UGME
Curriculum Renewal Project

Status Report

June 16, 2023

1. Introduction

In November 2019, the Undergraduate Curriculum Committee (UCC) endorsed a proposal to implement a comprehensive review of the UGME curriculum that aligned with and supported the Faculty of Medicine's strategic plan 2020-2025. A Curriculum Renewal Leadership Team (CuRL) was formed and a project charter was created and reviewed by UCC in February 2021. The project charter centred on the achievement of the following **eight strategic goals** for curriculum renewal: (1)

1. Create a description of the characteristics, qualities, values, and abilities of a University of Ottawa Faculty of Medicine graduate.
2. Implement the national entrustable professional activities (EPAs) for the class of 2026.
3. Complete a review of the curriculum's structure and educational design.
4. Define the components of an integrated social accountability program for UGME.
5. Construct a framework for an integrated longitudinal interprofessional education program in UGME.
6. Construct a framework to enhance the role for patients and communities within the UGME Program.
7. Enhance the application of education technology in UGME Program.
8. Enhance the effectiveness of current and future assessment strategies within the UGME Program.

Five educational principles were defined to guide decisions on the renewal of the curriculum.

The curriculum's:

1. content will be current, evidence-informed, and patient-centred;
2. educational processes will promote active learning, continuous growth and the professionalism of students;
3. educational activities will be integrated, appropriately sequenced and focused on the knowledge, skills, and abilities of a generalist physician;
4. educational design will enable students to become reflective practitioners with the ability to function as effective members of interprofessional health teams; and
5. structure will pursue equity across language streams and all learning environments.

The original project plan proposed a **staged implementation** with key milestones described for each phase of the project.

Phase 1: Defining the Strategic Priorities for Curriculum Renewal (September 2020 – September 2021)
Phase 2: Design a Curriculum Renewal Plan (October 2021 – August 2022)
Phase 3: Implement the Curriculum Renewal Plan (September 2022 – September 2024)
Phase 4: Sustain Curriculum Renewal (September 2024 – 2026 and beyond)

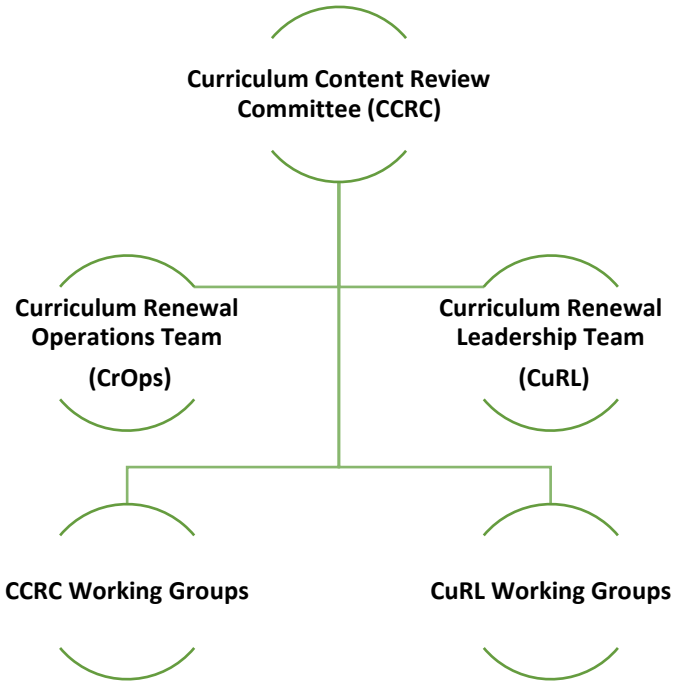
The purpose of this document is to provide a summary of the focus, deliverables and the outcomes achieved during the first three stages of the curriculum renewal project (September 2020 to June 30,

2023). The final section provides recommendations for UGME leadership to consider prior to the intended launch of a renewed curriculum in 2026.

Project Governance

The project's governance included the creation of a CuRL under the Curriculum Content Review Committee (CCRC) with the creation of a series of working groups to generate recommendations for renewal (see figure 1)

Figure 1



2. Phase 1: September 2020 – September 2021

Defining the Strategic Priorities for Curriculum Renewal

The inaugural phase of the curriculum renewal project was developed to respond to growing calls from medical students, the public and the profession for changes to medical school curriculum. Curriculum change was not just to ensure our graduates acquire the knowledge, skills, attitudes and abilities required to effectively respond to the diverse needs of individuals and communities. The curriculum sought to equip them with the ability to respond to growing societal health needs and address bias and systemic racism in health care, as skilled members of interprofessional health teams. Within this broader context, coupled with the requirement to implement the national EPAs (for the class of 2026) and address deficiencies identified in our last accreditation site visit (social accountability and inter-professional education), a more comprehensive review of the curriculum was planned.

Key Focus

The focus for phase 1 centred on implementing a governance model for the project and establishing the strategic priorities that would guide the review and renewal of the curriculum.

Key Activities / Outcomes

1. The Formation of a Curriculum Renewal Leadership Team

A Curriculum Renewal Leadership Team (CuRL) was formed with a two-year mandate to oversee the development of the curriculum renewal project to allow the CCRC to focus on changes required to sustain and enhance the current curriculum. The membership of the CuRL membership included patients, students, faculty, educational scientists, content experts, administrative staff and curriculum leaders. The CuRL team accomplished the outcomes described below.

Outcome 1: Student and Faculty Leadership Survey

An identical survey of students and faculty leaders was designed under the leadership of Dr. Heather MacLean, Director, Curriculum Renewal and implemented in December 2020. This survey focused on identifying areas of agreement or disagreement between student and faculty responses on the strengths and opportunities for improvement to the current curriculum. There was a 40% response rate among students (Years 1 to 4) and a 36% response rate among faculty curriculum leaders. During the first year of the project, the results of specific questions were presented for discussion at monthly CuRL team meetings and contributed to defining the strategic priorities for curriculum renewal.

Outcome 2: Description of a Graduate of the University of Ottawa's Faculty of Medicine.

The CuRL team assumed responsibility for addressing goal 1 of the curriculum renewal project.

Goal 1: Create a description of the characteristics, qualities, values, and abilities of a University of Ottawa Faculty of Medicine graduate.

The CuRL team members proposed the following description of a graduate of the MD Program that was presented and approved at CCRC on May 6, 2021.

"*Graduates of the MD Program at the University of Ottawa are empathic, caring, resilient physicians who partner with patients, families, care-givers and interprofessional team members in providing and advocating for evidence-informed, equitable and culturally safe health care*."

The CuRL team equally proposed a new vision and mission statement for the curriculum. These statements were subsequently changed at the request of Dr. Su, Interim Vice-Dean, UGME, to purpose and goals statements so as not to be in 'competition' with the Faculty of Medicine's vision and mission statements embedded within its 2020–2025 strategic plan.

Outcome 3: Curriculum Purpose Statement

"We will graduate competent, compassionate physicians, whom we would choose to care for our community, our loved ones and ourselves."

Outcome 4: Curriculum Goals Statement

"To implement a competency-based, technology enabled curriculum in both official languages that integrates a diversity of educational, clinical and research experiences to facilitate the ability of students to meet society's health needs and achieve their academic, personal and career goals."

These foundational statements served as anchor points for decisions that would occur throughout the duration of the project.

2. Curriculum Renewal Working Groups

Working groups were selected as a strategy to facilitate broad participation and collaboration across the curriculum's key stakeholder groups. During phase 1, seven working groups (see Table 1) were formed between October 2020 and January 2021. Each working group received a terms of reference that defined their purpose, mandate, timelines and deliverables. The mandate of these working groups centred on reviewing the medical education research literature and/ or completing an environmental scan and then developing recommendations for review by the CuRL team and/or the CCRC. These working groups complemented an eighth working group that had already formed before the launch of the project to address the development of an anti-racism curriculum.

Table 1: Phase 1 Curriculum Renewal Working Groups

Working Group	Chair / Co-chairs
EPA Implementation Working Group	Craig Campbell and Isabelle Desjardins
Social Accountability Working Group	Claire Kendall and Laura Muldoon
Patient Partnership Working Group	Lynn Ashdown and Jerry Maniate
Interprofessional Education Working Group	Simon Kitto and Lina Shoppoff
Education Technology Working Group	Lyne Charlebois and Chris Ramnanan
Assessment Working Group	Tim Wood and Craig Campbell
Curriculum Structure Working Group	Craig Campbell
Anti-Racism Working Group	Ewurabena Simpson

The eight working groups reflected the engagement of a broad number of stakeholder groups including:

- 7 patient partners
- 22 medical students
- 37 faculty members
- 12 PhD faculty members
- 12 administrative staff
- 8 representatives of community organizations

The involvement of patient partners and administrative staff as members of working groups was an important decision in recognizing the importance of patients and administrative staff in the renewal process.

Outcome 5: Working Group Reports

Each working group produced a **scholarly report** that collectively proposed **142 recommendations** for change. These recommendations are summarized in ***Appendix A*** including an update of their status (actioned, in development or not actioned) as of June 30, 2023, with comments provided by the director, Curriculum Renewal. Once these reports were translated, the intent was to place each report on the UGME website as part of our project's communication strategy and to invite faculty to read and comment on these reports. However, the UGME website was under construction for almost a year preventing more widespread dissemination of these excellent reports until the third year of the project.

Outcome 6: Phase 1 Synthesis Report

A phase 1 synthesis report was developed to summarize the findings of the Phase 1 and to identify the strategic and enabling priorities for curriculum renewal based on the phase 1 working group reports. (2)

Three strategic priorities were identified:

Priority 1: Competency-based medical education
Priority 2: Enhanced Integration
Priority 3: Patient Partnership

The synthesis report was presented and unanimously supported by the CCRC on September 24, 2021, and was subsequently tabled for discussion at the UCC on September 30, 2021.

The approval of this report and the three strategic priorities for curriculum renewal was a milestone that allowed the curriculum renewal project to proceed to the second stage.

3. Phase 2: October 2021 – September 2022

Design a Curriculum Renewal Plan

The second phase of the curriculum renewal project was officially launched on October 4, 2021. This phase focused on designing a curriculum renewal plan that would address the three strategic priorities and five of the original goals established in the project charter.

Key Focus

The second phase focused on developing a plan to:

1. Implement competency-based medical education (CBME) within the structure of the MD Program (strategic priority 1);
2. Review and propose revisions to the curriculum's structure and content (strategic priority 2); and
3. Support and enable the participation of patient partners in teaching, assessment and curriculum planning (strategic priority 3).

This phase contributed to the following 5 of the goals described in the curriculum project charter.

Goal 1: Implement the national EPAs for the class of 2026.
Goal 2: Complete a review of the curriculum's structure and educational design.
Goal 3: Define the components of an integrated Social Accountability program for UGME.
Goal 4: Construct a framework for an integrated longitudinal Interprofessional Education program in UGME.
Goal 5: Construct a framework to enhance the role for patients and communities within the UGME Program.

Key Activities / Outcomes

The key activities and outcomes for phase 2 are summarized under the three strategic priorities.

Strategic Priority #1: Competency-Based Medical Education

To address this strategic priority, the recommendations from the EPA Implementation Working Group informed the design and implementation of the model for Competency-based Medical Education that would integrate the twelve national EPAs with the curriculum's content and assessment processes. In competency-based medical education, competences serve as an organizing framework for how we think about teaching and evaluation throughout the MD Program.

Outcome 1: Appointing a Director Competency-based Medical Education UGME

Dr. Isabelle Desjardins was appointed by Dr. Su, Interim Vice-Dean, UGME, to the position of director, competency-based medical education in January 2022. In this role Dr. Desjardins was instrumental in the design and implementation of multiple outcomes to launch CBME for the 2026 student cohort.

Outcome 2: Mapping EPAs to Curriculum Content

Dr. Desjardins and Dr. Campbell completed a mapping exercise of each element of the 12 EPAs described in the EPA Implementation Working Group report to the curriculum's eight roles and 26 program competences. In the summer of 2021, two students worked with Dr. Campbell to map the descriptions of each EPA (at the end of Year 2 and the end of Year 4) to every learning objective within Years 1 and 2. This mapping exercise was helpful in determining:

- The degree to which the national EPAs were aligned with our program objectives and the learning objectives of every learning activity in Years 1 and 2; and
- What potential gaps in the curriculum could be enhanced to determine strategies to enhance the curriculum's content more completely with the national EPAs.

Outcome 3: Creation of a UGME Competence Committee

A draft terms of reference for a UGME Competence Committee was initially adopted by CCRC on April 19, 2022, and discussed at the UCC meeting on May 5, 2022. The discussion at UCC resulted in requests for changes to the mandate and reporting sections of the terms of reference. The changes were re-discussed at CCRC on May 20, 2022, and approved by UCC on June 23, 2022. Recruitment of UGME Competence Committee members was launched in June – September 2022 with a general call for faculty to express their interest in serving as members of the UGME Competence Committee. Faculty development sessions were planned for UGME competence committee members to support them in their role(s).

Outcome 4: Design of the Entrustable Professional Activities Achievement Course

The EPA Achievement Course Working Group was formed in October 2021. The working group was co-chaired by Dr. Michelle Anawati and Dr. Craig Campbell. The working group's report was presented to CuRL in May 2022. This report was then approved by CCRC on May 20, 2022, UCC on June 23, 2022, and subsequently by Faculty Council and the University of Ottawa Senate in July 2022.

This course was implemented on August 29, 2022, as a mandatory longitudinal course that is integrated across all four years of the MD Program. The course is designed to provide educational sessions and practical opportunities aligned with the theory, purpose and intended outcomes of CBME. The course, in conjunction with other learning activities in the MD Program, will enable students to acquire the knowledge, skills, attitudes and competencies, in a graduated fashion, that are required to demonstrate, under indirect supervision, the professional behaviours expected by the end of the four-year program to successful transition to residency training. Year 1 of this course provided an introduction to CBME and Year 2 on foundational skills and professional activities. The final two years focus on application, integration and consolidation of acquired competences across multiple patient interactions across a variety of clinical contexts. In Year 1 (2022-23), educational sessions were integrated within the Introduction to the Professions Unit. Foundations Unit and Unit 1 in collaboration with the Leadership Curriculum. This unique course provides students with the educational support they require to understand EPAs, how they are aligned to curriculum content and how to use feedback as part of a 'growth mindset'. During the Interviewing Skills course (Anglophone stream) some tutors were able to complete EPA 1 (History and Physical Examination) and EPA 6 (Documenting a history or physical

examination). Additional opportunities for EPA completion included PSD sessions, CBL sessions and Community Week.

Outcome 5: Student Dashboard Within Elentra

The student dashboard in Elentra was created and tested using draft EPA specific assessment forms. The end user acceptance testing was successfully completed and the dashboard was launched into production in August 2022. This electronic dashboard enables students to monitor their progression, towards achievement of the national EPAs over time. It also provides students with the ability to trigger their own assessments for completion by a supervisor (faculty or resident). Administratively this tool provides functionality allowing the mapping of EPAs to our program objectives and can support assessment plans for individual EPAs. uOttawa (Medtech) collaborated with uSask as well as the Elentra Consortium to build the visualization dashboards within the CBME / CBE tool of Elentra. These will serve as a reporting tool to support competency committees as the members review student progress. The new CBE tool will allow additional flexibility for non-PGME programs, thus allowing us to manage the data in a way that better reflects our program's framework. Further refinements to the dashboard will be implemented with the anticipated launch of the new CBE module within Elentra.

