At McGill, we began an in-depth review of our MDCM curriculum in 2008, as part of a strategic planning initiative called *Think Dangerously*. Through Faculty-wide, inter-professional consultation, in step with the AFMC project, a new curriculum was born, representing one of the largest revisions in our history. In line with the FMEC’s 10 recommendations, McGill’s program is designed to address growing health challenges such as our aging populations, chronic diseases, globalization, technological advances and the rate of scientific discovery. The new curriculum – *Patient at Heart, Science in Hand* – was rolled out to students in the fall of 2013.
Recommendation I: Address Individual and Community Needs

In year one of McGill’s new MDCM curriculum, students are given the opportunity to work with a family doctor focusing on individual patients through the Longitudinal Family Medicine Experience (LFME). In year two, through the Community Health Alliance Project (CHAP) – Partnering for Healthier Communities, they are given the chance to work with local groups to help improve the health of communities and populations. Originally student-led, this new addition to the McGill curriculum exposes learners to the social, environmental, economic and historical determinants of health for different populations. This course allows students to spend time in the “not-for-profit sector” and reflect on the health needs of diverse and sometimes marginalized communities within the city of Montreal.

The community groups are diverse, giving students the possibility to work with the elderly, individuals with limited autonomy, people living with AIDS, women in high-risk pregnancies, the homeless, teens, cancer patients, native women and many others in Montreal. CHAP is founded upon values of cooperation and partnership between McGill’s Faculty of Medicine and the community within which it resides. This community exposure is then taken as a basis for a critical reflection on the social determinants of health and how this affects patients and communities in order to propose interventions to improve population health. The LFME, CHAP and a Public Health Selective (during 4th year) are just three of several new courses being introduced progressively into the MDCM curriculum.
**Recommendation II: Enhance Admissions Processes**

The size of the Faculty of Medicine’s applicant pool has more than doubled since 2007. In 2013, 2831 applications were received for 185 positions. Since 2011, the applicant pool has been at least 10 times the size of the admitted class size. In terms of qualifications, over the same period of time, we have observed that the mean GPA of the applicant pool has risen from 3.77 in 2007 to 3.84 in 2013.

McGill welcomes candidates from all backgrounds through an open, inclusive and bilingual system. All candidates are assessed based on a standardized, rigorous selection process. The Faculty monitors the diversity of medical students by way of a demographic survey. On the basis of these data, the Faculty’s Widening Participation Committee determines which populations should be the focus of additional recruitment and outreach activities.

McGill participates – together with the Université de Montréal, the Université de Sherbrooke and Université Laval – in the provincial Quebec First Nations and Inuit Faculties of Medicine program, which sets aside four supernumerary places in medical programs for eligible First Nations or Inuit students who are residents of Quebec. The program has been in place since 2008 and has seen an increase in the size and the academic strength of the applicant pool each year. In fall 2014, the McGill registered three First Nations students in their first year of medical school and two additional students in preparatory or qualifying year programs.

Additionally, the Office of Admissions provides financial support to students who are invited to interviews, but for whom travel/attendance costs are a barrier. Students are advised of this service when they are invited to the interview.
Recommendation III: Build on the Scientific Basis of Medicine

In McGill’s new MDCM curriculum, the Fundamentals of Medicine and Dentistry (FMD Years 1 and 2) remain system-based, while normal and abnormal function has become more closely integrated within each system-based unit. This new organization has seen the introduction of several longitudinal themes that place emphasis on self-directed learning, evidence-based medicine, public health and a core of basic science knowledge.

With respect to the development of the basic science content, a core committee comprised of faculty members from all the basic biomedical sciences oversees and matches necessary basic science content from the development of pre-requisites for entry into the medical and dental school cohort through FMD, Transition to Clinical Practice (TCP) and the Clerkship programs. This matching is based on the Medical Council of Canada learning objectives and is done in collaboration with the coordinators of FMD, TCP and Clerkship programs under the auspices of the New Curriculum Implementation Executive Committee.
Recommendation IV: Promote Prevention and Public Health

In McGill’s new MDCM curriculum, there have been many innovations within the Public Health theme, which now integrates epidemiology and evidence-based medicine with population health, indigenous health, immigrant and refugee health, woman and child health, elder health, occupational health, global health, health care quality, clinical prevention, health policy and public health ethics. This enables the student to understand the social determinants of health, the role of the physician as health advocate and the position of medical practice in a larger social context.

