early in Med 1 as a key focus of the MD program and Unit; ii. Take a developmental approach building preparation (knowledge of frameworks and background about communities, awareness, and reflection) to skills and attitudes, in Med 1 to engaging community, advocating, and preparing for clinical service with advanced communication skills for priority communities in Med 2, integrating Service Learning, with the resources for simulation, targeted use of community co-educators or clinical teaching associates as appropriate for the objectives, and integration with Service Learning and IPE for experiential learning; iii. Develop cases around present priority communities and skills relevant to priority communities, instead of tying them to the medical diagnosis of the concurrent block unit, iv. Change the unit governance so that content is more closely tied the specific clinical/research engagement/expertise of the faculty leadership, so that community has an effective voice, students reps include class reps and also interest group/SDIC voice, and so that the priority community themes are linked to reinforcing application in Skilled Clinician and in Clerkship (described below). Requires program manager with experience in community engagement. v. Explore taking a competency-based approach.	Defer this to the next major revision of the UGME curriculum. ProComp has put out an offer to have those faculty members step forward to look at this issue of a fundamental reform of ProComp for the longer term curriculum change.

Theme	Recommendation	Notes
Priority Communities (Black Health)	Diversify the dermatology image bank	Diversifying the images used in dermatology lectures and cases has been achieved in the 2022 delivery of this component, and will continue going forward. However, the image bank referenced here is a different and separate matter. It references an image bank that used to be available to students, overseen by Dr. Peter Green. This image bank is embedded within software that is incompatible with BrightSpace. Dr. Peter Green has been advised that this image bank cannot be made available to students through existing learning software supported by UGME. Therefore, this image bank has not been available over recent years. Nonetheless, we have reached out to library services to work on acquiring for our students a medical education image bank that will serve the MSK/Dermatology unit, but also other units and rotations as well.
Priority Communities (Francophone Health)	Address cultural safety concerns of Francophone persons, including linguistic micro-aggressions, names, and the concept of linguistic insecurity	This falls more to Clerkship, as working with Francophone patients will arise in the course of LICD and rotations
Priority Communities (Francophone Health)	As we recruit bilingual students through the Francophone Health Program, we need an optional curriculum that enables them to develop their skills to meet the goals of the Program	This is not possible Francophone students have these options: - placements/electives in Francophone communities - take up opprtunities provided through the affiliation agreement with Vitalite Health Network in NB - apply to University of Sherbrooke Medical School - NS buys seats for Francophone medical students in Sherbrooke

Theme	Recommendation	Notes
Priority Communities (Housing Insecurity)	Address learning needs of LICD students in relation to homelessness through dedicated content on the rural experience of homelessness	At present, we do not have the presence of this priority population in all or even most of the LICD settings to support dedicated content as recommended here. We will continue to monitor this matter in relation to the LICD program, as well as Clerkship block program.
Priority Communities (Housing Insecurity)	Enable medical students to have experience with people who are or were homeless	Can't enable this beyond the experiences that the UGME program provides, such as through Service Learning (as elected by students), encounters through the Med 1 Family Medicine Experience, and through their clerkship program whether LICD or rotations
Priority Communities (Newcomer Health)	Expanded curriculum should focus on simulation exercises and clinical exposure, as opposed to didactic teaching	Desirable, but we cannot make this happen.
Priority Communities (Physical Disabilities)	Designate a certain number of cases in Skilled Clinician where students will practice history/physical skills with persons with disabilities, with faculty development to support the ability of the clinical service to demonstrate an approach to adapting the history and physical, and support to the C3LR for community engagement in recruiting simulated patients	Beyond scope of UGME. This will not be acted upon as part of the Curriculum Refresh

Theme	Recommendation	Notes
Priority Communities (Race and Racism Cross Cutting)	Teach and reinforce skills for anti-racism in practice in the curriculum. a) Treat knowledge and skills for anti-racist practice as a longitudinal theme, fostering awareness and raising sensitivity, then teaching approaches to intervention and accountability, including allyship for non-racialized persons and appropriate strategies for racialized persons. b) Work with student and faculty from communities to implement educational experiences that meet their learning needs while their non-racialized colleagues are learning the basics of anti-racist work and allyship. c) Include the specifics of different forms of racism longitudinally and integrated throughout the curriculum (anti-Black racism, anti-Indigenous racism, the “model minority” stereotype, anti-Asian racism in the context of public health emergency).	This is an important recommendation, an we have some of the pieces in place for the 2022-23 academic year, for which see Appendix J. In particular, we have made a solid start on fostering awarenesss and raising sensitivitiy (see "a") and helping students understand different forms of racism (see "c") with more to do on the remaining goals. On the matter of separating educational experiences for racialized and non-racialized students, we need to investigate this further. We will look to advice and leadership from faculty leads on next steps.
Priority Communities (Race and Racism Cross Cutting)	Provide opportunities to safely engage with racialized individuals in clinical settings (skilled clinician, clerkship objective) in order to communicate and advocate against racism and race-based disparities, with the awareness that this process will require trust building and humility on the part of medical education as a whole. Provide these individuals with adequate compensation/renumeration for their participation and sharing their perspectives	Note from SC: I am not sure how best to do this - perhaps through volunteer patients, perhaps through a dedicated session
Priority Communities (SDoH Cross Cutting)	Integrate the Service Learning Program more fully into ProComp, including active, community-engaged curriculum on identifying and accessing resources in the community, to support social interviewing and social prescribing skills	Not within the scope of the Curriculum Refresh; may be taken up in the next major revision of the UGME curriculum

Theme	Recommendation	Notes
Priority Communities (SDoH Cross Cutting)	Teach skills in social history and social diagnosis, and in advocacy/navigation relating to the impact of the SDoH on specific priority communities (Skilled Clinician or in experiential sessions in a redesigned ProComp, with follow-up in Skilled Clinician and Clerkship);	Social history is already being done. The remainder of this recommendation is beyond UGME No further action being taken.
Priority Communities (Severe & Persistent Mental Illness)	Introduce psychiatric disabilities alongside physical and IDD early in Med 1, by providing students with first voice exposure, attending to safety concerns, so that might learn about the patient experience of stigma and barriers in healthcare; discuss mental health as a comorbidity, its effects on access to care for all medical conditions, and approaches to integrating mental health concerns and SDoH in patient care to address barriers, ethics and professionalism in "screening out" patients with SPMI.	Timing problematic. This will remain in Med 2 and in the Clerkship Psychiatry rotation. No further action will be taken.

Appendix F

Recommendations related to Case Revision Strand		
Theme	**Recommendation**	**Notes**
Generalism	Create two case families, each three-generation, one primarily majority culture and one immigrant, each with members from priority communities	This has been referred to the case revision process; may no longer be needed, as all cases are being revised, with much higher representation of all priority communities. Given the complexity of these processes, adding family linkages may not be possible, at least within Med 1.
Generalism	Develop mechanisms to teach and monitor the “Hidden Curriculum”	This is more about our all monitoring curriculum resources and the ways we teach - and less about what we "teach" students in a didactic forum. The focus here is being intentional in reviewing curriculum material for various dimensions of the hidden curriculum, one being the assumed hierarchy of practice, as well as racism, etc.. However - awareness and addressing this with students? The culture of medicine… SA? PIERS? Family Medicine Charter. In terms of generalism, shared care should be modelled where appropriate to the case in our case studies.