Strategic Priority #2: Enhanced Integration

The plan for the next 'wave' of working groups was presented and discussed at CuRL team meetings and at CCRC. The outcomes of these discussions were to launch:

- A Curriculum Re-Design Working Group to consider what structure would enable the transition to an integrated longitudinal curriculum that was competency-based;
- A UGME Faculty Development Program Working Group to support the implementation of the proposed changes to the curriculum's structure, content and assessment processes; and
- Nine longitudinal curriculum working groups who would be tasked with revising and enhancing the horizontal and vertical integration of existing and new curriculum content across all four years of the MD Program.

Outcome 1: Curriculum Structure Re-Design Proposal

This working group was co-chaired by Dr. Douglas Archibald and Dr. Craig Campbell. The membership consisted of Unit leads from Years 1 and 2, clerkship leaders, patient partners, students and administrative team members. This working group used a content mapping strategy to identify the concepts currently integrated within each week (including CBLMs) in Years 1 and 2 of the MD Program. This review resulted in the creation of recommendations to enhance coherence, reduce redundancy, identify areas that were underrepresented and to enhance integration of Social Medicine content within CBLMs and weekly activities. The working group report included 18 recommendations organized under three sections:

- **Curriculum Design**. The working group recommended the implementation of an integrated spiral curriculum to facilitate vertical and horizontal integration of curriculum content; the creation of 5 pillars to serve as an organizing framework for curriculum content; revisions to the structure and content for CBLMs to integrate core concepts in social medicine; earlier exposure

to patients starting in Year 1 and greater integration of asynchronous with in person learning activities (large and small group).

- **Curriculum Governance.** The working group recommended the formation of director positions across each pillar of the curriculum with lead positions of each sub-components of each pillar; revisions to the committee and administrative or operations teams to implement the integrated and longitudinal curriculum.
- **Curriculum Implementation.** The final recommendations centred on: the creation of a program evaluation model and a rigorous faculty development program to support the curriculum's implementation; the critical need to recognize, remunerate and celebrate teaching excellence in the Faculty of Medicine; the creation of a comprehensive planning strategy and the financial investments required to support and sustain innovations and continuous renewal of the curriculum.

Outcome 2: UGME Faculty Development Program

A UGME Faculty Development Program Working Group was formed and co-chaired by Dr. Heather Lochnan and Dr. Craig Campbell. The working group members included UGME leaders of longitudinal courses; content experts; students, patient partners and administrative staff members. The working group members tabled their report for discussion at CCRC on November 18, 2022. This report provided 13 recommendations for the design, content and assessment of a comprehensive UGME Faculty Development Program that was innovative in design and aligned with faculty needs in four areas:

- Curriculum renewal;
- UGME specific educational roles;
- New Faculty members;
- UGME Leaders, planners and content experts.

The working group's recommendations were initially implemented around faculty development sessions for tutors in the Interviewing Skills Course, PSD and CBLM in Unit 1 regarding the implementation of entrustable professional development activities linked competency-based medical education. Continued enhancement of these sessions will be expanded to Year 2 throughout the summer and fall of 2023.

Outcome 3: Longitudinal Curriculum Working Groups

Similar to stage 1, the longitudinal curriculum working groups were selected as a strategy to engage faculty, students, educational scientists, patient partners and administrative staff on a review of existing or the development of new curriculum content that would be taught in each year of the MD Program. During phase 2, eight longitudinal curriculum working groups (**see Table 2**) were formed between November 2021 and February 2022. These working groups were in addition to the EPA Achievement Course Working Group described above. Each working group received a terms of reference that defined their purpose, mandate, timelines and deliverables. The mandate of these working groups centred on the design of a longitudinal integrated curriculum over four years including a description of the course content that will be taught in each year of the MD Program, the educational design of these sessions and the assessment strategies required to assess the curriculum's impact on student achievement of the curriculum's objectives. The working groups were encouraged to propose specific recommendations for how the curriculum could be effectively integrated within the MD Program.

Table 2: Phase 2 Longitudinal Curriculum Working Groups

Working Group	Chair / Co-chairs
Anti-Racism Longitudinal Curriculum Working Group	Gaelle Bekolo
Clinical Skills Longitudinal Curriculum Working Group	Isabelle Burnier and Justine Chan
Ethics Longitudinal Curriculum Working Group	Michel Shamy and Michelle Mullen
Indigenous Health Longitudinal Curriculum Working Group	Darlene Kitty and Luc Brisebois
Interprofessional Longitudinal Curriculum Working Group	Lina Shoppoff and Louise Marleau
Leadership Longitudinal Curriculum Working Group	Craig Campbell and Jean Roy
SIM Longitudinal Curriculum Working Group	Laura Muldoon and Lina Shoppoff
Virtual Care Curriculum Working Group	Amel Arnaout

The longitudinal curriculum working groups included 155 working group members that reflected the engagement of a broad number of stakeholder groups including:

- 15 patient partners
- 56 medical students
- 51 faculty members
- 15 PhD faculty members
- 14 administrative staff
- 2 Elders
- 4 Interprofessional education professionals

The working groups that have produced **scholarly reports** to date (exceptions being the Virtual Care and Indigenous Health longitudinal curriculum working groups) have collectively proposed **189 recommendations** for change (to date). These recommendations are summarized in ***Appendix B*** including an update of their status as of June 30, 2023, as determined by the Director Curriculum Renewal. Each of these reports generated to date were presented to the CCRC throughout the 2022–2023 academic year. Each report was adopted with unanimous support for the creation of an implementation plan based on the recommendations each working group proposed. These reports will

be translated and uploaded to the UGME website as part of the curriculum renewal project's communication strategy.

Outcome 4: Foundations Unit Review

At the direction of CCRC, content changes to the existing curriculum, including case-based learning were recommended to focus primarily on the Foundations Unit. During the spring of 2022, the Foundations Unit leads and content experts worked with the curriculum leads in Ethics, Interprofessional Education, Anti-Racism and SIM to review the recommendations from the Curriculum Re-Design Working Group's week by week recommendations on how existing content could be revised; how the new social medicine or professional identity pillar content could be integrated within CBLMs and within the clinical and basic science concepts being taught in each week. This strategy was selected to create a comprehensive curriculum planning process as a collaboration across multiple content experts or subject matter experts. This process was successful in not only affirming many recommendations from the Curriculum Re-Design Working Group but revising or adding new recommendations for consideration.

The outcomes of this process coupled with a review of the recommendations proposed by longitudinal working group members that had submitted their reports, served as the foundation for three half-day workshops to propose changes to the 2022 Foundations Unit content. These workshops proposed an expansion in basic science teaching; the integration of content recommendations from the following longitudinal curriculum working groups: ethics, interprofessional education, anti-racism, SIM and leadership for implementation within the schedule proposed for the Foundations Unit in September to December 2023. These curricular changes underwent multiple revisions over 4-6 months based on reviews by multiple content experts. The final changes proposed to the Introduction to the Profession and Foundations Unit (the envisioned spiral 1) were discussed and approved by the CCRC at a special meeting on March 3, 2023, and approved unanimously.

Outcome 5: Revisions to Case-Based Learning Modules (CBLMs)

A small working group was formed to propose revisions to the original CBLM template created in 2007–2008. The changes proposed were designed to focus the small group learning process on clinical reasoning, problem solving, differential diagnosis and initial management decisions. The working group proposed that CBLMs be designed with increased complexity as students move from Year 1 (spiral 1 and 2) to Year 2 (spiral 3 and 4). The revised CBLM template supported the recommendations from the Curriculum Re-Design Working Group that proposed that spiral 4 (current Unit 3 and 4) focus on symptom-based education with CBLMs being designed with three outcomes that would be randomly assigned to the small groups. Recommendations for how to enhance complexity within the design/content for these modules was proposed by Dr. Isabelle Burnier.

The director of curriculum renewal proposed the appointment of Dr. Robert Bell to serve in the position of CBLM revision lead. Dr. Bell accepted this position and created and presented the revised CBLM template to CCRC on February 17, 2023. The template was unanimously supported. Subsequently Dr. Bell and Dr. Campbell met with the curriculum leads in SIM, Interprofessional Education, Ethics and Anti-Racism to select the social medicine content that would be integrated within each of the eight CBLMs in the Foundations Unit. A process to recruit subject matter experts based on the nominations of content experts was developed and implemented. Two subject matter experts (clinical science and social

medicine) were invited to participate in the review and revision process based on the new CBLM template. The subject matter experts signed a Letter of Understanding that specified the expectations and timelines for the review including:

- Revising and updating the existing content
- Adding a new social medicine scenario / content within either CBLM 1, CBLM 2 or both to address a proposed learning objective developed by the director, Curriculum;
- Creating four MCQ questions to be completed by students at the beginning of CBL 1; and
- Completing revisions to the CBLM Tutor Guide.

To date, we have been successful in recruiting subject matter experts to revise six of the eight CBLMs. The deadline for receiving the revised CBLM module is May 31, 2023. Key changes to learning objectives that require CCRC review and approval will be completed before June 30, 2023.

In addition, a call to content experts in Units 1–3 was sent to identify modules that require revisions to the clinical science sections (without social medicine integration) using the new CBL template. To date nominations for one module in the reproduction block, two modules in the respirology block and two modules in the renal block have been proposed. The content experts for the psychology block have updated the three modules from a clinical science perspective but are interested in adding a social medicine component to these modules. These modules will be modified after June 30, 2023, for implementation in winter/ spring 2024.

Outcome 6: Revisions to Team-Based Learning

Dr. Robert Bell chaired a small group to review and standardize team-based learning (TBL) sessions that occur in four weeks of the Foundations Unit and two weeks of Unit 1. The working group created a new TBL session template for the revision or current or the development of new TBL sessions. This template was piloted during three weeks of the Foundations Unit in 2022. Feedback from TBL tutors and students is being evaluated. This template can be used for either in-person or virtual TBL sessions.

Strategic Priority #3: Patient Partnership

The formation of a formal structure within the Faculty of Medicine to support patient partner recruitment, training and support was the first recommendation of the Patient Partnership Working Group. The initial plan for implementation of this strategic priority centred around this recommendation. Dr. Charles Su, Interim Vice-Dean, UGME and Dr. Claire Kendall, Assistant Dean, Social Accountability presented a proposal to the Executive Leadership Team for the creation of a Faculty Public Partnership Office to the Executive Leadership Team within the Faculty of Medicine. This recommendation received support for its merit but there was no funding available to launch its implementation. Subsequently, alternative sources of funding were explored by the interim vice-dean (philanthropy) and options to utilize the infrastructure of the Ottawa Hospital who had developed a patient partnership program for research and the infrastructure that supports patient advisory committees within multiple health care institutions in Ottawa. These plans are ongoing but have not resulted in any formal agreements. At the time of writing, there are no plans to establish an infrastructure to recruit and support patients. Despite this setback, the curriculum director focused on strategies to implement patient partner involvement within the curriculum.

Outcome 1: Patient Partner Survey

In the summer of 2022, a summer studentship project was created to design and implement a patient partnership survey that sought to understand the views of patients on their role as educators, assessors and curriculum planners. The survey was created by Abigaël Carpentier, Year 1 student (MD2025), under the supervision of Dr. Craig Campbell and Dr. Douglas Archibald. The survey received ethics approval and was distributed to members of the patient advisory committees of 5 health care institutions in Ottawa in the fall of 2022. The outcomes of the survey were complimented by a series of focus groups to explore the views of patient partners in the domains of education and assessment. Patient partners who completed the survey were invited to consider volunteering to participate in one of the focus groups of their choice. The research component of this project was extended to June 2023 and intended to contribute to the revisions to CBLMs by having patients with diseases or disorders discussed in the Foundations Unit to share their lived experience with students.

Outcome 2: Patient Partner Engagement in the Curriculum

Despite the lack of an infrastructure to support a faculty-wide patient partnership program, patients were included in every working group that we launched during phase 2. In addition, plans to engage patient partners in three areas were proposed:

Patients as Educators

Patients were recommended to participate in the Welcome session of the class of 2027 and the white coat ceremony to acknowledge their partnership in the educational process. The inclusion of videos within CBLMs as well as interactive large group sessions where patients could meet with their patients and share their lived experiences with students during the Foundations Unit was identified.

Patients as Assessors

A vision for how patient partners could be involved in assessment includes the role of patients in completing various EPAs; multi-source feedback; and providing feedback on student communication skills, professionalism, skills in shared decision-making, among others. The involvement of patients in assessment is still in development.

Patients as Curriculum Planners

The process for selecting a patient partner voting member of CCRC was developed and implemented in November 2022. Five patient partners applied to be considered and were interviewed for this position. Dr. Kurtis Kitagawa was selected and joined his first meeting as a member of the CCRC in December 2022. Further plans to form a Patient Partner Advisory Sub-Committee of CCRC was discussed but not implemented.

None of these outcomes comes anywhere near the vision for a patient partnership program proposed in the phase 1 Patient Partnership Working Group report. If patients are critical partner in the design, implementation and evaluation of the curriculum, a structure to enable and enhance their participation is urgently required.

4. Phase 3: Curriculum Renewal: October 2022 – September 2024

Implement the Curriculum Renewal Plan

The timelines for the curriculum renewal project were revised in September 2022. The reasons for the change included:

- The implementation of the proposed curriculum structure and governance model for 2023-24 would require UCC, Faculty Council and the Senate Committee approvals by October 2022. Given that the search for a new vice-dean, UGME, was not initiated until August 2022, these timelines were impossible to meet.
- The budget implications for curriculum renewal were not clarified to give confidence that the Faculty of Medicine had allocated the budget required to implement the changes proposed.

Therefore, in September 2022, CCRC approved a change to the project's implementation timelines, dividing phase 3 into two parts:

1. Part A: Implementation of Ccmpetency-based medical education in September 2022.

2. Part B: Implement an integrated curriculum within the existing unit/block structure in 202324 and delay the implementation of the spiral curriculum and governance model until at least 2024-25 academic year.

Subsequent the appointment of the new vice-dean, UGME, in January 2023, the Curriculum Re-Design Working Group report recommendations were presented to UCC in February 2023. The membership of UCC supported a motion to implement a spiral curriculum and governance model in September 2024. Subsequently, the vice-dean, UGME, in consideration of advice received internally and externally, made the decision to delay the implementation of the spiral curriculum and governance until 2026. Once this decision was made and communicated to UGME leadership and content experts several plans in development were paused including:

- The organization of the curriculum's content under the proposed 5 pillars;
- Collaborating with content experts to identify the content that would follow the Foundations Unit (proposed spiral 1) in spirals 2 (current Unit 1); spiral 3 (Unit 2) and spiral 4 (Units 3 and 4);
- Reviewing and revising the current UGME Program Objectives / Competences;
- Pausing plans for further integration of longitudinal curriculum content in Units 1 to 4 until at least 2024–2025; and
- Completing the planned revisions to CBLMs for Unit 1.

