THE MD PROGRAM
A LITTLE BOOK WITH BIG INFORMATION
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WHAT IS ACCREDITATION?

Accreditation of every Canadian and American medical school occurs every eight years by a joint team representing two accrediting bodies — the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME).

Accreditation is a process of quality assurance in post-secondary education that determines whether an institution or program meets established standards for function, structure and performance. The accreditation process also fosters institutional and program improvement.

- Liaison Committee on Medical Education

Liaison Committee on Medical Education
www.lcme.org

Committee on Accreditation of Canadian Medical Schools
www.afmc.ca/accreditation-cacms-e.php
For more information on the FoMD’s MD Program accreditation, visit our website:

www.med.ualberta.ca/programs/md/accreditation
DIVERSITY IS A PRIORITY

The goal of the Faculty’s diversity policy is to achieve a diverse, respectful, and inclusive working, teaching, and learning environment. Our path is guided by the university’s plan on diversity “Opening Doors: A Plan for Employment Equity at the University of Alberta”.

The university follows federal equity law in designating four specific equity groups:

- women
- indigenous people
- visible minorities
- students with disabilities

To best serve the diverse populations of our country, the FoMD has developed its own diversity policy to supplement the U of A guidelines. Our policy was drafted
with student input about what would add value to the student experience, and is founded on our longstanding mission to provide doctors to rural and aboriginal communities. Our own equity groups include:

- indigenous people
- economically disadvantaged persons in Alberta
- residents of Alberta’s rural communities

The FoMD is committed to creating a community of professionals that is able to serve diverse populations. In order to prepare our graduates to meet the health-care needs of all people, our faculty, staff and students must share an understanding and appreciation of the diversity of human experience.
The MD Program (managed by the MD Program Committee) delivers a comprehensive education program leading to the degree of Doctor of Medicine (MD). These diagrams illustrate the major constituents of the MD educational program.
A subcommittee that oversees all aspects of program evaluation.

A subcommittee that determines appropriate methods of assessment and standards of achievement.

The MDPC gives the MD Curriculum Committee authority to oversee the overall design, management and evaluation of a coherent and coordinated curriculum.

The MDPC is responsible for the MD education program. Major policy proposals affecting the entire MD Program are reviewed and approved by the MDPC.

The Faculty Council gives the MDPC authority to oversee all four years of the MD education program.
THE MD PROGRAM
A course and/or clerkship co-ordinator is appointed by the associate dean of MD curriculum with approval of his/her department chair. This valued member of the MD Program team is responsible for stewardship of a specific course or clerkship, ensuring appropriate student assessment and evaluation are completed as required by the policies of the MD Program.

Responsibilities:
Member, Pre-Clerkship/Clerkship Subcommittee
Steward

_noun_

1. A person who accepts the responsibility to shepherd and safeguard something considered worth caring for and preserving.
As part of the **systematic, comprehensive program evaluation** which included a course and clerkship review process, curriculum review working groups were established to assess content areas. The groups were composed of the course and clerkship co-ordinators, generalists, specialists, a community-based physician, pediatrics, basic science (including anatomy, pathology, clinical laboratory medicine) and learners (both UG and PGY-1 and PGY-2 residents).

Each of the working groups determined the objectives and competencies required of a graduating student transitioning to residency to be covered in the four-year
program (beyond any one course and/or clerkship). For example, in the geriatrics curricular working group it was determined that some critical competencies were not present in the clerkship objectives due to time constraints of the three-week rotation. It was unanimously agreed that these objectives would need to be covered elsewhere in the program. The four-year curriculum was reviewed to identify existing geriatrics content and opportunities to ensure longitudinal integration as part of a centrally co-ordinated geriatrics curriculum. The geriatrics curricular review group will meet at the end of the academic year to evaluate these changes.
All course objectives are tagged. The program level objectives drive the course and clerkship objectives, and working groups are ensuring that these objectives align.
Imagine receiving a mark of 99 per cent and failing? That’s what occurs when even one of our courses and clerkships does not meet the requirement of returning final grades in a timely manner (by accreditation standards this is within
six weeks of the end of the course and clerkship). The routine provision of narrative assessment is also required as part of the student assessment in the pre-clinical and clinical year courses.

Formative feedback must also be provided to all students early enough during each required course and clerkship to allow sufficient time for remediation. If a course or clerkship is short (under four weeks) in duration and the time is not sufficient to provide a structured formative assessment, an alternate means should be provided to allow medical students to measure their progress in learning.