One of the major innovations in the new curriculum is a new course in the very first month of medical school entitled, “Block A: Improving Health: From Molecules to Global Health.” Each week, this course looks at four patient case examples in which illness and context are explored in many different ways, including the basic science, clinical medicine and public health angles, to provide students with a big picture perspective prior to focusing in on the various physical systems of the human body in subsequent blocks. Nonetheless, following on from the large initial "bolus of population health and social determinants of health" in Block A, students go on to receive over 100 one-hour lectures and 18 small group seminars on many aspects of population health over the next 18 months. These are integrated into the systems-based teaching blocks (e.g., lectures on insalubrious housing and rates of childhood asthma in the respiratory block, lectures on obesity and cardiovascular disease in Aboriginal populations in the cardiology block, etc.). In pre-clerkship, the public health exposure continues through the CHAP – Partnering for Healthier Communities – course, involving service learning with vulnerable populations served by local community organizations.

Finally, in Clerkship, a public health selective provides hands-on clinical exposure in public health and community-oriented primary care to complete the theme.
Recommendation V: Address the Hidden Curriculum

The hidden curriculum is being addressed at several levels in our new MDCM curriculum. One of the Faculty’s goals in recent years has been the promotion of Family Medicine, previously undervalued, often through influences of the hidden curriculum. Through a cohesive strategy and targeted actions, we have succeeded in transforming attitudes and doubling the number of students entering family medicine residencies in the last decade.

The hidden curriculum is also addressed through the Physicianship component of the MDCM program. This includes a four-year longitudinal mentorship where one of the primary goals is to provide a safe space for students to reflect upon and discuss the enculturation process they undergo in medical school. A critical aspect of this is guided reflections on the nature of the hidden and informal curricula. The teachers in this program, called Osler Fellows, receive targeted faculty development workshops on issues that will equip them to be supportive mentors; the content of these workshops include: the hidden curriculum, ethical erosion, narrative medicine (a tool to promote reflection), mindfulness, social justice, and cultural safety. We are currently in the process of developing a new workshop focused on professional identity formation, in which the impact of the hidden curriculum on identity formation will be explored explicitly.

Finally, and certainly not least, we have developed a code of conduct for both learners and faculty. It prescribes clear consequences for major lapses in behaviours as well as lapses that are not remediated.
Recommendation VI: Diversify Learning Contexts

The Transition to Clinical Practice and the Core and Senior Clerkship components were centrally redesigned based on the goals of the AFMC’s Future of Medical Education in Canada report and recommendations of the Education Design Group of the McGill Faculty of Medicine “Think Dangerously” strategic planning process. Course directors are building their revised curriculum to be aligned with the desired MDCM program outcome, namely a graduate possessing the core and fundamental clinical attributes and skills of a physician who has attained the requisite knowledge laid out by the Medical Council of Canada Clinical Presentations. The components curriculum promotes the learning and assessment of all MDCM program objectives, including the longitudinal curricular themes of Equity and Diversity, Inter-professionalism and Patient Safety.

Careful consideration was undertaken to ensure that students build on the knowledge, skills and attitudes learned during prior phases of the curriculum and to prepare them to be pluripotent physicians capable of pursuing further training in any clinical discipline.

The components renewal has also been driven by the need to better serve society. The current Clerkship is largely focused on tertiary care, is rotational in nature and largely inpatient-based. However, healthcare from the patient’s perspective is largely primary and secondary care, longitudinal and outpatient-based. The new Core Clerkship has been redesigned into blocks of 16 weeks to promote more integration of content across several clinical disciplines. This gives students more opportunities for understanding illnesses and curricular themes across disciplines, while favouring more longitudinal outpatient exposures and better prepares students for the reality of assessing patients with undifferentiated illness.