Theme	Recommendation	Notes
Health Systems	The following domains be included in the UGME curriculum: (i) health care structure and process (including governance), (ii) health care policy and economics, (iii) clinical informatics abd health terminology, (iv) population, public and social determinants of health, (v) value in health care, (vi) health system improvement, (vii) leadership, (viii) training, (ix) change agency, management, and advocacy, (x) systems thinking	Seek opportunities to more clearly foreground HSS issues (context dependent services; wait times; etc.) in cases where appropriate for the case - adding a question to a case that points to differential availability and obstacles (for example, how would your management of this patient change in you were in a rural setting).
Health Systems	Review all cases in Med 1 and 2 to ensure that an appropriate percentage of cases at all year levels include the foundational concepts of HSS	Referred to case revision - see what can be included and catalogue the instances in our tracking sheet.
Addictions	SUD and family-centre care	Referred to case revisions; perhaps this can be a feature/focus of one of the cases.
Addictions	Review content for consistent use of "substance use disorder" (sometimes called "Substance Misuse Disorder")	Referred to case revision; being monitored, and changes made unless in the learning objectives that have already been approved by UMECC
Priority Communities	Ensure better representation of diverse peoples in case studies	Target numbers for priority populations have been set, and are being monitored/catalogued.
Priority Communities	Ensure better representation of diverse peoples in simulated clinical encounters	Working on this - but there are systemic barriers to recruiting people from diverse populations
Priority Communities (Black Health)	Include racialized identities in Med 1 and 2 cases	Target numbers for priority populations have been set, and are being monitored/catalogued.
Priority Communities (Housing Insecurity)	Treat homelessness as a social determinant of health rather than medical risk factor in all case-based material. Revise any cases featuring a person experiencing housing insecurity with appropriate nuance and compassion.	This will be done as part of the case review/renewal process

Theme	Recommendation	Notes
Priority Communities	Ensure EDI present and apparent to students early in Med 1 through applied cases and first voice experience early in Med 1.	This will be done as part of the case review/renewal process
Priority Communities	Revise SC Tutor Guide to direct tutors to recognize and capitalize on students' prior learning, in particular students from priority communities	TGs are also being revised along side the cases. However, this is not the answer. Asking tutors to recruit a student from a prioritized community into a role they have not volunteered to take on is not to be encouraged. There have been complaints from students who have been put into the position of having to be the spokesperson for a community. More solid guidance for tutors is that good teaching includes allowing students to draw on their prior experience.
Priority Communities	For cases featuring patient(s) from priority communities, include prompts directing students to determine whether priority community status is central to diagnosis and management and where it is not	We're on this - as we create new cases featuring patients from priority communities, we will be looking to ensure an appropriate balance between those wherein the priority community status is central to diagnosis and management and where it is not.
Priority Communities	In SC, include SP with disabilities to allow students to practice adaptations to the clinical exam	Better recruiting is on the agenda. There are obstacles to doing this. We would not exclude anyone who applies to be a SP who has a disability; however, we can not recruit a sufficient number of SP who have disabilities to make comparable experiences across all tutor groups. Med 1 and 2 is not the target location for this recommendation.

Theme	Recommendation	Notes
Priority Communities	Include decolonizing principles in the case and encounter diversification process	This is part of the case review and revision work.
Priority Communities (Physical Disabilities)	Review and revise cases to represent persons with disabilities in cases that involve medical conditions that are not specific to their disability	This is part of the case review and revision work.
Priority Communities (Severe & Persistent Mental Illness)	Audit case studies for diversity in mental health status; in particular in the Neurosciences and ProComp in Neurosciences cases	This is part of the case review and revision work.
Priority Communities (SDoH Cross Cutting)	Audit [and revise] cases to ensure that cases represent patients of diverse socioeconomic backgrounds	This is part of the case review and revision work.
Priority Communities (Race and Racism Cross Cutting)	Revise cases so that being "white" is not used as the norm, and so that race is not brought up only when race pertains to a disease or stereotype	This is part of the case review and revision work.
Priority Communities (Race and Racism Cross Cutting)	Use this resource for revising cases studies: Addressing Race, Culture, and Structural Inequality in Medical Education: A Guide for Revising Teaching Cases (Krishnan et al. 2019).	This is part of the case review and revision work.
Newly added	Nutrition - enhanced presence throughout cases; include BMI in all patient introductions (in cases)	BMI may or may not be appropriate in all cases; the Diversity group will develop guidance, working collaboratively with Nutrition lead.
Priority Communities (SOGI)	Integrate sexual orientation and gender identify diversity, including normalizing an approach to pronoun use, into case diversity framework	This is part of the case review and revision work.

Appendix G

Diversity Measures in Med 1 and Med 2 Cases (2021-22)	
Category	**Number of Patients (2021-22)**
Number of Cases with no patient	13
Number of cases where patient is an premmie/infant/toddler/child	13
Preferred pronouns indicated	9
Female	109
Male	89
2SLGBTQ+	2
Gender non-conforming	2
Asian	3
Black	9
Indigenous	4
Latinx	2
Country of Origin (not Canada)	8
Patient Voice present	77
Housing insecurity	2
Intellectual and Development Delay	1
Involved with Criminal Justice System	0
Low SES	31
Newcomer	7
Physical disability	6
Severe and Persistent Mental Illness	5
Sex Workers	2
SUD/Addictions	4

Case Catalogue - Fields/Variables

Unit
Case Name
Unit Identifier (if any)
Target Date - Case Revised
Target Date - Tutor Guide Revised
Length of Case (mini/full)
Case Author(s)
Date last modified (if known)
Current Status
Patient Name
Age Category
Patient pronouns
Patient Sex
Patient Sexual Orientation (deduced or stated)
Patient Gender Identification
Patient Race/Ancestry (if identified)
Patient Ethnicity (if identified)
Patient Country of Origin (if identified)
Patient Spoken Language
Patient Living Arrangements
Patient Social Supports
Patient SES
Patient - member of Priority Community (1)
Patient - member of Priority Community (2)
Patient - member of Priority Community (3)
Medical condition/ disease/ disorder
Expected progression of disease
Case Flagged for Review
Presentation of patient - caring/ neutral/ judgemental
Presentation - patient's voice
Public Health Explicit
Planetary Health - Explicit
Health Systems - Explicit
Addictions - Explicit
Student Wellness - Explicit

DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE

DRAFT

Case Diversification Committee

Terms of Reference

Role: To advise the process of diversifying Case Based Learning (CBL) cases for Med 1 & 2 and support faculty and students in its implementation.

Responsibilities:

- Develop, evaluate and revise as appropriate the framework for case diversification for CBL;
- Produce guidance for future case authors to use in diversifying cases;
- Support the Equity, Diversity, Inclusion, and Accessibility (EDIA) Curriculum Reviewer diversifying the CBL cases as needed;
- Working with the Office of Community Partnerships and Global Health, develop a framework for compensated engagement with stakeholders and engage community in the CBL case diversification process;
- Collaborate with Continuing Professional Development & Medical Education (CPDME), Undergraduate Medical Education (UGME, comprised of DMNS/Nova Scotia plus DMNB/New Brunswick) to develop tutor training/orientation materials to support the implementation of case diversification;
- Collaborate with academic leads and Assoc Dean Serving and Engaging Society in student preparation for implementation of case diversification;
- Make recommendations to the Committee on Assessment of Student Performance (CASP) on an approach to diversification in student assessment;
- Make recommendations to Program and Faculty Evaluation Committee (PFEC) for evaluation of the diversified CBL cases;
- Research and publish on the framework;
- Evaluate ongoing and future needs for support for the Faculty of Medicine in Equity, Diversity, Inclusion and Accessibility (EDIA)/anti-oppressive curriculum and propose resources and governance for meeting those needs.

Membership:

1. Associate Dean for Serving and Engaging Society
2. Black Health Academic Lead
3. Indigenous Health Academic Lead
4. JR Johnston Chair in Black Canadian Studies
5. Visiting Scholar in anti-oppressive practice
6. EDIA (Equity Diversity Inclusion and Accessibility) Curriculum Reviewer
7. UGME refresh process liaison, if this position continues
8. Skilled Clinician Unit Head or representative
9. ProComp Unit Head or representative

10. A representative from Community Partnerships and Engagement (Office of Community Partnerships and Global Health link)
11. CPDME (Continuing Professional Development and Medical Education) Faculty Development
12. Medical education research specialist from CPDME
13. Evaluation Specialist
14. Assessment Specialist
15. 2-4 clinical or research faculty who are engaged in clinical care/research with priority communities; at least 2 from DMNB
16. 2-4 student representatives
17. Ex officio: Med 1 & 2 Assistant Deans; Associate Dean Undergraduate (Chair of Undergraduate Medical Education Curriculum Committee (UMECC))
18. Administrative Support: UGME

The chair is appointed by Associate Dean UGME from among the membership.

Meeting Frequency: every month, with additional break-out working groups

This Committee is advisory to UMECC and proceeds by consensus.