**SCORE OF 100 PER CENT REQUIRED:**
ALL COURSES AND CLERKSHIPS **MUST** RETURN GRADES WITHIN **SIX WEEKS**.
But I really want to stay and help...

It’s a rule: you MUST go home.

26 HOUR RULE: IT’S POLICY!
In January 2013, the MD Curriculum Committee was given the responsibility of providing central oversight to ensure a co-ordinated, comprehensive and integrated curriculum.

The MD Curriculum Committee recently oversaw the renewal of MD Program level objectives. The CanMEDS framework, which outlines the essential competencies required to function well as a socially accountable physician, was used as a foundation for the MD Program objectives.

The MD Program objectives were developed by faculty considering the general professional competencies required for successful transition to residency and to serve as a basis for lifelong learning. A faculty-wide retreat was organized by the MD Curriculum Committee. During this consultative event, draft program level objectives were developed by faculty members. To facilitate further faculty input, the draft objectives were made available for review and comment by stakeholder groups. Final revision and unanimous ratification was by the MD Curriculum Committee.
The medical graduate will:

• Compare and contrast the roles and responsibilities of all members of an interdisciplinary team that are required for optimal patient care, research and education.

• Explain the benefits of teamwork in training and patient care.

• Collaborate with patients, their families and all team members.

• Participate in negotiation and facilitation of conflict resolution in the context of the learning setting, patient care and/or team functioning.

• Demonstrate an understanding of effective team processes and functions.

• Function effectively both as a leader or a team member (switching between roles when appropriate).
MD PROGRAM LEVEL OBJECTIVES » COMMUNICATOR

The medical graduate will:

• The medical graduate will communicate in a manner that maintains compassionate, professional and ethical therapeutic relationships with patients, their families and the community. This is achieved by developing rapport, understanding and trust, while maintaining respect, integrity, empathy and confidentiality, and acknowledging uncertainty.

• Communicate effectively and in a non-judgmental manner with patients, their families and the community through verbal, written and other non-verbal means of communication.

• Demonstrate effective information gathering and be proficient in communicating with patients in a variety of situations, including where communication challenges or sensitive topics may occur within the profession.

• Deliver information to patients and their families in a compassionate manner such that it can be easily understood, encourages discussion, and promotes patient participation in the process of shared decision-making.
• Cooperate and communicate effectively among health professionals involved in patient care to ensure patient safety and optimize outcomes.

• Present and discuss “bad news” with patients or families in an empathic manner, including discussions of advanced care planning and goals of care.

• Maintain clear, accurate and comprehensive records of patient care and disseminate them appropriately in a timely manner.
MD PROGRAM LEVEL OBJECTIVES »
HEALTH ADVOCATE

The medical graduate will:

• Respond to individual patient health needs and issues as part of patient care.

• Respond to the health needs of the communities in which he/she serves.

• Identify the determinants of health in the population he/she serves.

• Promote health and well-being of individual patients, communities and populations.

• Articulate and apply the determinants of health and disease.

• Articulate and apply the principles of health promotion.

• Articulate and apply the principles of disease prevention.

• Articulate, synthesize and apply the diverse factors that influence health, disease and disability.

• Synthesize and apply the factors that influence access to health services.
• Demonstrate the ability to advocate for patients and communities.

• Identify and access community resources related to health promotion, disease prevention and illness management.

• Describe the ethical and professional issues inherent in health advocacy (altruism, social justice, autonomy, courage, integrity, idealism) and conflict.

• Demonstrate an integration of advocacy into his/her understanding of professional duty to patients and communities.

• Be able to discuss the possibility of conflict in his/her role as a health advocate for a patient or community.

• Demonstrate the ability to advocate as a medical professional for health and patient safety.
MD PROGRAM LEVEL OBJECTIVES »
MANAGER

The medical graduate will:

• Recognize the different roles and responsibilities in health-care organizations, ranging from individual clinical practices to academic health sciences centres.

• Be able to describe the basic governing structures within health-care organizations and how they influence patient care, research and educational activities at a local, provincial, regional, national and international level.

• Demonstrate knowledge of how information technology can be used to impact patient care.

• Demonstrate knowledge in principle of quality improvement/assurance in health care.

• Describe how economic and cost perspectives impact decision-making.