Additionally, the primary care clinician is faced with a wide variety of clinical scenarios for which bedside ultrasound can assist in diagnoses, therapeutics, management, procedures and, ultimately, improved patient outcomes. At McGill, we are introducing students to bedside ultrasound as an adjunct to the clinical assessment of a patient. Our goal is to teach medical students the skills they need in order to use bedside ultrasound to solve discrete clinical problems. Acquisition of bedside ultrasound skills in first-year medical students was excellent throughout the year, suggesting that course objectives were set at an achievable level for the teaching time allotted. Students consistently reported an improved understanding of basic anatomy following completion of this new undergraduate course in bedside ultrasound.
Recommendation VII: Value Generalism

A new Longitudinal Family Medicine Experience (LFME) has received the thumbs-up from students and physicians, alike. The LFME places students in a family doctor’s office at least once a month throughout their first year. Some 170 family physicians were recruited from McGill and the Quebec community in 2013-2014 to act as preceptors for this ambitious initiative. The students were exposed to close to 18,000 patient interactions as a result.

The following quote provides the perspective of one student having completed the first iteration of the LFME:

“My longitudinal family medicine experience allowed me to integrate book learning and the patient experience. For example, the day I learned about atrial fibrillation in a cardiology lecture, I saw a patient with a newly diagnosed atrial fibrillation with my preceptor. Not only did I get to feel their pulse and see the ECG, but I also got to understand how this diagnosis was affecting them.”

– Annick Gauthier, MDCM candidate, Class of 2017
Recommendation VIII: Advance Inter- and Intra-Professional Practice

A core theme within the new MDCM curriculum, inter-professional education has become imperative in the last ten years, as it becomes increasingly obvious that good care can only be delivered through teamwork. To that end the Faculty of Medicine offers students an Interprofessional Educational Experience (IPE) that introduces students from across the Faculty’s schools to workshops beginning their first year. The workshops follow national guidelines on the competencies professionals need to be part of a team and to meet accreditation requirements. In 2013-14, some 350 first-year students participated in the IPE workshops from across the Faculty’s four schools.
Integrated assessments now occur throughout the four-year program through Reflection and Evaluation (R&E) weeks, progress tests and Objective Structured Clinical Examination (OSCE). The goal is to assess students on the MDCM Objectives, which are organized by competencies and principles deemed essential for Canadian physicians. These competencies and principles have been elucidated by the Royal College of Physicians and Surgeons of Canada (CanMEDS 2005), and by the College of Family Physicians of Canada (Four Principles of Family Medicine). During the FMD component, there are six R&E weeks interspersed between courses. During these weeks, regular learning activities are replaced by more loosely structured activities, many at McGill’s Arnold and Blema Steinberg Medical Simulation Centre. R&E weeks also feature a mixture of written and practical evaluations aimed at encouraging ongoing integration of material to which students have been exposed to that point. During Transition to Clinical Practice and Core and Senior Clerkships components, there are progress tests that are representative of all the knowledge domain of a curriculum and are sat by classes at different stages of the clinical experience. Each test has the same blueprint, which represents a broad sample of the knowledge base of the curriculum as a whole. The tests aim to assess knowledge application rather than solely recall.
**Recommendation X: Foster Medical Leadership**

The concept of “physicianship” (i.e., the physician’s binary roles of physician as healer and physician as professional) continues to be an important leitmotif and guiding principle for the new curriculum. Physicianship is both a curricular component (with designated courses) and a curricular theme.

As a theme, it encompasses the following domains: professionalism, healing in medicine, clinical method, palliative care and leadership. The physicianship component has adapted to the new educational blueprint, most notably in the teaching of clinical method. We have created two new courses, Clinical Method–I and Clinical Method-II. CM-I is focused on medical interviewing and communication skills. CM-II is focused on the physical examination.
AFMC FMEC
5 Years of Reflection on Medical Education Innovation

For close to 200 years, the McGill Faculty of Medicine has pursued innovation in health education to best meet society’s needs. Improvements have been continuous over time, but there are junctures at which pivotal changes have been made to how we teach medicine. The year 2013 was one of these.

As we approached the 100th anniversary of Abraham Flexner’s transformative report on medical education, the Association of Faculties of Medicine of Canada (AFMC) was putting the final touches on a document that would help align undergraduate programs with the health care needs of this century. The project reflected critical thinking taking place not only in Canada’s medical schools but across North America. The outcome was The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.