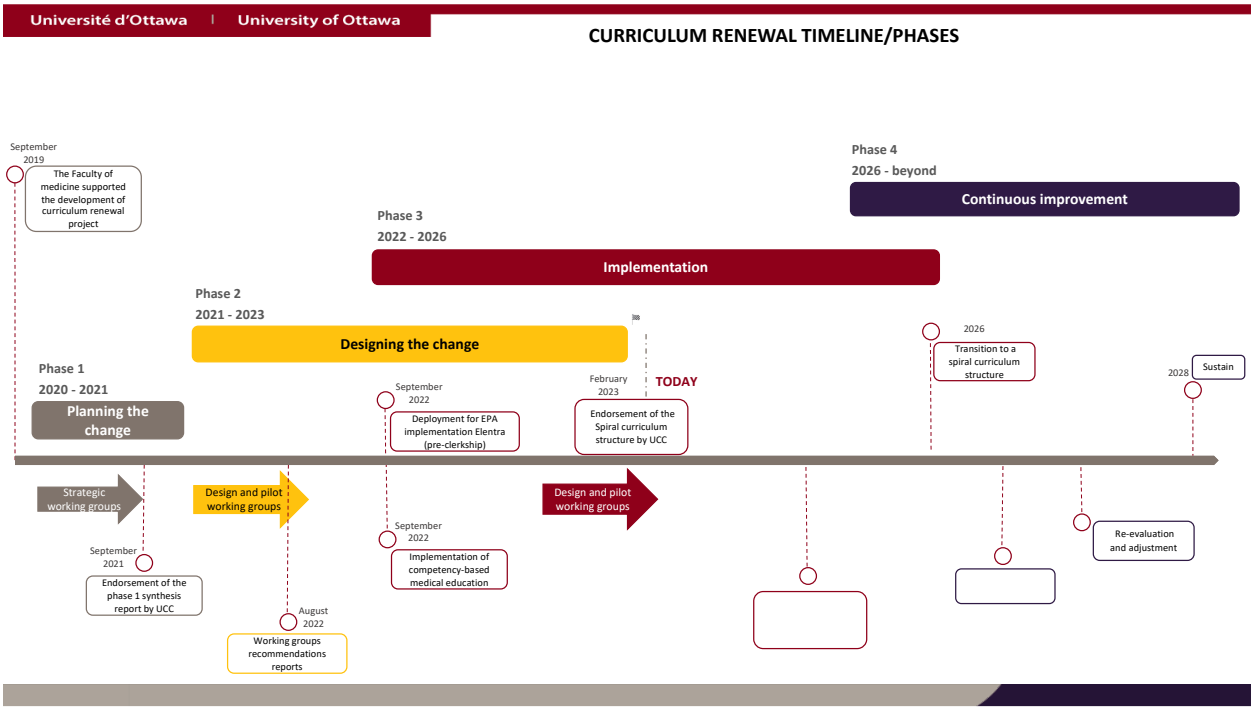
Revisions to the project timelines have been completed and are described in Figure 2 below.

Key Focus

The original focus for the revisions of phase 3 was to integrate curriculum content (including new content) within the current unit/block structure. In addition, this phase was focused on initiating changes to the assessment strategies for the curriculum beyond the introduction of EPAs to address the following goal described in the curriculum project charter.

Goal 8: Enhance the effectiveness of current and future assessment strategies within the UGME Program.

Figure 2: Revisions Project Timelines



Outcome 1: Revisions to the Introduction to the Profession and Foundations Units

With the approval of CCRC (see outcome 4 above) a series of changes were made to the Introduction to the Profession and Foundations Units. The revisions included:

- Adding six new basic science lectures
- Adding multiple educational sessions to cover curriculum content recommended by the Anti-Racism, Ethics and Interprofessional Education working groups
- Revising CBLM 1 in the Introduction to the Profession Unit to add a small clinical science focus on the diagnosis of systemic hypertension
- Integrating a social medicine topic within six of the eight modules within CBLM in Foundations
- Revising ten of the histology lectures within the Foundations Unit
- Replacing the Social Medicine Forum with an interactive session on homelessness to introduce multiple social determinants of health
- Changing the flow of anatomy, histology and radiological sessions across multiple weeks of the Foundations Unit.

With the decision to delay the implementation of the curriculum renewal to 2026 further design or development work for the remaining weeks in Year 1 (Unit 1) were not initiated. In addition, there were

several content areas removed from Foundations as these were not deemed to reflect foundational concepts or their complexity was deemed inappropriate for the first term of Year 1. A review and decision about these items should be developed.

Outcome 2: Phase 3 Working Groups

There were only two working groups formed in phase 3.

- **Assessment Working Group.** Although the original Assessment Working Group during phase 1 generated ten recommendations, only two have been actioned and one is in development. This working group, under the leadership of Dr. Tim Wood has focused on:

Recommendation 1: Review assessment forms in the e-Portfolio, CBL, TBL and PSD to ensure they are appropriate for both assessment for learning purpose and the assessment of EPAs for implementation in the 2022-23 academic year.

Recommendation 9: Review the OSCE assessments to pilot the inclusion of an entrustment rating for Years 2 through 4 and in doing so study how best to incorporate EPAs within an OSCE and study how the information could be used by both learners and the UG program.

Recommendation 3: which focused on "Encourage the adoption of frequent low-stake assessments within courses, units and rotations across all four years of the curriculum" has largely centred around EPA implementation. There has not been any development of the more longitudinal curriculum assessment strategies envisioned for the curriculum such as progress tests; review and revisions to the Mini-CEX; revisions to the OSCE testing or to the formation of a program assessment strategy. These recommendations were to be actioned in 2023.

- **Planetary Health Curriculum Working Group**. This group was formed in February 2023 and is co-chaired by Dr. Husein Moloo and Niève Seguin, MD2025. This working group's report is anticipated to be received and presented at the CCRC meeting on June 19, 2023.

- **Role for Lectures in UGME Working Group**. This group was initially formed and co-chaired by Dr. Jean Chen and Dr. Celine Fresne. Subsequent to the announcement of the delay in the launch of the curriculum renewal to 2026 and proposed changes to the hybrid curriculum proposed by Dr. Isabelle Burnier and Dr. Amy Nakajima (pre-clerkship co-directors), the working group members decided to suspend the working group until September 2023.

Curriculum Renewal Project Management

From the inception of the curriculum renewal project, there has been a project management team that has supported the design and implementation of this multifaceted complex project.

Curriculum Renewal Project Administration

The project management team has included a curriculum renewal project manager, a curriculum renewal project coordinator and a curriculum coordinator. These positions have provided excellent

support to ensuring the process and outcomes of each stage or phase of the project have been maintained. Key functions have included the monitoring of timelines; risks; generating progress reports and the provision of administration to working group co-chairs, working group members and the finalization of their reports. All members of working groups have been recognized through personalized letters. The project management team equally contributed to and planned the other two elements described below.

Curriculum Renewal Project Communications Plan

At the start of phase 2 of the project, a formal curriculum project communications plan was developed and presented for feedback to the CuRL Team. The project communications plan included several key elements to support stakeholder engagement:

- The development of a monthly curriculum renewal newsletter that featured one key aspect of the curriculum renewal project each month and was widely circulated to faculty.
- The development of a series of podcasts in French and English was created in collaboration with the Department of Family Medicine. Each podcast covered key topics critical to the purpose, goals and intended outcomes of the project.
- The development of a revised UGME website included a Curriculum Renewal section that included opportunities to post translated working group reports and some of the key outcomes achieved as the project progressed from one stage to the next.
- The creation of a series of town halls for various target audiences; and the focus of the 2022 UGME retreat was entirely focused on curriculum renewal.

Curriculum Renewal Project Risk Management

Any project of this magnitude and complexity requires the anticipation and monitoring of potential risks to the planning, design, development or implementation of the project. Many risks were identified by project management team members in collaboration with the administrative leadership of the curriculum. These risk factors were recorded, monitored and modified as the project progressed. An example of a project risk was the delay in the appointment of a new vice-dean, UGME, until January 2023 which necessitated a change in the original project timelines and consequently an amendment to the project charter. Risks related to change management were among the most significant risks to the success of the project's delivery.

5. Conclusion and Recommendations

The curriculum renewal project was designed to be an intentional collaboration between faculty, students, patients, administrative staff and health professionals. The outcomes achieved is a reflection of the spirit of collaboration, innovation and the desire to foster educational excellence demonstrated by the hundreds of individuals who participated in working groups, leadership teams and curriculum committees. Their contributions are worthy of our support and careful consideration. The project's management team and our administrative staff were instrumental in contributing to the outcomes that have been achieved during the past three years. We could not have done this without their skills and commitment to this project.

Although there is a lengthy pause in the implementation of a spiral curriculum structure, there are significant opportunities to continue the development a coherent and comprehensive implementation plan for this project. I am hopeful that the work completed to date will serve as a foundation and a catalyst for change in the future. In the end, a revised, expanded and enhanced MD Program will not only support and enable student learning but serve as a benefit for patients and enhance the health care systems within which we all work.

Recommendations

Curriculum Content and Delivery

1. Develop and implement a plan for how the content proposed by phase 2 longitudinal curriculum working groups can be further integrated within the existing unit/block structure in Years 1 and 2, the Transition to Clerkship and Transition to Residency courses and within the mandatory clerkship rotations in Year 3.

Given the length of the delay in the implementation of the spiral curriculum, there is an urgent need to prioritize the development of a planning process to determine how longitudinal curriculum content can be integrated within the existing unit/block design of the MD Program. The phase 1 and phase 2 working groups developed 331 recommendations of which 98 have been actioned and 67 are in development. The majority of the 166 not actioned recommendations originate from phase 2 (123 recommendations) which are largely focused on the redesign and content changes proposed for 9 longitudinal curricula.

The planning process could be divided into three steps. The first step could focus on how current time allocated to the SIM, Leadership, and PSD courses can reflect the recommendations of the SIM, Leadership and Clinical Skills working groups. The second step could focus on which recommendations proposed by the EPA Achievement Course; Anti-Racism, IPE, Ethics, and Indigenous Health working groups could be integrated within Unit 1 (for the 2027) cohort and across Years 1 and 2 for the 2028 cohort. The third step could focus on how the longitudinal curriculum content can be integrated within the Transition to Clerkship, the mandatory clerkship rotations in Year 3 and the Transition to Residency course in Year 4.

2. Develop a strategy to enhance student exposure with patients in primary care settings throughout Years 1 and 2 of the MD Program.

The Curriculum Re-Design Working Group report recommended that all students spend at least one half-day per month in a primary care setting to "facilitate meaningful interactions between students and patients in primary care settings (e.g., family medicine, general pediatrics, general internal medicine) from the beginning of the curriculum". This recommendation could serve as a stimulus to integrate clinical preceptorship program; community week; Community-Service Learning and other elective experiences under a broader strategic initiative and integrate greater involvement of patients in the educational process (see recommendation 5 below).

3. Come to a consensus or shared mental model on the scope and content for Social Medicine within the MD Program.

Currently there is a limited consensus across faculty leadership on what defines a social medicine curriculum. In the past the SIM course has included a wide variety of 'orphan' topics that did not have an obvious home. Coming to consensus on a shared mental model on the scope and content for social medicine within the MD Program is a priority in the construction of a social medicine pillar; the development of an integrated horizontal and vertical integration plan for curriculum threads within this pillar; and will contribute in part to defining an appropriate home (pillar) for the medical humanities curriculum.

4. Identify an approach for an integrated Medical Humanities program.

The Medicine and the Humanities Program is in a stage of transition. Similar to social medicine, there is no clear consensus on the natural home for a medical humanities program. Traditionally, medical humanities has been linked with our Ethics Curriculum but others have identified the importance of medical humanities for social medicine and others have linked medical humanities with clinical skills in fostering a more holistic approach to diagnosis through a more complete understanding of the patient's symptoms, social context and past history. Coming to consensus on the scope of a medical humanities curriculum and how to best integrate this within the curriculum's structure is critical to the curriculum's contributions to enable students to reflect the description of a graduate of the MD Program at the University of Ottawa.

5. Develop a plan for how basic science teaching can be effectively integrated within the clinical learning environments.

To date, basic science teaching has largely been focused in Years 1 and 2 and lays a strong foundation to understanding the clinical manifestations of diseases and disorders. Within a spiral curriculum structure, the development of a strategy for how basic science introduced in Years 1 and 2 can be reinforced when students are in the clinical learning environments. This teaching could focus more on physiology, microbiology, pharmacology, biochemistry, and genetics with the integration of anatomy, histology and radiological concepts introduced during Foundations and expanded upon during Units 1 through 3.

6. Develop a strategy to enhance the application of education technology in the UGME Program

At the end of phase 3 the only goal in the project charter that was not sufficiently actioned is:

Goal 7: Enhance the application of education technology in UGME Program.

Given the importance that technology will play in the delivery of the curriculum (synchronous and asynchronous) including the expansion of simulation-based education and the potential formation of a clinical skills centre, the recommendations from Educational Technology Working Group during phase 1 would be important to review.

Patient Partnership

7. Establish an infrastructure to enable and expand the active involvement of patients in education, assessment and curriculum planning.

For the curriculum to reflect a true partnership with patients will require an infrastructure to support the recruitment, training and support of patients as educators, assessors and curriculum planners. If the Faculty of Medicine will not or cannot fund a Patient or Public Partnership Center for Medical Education, then the Faculty should earnestly seek to leverage the infrastructure at health care institutions such as The Ottawa Hospital. Expanding the role of patients as educators in sharing their lived experience with students within CBLM and in face-to-face synchronous sessions would be an important next step. The role of patients as assessors can be expanded within OSCE stations; within simulation-based education sessions and as part of the clinical learning environments within the various clerkship rotations. Patients as curriculum planners has been partially addressed through a patient partner voting member of CCRC. The development of a patient partner advisory subcommittee would be well worth considering as a partnership idea within the broader strategic initiative.

Curriculum Assessment

8. Refine the integration of EPAs within Years 1 and 2 and establish a plan for the integration of EPAs within years 3 and 4.

The 2022-23 academic year was the first year of EPA integration within Year 1 of the MD Program. Based on this experience, revisions to the initial strategies for EPA integration are required and further plans to expand the completion of EPAs during Year 2 for the 2027 cohort. Revisions to the descriptions of the individual EPAs should be considered and the evaluation strategies initially created should be evaluated and refined where required. The development of a plan with appropriate faculty development support for how EPAs will be integrated within the clinical learning environments is a strategic priority to begin in the fall of 2023 prior to implementation in the summer of 2024. The replacement of the Mini-CEX, recommended by the Assessment Working Group in phase 1 with EPAs and how these can be meaningfully completed is urgent need.

9. Develop or design the longitudinal assessment strategies required to support the new integrated spiral curriculum.

The delay in the implementation of the integrated spiral curriculum until 2026 provides an opportunity to initiate the design and implementation plans for longitudinal assessments across the curriculum. Clearly, the implementation of the national EPAs is a longitudinal assessment strategy. However, other longitudinal assessment strategies are required to support our understanding of student progress. These include but are not limited to cultural safety, knowledge acquisition, inter-professional competences, patient safety, procedural skills, professionalism, and social accountability. The use of the description of

a graduate of the uOttawa MD Program may serve as a useful framework for the development of approaches to identify progress over time.

10. Continuously renew the curriculum's content through the implementation of a program evaluation model.

The curriculum has tended to use a reactive mode for decision-making and relied excessively on external measures of the 'success' of the curriculum (e.g., MCC exam score, AFMC questionnaires, CaRMS match results) that have significant limitations in identifying what is a strength or weakness of the curriculum , or why a particular area is a strength or weakness. The formation of a rigorous program evaluation model will provide the specific data required for UGME leadership to use in making decisions related to the structure, integration and the outcomes of the curriculum.

Curriculum Administration

11. Establish the governance model to oversee the planning and implementation of the spiral curriculum by June 2025 at the latest.

Even though the dates for the launching of the new spiral curriculum will not occur until 2026, the plans for the curriculum will need to be determined by June 2025 at the latest. Given that the new curriculum structure will require a new governance model that reflects the longitudinal nature of the integrated curriculum, the governance model to oversee the curriculum should be in place at least one year prior to the intended launch of the curriculum.

12. Organize the curriculum under the pillars proposed by the Curriculum Re-Design Working Group report to facilitate vertical integration.