Reporting:

The Case Diversification Committee shall report annually to the Curriculum Committee (UMECC)

Date Approved by UMECC: [to go to UMECC again in September]

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Appendix J

	Recommendations Implemented in the 2022-23 Academic Year		
No.	**Theme**	**Recommendation**	**Notes**
1	Addictions	Opioids: identifying dependence	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
2	Addictions	SUD: detox therapies and access to them	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
3	Addictions	Use of cannabis in pain management	Covered in PIER 4: Panel: Use of Medical Cannabis
4	Addictions	Opioids: Introduction, routes of use, conversions	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
5	Addictions	Opioids: maintenance	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
6	Addictions	Opioids: Managing opioid overdose	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
7	Addictions	Opioids: understanding opioid poison deaths	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
8	Addictions	Review content for consistent use of "substance use disorder (sometimes called Substance Misuse Disorder"	This has been folded into the case revision processes. In addition, communication to this effect has gone out through Med 1/2 and Med 3/4 committees
9	Addictions	Role of Collaborative Care (and Chronic Pain and addiction)	Sessions on opioids added to PIER 4. Approved by UMECC on May 26.
10	Generalism	Include in Med 1 and 2 cases that emphasize uncertainty and the undifferentiated patient; cases should include early undifferentiated symptom-based presentation, the case proceeding without a definitive diagnosis or solution.	Family Medicine Experience has revised an objective to speak more directly to encountering and managing the undifferentiated patient. Syllabus as amended has been approved by UMECC.
11	Generalism	Institute a formal introduction to the Philosophy of Generalism by Lecture and mandatory reading	A new lecture (Practicing Generalism) and tutorial case (Principles of Generalism) have been added to ProComp1 During Metabolism in Week 6. New session level objectives for both have been added and can be found in the syllabus. Syllabus approved by UMECC May 26.

No.	Theme	Recommendation	Notes
12	Generalism	Introduce a standardized simulated family into a Skilled Clinician session	Several families have been or will be added to Skilled Clinician: (i) In Psychiatry component, a couple of practice cases follow a simulated family wherein one member is under treatment (ii) In Consolidation component, a simulated family wherein one member is a patient with cognitive decline. (iii) In Pediatrics component, we have an actual family of the parents and the child (toddler) (iv) In Communications component, a simulated family, with explaining test results to the grandmother, mother and son
13	Newly added	Child Poverty, Hunger, and Health Outcome	ProComp 1 During Human Development case (Week 2: Teddy Doesn't Talk and Eloise's Mother has some Questions) has been reviewed with this recommendation in focus; case does a good job of foregrounding child poverty and implications for health. (Note that the name of this case is likely to change consequent to the case revision process.)
14	Newly added	Medicine in the Holocaust	RIM (syllabus significantly revised for 2022-23) will be covering this in the seminar "Ethical Research Practice". In addition, within ProComp2 During Metabolism 2 Part A will also address this not as stand alone but as an instance of racism in medicine, along with Tuskegee study.
15	Newly Added	Conflict of Interest	ProComp 1 During Metabolism will add a recorded lecture as a mandatory resource.
16	Priority Communities	Amend EPA 2C: "Practice and advocate to address health inequities and provide safe and effective care to priority communities."	This change to EPA 2C has been made and approved

No.	Theme	Recommendation	Notes
17	Priority Communities	Interpersonal communication skills, with the following foci: i. relationship-based and trauma-informed learning and care; ii. the social interview and social prescribing; iii. working with an interpreter; iv. adapting procedures for persons with disabilities; v. motivational interviewing (already exists; review timing).	Of this list of five, four (ii, iii, iv, and v) either are already addressed (v), or will be addressed, as indicated in the following: (i) trauma-informed care: in ProComp 2; see row 64, this sheet (ii) Social Interview: in Skilled Clinician 2 see row 62 (iii) Working with an interpreter: in Skilled Clinician 1; in development for 2023-24 (iv) Adapting procedures for persons with disabilities: referred to Clerkship; being considered for future (v) Motivational Interviewing: in Skilled Clinician 1, Communications Component; Also in ProComp 1
18	Priority Communities	Reframe Social Determinants of Health (SDoH) -to include advocacy role -to practice navigation skills for clinical practice -to include structural explanations for inequities	ProComp 1 During Metabolism (Week 2) has added a three-hour session on the SDoH, replacing the lecture/tutorial format with a panel and workshop. The session will explore the SDoH through people experiencing housing insecurity. Leadership includes Sara Davidson, Tiffany O'Donnell, Leah Genge, supported by Sarah Peddle and Lynette Reid.
19	Priority Communities	Review and revise Clerkship Unit objectives to highlight indigeneous health	Revised Clerkship (Level 3) learning objectives approved for implementation in 2022/23 by UMECC June 23. Additional Clerkship objective added: "Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other wider determinants of health into patient centred care." (CL-12)
20	Priority Communities	Review Med 3 clerkship objectives to include SDoH, priority communities and cultural safety	Revised Clerkship (Level 3) learning objectives approved for implementation in 2022/23 by UMECC June 23. Additional Clerkship objective added: "Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other wider determinants of health into patient centred care." (CL-12)

No.	Theme	Recommendation	Notes
21	Priority Communities	Revise higher level objectives (levels 1 and 2) to reflect EDI	Revised Educational Objectives (Level 2) were presented to and approved by UMECC at its April meeting.
22	Priority Communities	Implement a revised framework for cultural safety and humility	Added a 90-minute O-Week lecture given by Gaynor Watson Creed, focussed on setting the stage for the Med 1s on respectful workplace/anti-oppressive practice (title: "Orientation to Anti-Oppressive Practice"). Other actions aligned with this goal are listed in this spreadsheet.
23	Priority Communities	In Clerkship years, reframe Social Determinants of Health (SDoH) -to include advocacy role -to practice navigation skills for clinical practice -to include structural explanations for inequities	Revised Clerkship (Level 3) learning objectives approved for implementation in 2022/23 by UMECC June 23. Revised Specific Clerkship Objectives for 2022/23 approved. Revisions to clerkship logs to be implemented in 2023-24.
24	Priority Communities	In Clerkship, revise objectives that refer to cultural sensitivity, awareness, or competency to instead reference safety and humility	Revised Clerkship (Level 3) learning objectives approved for implementation in 2022/23 by UMECC June 23. Revised Specific Clerkship Objectives for 2022/23 approved. Revisions to clerkship logs to be implemented in 2023-24.
25	Priority Communities	Include in the RIM introductory sessions promotion of research in and about priority communities	RIM added a new seminar titled "Ethical Research Practice" that includes these learning objectives: Consider the historical evolution of research ethics Consider the problematic history of research on as opposed to with priority populations. Describe the three key principles of the TCPS2 (respect for persons, concern for welfare, and justice)
26	Priority Communities	Add content to address and challenge relationship of race to risk factors - where we were and where we are	ProComp 1 During Human Development has added a session (lecture and tutorial) on this topic (titled: "What is the clinical relevance of race?”) lead by George Kephart and Sanja Stanojevic.
27	Priority Communities (Black Health)	Ensure exposure to concepts of intersectionality and diversity within the Black community - e.g. indigenous Black and immigrant Black experiences	This is addressed in ProComp 2 During Metabolism 2 Part A within the three sessions titled "Social Identities and Health: An Intersectional Lens" led by OmiSoore Dryden.

No.	Theme	Recommendation	Notes
28	Priority Communities (Black Health)	Interpretation and application of racial and ethnic data in healthcare in Canada, in light of the absence of, and recent initiatives towards collecting, racial and ethnic data in health care in Canada	In addition to the new session referenced in row 28 above, there is new content on this matter added to the EBP Virtual Lab in Foundations (lead: Constance LeBlanc)
29	Priority Communities	Include an introductory didactic case-based or humanities session on health and imprisonment. Include objectives related to (i) The health needs of persons experiencing imprisonment and the barriers to care, (ii) The interplay between mental health services and imprisonment (iii) The role of the police and the criminal justice system in maintaining structural racism.	ProComp2 During Metabolism 2 Part A: Added a new session: Lecture (Panel): "Practicing Medicine Within the Carceral System: When Practice, Policy and Rights Intersect" and "A case of structural determinants and health needs of persons experiencing incarceration"
30	Priority Communities (Francophone Health)	In clerkship, develop student placements in francophone communities	Family Medicine Rotation has a plan for DMNS, and is looking for apprpriate ways specific to the NB context.
31	Priority Communities (Housing Insecurity)	Add learning objectives regarding homelessness	Within the new "Panel and Workshop: Introduction to the Social Determinants of Health" (ProComp 1 During Metabolism 1 Week 2) the development team has added an objective on housing insecurity and homelessness.
32	Priority Communities (Housing Insecurity)	Within the Service Learning Program, develop competence to work with patients experiencing homelessness, offering students first voice experience, advocacy collaboration, and shadowing opportunities as appropriate.	Service Learning is confident that this is currently being addressed.