At McGill, we began the in-depth review of our MDCM program in 2008, as part of a strategic planning initiative called Think Dangerously. Through Faculty-wide, inter-professional consultation, in step with the AFMC project, a new curriculum was born, representing one of the largest revisions in our history. Like the FMEC’s 10 recommendations, McGill’s program was designed to address growing health challenges such as our aging populations, chronic diseases, globalization, technological advances and the rate of scientific discovery. What emerged was a curriculum with a renewed focus on the patient, firmly rooted in the sciences, which we rolled out to students in the fall of 2013.

Patient at heart, Science in hand

Among the many features of McGill’s new MDCM program is an emphasis on primary care, as well as early clinical exposure for first-year students. Basic science and clinical learning are interwoven to increase relevancy of the subject matter being taught, and several longitudinal themes have been incorporated. Because modern health care is delivered in inter-professional models, students are learning in inter-professional teams. They are also being taught skills to become life-long learners, so
they can keep up with the new knowledge generated every day in the health sciences. Although not new, the notion of “physicianship” remains an important leitmotif throughout, to convey the dual role of the physician as both healer and professional, and the attributes needed to excel at each.

SIDEBAR

McGill’s new MDCM program – Patient at heart, Science in hand – includes four main components:

- Fundamentals of Medicine and Dentistry
- Transition to Clinical Practice
- Core and Senior Clerkship
- Physicianship

The Longitudinal Family Medicine Experience

More than one year in, McGill’s revised MDCM curriculum is performing well. A new Longitudinal Family Medicine Experience (LFME) has received thumbs-up by students and physicians, alike. The LFME places students in a family doctor’s office at least once a month throughout their first year. Some 170 family physicians were recruited from McGill and the Quebec community in 2013-2014 to act as preceptors for this ambitious initiative. The students were exposed to close to 18,000 patient interactions as a result.

The LFME is one of 11 longitudinal themes incorporated into the new MDCM program, many reflecting the FMEC’s recommendations:

- Basic sciences
- Clinical method / Interviewing and communication skills
- Equity and diversity
- Evidence-based medicine
- Longitudinal family medicine experience
• Inter-professional learning
• Indigenous health
• Patient safety
• Public health
• Research
• Student wellness and career advising

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SIDEBAR:

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— Annick Gauthier, MDCM candidate, Class of 2017

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Partnering for Healthier Communities

In year one, students were given the opportunity to work with a family doctor focusing on individual patients. In year two, through the Community Health Alliance Project (CHAP), they are given the chance to work with local groups to help improve the health of communities and populations. Originally student-led, this new addition to the McGill curriculum exposes learners to the social, environmental, economic and historical determinants of health for different populations. The community groups are diverse, giving students the possibility to work with the elderly, individuals with limited autonomy, people living with AIDS, women in high-risk pregnancies, the homeless, teens, cancer patients, native women and many others in Montreal. CHAP is founded upon values of cooperation and partnership between McGill’s Faculty of Medicine and the community within which it resides.
SIDEBAR:
As a physician in training, I aspire to offer the best care possible to patients by integrating medical knowledge, cutting-edge research and humanistic values. I consider community involvement a unique opportunity to not only make a real difference but also understand the importance of health promotion and appreciate my role as an advocate for social justice... As a member of CHAP, I discovered the inspiring mission of La Maison bleue, committed to offering care and support to pregnant, immigrant women in vulnerable situations. Through such experiences, I was able to refine skills such as communication, collaboration, leadership, advocacy and professionalism, which are essential to becoming a healer.”

— Esli Osmanliiu, MDCM, Class of 2014

Molecules to Global Health and More

The LFME and CHAP are just two of several new courses being introduced progressively into the MDCM curriculum. Others include “Molecules to Global Health,” where students are presented with four patient case examples each week to explore context and illness from different perspectives. Another is the introduction of bedside ultrasound in year one, as an adjunct to the clinical assessment of a patient. Additionally, integrated assessments will now occur throughout the four-year program through reflection and evaluation weeks, progress tests and OSCEs. The progress tests aim to assess knowledge application versus recall only. Several other examples are provided in the addendum to this document.

Looking Ahead, Looking Back

As is the case with most new designs, honing and fine-tuning of McGill’s new MDCM program is ongoing, as it must be to meet the evolving needs of society, students and all involved. Thanks to the quality of input from an incredibly engaged faculty and student body, we have been able to target areas for improvement, for example, in the basic science integration, sequencing of program units and amount of time for each unit. With another two and half years to go before the curriculum is fully rolled out, listening and calibrating are key.
In retrospect, the breadth, depth and success of the AFMC project and the innovations across the country can be attributed to the dedication of the countless individuals involved who enthusiastically brought their voice to the debate, to rethink medical education for the 21st century.