The ordering of the curriculum's content under the pillars proposed by the Curriculum Re-Design Working Group is neutral to any curriculum's structure. The benefits of developing these pillars will definitely support vertical integration of curriculum 'threads' organized under each pillar and will serve as a foundation for how horizontal integration can be initially conceived within the current Unit/Block structure. The contraction of five pillars to four is under discussion. The proposed content for a professional identity pillar could be viewed as more cross-cutting themes for integration within multiple pillars. Recent discussions on the role of medical humanities and history of medicine within the social medicine, clinical skills and clinical science pillars is one example.

13. Establish one overarching Curriculum Committee for the MD Program to meet accreditation standards.

The Committee on Accreditation of Canadian Medical Schools (CACMS) standards requires there be one senior curriculum committee with oversight and decision authority over the curriculum. Currently the MD Program has two 'curriculum committees'; the Curriculum Content Review Committee (CCRC) and the Undergraduate Curriculum Committee (UCC), we are currently non-adherent to this standard. Given the new vice-dean UGME's intent to revise the UGME education committee structure, my recommendations are to transition the CCRC to become the UCC with a revised membership that includes the proposed directors of the 5 pillars of the curriculum. The current UCC could become the Undergraduate Medical Education Committee focused on addressing the broad issues across UGME including policy; admissions, assessment, student issues or concerns, financial issues and curriculum.

14. Maintain the curriculum renewal project administrative structure.

The curriculum renewal project has developed an administrative structure to support the project's development and implementation including the analysis of risks and their mediation. Given the experience and expertise already in existence, it would be unwise to dismantle this structure given the scope and complexity of the project. Maintenance of the current administrative structure is strongly advised to support the process of change which is just beginning.

15. Continue to foster the engagement of stakeholders.

Many stakeholders (faculty, students, patient partners, educational scientists, health professionals, administrative staff) have participated in curriculum renewal activities since 2020. It would be important to keep them informed of project activities, developments and timelines to ensure continued interest and participation, given the delays. Given that projects do not exist in isolation, failure to sustain the interests and expectations of stakeholders will represent a significant risk to this project at the time of implementation. Having a cohesive and coherent plan to transition the project and communicating that plan to stakeholders will increase the ability of the project to meet the expectations and values for the individuals who have been involved in the design and development of this project.

I am grateful for the opportunity I have had to work with and learn from so many dedicated and thoughtful individuals within and external to the Faculty of Medicine. In that spirit I wanted to end this status report with 15 personal recommendations for consideration by the future UGME curriculum leadership.

Respectfully submitted

Craig M Campbell, MD
Director, Curriculum Renewal

Key References

1. Project Charter
2. Phase 1 Synthesis Report
3. Curriculum Re-Design Working Group report

Appendix A

Phase 1 Curriculum Renewal Recommendations: Status Report

Status codes

A = Actioned: implementation of a specific recommendation has started. **Total 60**
ID = In development: implementation a specific recommendation is in process **Total 39**
NA = Not actioned – no discussions or plans for implementation. **Total 43**

Curriculum Structure Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Develop and implement an educational design strategy to achieve enhanced vertical integration of current or future longitudinal curricula across all four years of the MD Program.	A	Nine longitudinal curriculum working groups were launched between October 2021 and March 2022. Each working group was given a mandate to develop the content for a longitudinal curriculum across all four years of the MD Program. Anti-Racism, Clinical Skills, Ethics, EPA Achievement; Interprofessional Education, Leadership and SIM longitudinal curriculum working groups have completed their reports which were presented at CCRC throughout 2022-23. Working groups for Virtual Care and Indigenous Health have not yet submitted their final reports in late April 2023.
Recommendation 2: Develop and implement a revised educational design to achieve greater vertical integration of clinical, basic science and social medicine learning objectives across the first two years of the MD Program.	A	A Curriculum Re-design working group was created in November 2021 with a mandate to implement an integrated spiral curriculum. The working group has completed a detailed review of the Foundations Unit, Units 1, 2, 3 and 4 by the end of May 2022. A report on the recommendations from this working group was presented to CCRC in September 2022 and unanimously supported. The report was presented to UCC in February 2023 and unanimously supported.
Recommendation 3*:* Extend basic science teaching (anatomy, physiology, biochemistry, microbiology, and genetics) to support student learning and continuous growth throughout the third and fourth years of the MD Program.	A	A process to integrate basic science teaching in the clinical learning environment is recommended to be developed starting in the fall 2023. Dr. Michelle Anawati was appointed as Assistant Director, Curriculum Renewal for 2022-23 to lead the development of strategies for revisions to Years 3 and 4 as part of the spiral curriculum design but was not able to develop a strategy or process due to other commitments.
Recommendation 4: Design and assess a process where content experts in Years 1 and 2 collaborate with content experts in Years 3 and 4 to co-plan an integrated curriculum across the MD Program.	A	The Curriculum Re-Design Working Group report proposed a new governance model for curriculum planning. Within this governance model, content experts in basic science, clinical science, clinical skills, social medicine and professional identity will have oversight for curriculum planning across all four years of the MD Program. This plan was trialled in a review of the Foundations Unit content were content experts from basic science, clinical science and social medicine met together to review recommendations for change. This discussion highlighted further options or

		opportunities for changes in curricular content or the sequencing of curricular content.
Recommendation 5: Create a comprehensive curriculum mapping process to facilitate the identification of what is taught (content, intended learning outcomes), how it is taught and when it is taught to determine opportunities to promote greater harmonization, temporal coordination and enhance the links between the curriculum's content, the expected learning outcomes and student assessment strategies.	A	In August 2021, the learning objectives for Years 1 and 2 were mapped to a comprehensive learning objective typology and the description of each EPA. The mapping of the learning objectives is included in Elentra and searchable using Boolean terms. The coding of the learning objectives was been included with detailed weekly concept maps process used by the Curriculum Re-design working group members to review and propose revisions to each week in Years 1 and 2.
Recommendation 6: Provide content expert and rotational directors with a planning template that promotes consideration of a diversity of lenses and perspectives in the planning of educational activities.	A	A graduate student was hired in July 2022 to propose a process for implementation of the changes recommended to the curriculum audit for Years 1 and 2 completed by the phase 1 anti-racism working group. These recommendations will be included in the tools that will guide faculty on the appropriate use of language when referencing race, gender or ethnicity. In addition, two working groups have proposed revisions to the templates that support the redesign of CBL and TBL to support the integration of social medicine or professional identity concepts with clinical and basic science concepts.
Recommendation 7: Develop a plan to integrate 6 weeks of Unit 4 with the Transition to Clerkship course to create a new course focused on clinical symptoms and patient presentations across multiple clinical settings.	ID	Meetings with the Unit 4 lead and the Transition to Clerkship leads were initiated and there was agreement/desire to collaborate together on the design of an integrated unit. Given the delay in the implementation of the curriculum renewal to 2026, the process to initiate plans to integrate and review these two units will be delayed until after the curriculum renewal project plan is revised.
Recommendation 8: Develop a plan to re-assess the fourth year of medical studies by expanding the Transition to Residency course to eight weeks, including a redesigned mandatory surgery and mandatory medicine selective, to support students to effectively transition to their selected residency program and prepare for the LMCC examinations.	ID	A discussion with the Transition to Residency course leads with the co-director Clerkship, Francophone stream was organized. The meeting identified various options for integrating the TTC course with the mandatory surgery and mandatory medicine selective in Year 4. Given the delay in the implementation of the curriculum renewal plan to 2026, a specific plan for integration of these mandatory selective rotations within the TTR course will not be developed until after the curriculum renewal project plan is revised.
Recommendation 9: Create a working group and task them with the development of a proposal to pilot a blended longitudinal integrated clerkship for the 2023-24 academic year.	NA	The development of a job description for a one-year contract position for an Assistant Director, Curriculum Renewal was completed in June 2022. The mandate of this position will include the creation of a working group to develop recommendations on the development of a longitudinal integrated clerkship. There were no plans developed to consider this recommendation throughout 2022-23. Given the delay in the implementation of the curriculum renewal plan to 2026, a specific plan for

		longitudinal clerkships will not be developed until after the curriculum renewal project plan is revised.
Recommendation 10: Create a collaboration with the Curriculum Evaluation Sub-Committee and the Clerkship Committee to identify the evaluation questions, data sources and data collection strategies for the assessment of the blended longitudinal integrated clerkship pilot.	NA	There have been no discussions related to this recommendation. Given the delay in the implementation of the curriculum renewal plan to 2026, a specific plan for a program evaluation will not be developed until after the curriculum renewal project plan is revised.
Recommendation 11: Complete a review and propose revisions to the current leadership model for the MD Program including the roles, responsibilities and reporting relationships of directors, content experts, rotation directors, longitudinal curriculum leads, unit leads for the Francophone and Anglophone streams, as described in their job descriptions and the various UGME educational committees as reflected in their terms of reference.	ID	The process to review the faculty organizational chart has been initiated with Dr. Su, Dr. BK Lam, Dr. Campbell and Linda Chenard. The job descriptions and reporting relationships of some lead positions have been revised (Global Health, Leadership). Revisions to the Evaluation Committee have been completed. The name of the committee has been changed to the Student Assessment and Faculty Evaluation Committee with a revised terms of Reference and membership. A plan to review the roles and responsibilities of the Curriculum Content Review Committee and the Undergraduate Curriculum Committee has been proposed given that the CACMS accreditation standards require one curriculum committee. Further changes to roles and reporting relationships will be delayed until the UGME leadership structure proposed by the new Vice Dean UGME can be supported by the Executive Leadership Team and initiated through appropriately convened search processes.
Recommendation 12: Create a mechanism within the leadership structure of the MD Program to identify new content areas for incorporating within the curriculum.	ID	This responsibility was initially proposed to fall under a new role: Director, Program Evaluation. A formal job description had been created but recruitment for this position was intentionally delayed until June 2023. Given the proposed changes to the UGME leadership structure proposed by the new Vice Dean UGME, this position may not be moving forward but be assumed by a new Assistant Dean role.
Recommendation 13: Explicitly promote, value, and celebrate faculty who participate as tutors, lecturers, content experts, clinical preceptors and serve in educational leadership positions within the Faculty of Medicine.	ID	The Curriculum Re-Design and UGME Faculty Development working group reports included recommendations to promote, value and celebrate faculty who participate as educators, preceptors or assessors of medical students. These recommendations are under discussion but no formal mechanisms have been defined as of June 30, 2023.
Recommendation 14: Engagement in the educational mission of the Faculty of Medicine must be explicitly recognized and integrated within the promotions criteria of the Faculty of Medicine.	NA	There have been no discussions related to this recommendation. There are three tracks in education that faculty can be considered for promotion. There are differing views of the viability or likely success of these

		paths across of the departments in the Faculty of Medicine.
Recommendation 15: Enhance the physical space for teaching, learning, and assessment to align with current and future educational design strategies within the MD Program.	NA	There have been no discussions related to this recommendation.
Recommendation 16: Enhance the technological infrastructure that supports the development of a virtual educational environment to support teaching and learning within the MD Program.	A	The Medtech group maintains an annual road map of projects that are prioritized and resourced. The current road map includes projects focused on a comprehensive simulation strategy that will include virtual patients. The process to select a vendor for simulation-based education was initiated and a vendor responded to the RFP. Piloting of the initial implementation plans for simulation-based education is scheduled for late fall 2022 or early winter 2023.
Recommendation 17: Task the MD Program's Administrative Leadership to review and propose revisions to the operational support required to implement the anticipated revisions proposed for the MD Program.	A	Linda Chenard has implemented several changes to the operations team members roles and responsibilities to support the transition to longitudinal curriculum model.
EPA Implementation Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Create a longitudinal EPA Achievement Course within the MD Program for implementation in September 2022.	A	A working group to propose the content for an EPA Achievement Course was formed in December 2021 and co-chaired by Dr. Michelle Anawati and Dr. Craig Campbell. EPA Achievement Course was approved by the Senate of the University of Ottawa in February 2022. The course content, learning objectives and educational design for this new course was described in the EPA Achievement Course working group report which was reviewed and approved by CCRC in May 2022. The EPA Achievement Course was launched on August 29, 2022.
Recommendation 2: Provide students entering the MD Program in September 2022 with a learning plan tool to enable students to reflect, set goals and create plans to improve.	A	A process to develop options for the creation of a learning plan tool for students was launched in March 2022. A literature search on learning plan tools in UGME was completed. The requirements for the initial version of the UGME Learning Plan were developed. The design for version 1 was selected based on current functionality within Elentra. This tool will be available for students to use in September 2023.
Recommendation 3: Create a longitudinal Clinical Skills Education course across all four years of the MD Program to facilitate the achievement of EPA 1, 2 and 9.	A	A longitudinal clinical skills curriculum working group was formed and co-chaired by Dre. Isabelle Burnier and Dr. Justine Chan in December 2021. The working group's mandate was to create plans for a longitudinal clinical skills curriculum over four years of the MD Program. The working group reported on their recommendations in June 2022. This report was reviewed by CCRC in October 2022. Unfortunately, the report only focused on Years 1 and 2 of the MD Program and not the entire four years as the working group mandate required. Plans to

		integrate a clinical skills education plan within Years 3 and 4 will be required to ensure this course is truly longitudinal.
Recommendation 4: Utilize all educational activities based on clinical cases to promote greater emphasis on clinical reasoning; the formulation of a differential diagnosis; a proposed plan of investigation; interpretation of common diagnostic and screening tests; and recognition of clinical situations that require urgent or emergent care.	A	A strategy to revise the structure of case-based learning to promote greater emphasis on clinical reasoning, differential diagnosis, critical thinking and problem solving was discussed at the March 18, 2022, meeting of CCRC. A working group to review and revise the CBL and CPM templates was launched on June 6, 2022. Dr. Bell used the template to revise the CBL in Week 14, Unit 1. Based on this pilot further changes to the template were discussed and proposed. Final revisions to the template were presented for review and were unanimously approved at CCRC on February 17, 2023. The revised template will be used to revise the eight CBLMs in the Foundations Unit and one CBLM in the Introduction to the Profession Unit.
Recommendation 5: Utilize the skills, training and expertise of ePortfolio coaches to provide students with feedback on their achievement of the entrustable professional activities.	A	Dr. Jeff Landreville, ePortfolio lead supported an expanded role for ePortfolio coaches in providing students with support and feedback on their achievement of each EPAs. Faculty Development sessions on EPAs for ePortfolio coaches were launched in September 2022 for the ePortfolio coaches.
Recommendation 6: Create a longitudinal procedural skills curriculum that provides medical students with opportunities to learn, practise, and be observed performing the following procedural skills. • Suturing the skin using a local anesthetic • Skin punch biopsy; • Intravenous catheter insertion; • Foley catheter insertion; • Arterial artery blood gas from radial artery, • Bag-mask ventilation; • Nasogastric tube insertion; • Phlebotomy; • Performing sterile technique; • Large joint (knee) aspiration; • Vaginal speculum exam with pap smear; and • Endotracheal intubation.	NA	In collaboration with Dr. Isabelle Desjardins, Director Competency-based Medical Education, UGME, this recommendation was to be considered within the implementation plans for EPA 11 during Phase 3 Curriculum Renewal. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.