No.	Theme	Recommendation	Notes
33	Priority Communities (Intellectual and Developmental Delays)	Work with Service Learning Partners for first voice presence in the curriculum and student advocacy placements with partners	Service Learning is confident that this is currently being addressed.
34	Priority Communities (Indigenous Health)	Review and revise LICD's Indigenous Health objectives.	Revised Clerkship (Level 3) learning objectives approved for implementation in 2022/23 by UMECC June 23. LIC Clerkship Syllabus for 2022/23 approved including Care of Indigenous Populations (learning objectives IP1 - IP9.
35	Priority Communities (Indigenous Health) - new initiative	Support creation of cultural safety and humility within a health-care system that needs to rebuild trust	Brent Young is participating in the case revisions, introducing question(s) relating to indigenous health and health system access.
36	Priority Communities (Newcomer Health)	Extend informed consent sessions in ProComp to integrate language and culture of newcomers, including the need to work with an interpreter	ProComp1 During Foundations has included reference to these challenges (language and culture) in working towards and achieving informed consent. Amanda Porter leading these changes to the Ethics and Consent lecture. In addition, changes have been made to the Health and Well-Being of Migrant Populations case (ProComp2 During Metabolism 2 Part A).
37	Priority Communities (Physical Disabilities)	Incorporate the WHO International Classification of Functioning, Disability, and Health in reviewing and revising case studies	ICF is introduced in ProComp 1 During Human Development (Week 3), in the developmental delay tutorial case (Norm's Down Syndrome). One of the objectives is: "Using the WHO's ICF model of disability, describe some concrete ways that the presence or absence of supports affects function for people with developmental disabilities". ICF also used in ProComp 2 During MSK/Derm (Week 1) tutorial case "Andrew, Colleen, and James - Cases in Physical Disability". In addition, this is on the radar in the case revision process, looking for and seizing additional opportunities where appropriate.

No.	Theme	Recommendation	Notes
38	Priority Communities (Physical Disabilities)	Teach the ICF early in Med 1 as a conceptual framework for students	ICF is introduced in ProComp 1 During Human Development (Week 3), in the developmental delay tutorial case (Norm's Down Syndrome). One of the objectives is: "Using the WHO's ICF model of disability, describe some concrete ways that the presence or absence of supports affects function for people with developmental disabilities". ICF also used in ProComp 2 During MSK/Derm (Week 1) tutorial case "Andrew, Colleen, and James - Cases in Physical Disability". In addition, this is on the radar in the case revision process, looking for and seizing additional opportunities where appropriate.
39	Priority Communities (Race and Racism Cross Cutting)	Communicate to teaching faculty that "white" should not be used as the norm and that race should not only be included when it pertains to a disease or stereotype	At the August 15 meeting of deans (Evelyn, Jennifer, Osama, Wendy) it was agreed that the messaging pertaining to this recommendation has been communicated to unit leads through the Med 1/2 Committee. As an additional tactic, to more directly reach lecturers, it was agreed that a statement be added to the "lecturer's email" that is sent by coordinators to lecturers as part of the prep activity in advance of the unit start. Wendy Stewart to follow-up.
40	Priority Communities (Race and Racism Cross Cutting)	Provide opportunities to safely engage with racialized individuals in clinical settings	In Skilled Clinician 1, the Volunteer Patient program is reaching out to various communities to increase the diversity of volunteer patients, with moderate success to date in recruiting racialized individuals. This outreach will continue with the goal of meeting this and related recommendations.

No.	Theme	Recommendation	Notes
41	Priority Communities (Race and Racism Cross Cutting)	Communicate to teaching faculty that diverse skin is shown in all lectures without having skin types represented as "white" vs "other".	At the August 15 meeting of deans (Evelyn, Jennifer, Osama, Wendy) it was agreed that the messaging pertaining to this recommendation has been communicated to unit leads through the Med 1/2 Committee. As an additional tactic, to more directly reach lecturers, it was agreed that a statement be added to the "lecturer's email" that is sent by coordinators to lecturers as part of the prep activity in advance of the unit start. Wendy Stewart to follow-up.
42	Priority Communities (Race and Racism Cross Cutting)	Create objectives relating to engaging in advocacy addressing health disparities that exist in racialized group	This has been addressed in part during Gaynor's 60-minute Public Health session during O-Week. Gaynor will add a learning objective covering this topic to those objectives she provided on August 17.
43	Priority Communities (Race and Racism Cross Cutting)	Embed discussion on structural factors creating disparities for priority populations (BIPOC) in appropriate case studies while being wary of reinforcing stereotypes and existing socially constructed ideas of race	In addition to the case work, this content is the foundation of Gaynor's 60-minute O-Week session on anti-oppressive practices.
44	Priority Communities (Race and Racism Cross Cutting)	Ensure lectures, cases and clinical encounters include diverse populations in the appropriate context	At the August 15 meeting of deans (Evelyn, Jennifer, Osama, Wendy) it was agreed that the messaging pertaining to this recommendation has been communicated to unit leads through the Med 1/2 Committee. As an additional tactic, to more directly reach lecturers, it was agreed that a statement be added to the "lecturer's email" that is sent by coordinators to lecturers as part of the prep activity in advance of the unit start. Wendy Stewart to follow-up.
45	Priority Communities (Race and Racism Cross Cutting)	Ensure that research opportunities on race/racism are given importance at RIM exposure to research days	RIM will be sure to highlight these ideas in their O-Week offerings. Actively promoting this pathway.

No.	Theme	Recommendation	Notes
46	Priority Communities (Race and Racism Cross Cutting)	Introductory session on race and racism early in the Med 1 the curriculum.	Added new session in O-Week: Gaynor Watson Creed has a 60-minute session on anti-oppressive practices. Learning objectives have been communicated (August 17), with plan to bring to UMECC in September as information.
47	Priority Communities (Race and Racism Cross Cutting)	Review dermatology lectures and other lectures with images of skin to ensure that examples include people of diverse skin tones.	At the August 15 meeting of deans (Evelyn, Jennifer, Osama, Wendy) it was agreed that the messaging pertaining to this recommendation has been communicated to unit leads through the Med 1/2 Committee. As an additional tactic, to more directly reach lecturers, it was agreed that a statement be added to the "lecturer's email" that is sent by coordinators to lecturers as part of the prep activity in advance of the unit start. Wendy Stewart to follow-up on this.
48	Priority Communities (Race and Racism Cross Cutting)	Revise cases so that being "white" is not used as the norm, and so that race is not brought up only when race pertains to a disease or stereotype	This is being acted upon as part of the case revision processes. In addition, at the August 15 meeting of deans (Evelyn, Jennifer, Osama, Wendy) it was agreed that the messaging pertaining to this recommendation has been communicated to unit leads through the Med 1/2 Committee. As an additional tactic, to more directly reach lecturers, it was agreed that a statement be added to the "lecturer's email" that is sent by coordinators to lecturers as part of the prep activity in advance of the unit start. Wendy Stewart to follow-up.
49	Priority Communities (SDoH Cross Cutting)	Create pathways and support for students who identify with priority communities and students who want to work with priority communities (including RIM and Service Learning)	Both RIM and Service Learning affirm that they are promoting these opportunities and pathways.