KUDOS TO ALL!
The new McGill MDCM curriculum, the implementation of which began in fall 2013, marking one of the largest renewals in Faculty history, is a product of five years of reflection, multi-disciplinary consultation, planning and development. Rooted in the principle of “The Patient at Heart and Science in Hand,” the new curriculum fully recognizes the importance of family medicine in addressing current needs, while simultaneously providing a program that is firmly rooted in science. Also significant is interdisciplinary learning, as well as offering a longitudinal experience where the major themes are learned in tandem rather than in isolation. Serving society’s needs is of the utmost importance and requires training graduates well-equipped to assume leadership roles in the community. This entails keeping a constant watchful eye towards evolving the curriculum and continuous fine-tuning to ensure it remains in step with the health science environment of the 21st century in Quebec, nationally and globally.
Bedside Ultrasound
The primary care clinician is faced with a wide variety of clinical scenarios for which bedside ultrasound can assist in diagnoses, therapeutics, management, procedures and, ultimately, improved patient outcomes. At McGill, we are introducing students to bedside ultrasound as an adjunct to the clinical assessment of a patient. Our goal is to teach medical students the skills they need in order to use bedside ultrasound to solve discrete clinical problems. Acquisition of bedside ultrasound skills in first-year medical students was excellent throughout the year, suggesting that course objectives were set at an achievable level for the teaching time allotted. Students consistently reported an improved understanding of basic anatomy following completion of this new undergraduate course in bedside ultrasound.

Public Health
In the old curriculum, public health was heavily weighted toward epidemiology and "back-loaded" at the end of the four years. In the new curriculum, there have been many innovations within the Public Health theme, which now integrates epidemiology and evidence-based medicine with population health, Indigenous health, immigrant and refugee health, woman and child health, elder health, occupational health, global health, health care quality, clinical prevention, health policy and public health ethics. This enables the student to understand the social determinants of health, the role of the physician as health advocate and the position of medical practice in a larger social context.

One of the major innovations in the new curriculum is a brand new course in the very first month of medical school entitled, “Block A: Improving Health: From Molecules to Global Health.” Each week, this course looks at four patient case examples in which illness and context are explored in many different ways, including the basic science, clinical medicine and public health angles, to provide students with a big picture perspective prior to focusing in on the various physical systems of the human body in subsequent blocks. Nonetheless, following on from the large initial "bolus of population health and social determinants of health" in Block A, students go on to receive over 100 one-hour lectures and 18 small group seminars on many aspects of population health over the next 18 months. These are integrated into the systems-based teaching blocks (e.g., lectures on insalubrious housing and rates of childhood asthma in the respiratory block, lectures on obesity and cardiovascular disease in Aboriginal populations in the cardiology block, etc.). In pre-clerkship, the public health exposure continues through the CHAP – Partnering for Healthier Communities – course, involving service learning with vulnerable populations served by local community organizations and further small group discussions.

Finally, in Clerkship, public health electives and a new selective provide hands-on clinical exposure in public health and community-oriented primary care to complete the theme. CHAP and the public health selective are also major innovations that provide students with the opportunity to get to know the resources available for supporting patients within the community and to work with a clinician role model who devotes part or all of their clinical time to caring for specific vulnerable groups.

Service Learning
At a recent public health conference, Dr. David Butler-Jones, former Chief Public Health Officer for Canada, discussed that “public health is that collection of programs, services, regulations and policies, delivered by governments, the private sector and the not-for-profit sector, that together focus on keeping the whole of the population healthy. It is also a way of thinking about, and an approach to, how we tackle the health issues we face.” In 2014, McGill offered the Community Health Alliance Project (CHAP) – Partnering for Healthier Communities – course to all medical students in second year. This course allows students to spend time in the “not-for-profit sector” and reflect on the health needs of diverse and sometimes marginalized
communities within the city of Montreal. Although started as an optional student course, it has been expanded to include all students. It is used as means to discuss community advocacy and encourage students to develop close relationships with the communities they serve. This community exposure is then taken as a basis for a critical reflection on the social determinants of health and how this affects patients and communities in order to propose interventions to improve population health.