Recommendation 7: Establish a process to ensure students have the ability to perform procedural skills expected of every physician under indirect supervision.	NA	In collaboration with Dr. Isabelle Desjardins, Director Competency-based Medical Education, UGME, this recommendation was to be considered within the implementation plans for EPA 11 as part of Phase 3 curriculum renewal. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 8: Utilize the modified Ottawa entrustment scale (O-SCORE) with the expectation that students will aim to have achieved level 3 by the end of the second year of the MD Program and level 4 by the end of the fourth year of the MD Program.	A	The modified Ottawa Entrustment scale (O-SCORE) was included in the design and development of the UGME EPA assessment forms that were designed throughout the summer of 2022. The new EPAs evaluation forms were tested for data capture and tracking and are now accessible in Elentra.
Recommendation 9: Establish, train and support an MD Program Competence Committee with the mandate to monitor student progression, identify students who require greater support and determine achievement of each EPA for all students.	A	Dr. Isabelle Desjardins, Director, Competency-based medical education and Dr. Campbell, Director Curriculum Renewal initiated a process to recruit faculty member to serve as UGME competence committee members. A description of UGME competence committee members' roles, responsibilities and expectations was approved by CCRC and UCC. A number of faculty members have been recruited as members of the UGME Competence Committee but the need for more remains.
Recommendation 10: Review and revise assessment strategies utilized across the curriculum to facilitate the provision of detailed feedback to students on their achievement of the entrustable professional activities.	A	Plans to revise multiple existing student evaluations forms in Years 1 and 2 were implemented in 2022-23. These new assessment forms will include an entrustment scale to guide student learning. The new EPA assessment forms will include opportunities for faculty to provide feedback based on their direct observations of students performing specific professional tasks. Faculty development sessions to support the transition to competency-based medical education have been initiated throughout 2022-23.
Recommendation 11: Utilize the Elentra platform to facilitate the collection of assessment data into a student dashboard for review by students and competence committee members.	A	A student dashboard has been created. Students are able to review and track their EPA assessments. Competence Committee members will have access to the student dashboard for students they have been assigned to review.
Recommendation 12: Throughout the 2021-22 academic year, implement a series of pilot projects including but not limited to the implementation, analysis and revisions to: • Student assessment strategies; • Competence Committee activities; and	A	Piloting of opportunities for students to demonstrate EPA 2 in case-based learning was successfully initiated in May 2022 during the Nephrology block. Faculty development sessions were provided to tutors in the Interviewing Skills Course (Anglophone stream), Clinique simulée, PSD and CBL in Unit 1. Assessment of EPAs 1 to 6 were integrated within Community Week and an education session for community preceptors on EPA completion was completed on May 1, 2023.

• Student EPA dashboard for the MD Program.		
Recommendation 13: Develop and implement a tailored UGME Faculty Development Program for Competence Committee members; Unit Directors, Clerkship Rotational Directors, content experts, tutors, coaches and supervisors.	A	A UGME Faculty Development Program working group co-chaired by Dr. Health Lochnan and Dr. Craig Campbell was formed in December 2021. The working group's report proposed the creation of a comprehensive faculty development program for UGME. A report with recommendations from the working group was completed in late August 2022. This report was discussed at CCRC on November 18, 2022. CCRC approved the development of an implementation plan based on the report's recommendations.
Recommendation 14: Create targeted faculty certificate courses on competency-based assessment strategies and design multiple initiatives to promote and reward faculty for their expertise in student evaluation.	ID	The UGME Faculty Development Program working group has identified the need to expand the scope of certificate courses and/or the creation of micro-credentials in one or more domains. To date these plans have not been actioned.
Recommendation 15: Develop and implement processes to inform teachers about the timeliness, frequency and quality of their interactions with and feedback provided to students to guide their professional development.	NA	There have been no discussions related to this specific recommendation.
Interprofessional Education Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: That a spiral curriculum be implemented from Years 1 through 4 of the undergraduate medical education.	A	The Curriculum Re-design Working group recommended the implementation of a spiral curriculum to enable the integration of basic, clinical and social science education in the MD Program. These recommendations were approved by CCRC in September 2022 and by UCC in February 2023. The original intent was to implement a spiral curriculum in September 2024. The newly appointed Vice Dean UGME decided to delay the implementation until September 2026.
Recommendation 2: This curriculum would be built based on the Canadian Interprofessional Health Collaborative (CIHC) competency framework. These would include objectives linked to role clarification, team functioning, interprofessional communication, patient / client / family / community-centred care, interprofessional conflict resolution and collaborative leadership.	A	An interprofessional education curriculum working group co-chaired by Dr. Lina Shoppoff and Ms. Louise Marleau was formed in November 2021. This working group's mandate was to create a longitudinal interprofessional education curriculum over four years of the MD Program. The working group report recommended that the Interprofessional Health Collaborative competency framework to guide the development of the curriculum. This report was reviewed by CCRC on December 16, 2022, and a motion to develop an implementation plan based on the report's recommendations was unanimously approved.
Recommendation 3: Some pre-clerkship lectures could be reviewed and IPE content added. Considering and facilitating the	A	Opportunities to integrate IPE curriculum content within the Introduction to the Professions and Foundations Units was identified by content experts participating in

presence of students from other fields would be beneficial. Case-based learning sessions should include IPE notions.		the Foundations Revision Working Group. There were two types of sessions identified : stand-alone lectures and the integration of IPE within CBL. Plans to implement new IPE sessions in 2023-24 academic year within Intro and Foundations units were approved by CCRC at a special meeting on March 3, 2023. Further integration of future educational sessions for the IPE curriculum will need to be considered once the revised plan for curriculum renewal is established.
Recommendation 4: Clerkship rotations should review core content to ensure that formalized IPE opportunities exist in each rotation.	NA	Dr. Anawati was appointed to the role of Assistant Director, Curriculum Renewal with a mandate to develop plans for the integration of the longitudinal curriculum content for Years 3 and 4 of the MD Program in the fall 2022. To date, no plans for the integration of the longitudinal curriculum content within Years 3 and 4 have been created.
Recommendation 5: Continuing professional development sessions will be required for faculty members if we move forward with the introduction of the new curriculum. Having some of these lectures offered by non-MD professors would be essential. Working on having a culture where IPE is important will be important.	NA	The UGME Faculty Development Program working group identified the need for faculty development sessions to support curriculum renewal. To date no specific faculty development sessions to support the introduction of the new IPE curriculum have been developed.
Recommendation 6: Students should have a set number of 360 evaluations completed by allied healthcare professionals or students from other professions.	ID	Revisions to the current MSF tool and process was included as a recommendation by the Longitudinal Leadership Curriculum. A review of and revisions to the MSF was to be completed in the fall of 2022 but no changes to the form were proposed for the 2026 cohort. The outcomes from the current MSF form will be supported by the EPA Achievement Course in sessions co-planned in May 2023.
Recommendation 7: Questions should be added to clerkship rotation exams in order to evaluate interprofessional competencies. Consideration from each rotation should be given to include assessment of IPE.	NA	No discussions have been initiated on this recommendation
Recommendation 8: Evaluation of IPE competencies should be introduced in pre-clerkship evaluations. Whether it be through the SIM examinations, unit examinations, ePortfolio or other, a formalized evaluation program needs to be implemented.	ID	The Interprofessional Education Working Group report includes recommendations for the assessment of IPE content and competences. Assessment strategies for IPE will need to be included in the overall assessment of the content taught in each spiral of the UGME curriculum.
Recommendation 9: In order to ensure sufficient opportunities for IPE activities with other students, flexibility in regards to scheduling and timing of sessions should be encouraged.	NA	Recommendations related to the schedule and timing of IPE sessions have not yet been initiated. Several IPE sessions were integrated within the Foundations Unit schedule for 2023-24. These sessions are all targeted to medical students, not students in other health professions. Further discussions on how our medication students can learn with and from students in other health professions is required.

Recommendation 10: Activities directly linked to the IPE curriculum should be mandatory for all learners; both at the pre-clerkship and clerkship levels. Additional activities may remain non-mandatory, but the students' participation should be encouraged.	NA	The changes to the hybrid curriculum for 2023-24 identified which specific half days would be mandatory or non-mandatory (face-to-face or virtual). The decision to place longitudinal curriculum sessions in non-mandatory half days does not support this recommendation.
Recommendation 11: Having a dedicated administrative staff responsible for coordinating the IPE activities at the Faculty of Medicine, from Years 1 through 4. This person could be responsible for linking students' schedules from different programs, ensuring that students are completing the IPE curriculum and liaising with other institutions (i.e.: hospitals, other programs at the University of Ottawa, other schools).	A	Linda Chenard completed a review of the current roles and job descriptions of operations team members working within various stages of the MD Program. Revisions to the administrative structure required to support the implementation of a longitudinal spiral curriculum including IPE have been implemented.
Recommendation 12: Collaborate with the communication team at the Faculty of Medicine in order to share initiatives regarding IPE.	ID	The curriculum communications plan includes a monthly newsletter and the creation of a series of podcasts. A focus on interprofessional education was included as part of our monthly newsletters. Further plans to share initiatives regarding IPE will require further discussion.
Recommendation 13: Creating a website for the IPE curriculum available to the student population as well as the general public.	NA	There have not been any specific discussions on this recommendation. A revised UGME website was launched in early September 2022. The Education tab of the new website includes a section on Curriculum Renewal.
Patient Partnership Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Establish an Office of Patient Partnership in Undergraduate Medical Education.	NA	A proposal to create a Faculty of Medicine Public Partnership Office was brought to the Faculty of Medicine's Executive Leadership Team by the interim Vice Dean UGME and the Assistant Dean, Social Accountability. No funding for this recommendation has been allocated. Dr. Campbell initiated discussions on alternative structures to facilitate and support the recruitment, training and support of patient partners in June 2022. None of these opportunities have been realized.
Recommendation 2: Conduct patient and stakeholder consultations to establish the Patient Partnership Program.	A	A 2022 summer studentship project designed a survey to seek to understand patients' views on the role that patients can play in education, assessment and planning of the UGME curriculum. This survey was reviewed by two patient partners prior to implementation. The survey was distributed to members of patient advisory committees or patient partnership programs in 5 health care institutions in Ottawa in mid-September 2022. Results of the survey were completed in October 2022 and supplemented with a number of focus groups of patient partners who participated in the survey. These

		focus groups were facilitated and focused on the role of patients in education and assessment.
Recommendation 3: Embed patient partners authentically and appropriately in institutional decision-making within the University of Ottawa's Undergraduate Medical Education Program.	A	A process to recruit the patient partner member for CCRC was initiated in September 2022. The first patient partner voting member of CCRC was appointed through this process and attended the meeting of CCRC on December 16, 2022.
Recommendation 4: Include patient partners in the selection and admission process.	NA	Dr. Campbell advocated for the inclusion of patient partners at UCC when the Admissions Sub-Committee of CCRC presented their annual report. No further discussions related to this recommendation have been initiated.
Recommendation 5: Engage patient partners in the co-design of the curriculum.	A	At least one patient partner has been included in each of the nine phase 2 longitudinal curriculum renewal working groups. Patient partners significantly contributed to the discussions, deliberations of these working groups as they formulated recommendations related to the content and design of the longitudinal curriculum and the curriculum's structure.
Recommendation 6: Integrate patient partners as teachers throughout the curriculum.	ID	Patient partners partnered with faculty to design and teach a session on 'breaking bad news'. Further plans for patients to share their lived experiences during CBL and in separate sessions have been proposed for integration in the Foundations Unit in 2023-24.
Recommendation 7: Establish early, continuous, sustained, and longitudinal collaboration with patient partners throughout UGME.	NA	The Faculty of Medicine Patient Partnership Office was identified as a long-term strategy to address this recommendation. Discussions on short-term solutions were explored in June 2022. Dr. Su pursued philanthropy options to fund a patient partnership program. A patient partner advisory committee has been proposed by the Director Curriculum to support strategies for recruitment and training of patient partners in collaboration with institutional patient partnership programs. These ideas have not yet resulted in any tangible actions.
Recommendation 8: Integrate opportunities for patient partners to contribute meaningfully to the assessment of medical students.	NA	The implementation of a longitudinal assessment strategy will provide opportunities to expand the role for patients to provide meaningful contributions to the assessment of medical students. The patient partnership survey includes questions seeking patient views on the role of patients in the assessment of medical students. To date, there are no specific plans for patients to contribute to the assessment of medical students.
Recommendation 9: Develop, integrate, and maintain faculty development/education on patient partnering for members of the University of Ottawa Faculty of Medicine.	NA	The UGME Faculty Development Working Group identified the need to include sessions on how faculty can effectively integrate and partner with patients in the design and delivery of educational activities. These sessions have not been created or implemented.
Recommendation 10: Promote research initiatives/opportunities to address gaps in the literature related to patient partnerships.	ID	The summer studentship project on assessing the views of patients in education, assessment and curriculum planning was designed as a research project. The project was exempted from ethics review by the uOttawa

		Research Ethics Board. The survey results will be presented at Research Day on September 23, 2022. Expansion on research initiatives to address the intent of this recommendation has not been completed.
Recommendation 11: Build and maintain a network of diverse patient partners and community organizations to support the educational mission and mandate of the UGME program.	NA	This recommendation will require the development of an administrative infrastructure to support this recommendation.
Social Accountability Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: We recommend that a commitment to integrating social accountability into medical education be firmly embedded in the mission of the Faculty of Medicine and priorities for the UGME Program. This commitment should be expressed through prioritizing learning with and in communities.	ID	The embedding of social accountability within the priorities for the UGME program is reflected in part on the Phase 1 synthesis report and will be reflected through the second strategic priority for the Curriculum Renewal Project – Enhanced Integration. Separate working groups to review the SIM longitudinal curriculum; IPE curriculum, Indigenous Health curriculum were launched as part of Phase 2 curriculum renewal in the fall 2022. A revision to the Community Service Learning program was proposed but significant changes to the focus and duration of this program is still in development.
Recommendation 2: We recommend that implementation of an entrustable professional activity-based curriculum attend carefully to the behaviours that would demonstrate that medical students are proficient in areas of socially accountable practice.	ID	The CCRC has approved the implementation of the national EPAs starting in September 2022 for the class of 2026. The national EPAs do not specifically include an EPA on social accountability competences. However, these behaviours and competencies will serve as a framework for teaching and assessment throughout the curriculum.
Recommendation 3: We recommend a longitudinal curriculum that will enhance opportunities for the integration of social accountability across all years and in different types of learning activities and settings, such as didactic lectures, community panels, experiential learning, and case-based learning. We acknowledge that different cultures and practices may warrant other forms of learning, and that our understanding of these methods continues to evolve. For example, we recognize the importance of sharing circles, land-based learning, and storytelling for Indigenous Health curriculum.	A	All longitudinal curriculum working groups formed in Phase 2 were tasked with developing the content that will be taught in each year of the MD program. Specific plans to include new social medicine content within each CBLM in the Foundations unit have been implemented. Subject matter experts selected by the content expert in Foundations and the Social Medicine curricular leads in Ethics, Anti-Racism, SIM and IPE were recruited and tasked with authoring specific scenarios to reflect topics selected by social medicine longitudinal curriculum content experts. The integration of social medicine content within CBLM in the Foundations Unit is planned for implementation in September 2023.
Recommendation 4: We recommend that the components of the various working groups be integrated such that they become *points of connection* for the curriculum renewal process. We anticipate that the recommendations from our working group will overlap with many of	A	The second strategic priority for curriculum renewal is enhanced integration. To achieve this strategic priority a spiral curriculum structure has been proposed. This structure will require a new collaborative planning process within each of the spirals included within the MD Program. This collaborative planning process will draw on content experts from basic science, clinical

the themes in other working groups, requiring careful integration to achieve a cohesive curriculum.		science, social medicine and Professional Identity who would be collectively responsible for the planning and implementation of an integrated curriculum.
Recommendation 5: We recommend developing, disseminating, and adhering to a bilingual language primer that would reflect the values of social accountability.	NA	Discussions on the development of a bilingual language primer has not yet been initiated.
Recommendation 6: We recommend the curriculum be designed to graduate students who demonstrate knowledge, attitudes, behaviours and skills in the following areas: • Active listening, empathy and person-centred care; • Understanding and addressing health inequities arising from the social determinants of health; • The practice of culturally safe care; • Mastery in interprofessional collaborative practice (please see recommendations from the Interprofessional Care Working Group); • Advocacy grounded in current and future expressed community needs and a strong evidence base; • Capacity for lifelong learning; and • Resilience, including personal wellness and attention to the wellness of colleagues.	A	The creation of a description of a graduate of the MD Program at the University of Ottawa reflects many of these characteristics or capabilities.
Recommendation 7: While the working group members felt that culturally safe care should apply universally and across diverse groups, we recommend that the CCRC consider three additional sources of information in implementing curriculum renewal: • recommendations from the Anti-racism Working Group; • findings arising from the Indigenous Program curriculum review that will incorporate our response to the Truth and Reconciliation Commission Calls to Action 22, 23,24; and • recommendations arising from the planetary health curriculum review	A	The Anti-Racism Working Group report, submitted in June 2022, included a series of recommendations for a longitudinal anti-racism curriculum content over the four years of the MD Program. The Indigenous Health curriculum working group is similarly tasked with developing a longitudinal curriculum. The working group was only formed in February 2023 and their report is anticipated to be completed in early May 2023. The SIM curriculum working group has included recommendations related to the development of a longitudinal Planetary Health curriculum. A working group on Planetary Health has been proposed to be launched in the fall of 2022. Their report is anticipated to be received by May 2023.