No.	Theme	Recommendation	Notes
50	Priority Communities (SDoH Cross Cutting)	Diversify simulated patients and clinical encounters throughout the curriculum to ensure representation of people of diverse SE backgrounds	In Skilled Clinician 1, the Volunteer Patient program is reaching out to various communities to increase the socio-economic diversity of volunteer patients, with moderate success to date. This outreach will continue with the goal of meeting this and related recommendations.
51	Priority Communities (SOGI)	Consider a panel of community members from the 2SLGBTQIA+ community	Human Development, Sexuality Component:"LGBTQ2S+ Health Care Needs: Creating Safe and Welcoming Clinical Spaces". The panel will include several 2SLGBTQIA+ members on the panel.
52	Priority Communities (SOGI)	Include a session, with tutorial, on the barriers to health and well-being experienced by members of the 2SLGBTQIA+ community, particularly patients who identify as transgender.	Human Development, Sexuality Component: the lecture "Approach to Gender Dysphoria" (the new title for what had been the Psychology of Sexuality" lecture) will address these issues. In addition, Dr. Elaine Davies (Clerkship Director, Family Medicine) indicates a number of changes will be made to several webinars and seminars within FM rotation (the majority of this is in "Preventative Health Care" webinar), including one revision to a learning objective to reflect this.

No.	Theme	Recommendation	Notes
53	Priority Communities (SOGI)	Review and revise as necessary the male and female sexual dysfunction sessions [within Human Development - Sexuality], with attention to SOGI and trans care	The Obs/Gyne Education Committee has reviewed the undergraduate program with this recommendation in focus, and provides the following: - Melissa Brooks, who gives the lectures in both Med 1 and Clerkship, will adapt the lectures so that the Med 1 lecture covers female sexual function and the clerkship lecture covers the dysfunction side of things. - Laci Williams (Sexuality Component Head - Human Development) has directed all lecturers to incorporate SOGI information in their lectures. - She also notes that the bulk of the lecture that kicks off the Sexuality Component ("Approach to Gender Dysphoria") is about gender dysphoria, gender identity, assessment of such, basics of medical and surgical treatment. Dr Mokashi [who delivers this lecture] will also add information about access/barriers to care and wait times.
54	Priority Communities (SOGI)	Review Sexual Health (Sexuality Component?) to include discussion of consent culture, the de-stigmatization of sex work, and diversity in sexual behavior	Human Sexuality Component in Skilled Clinician 1 covers this in the sessions on taking a sexual history.
55	Priority Communities (Severe & Persistent Mental Illness)	Add a Psychiatry Clerkship objective relevant to people living with severe and persistent mental illness	A new lecture/seminar has been added to the Psychiatry Rotation titled Optimizing Care for People with Serious Mental Illness – Dr. Laura Downing/Dr. Jason Morrison

No.	Theme	Recommendation	Notes
56	Priority Communities (Severe & Persistent Mental Illness)	Add Psychiatry Clerkship objectives on principles of rehab and integration for people living with severe and persistent mental illness	A new lecture/seminar has been added to the Psychiatry Rotation titled Optimizing Care for People with Serious Mental Illness – Dr. Laura Downing/Dr. Jason Morrison
57	Priority Communities (Severe & Persistent Mental Illness)	Add Psychiatry Clerkship objectives requiring exposure to community-based care and/or peer support settings for people living with severe and persistent mental illness	A new lecture/seminar has been added to the Psychiatry Rotation titled Optimizing Care for People with Serious Mental Illness – Dr. Laura Downing/Dr. Jason Morrison
58	Priority Communities (Severe & Persistent Mental Illness)	Design Service Learning placements to priority populations with complex needs	Service Learning has this in hand - addressed.
59	Priority Communities (Severe & Persistent Mental Illness)	Develop clinical placements in Clerkship/Med 4 electives and interprofessional experiences in inpatient or residential rehab programs for people living with severe and persistent mental illness	Katharine Black, Clerkship Director for Psychiatry, indicates that they have set in place one elective with Connections Halifax, with additional planned. She also notes that current Med 3 rotations at certain Community Mental Health sites also offer exposure to patients with a SPMI diagnosis.
60	Priority Communities (Severe & Persistent Mental Illness)	Emphasize the practical skills needed to address the social determinants of health (social history and social diagnosis, in trauma-informed care, and in advocacy/navigation) in providing services to people living with severe and persistent mental illness	These skills (apart from trauma-informed care - for which see the separate entry on new lecture/case practice in ProComp2) are embedded within Skilled Clinician; however these skills need to be foregrounded and perhaps reflected in the learning outcomes. That said, social diagnosis is harder to address at the Med 2 level.

No.	Theme	Recommendation	Notes
61	Priority Communities (Severe & Persistent Mental Illness)	Include ICF categorization in the appropriate cases	This has been referred to the case revision processes; it is on Leanne's radar.
62	Priority Communities	Teach skills by experiential learning in trauma-informed learning and care	ProComp2 During Metabolism 2 Part B: New three-hour session with a case practice session in place of the usual tutorial. A simulated patient will be assigned to each tutorial group, and students will practice skillsin caring for traumatized patients they learned about in the lecture. The ProComp2 During Metabolism 2 Part B syllabus has not yet been submitted for approval by UMECC. This syllabus is now scheduled for the September UMECC meeting.
63	Planetary Health	Air Pollution: risk factor for many cardiorespiratory diseases and the disproportionate effects on marginalized communities	Metabolism 2, Respirology Component: two added objectives related to air polloution in the Occupational Lung Disease lecture. Syllabus approved by UMECC July 28.
64	Planetary Health	Reproductive health and gender equality - Population Growth, access to contraception, family planning, education	Brett Vair, Obs/Gyn Clerkship Director, has requested that Dr. Nancy Van Eyk include discussion about access to contraception in her clerkship seminar on contraception. Noor Sadeq, Obs/Gyn resident has deveoped and recorded a session on female genital cutting to be placed on the Obs/Gyne clerkship Brightspace page so that students can view this session independently during their rotation. Both of these sessions will be accessible to LIC students through the Brightspace page.
65	Planetary Health	Urban Planning and Dementia	Neuroscience Unit has incorporated the topics of social engagement, physical activity, etc. into the dementia case (Madame Auguste: A Case of Dementia) under the learning objective “Discuss pharmacological and psychosocial management of dementias”.

No.	Theme	Recommendation	Notes
66	Planetary Health	Vector-borne Diseases (eg. Effects Of Climate Change On Emerging Diseases) (Appendix 1 Rec.)	Ross has submitted the Host Defence syllabus to Med 1/2. Will be submitting to UMECC May 26. A learning objectives has been included covering this recommendation.
67	Planetary Health	Impacts of environment on food security + nutrition - Price stability and food access (Exacerbate existing insecurity)	Looking for cases that may lend themselves to meeting this request.
68	Planetary Health	Impacts of natural disasters on fresh water sources	Host Defence, Microbiology Component: added to the Community Acquired Gastrointestinal Infections case: "Describe the impact of natural disasters on freshwater and how this relates to food and water-borne disease."
69	Planetary Health	Improper Antibiotic Disposal - Effects on Nearby Ecosystems and Resistance Rates	Host Defence, Microbiology Component: added to the lecture: Antimicrobials, Principles of Use & Antimicrobial Stewardship: "Discuss the appropriate disposal of antibiotics and the potential consequences to the environment."
70	Planetary Health	Institute lecture on epidemiology and/or public health	Newly added O-Week lecture on Public Health given by Gaynor Watson-Creed.
71	Planetary Health	Institute one comprehensive lecture on climate change and health in Med 1	ProComp 1 During Metabolism (Week 8): a new lecture (Planetary Health) and tutorial case (Environmental Health and Advocacy) have been added.
72	Planetary Health	Natural Disasters (eg Changes in food- and water-borne infections)	Host Defence, Microbiology Component: in addition to row 70, note also content added to the lecture Parasitic Infections "Describe the impact of climate change on vector borne diseases ."