Basic Sciences
In the new curriculum, the Fundamentals of Medicine and Dentistry (FMD Years 1 and 2) will remain system-based, while normal and abnormal function will be more closely integrated within each system-based unit (see: http://www.mcgill.ca/new-mdcm) This new organization has seen the introduction of several longitudinal themes that place emphasis on self-directed learning, evidence-based medicine, public health and a core of basic science knowledge (http://www.mcgill.ca/new-mdcm/longitudinal-themes/basic-sciences).

With respect to development of the basic science content, a core committee comprised of faculty members from all the basic biomedical sciences oversees and matches necessary basic science content from the development of pre-requisites for entry into the medical and dental school cohort through FMD, Transition to Clinical Practice (TCP) and the Clerkship programs. This matching is based on the Medical Council of Canada learning objectives and is done in collaboration with the coordinators of FMD, TCP and Clerkship programs under the auspices of the New Curriculum Implementation Executive Committee.

Student Wellness
The Office of Student Affairs is dedicated to promoting student wellness, holding to the philosophy that self-care is a prerequisite to healthy healers. Our new curriculum has provided a platform to solidify wellness initiatives as a longitudinal theme woven through the four years of training, marrying the wellness initiatives to curricular themes at each stage. Key to the wellness theme in the new curriculum is that it is student-driven and faculty-supported: the programming is done by Student Affairs in alliance with our local Medical Student Wellness Committee. In first year, students are given whole class sessions on study skills, diversity, student health, mindfulness/breathing, cardiovascular fitness activities, introductions to the code of conduct, and outdoor sports and exercise sessions. In second year, there are whole class sessions on sexuality and sexual health, as well as suicide and depression in the medical profession and resources for students in distress. Brand new this year is a mindfulness medical practice course given by our whole-person care team, which provides opportunity for reflective practice. In third year, there are two mandatory recall days with information sessions on on-campus resources for students, as well as wellness-based small groups and an in-depth focus on the CARMS process. In the fourth year, we are planning a mandatory recall session, bringing it together with small groups on topics of relevance to the final year of students transitioning to residency.

Physicianship
The concept of “physicianship” (i.e., the physician’s binary roles of physician as healer and physician as professional) continues to be an important leitmotif and guiding principle for the new curriculum. Physicianship is both a curricular component (with designated courses) and a curricular theme. As a theme, it encompasses the following domains: professionalism, healing in medicine, clinical method, palliative care and leadership. The physicianship component has adapted to the new educational blueprint, most notably in the teaching of clinical method. We have created two new courses, Clinical Method--I and Clinical Method--II. CM-I is focused on medical interviewing and communication skills. CM-II is focused on the physical examination. The course directors worked very closely with the Fundamentals of Medicine and Dentistry (FMD) block leaders and Longitudinal Family Medicine Experience (LFME) team in developing, coordinating and delivering content related to clinical method in each of the FMD blocks; this has included introductory
sessions on basic physical examination skills. Compared to the previous curriculum, the students are now prepared much earlier in the four-year program to interact with patients, take a medical history and perform some basic maneuvers on the exam (such as taking a blood pressure reading). We anticipate continuing to adapt as the third and fourth years are sequentially rolled out. The Physician Apprenticeship has also been adapted and the Osler Fellows are now prepared to engage their students on specific issues covered in the new curriculum (e.g., to discuss their experiences, guide their reflections and offer support and follow-up with respect to the CHAP, LFME and/or research blocks). The teaching of professionalism as a theme is also evolving in order to re-direct the focus to professional identity formation; we have made some modifications to the vignettes, as triggers for dialogue, used in small group sessions. We expect to continue making more of these sorts of changes in order to promote professional identities. A new course (on mindfulness practice) will be introduced in Transition to Clinical Practice this winter, which is very much aligned with our overall physicianship mission.