(each to be completed in August 2021).		
Recommendation 8: We call upon all levels of government to: • Increase the number of Aboriginal professionals working in the health-care field; • Ensure the retention of Aboriginal health-care providers in Aboriginal communities; and • Provide cultural competency training for all healthcare professionals.	NA	This recommendation is beyond the mandate of the curriculum.
Recommendation 9: We recommend that our curriculum assess students on social accountability knowledge, attitudes, behaviours and skills in several ways, with opportunities for self-reflection such as journaling and peer-to-peer assessment.	ID	The assessment strategies for the SIM course is undergoing review and revision. The inclusion of testing all content presented in each spiral within written examinations has been discussed.
Recommendation 10: We recommend an integrated, dynamic, and longitudinal approach to evaluating the impact of our social accountability curriculum, including: • Student experience of their diverse social accountability activities; • Student achievement in social accountability activities; • Evidence of community impact through: o Community organizations' assessment of their placement students; o Community organizations' evaluation of their collaboration with the Faculty of Medicine; o A robust mechanism to track student career choice and future practice setting over time, in particular for underserved populations; and o Measures of community health impact that are established in partnership with our community.	ID	Revisions to the assessment strategies for the MD Program will be initiated once the content for individual spirals of the new integrated longitudinal curriculum has been completed. The Curriculum Re-Design Working Group completed their report on the proposed structure and governance model for the new spiral curriculum in August 2022. This report was supported by CCRC in September 2022 and by UCC in February 2023.
Recommendation 11: We recommend a proposed integrated and longitudinal spiral	ID	This recommendation will be included in any proposed revisions to the Community Service Learning program.

model for community service learning placements: Year 1: Students complete 30 hours (or more) of community service learning, ideally extending longitudinally throughout their first year; Year 2: Students mentor Year 1 students in their community service learning placements, as currently enacted in the Refugee Health Initiative; Year 3: Students complete a community service learning activity that takes place in a different community or with a different population than their Year 1 placement, and could be more limited in time commitment; and Year 4: Students complete a self-directed social accountability activity reflecting their desired area of specialty, such as a project with digital media, a scholarly project, or an oral presentation.		
Recommendation 12: We recommend that community service learning placements be diverse in nature, and that a process to monitor the diversity of the placements be developed and implemented.	ID	This recommendation will be included in any proposed revisions to the Community Service Learning program.
Recommendation 13: We recommend that community service learning placements be designed to allow students to: • Meaningfully contribute to community-identified initiatives that will have a positive impact on the community organization and their clients, e.g., through community needs assessments, projects to address gaps in health and social care, grant proposal development, and direct engagement with clients; and • Learn with others, including working in teams that include other medical students as well as other health profession students and students from other disciplines.	ID	This recommendation will be included in any proposed revisions to the Community Service Learning program.
Recommendation 14: We recommend the adoption of the following processes to enhance and improve the quality of community service learning placements: • A process through which community organizations and students can mutually determine the best match	ID	This recommendation will be included in any proposed revisions to the Community Service Learning program.

in Year 1 and identify new areas for student growth in Year 3. • Enhanced training and preparation of students for community service learning placements. We envision these to be two-fold: o General, i.e., an orientation to the goals and objectives of the community service learning program; and o Placement-specific, i.e., where students learn about their community organization's needs and set placement objectives that align with these. • Strategies to support community organizations before and during community service learning placements, including: o Enhanced communication including the synthesis of information such as the expectations of both organizations and students, details of scheduling, examples of successful projects and activities; o Learning management software that is more user-friendly for both community organizations, faculty members and students; and o Opportunities for placement organizations to receive student evaluations of their experience and for students to receive feedback from the community organizations.		
Recommendation 15: We recommend that community service learning students have dedicated academic time within the curriculum for: • planning for community placements through pre-placement training and collaborative objective setting with the community organizations; • conducting their community placements through scheduling	ID	This recommendation will be included in any proposed revisions to the Community Service Learning program.

that prioritizes their community placement as a learning opportunity; and • self-reflection (see recommendation 11).		
Anti-Racism Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1. University of Ottawa faculty members should develop the anti-racism content for the MD program.	A	An Anti-racism Curriculum Working Group co-chaired by Dr. Gaelle Bekolo and Dr. Ewubera Simpson was formed in November 2021 with a mandate to create content for a four-year anti-racism curriculum. The working group completed their report which was presented to the Curriculum Renewal Leadership Team on June 14, 2022, and to the Curriculum Content Review Committee on October 14, 2022. Integration of the core content proposed for Year 1 of this curriculum was proposed for the Introduction to the Professions Unit and the Foundations unit for implementation in September 2023.
Recommendation 2. The Faculty of Medicine should hire an anti-racism specialist to assist in curriculum development.	ID	The Faculty of Medicine has appointed a content expert in Black health and appointed an assistant dean, Equity, Diversity and Inclusion (EDI) to assist in curriculum development. Further specialists requirements will likely fall under the responsibilities of the Office of Equity, Diversity and Inclusion.
Recommendation 3. Anti-racism curriculum content should be delivered in both the Francophone and Anglophone streams.	A	The anti-racism curriculum will be delivered for Francophone and Anglophone streams within the MD Program.
Recommendation 4. All Faculty of Medicine teaching faculty should develop their clinical and basic science teaching materials using an equity assessment checklist to reduce the introduction of racial bias into the MD curriculum.	A	The assistant dean, EDI and the curriculum's Black health lead have collaborated on the development of an equity assessment checklist to assist faculty to reduce the introduction of racial bias throughout the MD Program. The introduction of the checklist will be supported by faculty development sessions in the UGME Faculty Development Program.
Recommendation 5. Simulated and described patients should come from diverse racial backgrounds to reflect composition of the Ottawa community.	A	The assistant dean, EDI, created a central process within EDI to review and revise the description of patients included in CBLMs in Years 1 and 2 to reflect the composition of the Ottawa community.
Recommendation 6. Patient descriptions should be consistent and specific when including race. The goal of this practice is to normalize the use of race in clinical descriptions and to reduce race-based associations with biological causality.	A	The director, Curriculum and the assistant dean, EDI are collaborating on the development of a glossary of terms and guideline for how to appropriate describe race, gender and ethnicity in formal curriculum content starting with CBL, SLM and PowerPoint slide decks. These changes were identified from an anti-racism curriculum audit that was completed in the summer 2021.
Recommendation 7. The CCRC should consider the addition of a social justice or health equity competency within the University of Ottawa's MD Program.	NA	A review of the MD Program objectives and competences will be completed following the proposed revisions to the curriculum. Given the delay in the implementation of the curriculum renewal project until 2026, this recommendation will need to be

		reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 8. The anti-racism curriculum for the University of Ottawa's MD Program should be provided through various teaching formats.	A	The anti-racism curriculum, similar to all longitudinal curriculum will emphasize active learning, interaction, application within a case-based learning strategy.
Recommendation 9. Foundational anti-racism lectures will be given for all students within introductory lecture weeks.	A	The lecture on an Introduction to the Anti-Racism Curriculum has been proposed for inclusion within the Introduction to the Professions Unit during week 2. Separate lectures on the Race Construct in Medicine and Structural Racism are proposed for integration within the Foundations Unit in the 2023-24 academic year. Given the delay in the implementation of the Curriculum Renewal Project until 2026, further integration of the anti-racism content in Years 1 and 2 will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 10. Anti-racism curriculum content for the University of Ottawa's MD Program should be provided in a longitudinal fashion over the entire 4 years of the program.	A	The Anti-racism Curriculum Working Group report proposed content for integration within each of the four years of the MD Program.
Recommendation 11. Anti-racism curriculum content for the University of Ottawa's MD Program should be mandatory.	A	The longitudinal anti-racism curriculum will be mandatory.
Recommendation 12. Students' knowledge of the anti-racism MD curriculum content should be evaluated using tools that are appropriate for the related teaching module.	A	The assessment strategies for the anti-racism curriculum will be part of the curriculum's design.
Recommendation 13. Students should be evaluated in their ability to identify and address race-based (and other) health inequities as part of their patient management plans.	ID	The anti-racism curriculum, through the black health content expert, will be expected to develop questions for inclusion in written examination. The identification of race-based health inequities will be included in other clinical assessment strategies including but not limited to the clinical learning environment.
Recommendation 14. The anti-racism curriculum content should be evaluated at the end of each relevant lecture/module.	ID	This recommendation will be considered in the revisions to existing assessment strategies by the Student Assessment and Faculty Evaluation Committee.
Recommendation 15. All University of Ottawa teaching faculty should have access to the same curriculum topics and content as University of Ottawa's MD Program students.	NA	There have been no specific discussions related to this recommendation.
Recommendation 16. The University of Ottawa Faculty of Medicine should develop mandatory anti-racism training modules for faculty.	NA	This recommendation was to be integrated within the design of the UGME Faculty Development Program. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.

Recommendation 17. The University of Ottawa Faculty of Medicine should hire an external anti-racism consultant to assist the development of an anti-racism training curriculum for faculty.	NA	This recommendation is beyond the scope of the curriculum.
Recommendation 18. Anti-racism training for teaching faculty should be provided in collaboration with the Anti-racism Taskforce at the University of Ottawa as well as the Equity, Diversity and Inclusion Office and the Continuing Professional Development Office in the Faculty of Medicine.	ID	The creation of a UGME Faculty Development program is an intentional collaboration between UGME and the Continuing Professional Development Office in the Faculty of Medicine. Collaboration with the Office of Equity, Diversity and Inclusion is being pursued with the assistant dean, EDI serving as a member of the UGME Faculty Development Program Working Group.
Recommendation 19. The CCRC should develop an equity assessment checklist to assist all teaching faculty to remove bias from their teaching materials.	A	The formation of a guideline and checklist has been completed. This tool will inform assist teaching faculty to remove racial bias from their teaching materials. There are plans to implement the changes to CBLM and lectures based on the anti-racism curriculum audit.
Recommendation 20. Anti-racism MD Program content instructors and facilitators within the University of Ottawa's MD Program should receive additional mandatory training prior to teaching this content.	ID	The inclusion of training for faculty who will teach the anti-racism curriculum will be included within the UGME Faculty Development Program. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 21. Faculty knowledge of mandatory anti-racism content should be evaluated using tools that are appropriate for the related teaching module (e.g., module completion quizzes).	NA	This recommendation was to be included in the design of sessions for faculty who will be recruited to teach in the anti-racism curriculum. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 22. All faculty should be evaluated for the presence of race-based (or other) bias in their teaching materials.	NA	An extension of the anti-racism curriculum audit for Years 3 and 4 has been completed. The anti-racism curriculum audit can be repeated at regular intervals and be considered by the Program Evaluation Sub-Committee and the CCRC. To date there are no plans for faculty to be evaluated for the presence of race-based (or other) bias in their teaching materials.
Recommendation 23. Clinical teaching faculty should also be evaluated in their ability to identify and address race-based (and other) health inequities as part of their patient management plans.	NA	This recommendation is beyond the scope of the curriculum.
Recommendation 24. Patient evaluations should include items for feedback around access to culturally safe care.	NA	This recommendation was to be included in the development of strategies to enhance the role of patients as assessors. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.

Recommendation 25. All teaching and clinical faculty who contribute to the development and implementation of anti-racism education within the University of Ottawa's MD Program should be recognized for these contributions.	NA	The UGME Faculty Development Program working group is developing plans and strategies to promote the recognition of faculty who contribute to the MD Program. To date, no specific plans or strategies to promote the recognition of faculty who teach in UGME have been developed.
Assessment Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Review assessment forms in the E-portfolio, CBL, TBL, and PSD to ensure they are appropriate for both assessment for learning purposes and the assessment of EPAs for implementation in the 2022-23 academic year.	A	This recommendation was initiated by the Student Assessment and Faculty Evaluation Committee in the summer of 2022.
Recommendation 2: Review and enhance the feedback given to students from all high-stake exams.	NA	There have been some initial discussions related to this recommendation but no specific plans to provide greater feedback to students based on their written exams or OSCEs has been developed.
Recommendation 3: Encourage the adoption of frequent low-stake assessments within courses, units and rotations across all four years of the curriculum.	A	The implementation of frequent, low-stake assessments is a strategic priority that will be implemented, to start, by observing students performing various EPAs. EPAs were observed for the first time in Year 1 for the class of 2026. The expansion of simulation-based education (including virtual patients) will contribute to this recommendation.
Recommendation 4: Design, implement and evaluate a progress test strategy that promotes student learning and continuous growth starting in the 2023-24 academic year.	NA	Progress testing has been discussed as an option to promote student learning within a longitudinal integrated spiral curriculum. There are no plans (yet) to initiate the development of a progress test strategy.
Recommendation 5: Adopt a longitudinal test format to assessments that occur in longitudinal curricula.	NA	This recommendation was to be actioned in 2023. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 6: Review and revise the Mini-CEX form to incorporate assessments of EPAs.	NA	This recommendation was to be actioned in the fall of 2023. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 7: Review the educational and administration support of the Mini-CEX.	NA	This recommendation was to be actioned in the fall of 2023. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 8: Review the clerkship general rating forms (Form A) to determine if explicit ratings of EPAs could be included.	NA	This recommendation was to be actioned in the fall of 2023. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 9. Review the OSCE assessments to pilot the inclusion of an	ID	The director, Competency-Based Medical Education, is reviewing strategies to align current OSCE stations with

entrustment rating for Years 2 through 4 and in doing so study how best to inco torporate EPAs within an OSCE and study how the information could be used by both learners and the undergraduate program.		various EPAs including the inclusion of entrustment scales.
Recommendation 10: Design and implement a programmatic assessment model to comprehensively evaluate the program objectives established for the MD Program.	NA	This recommendation was to be actioned in 2023 as part of the program evaluation. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Education Technology Working Group		
Recommendations	**Status**	**Comments**
Recommendations for both synchronous and asynchronous content delivery		
Recommendation 1: Education technology should be leveraged to optimize student engagement and interactive learning.	ID	The educational principles guiding the curriculum renewal project include the promotion of interactive learning. An eLearning resources working group was formed in March 2022 but was disbanded with the chair of the working group was on an extended leave of absence.
Recommendation 2: Technological tools utilized in a course or program should be purposefully selected, consolidated, and limited to as few tools or platforms as necessary.	A	The curriculum redesign working group made a number of general recommendations related to interactive learning in F2F large and small group learning. Mandatory asynchronous lectures will use a hybrid approach where the students or faculty can either be entirely on line or participating in person. Consolidation of our technology platforms continues, centring on Elentra with Brightspace as the faculty's learning management system. The consolidation will be aided by the elimination of a number of legacy websites (e.g., SIM Website).
Recommendation 3: The goal or purpose of specific education technologies should be explicitly communicated to learners at the beginning of a course.	ID	The EPA Achievement Course provided students with information for how to access and trigger the completion of EPA assessment forms and the role of the student dashboard. The need for a strategy to guide eLearning resource development and implementation was discussed and approved by the CCRC. An eLearning strategy working group was formed in March 2022 with a mandate to develop recommendations that would inform the design, development, educational integration and continuous evaluation of all eLearning resources. This working group was suspended and will need to be reconvened once the plan for curriculum renewal has been reviewed/revised.
Recommendation 4: Updated learning resources (pre-reading, assignments, lecture slides, recordings) should always be available to the students prior to the session, in the appropriate place (e.g., on the MD Program's primary delivery platform or learning management system).	A	All eLearning resources, PowerPoint slide decks are available in Elentra or Brightspace. The old SIM website was decommissioned but the content of this website is still accessible through the new Faculty of Medicine website.