No.	Theme	Recommendation	Notes
73	Public Health	Establish a clear intro to a number of public health sciences:	Newly added lecture on Public Health by Gaynor Watson-Creed during O-Week. In addition, the new case in ProComp 1 During Host Defence (Week 3) on the SDoH and public health . This case introduces aspects on racism and human rights (the origins of the pandemic in China), and the social impacts of the pandemic (impacts on equity seeking groups). Also, note that the lecture and case on Public Health in ProComp 1 During Host Defence (Week1) that explore the ethical dimensions of Public Health.
74	Student Wellness	Financial wellness offerings should be available annually for each medical class year	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week: Student Affairs, Financial Wellness PIER 2: Lecture: Student Affairs, Financial Wellness PIER 3: Lecture: Student Affairs: Financial Wellness
75	Student Wellness	Teach students about how stigma (both internal/individual and systemic) impacts on physicians being late in seeking support and/or treatment	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week: Lecture: Student Affairs, Intro to SA/why come to SA, and other health related services ProComp 1 During Metabolism (Week 3): Physician/Student Health (lecture) and Student/Physician Wellness: Cloe's Stress (tutorial case) PIER 2: Lecture: Student Affairs, The Importance of Self-care and Self-compassion throughout Clerkship PIER 2: Lecture: Student Affairs, Journey to Residency PIER 4: Lecture/Panel: Resident Resiliency and Wellness

No.	Theme	Recommendation	Notes
76	Student Wellness	Teach wellness in the context of students' past, as well as present and future responsibilities and roles	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week: Lecture: Student Affairs, Intro to SA/why come to SA, and other health related services ProComp 1 During Metabolism (Week 3): Physician/Student Health (lecture) and Student/Physician Wellness: Cloe's Stress (tutorial case) PIER 2: Lecture: Student Affairs, The Importance of Self-care and Self-compassion throughout Clerkship PIER 2: Lecture: Student Affairs, Journey to Residency PIER 4: Lecture/Panel: Transition to Residency, Resident Resiliency and Wellness
77	Student Wellness	Increase time allotted for education on substance misuse among medical learners and practicing physicians	This topic currently is in Procomp 1, presented by Student Affairs. Student Affairs and Residency Affairs are discussing potential opportunity for increased curriculum time with PIER 4 leads for spring 2023.
78	Student Wellness	Make students aware of CMA statements on Physician health & Wellness	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week: Lecture: Student Affairs, Intro to SA and Student Accessibility Center O-Week: Lecture: Introduction to Health and Wellness Services ProComp 1 During Metabolism (Week 3): Physician/Student Health (lecture) and Student/Physician Wellness: Cloe's Stress (tutorial case) PIER 2: Lecture: Student Affairs, The Importance of Self-care and Self-compassion throughout Clerkship PIER 2: Lecture: Student Affairs, Journey to Residency PIER 4: Lecture/Panel: Transition to Residency, Resident Resiliency and Wellness
79	Student Wellness	Needlestick injury or workplace physical injury session with student affairs/UGME	Cards detailing policies and practices on needlestick injuries have been distributed this year (2022-23) to students, as of September 15. The plan going forward is to provide a QR image to students on cards so that information can updated with the latest policy and practices changes.

No.	Theme	Recommendation	Notes
80	Student Wellness	Provide opportunities to learn the basic tenets of wellness and a variety of strategies for maintaining wellness.	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week: Lecture: Student Affairs, Intro to SA and Student Accessibility Center O-Week: Lecture: Introduction to Health and Wellness Services ProComp 1 During Metabolism (Week 3): Physician/Student Health (lecture) and Student/Physician Wellness: Cloe's Stress (tutorial case) PIER 2: Lecture: Student Affairs, The Importance of Self-care and Self-compassion throughout Clerkship PIER 2: Lecture: Student Affairs, Journey to Residency PIER 4: Lecture/Panel: Transition to Residency, Resident Resiliency and Wellness
81	Student Wellness	Provide opportunities within the formal curriculum for reflection, discussion about impact of medical school experiences	See Student Pysician Wellness Syllabus (Longitudinal Theme): PIER 1: Lecture: Student Affairs, Navigating Clerkship PIER 1: Lecture: Student Affairs, Thriving in Clerkship PIER 2: Lecture: Student Affairs, The Importance of Self Care and Compassion throughout Clerkship PIER 3: Lecture: Student Affairs, Learner Wellness, Maintaining Personal Well Being PIER 3: Lecture: Student Affairs, Navigating Uncertainty PIER 4: Lecture: Student Affairs, Transition to Residency, Resident Resiliency and Wellness
82	Student Wellness	Provide specific education on details of collegial team communication, difficult conversations and conflict resolution	See Student Pysician Wellness Syllabus (Longitudinal Theme): PIER 1: Lecture: Student Affairs, Navigating Clerkship PIER 3: Lecture: Student Affairs, Learner Wellness, Maintaining Personal Well Being PIER 3: Lecture: Student Affairs, Navigating Uncertainty through the CaRMS process
83	Student Wellness	Provide wellness learning in a culturally competent manner with a sensitivity to equity, diversity and inclusion considerations	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week Lecture: Introduction to Student Affairs and Student Accessibility Center O-Week Lecture: Orientation to Anti-Oppressive Practice O-Week Panel: Begin to Belong with Student Affairs O-Week Lecture: Indigenous Health and Black Health

No.	Theme	Recommendation	Notes
84	Student Wellness	Teach strategies to recognize and approach peers/colleagues in distress	See Student Pysician Wellness Syllabus (Longitudinal Theme): O-Week: SAWLs meet with med 1 students to share their roles, expectations, start the conversation of peers helping each other out ProComp 1 During Metabolism (Week 3): Physician/Student Health (lecture) and Student/Physician Wellness: Cloe's Stress (tutorial case) PIER 1: Lecture: Student Affairs, Thriving in Clerkship PIER 2: Lecture: Student Affairs, The Importance of Self Care and Compassion throughout Clerkship PIER 3: Lecture: Student Affairs, Learner Wellness, Maintaining Personal Well Being PIER 3: Lecture: Student Affairs, Navigating Uncertainty PIER 4: Lecture: Student Affairs, Transition to Residency, Residence Resiliency and Wellness

Recommendations to be acted upon in the 2023-24 Academic Year		
Theme	**Recommendation**	**Notes**
Addictions	SUD: Definition and screening	Anu Mishra (Skilled Clinician): The following changes will not be ready for 2022-23. We will proceed starting with recruiting a content expert to lead the development work. And because finding room and resources for case practice will take longer, the changes will start with a new lecture in 2023-24, with case practice to follow perhaps in the following academic year (2024-25): Two sessions will be added within Skilled Clinician - one session is a lecture in Med 1 which will include definition of SUD, safe-use guidelines, and how to take a substance use history in a way that is non-judgemental, non-stigmatizing. The second session is a case practice applying these learnings, especially taking a substance use history. The case practice will be with Simulated Patients.
Addictions	SUD: stigma and substance use disoder (SUD)	Anu Mishra (Skilled Clinician): The following changes will not be ready for 2022-23. We will proceed starting with recruiting a content expert to lead the development work. And because finding room and resources for case practice will take longer, the changes will start with a new lecture in 2023-24, with case practice to follow perhaps in the following academic year (2024-25): Two sessions will be added within Skilled Clinician - one session is a lecture in Med 1 which will include definition of SUD, safe-use guidelines, and how to take a substance use history in a way that is non-judgemental, non-stigmatizing. The second session is a case practice applying these learnings, especially taking a substance use history. The case practice will be with Simulated Patients.

Theme	Recommendation	Notes
Addictions	SUD and Motivational interviewing	Anu Mishra (Skilled Clinician): The following changes will not be ready for 2022-23. We will proceed starting with recruiting a content expert to lead the development work. And because finding room and resources for case practice will take longer, the changes will start with a new lecture in 2023-24, with case practice to follow perhaps in the following academic year (2024-25): Two sessions will be added within Skilled Clinician - one session is a lecture in Med 1 which will include definition of SUD, safe-use guidelines, and how to take a substance use history in a way that is non-judgemental, non-stigmatizing. The second session is a case practice applying these learnings, especially taking a substance use history. The case practice will be with Simulated Patients. Note that SC already has a session on Motivational Interviewing, but it is not set in the context of SUD. The above work will move this into the case practice referenced above.
Health Systems	The following domains be included in the UGME curriculum: (i) health care structure and process (including governance), (ii) health care policy and economics, (iii) clinical informatics abd health terminology, (iv) population, public and social determinants of health, (v) value in health care, (vi) health system improvement, (vii) leadership, (viii) training, (ix) change agency, management, and advocacy, (x) systems thinking	An initial request went to leaders of PIER 4; however, all available opportunities within PIER have been devoted to other CR requests. There is no additional room within PIER 4 unless something is removed. Rob Boulay (formerly chair of the Health Systems Working Group, in addition to his Clerkship leadership role) has suggested that there may be more opportunity within PIER 1. He will connect with Adam Harris and Colin Rouse. In addition, there may be untapped opportunities within Med 1 and 2 tutorial cases. Leanne Picketts is aware of this need to enlarge HSS in the cases, and is actively seeking opportunities in the course of her case revisions.