Redesign of the Transition to Clinical Practice and Core and Senior Clerkship Components
The Transition to Clinical Practice and the Core and Senior Clerkship components were centrally redesigned based on the goals of the AFMC’s Future of Medical Education in Canada report and recommendations of the Education Design Group of the McGill Faculty of Medicine “Think Dangerously” strategic planning process. Course directors are building their revised curriculum to be aligned with the desired MDCM program outcome, namely a graduate possessing the core and fundamental clinical attributes and skills of a physician who has attained the requisite knowledge laid out by the Medical Council of Canada Clinical Presentations. The components curriculum promotes the learning and assessment of all MDCM program objectives, including the longitudinal curricular themes of Equity and Diversity, Inter-professionalism and Patient Safety. Careful consideration was undertaken to ensure that students build on the knowledge, skills and attitudes learned during prior phases of the curriculum and to prepare them to be pluripotent physicians capable of pursuing further training in any clinical discipline.

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Integrated Assessments
Integrated assessments now occur throughout the four-year program through Reflection and Evaluation (R&E) weeks, progress tests and Objective Structured Clinical Examination (OSCE). During the FMD component, there will be six R&E weeks interspersed between courses. During these weeks, regular learning activities will be replaced by more loosely structured activities, many at the McGill Simulation Centre. R&E weeks will also feature a mixture of written and practical evaluations aimed to encourage ongoing integration of material to which students have been exposed to that point. During Transition to Clinical Practice and Core and Senior Clerkships components, there will be progress tests that are representative of all the knowledge domain of a curriculum and are sat by classes at different stages of the clinical experience. Each test will have the same blueprint, which will represent a broad sample of the knowledge base of the curriculum as a whole. The tests will aim to assess knowledge application rather than solely recall.
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McGill Undergraduate Medical Education: Curricular Innovations

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Service Learning
At a recent public health conference, Dr David Butler-Jones, former Chief Public Health Officer for Canada discussed that 'public health is that collection of programs, services, regulations, and policies, delivered by governments, the private sector and the not-for-profit sector, that together focus on keeping the whole of the population healthy. It is also a way of thinking about, and an approach to, how we tackle the health issues we face.' In 2014, McGill offered the Community Health Alliance Project (C.H.A.P.) - Partnering for Healthier Communities Course to all medical students in second year. This course allows students to spend time in the ‘not-for-profit sector’ and reflect on the health needs of diverse and sometimes marginalized communities within the city of Montreal. Although started as an optional student course, it has been expanded to include all students. It is used as means to discuss community advocacy and encourage students to develop close relationships with the communities they serve.
McGill Undergraduate Medical Education: Curricular Innovations

This community exposure is then taken as a basis for a critical reflection on the social determinants of health and how this affects patients and communities in order to propose interventions to improve population health.

Basic Sciences
In the New Curriculum, the Fundamentals of Medicine and Dentistry (Years 1 and 2) will remain system-based while normal and abnormal function will be more closely integrated within each system-based units (see: http://www.mcgill.ca/new-mdcm/). This new organization has seen the introduction of several longitudinal themes which place emphasis on self-directed learning, evidence-based medicine, public health and a core of basic science knowledge- (http://www.mcgill.ca/new-mdcm/longitudinal-themes/basic-sciences).

With respect to development of the basic science content, a core committee comprised of faculty members from all the basic biomedical sciences oversees and matches necessary basic science content from the development of pre-requisites for entry into the medical and dental school cohort through FMD, TCP and the Clerkship programs. This matching is based on the MCC learning objectives and is done in collaboration with the coordinators of FMD, TCP and Clerkship programs under the auspices of the NCI Executive Committee.

Student Wellness
The Office of Student Affairs is dedicated to promoting student wellness, holding to the philosophy that self-care is a prerequisite to healthy healers. Our new curriculum has provided a platform to solidify wellness initiatives as a longitudinal theme woven through the four years of training, marrying the wellness initiatives to curricular themes at each stage. Key to the wellness theme in the new curriculum is that it is student-driven and faculty supported - the programming is done by Student Affairs in alliance with our local Medical Student Wellness Committee. In first year, students are given whole class sessions on study skills, diversity, student health, mindfulness/breathing, cardiovascular fitness activities, introductions to the code of conduct, and outdoor sports and exercise sessions. In second year there are whole class sessions on sexuality and sexual health, as well as suicide and depression in the medical profession and resources for students in distress. Brand new this year is a mindfulness medical practice course given by our whole person care team which provides opportunity for reflective practice. In third year there are two mandatory recall days with information sessions on on-campus resources for students, wellness based small groups and an in depth focuses on the CARMS process. In the fourth year, we are planning a mandatory recall session bringing it together with small groups on topics of relevance to the final year of students transitioning to residency.