Recommendation 5: Student feedback regarding teaching technology-related problems must be continually monitored by MedTech and used to troubleshoot/adjust as necessary.	ID	This recommendation was incorporated within the evaluation matrix proposed for the curriculum renewal project. This recommendation will need to be reconsidered after the plans to implement and recruit a new assistant dean position (Implementation and Evaluation) are completed.
Recommendation 6: Student accessibility and equity issues regarding technological infrastructure (especially internet access) and availability in both official languages must be addressed.	ID	This recommendation will be addressed by various UGME education committees and was identified as one of the purposes for the creation of a UGME Faculty Development Program.
Recommendation 7: Long periods of didactic delivery should be segmented at regular intervals (every ~15 min), separated with breaks or opportunities for student-centred learning (small group exercises, videos, assignments, polling, animations, etc.).	A	The scheduling of didactic sessions – whether in person or virtual – have integrated this recommendation.
Recommendations for synchronous content delivery		
Recommendation 8: Remote-conferencing platform and web-based capabilities should be leveraged to enhance student interaction and student participation during real-time sessions.	A	The MD Program uses Zoom or MS Teams to promote student interaction during synchronous content delivery. Interactive learning strategies include polls; quizzes and use of chat to post questions.
Recommendation 9: Synchronous sessions should be recorded to make them accessible to students as review resources.	A	Recording of sessions is based on receiving permission from faculty and must occur in a secured platform to prevent external distribution. Mandatory in person sessions in 2023-24 will not be recorded. This recommendation was discussed at UCC in April 2023.
Recommendation 10: Online synchronous sessions may be enhanced by real-time student moderators with defined, limited responsibilities, and by real-time support by education technologists.	A	Student moderator position descriptions were created in 2020 with appropriate roles and responsibilities. After two years, these positions will not be sustained based on the feedback from student moderators that these functions impaired their learning.
Recommendations for asynchronous learning material		
Recommendation 11: Asynchronous lectures and self-directed learning modules should follow best practices for online learning (for example, Mayer's principles for multimedia-based teaching), including guidance for promoting engagement and interactivity.	ID	This recommendation will be considered by the eLearning strategy working group and integrated into future revisions of SLMs included within the curriculum. Given the delay in the implementation of the curriculum renewal project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 12: Educators are encouraged to be accessible (e.g., online office hours) to provide some degree of interaction, direction, and support for material delivered asynchronously.	A	This is a policy and process that has been strongly recommended by the Pre-Clerkship Committee over the past two years.
Recommendation 13: Asynchronous lectures and resources should be adopted where possible for delivery of didactic material, which opens up curricular	A	This recommendation was included in the report by the Curriculum Re-design Working Group and the CCRC. Discussions on plans to enhance asynchronous learning was recommended by the CCRC in a letter to Dr. Su. This letter was discussed and supported at the UCC meeting

schedule time for hands-on, applied, student-centred activities.		in April 2022. Asynchronous learning (mandatory and non-mandatory) sessions are included in the 2023-24 schedule for Years 1 and 2.
Recommendations for education technology in assessment and evaluation		
Recommendation 14: Paper-based assessments should be converted to online assessments to leverage the advantages of e-assessments (results disseminated to students in timely fashion, superior learning analytics and granular data regarding item performance metrics, harvesting of assessment data over many years).	A	The MD Program has focused on web-based evaluations of students, faculty and units.
Recommendation 15: High stakes online assessments administered remotely should continue to incorporate invigilation software such as Proctorio® to maintain academic integrity.	A	The MD Program has transitioned to written online, video proctored examinations for the past two years. Plans to end the video-proctoring of exams are in development.
Recommendation 16: High stakes assessments should continue to be administered using established e-assessment platforms when students return to in-person examination settings.	ID	The transition to in person high stakes assessments is planned for 2023-24 academic year. This recommendation will be considered within the planning processes for this transition.
Recommendation 17: Longitudinal assessment data (including formative assessments, multisource feedback, progress testing, clinical assessments, professionalism, and summative results) should be readily accessible, convenient, consolidated, and searchable, on the assessment platform to enable students, faculty, and administrators to monitor progress in CBME.	NA	The implementation of longitudinal assessments was planned for consideration in 2023. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 18: Online assessment tools should be user-friendly, readily accessible and ideally consolidated to one assessment platform, and compatible with mobile technology, to facilitate usability for educators and operations (Faculty- and hospital-based).	A	This recommendation was actioned within the plans to implement EPA assessment forms as part of the transition to competency-based medical education in August 2022.
Recommendation 19: The assessment platform needs to have functionalities that enable mapping of objectives and competencies achieved that can be tracked by students, faculty, and operations.	A	The directors of the curriculum and competency-based medical education have completed a comprehensive mapping of each EPA (at the end of Year 2 and end of Year 4) with the current MD Program objectives and competences. The mapping process will facilitate the integration of EPA assessment forms in Elentra.
Recommendation 20: The assessment platform should be able to support an examination item bank.	ID	The design and implementation of an item bank is being planned without a date for implementation
Recommendation 21: Online remote-conferencing platforms can be utilized for assessment of telemedicine skills.	ID	This recommendation will be considered by the Virtual Care Curriculum Working Group. This working group's

		report is anticipated to be received for review and discussion at CCRC in either May or June 2023.
Recommendation 22: The same platform used to track all assessments should also support all evaluation tools (evaluation of educators, learning events, courses, and the overall program).	NA	There have been no discussions related to this recommendation.
Recommendation 23: All assessment tools and platform functionalities need to be available to all learners and faculty members in both Anglophone and Francophone streams of the MD Program.	A	This is an educational principle embedded in the curriculum renewal project charter and is already part of our processes to support student assessment in the Francophone and Anglophone streams.
Recommendations for the use of simulation-based medical education (SBME) in UGME		
Recommendation 24: SBME for the MD Program should incorporate best practices, including providing students with repetitive practice, distributed practice over regular intervals, interactivity, multiple learning strategies, and feedback.	ID	The MD Program is planning to expand our simulation-based medical education program. An RFP was created and an application was submitted and reviewed. Implementation for this recommendation will be integrated within the vendor / program that is selected.
Recommendation 25: SBME should be employed to provide students with training for targeted, specific procedural skills (e.g., suturing) that our students are expected to be capable of performing upon graduation.	ID	There have been no discussions related to this recommendation. Given the delay in the implementation of the Curriculum Renewal Project until 2026, this recommendation will need to be reconsidered after the plans for the curriculum renewal project are revised.
Recommendation 26: Any implementation of SBME should be aligned with level-appropriate expectations of student performance and allow for progression through increasing levels of difficulty longitudinally.	ID	This recommendation is being considered in the redesign of a progressive student OSCE from Year 1 to Year 4. In addition, the creation of increasing complexity in CBL – as part of the spiral curriculum philosophy – was a specific recommendation by the Curriculum Re-Design Working Group.
Recommendation 27: Simulation technologies (low fidelity 'phantom' simulators, high-fidelity simulators, and self-learning simulators) are essential for providing learners with increased opportunities to develop skill, confidence, and familiarity with POCUS technology in the proposed longitudinal POCUS curriculum.	A	A longitudinal POCUS curriculum has been created with a funded administrative infrastructure.
Recommendation 28: SBME should continue to be emphasized in the early development of clinical skills, allowing pre-clerkship students to develop professional, interviewing, history-taking, physical examination, and POCUS abilities in a simulated setting.	A	A longitudinal POCUS curriculum has been developed. The expanded POCUS curriculum was approved by CCRC for both Years 1 and 2 for implementation in 2022-23 academic year.
Recommendation 29: In-person or virtual (teleconferencing platform) SBME should incorporate interprofessional interactions and team-based (interprofessional) experiences in health care.	NA	This recommendation will be reviewed in the context of the recommendations proposed by the Virtual Care Curriculum Working Group. The report from this working group is anticipated to be discussed at CCRC in

		either May or June 2023. The Interprofessional Education Working Group's report did not discuss SBME.
Recommendation 30: Teleconferencing platforms using standardized or virtual patients should be used to teach and assess students in telemedicine settings.	NA	This recommendation will be reviewed in the context of the recommendations proposed by the Virtual Care Curriculum Working Group. The report from this working group is anticipated to be discussed at CCRC in either May or June 2023.
Recommendation 31: Investment in SBME must take into account that equitable access of simulation-based resources in formal curriculum must be provided to both Anglophone and Francophone streams in the MD Program.	ID	The expansion of SBME will be equitable in both Anglophone and Francophone streams.
Recommendations for the development of digital competencies in MD graduates		
Recommendation 32: UGME should include a longitudinal curriculum based on the development of objective-based key digital competencies and technological skills, including but not limited to: • Use of software, tools, platforms, and other digital health technologies pertinent to patient care; • Promoting professional and interprofessional competencies and behaviours when interacting with patients and health care partners digitally; • Developing key skills in communication pertinent to digital health; and • Developing competencies in terms of searching and critically evaluating medical science information online.	NA	This recommendation was to be considered by the CCRC. Given the proposed changes to the leadership structure for UGME, the specific curriculum committee that would provide decisions related to this recommendation will need to be identified.
Recommendation 33: Future medical graduates should be capable in using POCUS technology in patient care, based on the objectives and competencies detailed by the POCUS Curriculum Working Group.	A	The longitudinal POCUS curriculum is designed to provide all students with the capability of using POCUS technology to support patient care decisions.
Recommendation 34: It is recommended that the recently developed longitudinal telemedicine curriculum be further expanded and developed as follows: • Train pre-clerkship learners with the telemedicine-related practical skills they need at the beginning of clerkship; • Telemedicine training during clerkship should integrate increased exposure to telehealth patient encounters across all specialty rotations;	ID	This recommendation will be reviewed in the context of the recommendations proposed by the Virtual Care Curriculum Working Group. The report from this working group is anticipated to be discussed at CCRC in either May or June 2023.

• Students should be trained with same telemedicine technologies used in hospitals; • Telemedicine training should incorporate clinical skills development (e.g., professionalism, interviewing, remote physical examination) specific to the telehealth context; and • The continued growth of the emerging longitudinal telemedicine program will require financial, technological, and operational resources to be properly supported.		
Recommendation 35: Future medical graduates will need to be competent with the use of electronic health records (EHRs). It is therefore recommended that structured EHR training be implemented within the core UGME curriculum including: • EHR training that includes instructional component and a practice-based learning component; • Emphasis placed on transferable skills across EHR variations, given that there are various EHR systems used across hospitals and community-based practice; and • Utilizing EHR-OSCEs for assessment.	A	Training on electronic health records (EPIC) is included in the Transition to Clerkship course curriculum.
Recommendation 36: Medical trainees should be trained and taught to recognize key topics in digital health and utilize digital health technologies appropriately, and to be able to critically appraise digital health tools available to MDs and their future patients. This includes data literacy, professional online behaviours (e.g., social media), legal, ethical and social implications (e.g., data protection, data privacy), and using digital tools for health advocacy.	NA	This recommendation will be reviewed in the context of the recommendations proposed by the Virtual Care Curriculum Working Group. The report from this working group is anticipated to be discussed at CCRC in either May or June 2023.

Appendix B

Phase 2 Curriculum Renewal Recommendations: Status Report

Status codes

NA = Not actioned – no discussions or plans have been implemented. **Total 38**
ID = In development – discussions on plans are in process **Total 28**
A = Actioned – plans to implement a specific recommendation have started. **Total 123**

Curriculum Re-design Working Group		
Recommendations	**Status**	**Comments**
Curriculum Design		
Recommendation 1: Implement a spiral curriculum to facilitate horizontal and vertical integration of the curriculum's content across all four years of the MD Program, beginning in the 2023-24 academic year.	A	The spiral curriculum recommendation was accepted by CCRC at its meeting in September 2022. A motion to implement the spiral curriculum structure and governance model in September 2024 was adopted unanimously by the Undergraduate Curriculum Committee at its meeting in February 2023. In April 2023, a decision to pause the implementation of the spiral curriculum until 2026 was broadly distributed. Given the delay in implementation of the spiral curriculum revisions to the curriculum renewal project plan will need to be developed.
Recommendation 2: Organize the content of the spiral curriculum under five pillars and ensure that the content of each pillar is expressed in each spiral of the MD Program.	ID	The proposal to create 5 pillars was presented to CCRC in September 2022 and at UCC in February 2023. This recommendation has generally received a positive response. Whether there will be 5 or 4 pillars is under discussion. Given the delay in implementation of the curriculum renewal project plan until 2026, a revision to the implementation of this recommendation will need to be developed.
Recommendation 3*:* Establish six spirals for the MD Program beginning with the Foundations in Medicine spiral.	ID	The presentation of the six spirals was presented to CCRC in September 2022 as part of the presentation of the Curriculum Re-Design Working Group report. Given the delay in implementation of the curriculum renewal project plan until 2026, a revision to the implementation of this recommendation will need to be developed.
Recommendation 4: Revise the format and structure of case-based learning in Years 1 and 2 to gradually include the integration of at least one social medicine topic and enhance the focus on problem solving, differential diagnosis, clinical reasoning, and disease management.	A	A change in the format and structure CBLMs was proposed by a small working group. The changes to revise or develop new CBLM was approved by CCRC at their meeting on February 15, 2023. The new template was applied to the revisions of the eight CBLMs in the Foundations Unit. Subject matter experts from clinical medicine and social medicine were recruited to review and revise six of the eight modules in Foundations to meet the goals of this recommendation. These modules