Theme	Recommendation	Notes
Priority Communities	Within SC communications objectives, include strategies to disrupt racism in the workplace and clinical care	Referred to Student Affairs and the Student Wellness strand.
Priority Communities	In Clerkship, add accessibility and inclusion (disability) objectives as appropriate	Note that none of the new or revised objectives specifically reference "accessibility and inclusion (disability)". The learning opbjectives are more general; see for example the newly added Clerkship Objective: Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other wider determinants of health into patient centred care" (CL-12). There is however a reference to "disabilities" in one of the additions to the Clerkship Physical Encounters Log; however note that changes to the log will not be in place till the 2023-24 academic year.
Priority Communities	Include in the Clerkship log performance of relevant skills specific to working with patients from priority communities such as working with an interpreter, advocating for patient(s), adapting clinical encounter to meet the needs of a patient with one or more impairments, etc.	Simon Field and Rob Boulay have decided upon the necessary revisions to the clerkship logs, establishing broader categories of mandated experiences - for example, working with one or more patients where there are communication challenges (working with an interpreter, working with sign-language, communicating with a non-verbal patient, etc.) These changes have been agreed by Clerkship Directors. However, note that changes to the Clerkship and Physical Encounters logs will come into program in the 2023-24 academic year, allowing the necessary preparations at all sites, and with all preceptors.

Theme	Recommendation	Notes
Priority Communities (Francophone Health)	Include language barriers for Francophones, Newcomers, and Indigenous as a social determinant of health	Note that in relation to Francophones, there are significant differences between NS and NB - in NB Francophones have the right to treatment in their own language. Addressing these issues requires a space for Lecture and case. This has been referred to ProComp 2, and Graham Bullock, the newly appointed lead, is aware of this request and is considering how to accommodate within a revised ProComp 2 program, to begin in 2023-24. No specific take-up on this within ProComp2; contact Graham to make him aware of this and alert to whether it is indeed covered within the reforms within ProComp2.
Priority Communities (Housing Insecurity)	Weave homelessness into cases where appropriate and realistic; for example, if care of transgender youth is a case, then homelessness should be mentioned/addressed.	Initial approach had been to ProComp2 During Neuroscience, where opportunities were thought to be available in the addictions cases and lectures; however, Lynette Reid (and others as well) has concerns about linking housing insecurity with SUD. We are therefore on hold with this recommendation until we till we see what Sarah Davidson, Tiffany O'Donnell, and Leah Genge develop for their ProComp Med 1 SDoH lecture/tutorial/panel session (this includes a learning objective relating the housing insecurity). In addition, this item has been included in the case diversity work, undertaken by Leanne Pickett.

Theme	Recommendation	Notes
Priority Communities (Intellectual and Developmental Delays)	Integrate application of these skills in the clerkship log.	Simon Field and Rob Boulay have decided upon the necessary revisions to the clerkship logs, establishing broader categories of mandated experiences - for example, working with one or more patients where there are communication challenges (working with an interpreter, working with sign-language, communicating with a non-verbal patient, etc.) These changes have been agreed by Clerkship Directors. However, note that changes to the Clerkship and Physical Encounters logs will come into program in the 2023-24 academic year, allowing the necessary preparations at all sites, and with all preceptors.
Priority Communities (Indigenous Health)	In clerkship (within rotations and/or PIERS) add content specific to indigenous health	Other than the LIC objectives under Care of Indigenous Populations, there are no specific references to indigenous health within the block rotations nor in the now revised Clerkship Objectives. The revised Clerkship objectives (for 2022-23) are stated more broadly - see for example the newly added Clerkship Objective: "Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other wider determinants of health into patient centred care" (CL-12)." A search of the PIER syllabi for 2022-23 found no specific reference to indigenous health. We will need to revisit this recommendation to consider whether further changes are needed to clerkship objectives for the 2023-24 academic year.

Theme	Recommendation	Notes
Priority Communities (Newcomer Health)	Give a foundational session earlier in Med 1 capturing the diversity of newcomer experiences and intersectionality	Anu Mishra (head of Skilled Clinician) is working with Stuart Wright (head of Communications within SC) to ensure that the learning objectives for this component accurately capture what is currently in the program in this regard. That is, we may or may not be addressing this in the Communications Component of SC, which falls early in Med 1 year.
Priority Communities (Newcomer Health)	Practice communication skills: (i) working with an interpreter and (ii) collecting a migration history in SC Communication Skills, or a ProComp applied case practice session, or a required IPE)	Anu Mishra (head of Skilled Clinician) is working with Stuart Wright (head of Communications within SC) to ensure that the learning objectives for this component accurately capture what is currently in the program in this regard. They have not yet decided whether working with an interpreter and taking a migration history will be stand alone case practice (or two), or whether these skills will be integrated into one or more revised case practices.
Priority Communities (Newcomer Health)	Revise clerkship logs to include the opportunity to record taking a migration history, working with an interpreter, and/or advocating concretely for newcomers	Simon Field and Rob Boulay have decided upon the necessary revisions to the clerkship logs, establishing broader categories of mandated experiences - for example, "observed history taking adapted to a patient’s psychosocial and wider determinants of health." These changes have been agreed by Clerkship Directors. However, note that changes to the Clerkship and Physical Encounters logs will come into program in the 2023-24 academic year, allowing the necessary preparations at all sites, and with all preceptors.

Theme	Recommendation	Notes
Priority Communities (Physical Disabilities)	Develop and implement disability-specific Clerkship objectives	Note that none of the new or revised objectives specifically reference disability. The learning objectives are more general; see for example the newly added Clerkship Objective: "Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other wider determinants of health into patient centred care" (CL-12). There is however a reference to "disabilities" in one of the additions to the Clerkship Physical Encounters Log; however, note that changes to the log will not be in place till the 2023-24 academic year.
Priority Communities (Physical Disabilities)	Capture advocacy/navigation and consent skills relating to disabilities in the clerkship log	Simon Field and Rob Boulay have decided upon the necessary revisions to the clerkship logs, establishing broader categories of mandated experiences - for example, "Provide information on available community resources to patient." These changes have been agreed by Clerkship Directors. However, note that changes to the Clerkship and Physical Encounters logs will come into program in the 2023-24 academic year, allowing the necessary preparations at all sites, and with all preceptors.
Priority Communities (Physical Disabilities)	Capture disability related clinical skills in the clerkship log	Simon Field and Rob Boulay have decided upon the necessary revisions to the clerkship logs, establishing broader categories of mandated experiences - for example, "observed history taking adapted to a patient's psychosocial and wider determinants of health." These changes have been agreed by Clerkship Directors. However, note that changes to the Clerkship and Physical Encounters logs will come into program in the 2023-24 academic year, allowing the necessary preparations at all sites, and with all preceptors.

Theme	Recommendation	Notes
Priority Communities (SDoH Cross Cutting)	Integrate a session of structured awareness-raising, experiential learning for reflection on position and privilege;	This is yet to be addressed in a meaningful way. The intent here is to extend this through the four-year program and involve students in active reflection on position and power as they gain experience in the clerkship years, building on awareness and understanding gained in the pre-clerkship program. How this will be integrated into the clerkship program has not been worked through.
Priority Communities (SOGI)	Add an objective similar to that in LICD respecting SOGI into the traditional clerkship syllabus	There are no specific references to SOGI in the now revised and approved objectives. There is a Clerkhip Objective that can be seen as including this population: "Incorporate principles of anti-oppressive practice and cultural safety, with psychosocial and other wider determinants of health into patient centred care" (CL-12). The LIC objective in focus is "Display sensitivity to gender and/or sexuality issues as part of any patient encounter and to provide respectful care and medical management." (VU7)
Priority Communities (SOGI)	Include SOGI in cases within the Integration unit	Revisions to Med 2 cases have been deferred till 2023-24. We have agreement from component head for these changes to case(s) when revision process comes to this unit (Geriatrics, Oncology, and Palliative Care).
Priority Communities (SOGI)	Revise the ProComp Derm/MSK session on Intimate Partner Violence (lecture and tutorial) to include gender-based sexual violence and promoting consent culture.	While ProComp 2 leadership had been approached on this matter, and had shown interest in accommodating, this has not come to action for the 2022-23 academic year, in part due to the change in leadership. Graham Bullock is aware of this recommendation, and it will be considered along with other possible changes for the following academic year (2023-24).