• Be able to compare and contrast the variety of practice options and settings within the practice of medicine in order to make informed personal choices regarding career direction.
• Demonstrate effective time management in personal and professional roles.

• Be knowledgeable on the absolute and relative levels of resources in various components of the health-care system and be able to discuss the rationale for stewardship of available resources within the overall allocation framework.

• Describe the need for planning, budgeting and evaluation of outcomes of a patient care program.

• Describe principles of change management as they apply to innovations in clinical care.

• Describe the principles of effective leadership.

• Demonstrate knowledge of cost/benefit issues in the context of health-care resource allocation and population health.
MD PROGRAM LEVEL OBJECTIVES »

MEDICAL EXPERT

The medical graduate will:

• Demonstrate clinical decision-making skills that integrate best evidence and acknowledge patient values.

• Apply basic knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management with emphasis on common and life-threatening illnesses across the age spectrum.

• Demonstrate knowledge on approaches to diagnosis and treatment with emphasis on common and urgent problems.

• Perform both complete and organ system specific examinations appropriate to the age of the patient and nature of the clinical problem(s).

• Recognize and prioritize the urgency of a patient’s clinical problems.

• List and prioritize a meaningful differential diagnosis with emphasis on common and urgent clinical presentations.
• Demonstrate the ability to select and interpret commonly employed investigations.

• Demonstrate appropriate use of selected procedural skills (diagnostic and therapeutic).

• Apply the principles of pharmacology and evaluate options for safe, rational, appropriate and optimally beneficial drug therapy.

• Understand the scientific principles underlying evidence-based approaches to health maintenance, preventive screening, therapeutic, rehabilitative and palliative interventions.

• Demonstrate a basic understanding of the psychological, interpersonal, family, cultural, societal and environmental determinants of health and illness across a diverse population.

• Recognize and cope with uncertainty and ambiguity in clinical decision-making and care.
MD PROGRAM LEVEL OBJECTIVES »

PROFESSIONAL

The medical graduate will:

• Demonstrate key values required in the profession including honesty, integrity, trustworthiness, compassion, respect, empathy, cultural awareness, altruism, maintaining confidentiality and a commitment to patient well-being.

• Honour the privileges and responsibilities of the medical profession. This includes responding to the societal and community needs (social accountability), commitment to public service and carrying out the principles of social justice (access to care, free of discrimination, finite resource allocation).

• Recognize and knowledgeably respond to ethical and legal challenges.

• Demonstrate reflective practice with patients to achieve a sustainable and current practice while maintaining appropriate boundaries with patients.
• Demonstrate self-awareness through reflection, and a commitment to balance professional and personal priorities.

• Demonstrate that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions including peer assessment and self assessment as applicable.
MD PROGRAM LEVEL OBJECTIVES »

SCHOLAR

The medical graduate will:

• Demonstrate critical reflection and inquiry to enable practices of lifelong and self-directed learning.

• Assist in teaching others and facilitate learning where appropriate.

• Demonstrate knowledge of forms of rigorous inquiry in research methodologies and describe an appropriate methodology to a specific research question.

• Demonstrate an understanding of ethics as it relates to medical research.

• Demonstrate knowledge of the professional practices and scholarly activities required of the profession. Activities include, but are not limited to: participating in the development of practice guidelines and health policy development.

• Receive, incorporate and provide feedback in an appropriate and timely manner in their daily learning and practice.
Nine Professionalism Policies in One Place

Did you know the FoMD follows nine policies on professionalism? Check out the FoMD website.

www.med.ualberta.ca/about/policies
NEW WEB FEATURE EMPHASIZES IMPORTANCE OF PROFESSIONALISM AT FOMD

A new web feature has made professionalism front-page news for the Faculty of Medicine & Dentistry. A “Professionalism Accolades and Incidents” button has been added to the website’s home page and each page of the MD Program’s admission and education sections.

Other medical schools, like the University of Toronto, have similar functionalities but the U of A’s button stands apart. Not only can users report lapses in professionalism standards, they can also report outstanding examples of professionalism in action.

Reports are confidential and can be submitted anonymously although those filing reports are encouraged to include their names and email addresses in case further information is required. Those who submit confidential reports will receive feedback on outcomes related to their concerns.

The Faculty’s standards of professionalism are outlined on the Policies and Procedures web page at www.med.ualberta.ca/about/policies, and apply equally to students and faculty members.
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