Physicianship
The concept of ‘physicianship’ (i.e. the physician’s binary roles – physician as healer and physician as professional) continues to be an important leitmotif and guiding principle for the new curriculum. Physicianship is both a curricular component (with designated courses) and a curricular theme. As a theme, it encompasses the following domains: professionalism, healing in medicine, clinical method, palliative care and leadership. The physicianship component has adapted to the new educational blueprint, most notably in the teaching of clinical method. We have created two new courses, Clinical Method–I and Clinical Method–II. CM-I is focused on medical interviewing and communication skills. CM-II is focused on the physical examination. The course directors worked very closely with the FMD block leaders and LFME in developing, coordinating and delivering content related to clinical method in each of the FMD blocks; this has included introductory sessions on basic physical examination skills. Compared to the previous curriculum, the students are now prepared much earlier in the 4-year program to interact with patients, to take a medical history and perform some basic maneuvers on the exam (such as taking a blood pressure). We anticipate continuing to adapt as the 3rd and 4th years are sequentially rolled-out. The Physician Apprenticeship has also adapted and
the Osler Fellows are now prepared to engage their students on specific issues covered in the new curriculum (e.g. to discuss their experiences, guide their reflections and offer support and follow-up with respect to in the CHAP, LFME and/or research blocks). The teaching of professionalism as a theme is also evolving in order to re-direct the focus to professional identity formation; we have made some modifications to the vignettes, as triggers for dialogue, we use in small group sessions. We expect to continue making more of these sorts of changes in order to promote professional identities. A new course (on mindfulness practice) will be introduced in Transition to Clinical Practice this winter which is very much aligned with our overall physicianship mission.

**Redesign of the Transition to Clinical Practice and Core and Senior Clerkship Components**

The Transition to Clinical Practice and the Core and Senior Clerkship components were centrally redesigned based on the goals of the Future of Medical Education in Canada (FMEC) report by the Association of Faculties of Medicine of Canada and recommendations of the Education Design Group of the McGill Faculty of Medicine “Think Dangerously” strategic planning process. Course directors are building their revised curriculum to be aligned with the desired MD CM Program outcome, namely a graduate possessing the core and fundamental clinical attributes and skills of a physician who has attained the requisite knowledge laid out by the Medical Council of Canada (MCC) Clinical Presentations. The components curriculum promotes the learning and assessment of all MD CM Program Objectives including the longitudinal curricular themes of Equity & Diversity, Interprofessionalism and Patient Safety. Careful consideration was undertaken to ensure that students build on the knowledge, skills, and attitudes learned during prior phases of the curriculum and prepare them to be pluripotent physicians capable of pursuing further training in any clinical discipline.

The components renewal has also been driven by the need to better serve society. The current Clerkship is largely focused on tertiary care, is rotational in nature, and largely inpatient-based. However, healthcare from the patient’s perspective is largely primary and secondary care, longitudinal and outpatient-based. The new Core Clerkship has been redesigned into blocks of 16 weeks to promote more integration of content across several clinical disciplines. This gives students more opportunities for understanding illnesses and curricular themes across disciplines, favours more longitudinal outpatient exposures and better prepares students for the reality of assessing patients with undifferentiated illness.

**Integrated Assessments**

Integrated assessments now occur throughout the four year program through Reflection and Evaluation (R&E) weeks, progress tests and Objective Structured Clinical Examination (OSCE). During the Fundamentals of Medicine and Dentistry component, there will be six R&E weeks interspersed between courses. During these weeks, regular learning activities will be replaced by more loosely structured activities, many at the McGill Simulation Centre. R&E weeks will also feature a mixture of written and practical evaluations aimed to encourage ongoing integration of material to which students have been exposed to that point. During Transition to Clinical Practice and Core and Senior Clerkships components there will be progress tests that are representative of all the knowledge domain of a curriculum and are sat by classes at different stages of the clinical experience. Each test will have the same blueprint which will represent a broad sample of the knowledge base of the curriculum as a whole. The tests will aim to assess knowledge application rather than solely recall.