Theme	Recommendation	Notes
Planetary Health	OR Waste	This recommendation was directed to the Surgery Rotation. It was determined that it could not be acted upon within that program in time for the 2022-23 academic year. However, Sean Christie believes this might be acted upon in the following academic year.

Requested actions not being acted upon, on advice of faculty		
Theme	**Recommendation - Revised Text**	**Processing Notes**
Addictions	SUD and family-centre care	Request to Adrian Levy (acting component head, PC 2 During Neuroscience) and to John Fraser (who has given the Managing Addictions lecture for some years, now retired). Dr. Fraser responded that there is no room in this lecture to take on additional content. This can be revisited for future year, after Mark Asbridge returns and the new lecturer is in place.
Priority Communities (Francophone Health)	Right to interpretation services for Francophone patients	Given the differences between NS and NB context regarding Francophone services, this is not something we can readily accommodate under current structures. However, if UMECC requires this be addressed, we can make for a video on this for Nova Scotia students as a resource.
Priority Communities (Housing Insecurity)	Create a clinical care resource guide on services available to patients experiencing homelessness, made available and maintained with community stakeholders, or created and maintained as a learning project in pre-clerkship (Service Learning Project)	As this is not a curriculum item, no follow-up is required. This recommendation has been forwarded to Service Learning for their consideration and possible action.
Priority Communities (Housing Insecurity)	Integrate objectives into Clerkship as elective opportunities and as part of core Emergency Medicine rotations or other specialty rotations as appropriate	Note that there are no learning objectives attached to Med 4 electives. As to including learning objectives for housing insecurity into Emergency Medicine, or other rotation, this is too specific and too situation dependent to expect all students to have encounters with patients in this group.
Priority Communities (Housing Insecurity)	Resource a cross-specialty group focussed on caring for people experiencing homelessness	As this is not a curriculum item, no follow-up is required. This recommendation has been forwarded to Service Learning for their consideration and possible action.
Priority Communities (Intellectual and Developmental Delays)	Add awareness of, and training in, interviewing non-verbal (IDD) patients	Anu Mishra (head, Skilled Clinician) has concluded that this needs to be tabled for the present. More discussion is needed as to the appropriate placement of such experiences in medical education; Med 1 and Med 2 is too early, and indeed this may be better located in PGME.

Theme	Recommendation - Revised Text	Processing Notes
Priority Communities (Intellectual and Developmental Delays)	In the Skilled Clinician Unit ~~(or in a clinical workshop in a reformed ProComp)~~, introduce approaches to the clinical interview with first voice perspectives (IDD) and applied skill practice	Anu Mishra (head, Skilled Clinician) has concluded that this needs to be tabled for the present. More discussion is needed as to the appropriate placement of such experiences in medical education; Med 1 and Med 2 is too early, and indeed this may be better located in PGME.
Priority Communities (Intellectual and Developmental Delays)	Integrate persons with IDD in a target number of Clinical Skills sessions	Anu Mishra (head, Skilled Clinician) has concluded that this needs to be tabled for the present. More discussion is needed as to the appropriate placement of such experiences in medical education; Med 1 and Med 2 is too early, and indeed this may be better located in PGME.
Priority Communities (Physical Disabilities)	Ensure that the disability-specific objectives of the Neuro component of Skilled Clinician are clearly stated and comparable in NB and NS	This is being tabled. Disability-specific objectives for clinical practice has been referred to Clerkship. The Physical Encounters log will accommodate some element of this, though this change to the log will proceed in the 2023-24 academic year.
Priority Communities (Physical Disabilities)	Establish a longitudinal clerkship requirement of following a person with disability	This is context specific; many students in their practice placements would not be able to have access to a patient with a disability. This is being tabled for future consideration.
Priority Communities (Physical Disabilities)	Include working with a sign language interpreter in the SC communication skills sessions on working with interpretation services	Working with sign language interpreter would require changing the SP program to include individuals with proficiency in sign language. This cannot be achieved in the near term, but we should look to the future when the SP and/or Volunteer Program successfully recruits a broader range of participants who have these alternate means of communicating.
Priority Communities (Physical Disabilities)	Integrate disability-specific clinical encounters into Skilled Clinician	This is being tabled. Disability-specific clinical encounters has been referred to Clerkship. The Physical Encounters log will accommodate some element of this, though this change to the log will proceed in the 2023-24 academic year.

Theme	Recommendation - Revised Text	Processing Notes
Priority Communities (SDoH Cross Cutting)	Support an IPE in collaborative advocacy	Anu Mishra, in her lead role on IPEs for Medicine, sees this as very challenging and not feasible to achieve for the 2022-23 academic year.
Priority Communities (SOGI)	Revise the ProComp Derm/MSK session on Intimate Partner Violence (lecture and tutorial) to include objectives about how to discuss consensual kink behaviours that might result in physical marking vs. nonconsensual/sexual assault/rape (Waldura et al. 2016).	Brett Vair, who chairs the Obs/Gyne Education Committee where this recommendation was discussed, responded on behalf of the committee that this seems to be a very specific topic which may be most appropriately covered at the PGME level
Priority Communities (SOGI)	Revise the relevant LICD objective from sensitivity to safety/humility;	Clerkship objectives have been revised for 2022-23, though the phrase "display sensitivity to gender and/or sexuality issues as part of any patient encounter". Clerkship leads will return to this to consider whether this requires changing.
Priority Communities (Severe & Persistent Mental Illness)	Revise Med 2 mental health systems/models of care objectives to represent a patient-centred perspective on navigation and advocacy	Changes to objectives will follow from the changes to lectures and cases, and be pitched at the appropriate level. As there were no changes to 2022-23 Neuroscience syllabus objectives, this item has been determined closed.
Priority Communities (Severe & Persistent Mental Illness)	Add an objective to a clinical rotation other than Psychiatry or a PIER session relating to clinical care or pathways for people with severe and persistent mental illness.	This has been referred to the revisions to the clerkship logs. Note that changes to the Clerkship Logs have been deferred to the 2023-24 academic year to allow system and resource adjustments. Nevertheless, there are no proposed changes to either log that would meet this recommended action. As with other recommended additions to clerkship experiences, it has been determined that mandating a particular patient encounter is not feasible given the broad range of practice contexts during the rotations/LIC.

Theme	Recommendation - Revised Text	Processing Notes
Priority Communities (Severe & Persistent Mental Illness)	Integrate the social determinants of health for advocacy and for destigmatization in the Med 2 Psychiatry Component Biopsychosocial Grid approach to cases	Aileen Brunet and Cheryl Murphy, psychiatry UG director determined that stigma is adequately covered in the introductory lecture. As to integrating the social determinants of health for advocacy and for destigmatization into the BPS grid in the tutorials, they find that this is a substantial endeavour that would not be possible this year. It is tabled for now and will be considered for future curriculum revisions.
Priority Communities (Sex Workers)	Develop and implement human trafficking curriculum	A request was made to Skilled Clinician. Osama Loubani (then acting director of the SC program) determined that this could not be done as a case practice in Skilled Clinician at this time. However, if a decision is made in the future to develop more curriculum content within the UGME program, then something could be done within Skilled Clinician to complement that strand.
Planetary Health	Emergency Disaster Management	Sean Christie (chair of the Planetary Health Working Group, and lead author on a new lecture and tutorial on planetary health in ProComp 1) determines that Emergency Disaster Management is too large and complex to tuck into that lecture and case. However, there is work proceeding on mass casualty simulation within PIER.
Planetary Health	Mental Health (in the context of Planetary Health)	This is outside the opportunities we have within the UGME program at present. As we consider further where to go with Planetary Health in the curriculum, this can be revisited.