		are planned for implementation in September–December 2023.
Recommendation 5: Maintain at least two half days per week for student self-learning.	A	The current weekly schedule in Years 1 and 2 continues to allocate two or three half days for student self-learning. No changes are proposed for the implementation of the new curriculum. Further changes to CBLMs in Units 1 to 4 have been paused until a revised plan for curriculum renewal has been established.
Recommendation 6: During Years 1 and 2, allocate at least one half-day per month for students to attend designated primary care clinical practices.	NA	There have been no formal discussions related to this recommendation.
Recommendation 7: Transition large group lectures focused on knowledge dissemination with limited time for interactive learning to eLearning resources as part of an asynchronous learning strategy.	ID	This recommendation was discussed at CCRC and a motion to 'support faculty who want to transition their current lectures to online learning resources for integration within redesigned educational sessions to promote case-based, interactive learning' was approved on March 17, 2023. The implementation of this recommendation will be considered by the Pre-Clerkship Committee and its co-directors.
Recommendation 8: Convert the design of relevant large group sessions to interactive case-based learning activities (labs, workshops, seminars) whose focus is the integration and application of knowledge to clinical cases.	NA	There have been no formal discussions to implement this recommendation
Curriculum Governance		
Recommendation 9: The new curriculum structure will require a revised governance model to support implementation, monitoring and the evaluation of the curriculum.	NA	Revisions to the curriculum's governance model to support the spiral curriculum will be considered within the restructuring of UGME leadership being proposed by the new vice-dean, UGME.
Recommendation 10: Establish director-level positions for each of the five pillars of the curriculum.	NA	Discussions on this recommendation have been initiated between the director, Curriculum, and the new vice-dean, UGME. Given the current and continuing budget restrictions and the delay in implementing curriculum renewal until 2026, there has been no process initiate recruitment director-level positions of specific pillars. The number of pillars will need to be defined first before proceeding with recruitment (see recommendation 2 above).
Recommendation 11: Appoint lead positions to develop the content for each	NA	Given the delay in implementation of the curriculum renewal project plan until 2026, a revision to the

of the sub-components of each pillar of the curriculum.		implementation of this recommendation will need to be developed.
Recommendation 12: Sustain curriculum renewal through program evaluation.	ID	The creation of a director position combining accreditation and program evaluation has been proposed and recruitment for that position is pending.
Curriculum Implementation		
Recommendation 13: Develop a comprehensive, spiral specific, faculty development program to support the anticipated changes to the curriculum.	NA	This recommendation was also supported by the UGME Faculty Development Working Group report who recommended the creation of spiral / pillar specific faculty development programs for lectures, tutors and education leaders. Given the delay in implementation of the curriculum renewal project plan until 2026, a revision to the implementation of this recommendation will need to be developed.
Recommendation 14: Review and redesign the Distinguished Teachers Program.	NA	Discussions on this recommendation have been initiated between the director, curriculum, and the new vice-dean, UGME. No specific process has been developed to review or redesign the Distinguished Teachers Program.
Recommendation 15: Form a Task Force on Teaching in UGME.	NA	Discussions on this recommendation have been initiated between the director, curriculum and the new vice-dean, UGME. No decision on this recommendation has been reached or a process has been identified to create a task force on teaching in UGME.
Recommendation 16: Create a series of CBLM writer workshops to revise current cases and create new cases, particularly for spiral 4.	A	Dr. Robert Bell, CBLM revision lead, has developed and implemented a series of CBLM writer workshops focused on the subject matter experts that were nominated to review and revise CBLMs in Foundations. These workshops occurred virtually in March and April 2023.
Recommendation 17: Develop a comprehensive curriculum planning strategy for UGME	ID	The director, curriculum, approached the director of social medicine and the co-directors of clinical skills to discuss a process where content experts over curricular threads within their pillars could collectively create an integration plan across all four years of the MD Program. There was interest in this recommendation but given the decision to delay implementation of the spiral curriculum until 2026, further implementation of this recommendation will need to be considered once the plans to revise the curriculum renewal project have been developed.
Recommendation 18: Allocate the financial resources required to support the curriculum's proposed structure and educational design.	ID	There has been a curriculum renewal budget that supported CBLM review and redesign; the resources required to support students to participate in a self-learning workshop as part of the EPA Achievement course – Year 1 and additional stipends to support content experts. Given that the implementation of the

		curriculum renewal has been delayed until 2026 the development of a budget to support the structure and educational design will depend on the future discussions and decisions on what will be implemented.
EPA Achievement Course Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Focus the content of Year 1 of the EPA Achievement Course on foundational and theoretical components of competency-based medical education and the knowledge, skills and behaviours required to demonstrate the professional tasks described for EPAs 1 to 6.	A	The content and learning objectives for Year 1 of the EPA Achievement Course were presented and approved by CCRC on May 20, 2022. The content during Year 1 specifically focused on EPAs 1 to 6.
Recommendation 2: Provide students with information related to the goals, structure and processes developed for students to achieve the expectations of the EPA Achievement Course.	A	This recommendation was implemented during an introductory lecture for the EPA Achievement Course that was provided to students in both streams in August 2022.
Recommendation 3: Enable students to identify their personal learning style(s) and acquire the ability to utilize multiple sources of feedback to create, implement and monitor professional learning goals to continuously improve their knowledge, skills and attitudes	A	The last educational session of the EPA Achievement Course was planned in collaboration with the Leadership Curriculum in May 2023. Before this session students were provided with booklets to enable them to identify their learning style. Then the students participated in a facilitated session given by Alexandre Messager.
Recommendation 4: At the end of Year 1 of the EPA Achievement Course, students will be able to: 1. Describe the theoretical concepts and educational rationale for Competency-Based Medical Education in Undergraduate Medical Education. 2. Explain the structure and intended purpose for the development of EPAs in medical education and for health care practice. 3. Discuss the knowledge, skills and behaviours included in the description of EPA 1 to 6. 4. Describe how EPAs 1 to 6 are integrated within and supported by the curriculum's design and the	ID	This recommendation includes a description of the Year 1 learning objectives for the EPA Achievement Course and the skills and competences expected by the end of Year 2 for EPAs 1 to 6. Given that Year 1 is just ending, an assessment of the achievement of these leaning objectives is appropriate.

assessment strategies utilized in Year 1. 5. Explain the concept of entrustment and how entrustment decisions differ from traditional work-based assessment strategies. 6. Explain how learning contexts can serve as an opportunity to be proactive in demonstrating and receiving feedback on performing an EPA under direct supervision. 7. Utilize the UGME Learning Plan record professional learning goals stimulated by participation in case-based learning, clinical skills training, simulation-based education or patient encounters in a variety of clinical learning environments. 8. Demonstrate the ability to analyze and utilize feedback from multiple sources to identify, develop, modify and monitor professional learning goals. 9. Describe their individual learning style and the importance of experiential learning in health care in achieving clinical success in the demonstration of EPAs over time. 10. Differentiate between the professional behaviours expected to be demonstrated from the knowledge, skills and abilities required to consistently perform each EPA. 11. Describe the role and function of the Undergraduate Medical Education Competence Committee. 12. Set a plan to acquire the knowledge, skills, attitudes and behaviours expected by the end of Year 2 of the MD Program for		

EPAs 1 to 6 to demonstrate the following professional tasks: • Obtain an organized comprehensive patient interview; • Perform each component of the physical examination in an organized and logical sequence; • Utilize clinical reasoning and problem-solving skills to formulate a minimum of 2-3 diagnostic hypotheses based on the history and physical examination; • Document and communicate recommendations for investigations; • Describe and communicate the clinical implications from the results of investigations; • Formulate and present a basic management plan; • Present a summary of the patient's clinical presentation and document the treatment plan		
Recommendation 5: Provide educational sessions on the knowledge, skills and behaviours required to demonstrate the professional tasks described for EPAs 7 to 12.	ID	The second year of the EPA Achievement Course includes learning objectives that focus on EPAs 7 to 12. This course content will be implemented for the 2026 cohort during the 2023-24 academic year.
Recommendation 6: At the end of Year 2 of the EPA Achievement Course, students will be able to: 1. Describe the key professional tasks expected for EPA 7 to 12 by the end of Year 2 of the MD Program.	NA	This recommendation includes a description of the Year 2 learning objectives for the EPA Achievement Course and the skills and competences expected by the end of Year 2 for EPAs 7 to 12. Given that Year 2 course content will not be implemented until the 2023-2024 academic year, this recommendation can only be actioned once the 2023-2024 academic year has been concluded.

2. Explain the role for faculty in observing, coaching and providing feedback based on observing students perform professional tasks aligned to individual EPAs 3. Develop strategies to engage Faculty in directly observing professional tasks associated with an EPA and receive timely feedback. 4. Utilize ePortfolio group meetings to develop and share learning posts about their growth in knowledge and application of the foundational concepts of EPAs. 5. Explain the importance of truthfulness, professionalism and discernment in knowing one's limits, as they participate in learning activities in a variety of clinical settings. 6. Utilize the EPA descriptions and the curriculum mapping tools to set a plan to acquire the knowledge, skills, attitudes and behaviours required to perform the following professional tasks: • Demonstrate respect for patients' privacy and confidentiality when communicating orally or in writing patient information required for an efficient transition of care. • Perform basic life support skills. • Initiate discussions on emotionally charged topics with standardized or simulated patients. • Perform appropriate hand washing technique and the putting on and removal of personal protective equipment. • Disclose an error or near miss to a standardized patient. • Communicate the indications, contraindications, risks and benefits of performing each step		

of selected procedures in a simulated setting. • Discuss behavioural risk factor modification and health promotion strategies with standardized patients		
Recommendation 7: At the end of Year 3 of the EPA Achievement Course, students will be able to: • Explain the relationship between clinical learning activities and EPA assessments during third-year core activities. • Demonstrate the ability to ask for and apply constructive feedback to set goals to enhance their ability to consistently perform each EPA. • Describe the benefits for performing an EPA multiple times under varied and increasingly complex circumstances with feedback from multiple supervisors. • Debrief clinical situations that require further reflective observation and abstract conceptualization with Faculty members and ePortfolio coaches. • Adapt individual learning plans to address areas for improvement. • Share professional goals with rotation directors and faculty members to facilitate their support and coaching. • Use the curriculum mapping tools to set a plan to acquire the knowledge, skills, attitudes and professional behaviours expected to demonstrate the professional tasks described for each EPA by the end of Year 4.	NA	This recommendation includes a description of the Year 3 learning objectives for the EPA Achievement Course and the skills and competences expected by the end of Year 4 for EPAs 1 to 12. Given that Year 3 course content will not be implemented until the 2024-25 academic year, this recommendation can only be actioned once the 2024-25 academic year has been concluded.
Recommendation 8: At the end of Year 4 of the EPA Achievement Course, students will be able to:	NA	This recommendation includes a description of the Year 4 learning objectives for the EPA Achievement Course and the expectation that all students by the end

• Utilize multiple clinical learning activities to consistently demonstrate the professional tasks described for each EPA. • Verify their achievement of the level of entrustment required to enter residency training during the Transition to Residency course.		of Year 4 have achieved entrustment level 4 for all 12 EPAs. Given that the Year 4 course content will not be implemented until the 2025-2026 academic year, this recommendation can only be actioned once the 2025-26 academic year has been concluded.
Recommendation 9: Explore strategies to integrate the content of the EPA Achievement Course with the goals and expectations of the ePortfolio program.	A	The director, Competency-Cased Medical Education, the director, Curriculum, and the co-chair of the EPA Achievement Course Working Group met with the ePortfolio lead to discuss the role of ePortfolio coaches in supporting the implementation of the EPA Achievement Course. There was unanimous agreement to ensure all ePortfolio coaches were informed about the EPA Achievement Course to support their understanding of the goals for implementing a competency-based medical education model for the UGME curriculum. These sessions with ePortfolio coaches were held in August 2022.
Recommendation 10: Explore strategies to integrate the content of the EPA Achievement Course with the longitudinal leadership curriculum.	A	The final sessions for the EPA Achievement Course and the Leadership curriculum were co-planned by the director, CBME, and the Leadership curriculum lead in early May 2023.
Recommendation 11: Focus the educational design on interactive learning strategies utilizing both large and small group discussions to facilitate the ability of students to engage in meaningful discussions about their growth in knowledge and application of the foundational concepts of each EPA.	ID	The educational design for sessions included in Year 1 was primarily large group sessions. Future plans to include more small group sessions have yet to be discussed.
Recommendation 12: Collaborate with directors, content experts and clinical supervisors to identify and explicitly integrate foundational knowledge, skills, and attitudes within formal and informal educational sessions to facilitate the demonstration of professional behaviours expressed in each EPA.	NA	There have been some faculty development sessions developed and given to various tutors (CBL; Interviewing Skills, PSD) there have not been any discussions of how the EPA Achievement Course content can be integrated EPA specific education within specific learning sessions.
Recommendation 13: Create an interactive, point of contact EPA assessment tool with a selected	A	During the summer of 2022 an EPA assessment form was created for each EPA with the entrustment scale

entrustment scale for each EPA to facilitate direct observation.		recommended by the EPA Implementation Working Group.
Recommendation 14: Review and explicitly link EPA language to existing formative and summative assessment strategies throughout the UGME curriculum.	ID	The integration of entrustment scales has been developed for inclusion within OSCEs and student evaluations in Year 1 (CBL, PSD; Community Week, etc.). Further development of these strategies will be the focus for the coming academic year.
Recommendation 15: Create an EPA Student Dashboard in Elentra to facilitate the ability of students, UGME competence committee members and others to review the status of individual EPAs and monitor achievement of the EPAs over time.	A	The EPA Student dashboard in Elentra was designed based on the resident dashboard, tested and transitioned into production in August 2022. The dashboard is accessible to each student and Competence Committee members.
Recommendation 16: Develop a UGME Competence Committee for each student cohort with responsibilities to review and provide recommendations for improvement to each student twice per year.	A	The process to recruit UGME Competence Committee members was launched once the terms of Reference for this Committee was approved by CCRC and UCC (in June 2022). To date a number of faculty members have been recruited for the 2026 cohort but the total numbers were less than anticipated. The UGME Competence Committee has met at least twice per year.
Recommendation 17: Each UGME Competence Committee member should be responsible to review and monitor eight students a minimum of twice per year from the beginning to the end of the MD Program.	A	The original number of students selected for each UGME competence committee member was eight students. Given the limited number of EPAs completed for many students, the number of students reviewed by each UGME Competence Committee member was higher than anticipated. The number of students that any UGME Competence Committee can be responsible to review and monitor may be higher in Years 1 and 2 than in Years 3 and 4.
Recommendation 18: Share student progress on EPA achievement with clinical skills course directors, transition to clerkship leads, rotation clerkship directors, and transition to residency leads to provide the educational support to enable students to progress in their demonstration of each EPA across multiple clinical contexts.	NA	The first progress update to various education directors is not expected to be completed until the end of Year 1 in early June 2023.
Recommendation 19: EPA comments should not appear on the learners medical student performance report (MSPR).	NA	There have been no discussions on this recommendation.

Recommendation 20: Consistent achievement of level 4 of the modified O-score for EPAs 1 to 6 is expected to graduate from the MD Program.	NA	This recommendation has not been discussed within the Student Promotions Executive Committee or UCC.
Recommendation 21: The Student Assessment and Faculty Evaluation Committee and the Student Promotions Executive Committee should be tasked with establishing the minimum number of EPA assessments expected of each student to successfully demonstrate achievement of each EPA.	NA	There have been no discussions on this recommendation.
Recommendation 22: Expand the role of ePortfolio coaches to provide students with coaching opportunities regarding the feedback the learner receives on their progress on demonstrating the professional tasks expected for each EPA by the end of Year 4 of the MD Program.	ID	The ePortfolio coaches were informed that students may write a post on the feedback they are receiving from faculty or others regarding their achievement of the EPAs. This will provide ePortfolio coaches with opportunities to provide feedback to students' posts or reflections and to promote a growth mindset.
Recommendation 23: Provide each student with an UGME learning plan to facilitate their ability to set professional goals throughout the MD Program.	A	The design of version 1 of the UGME learning plan was completed. This version will be provided to students for the beginning of Year 2. With the implementation of dynamic CBE within Elentra, there are significant opportunities to revise this tool to enhance student self-regulated learning.
Recommendation 24: Develop a curriculum map tool strategy that describes how each EPA is mapped to the overall objectives for the MD Program and individual learning activities within the MD Program.	A	Dr. Desjardins and Dr. Campbell completed a mapping strategy between the descriptions of the 12 national EPAs and the 26 overall UGME program objectives. Dr. Campbell supervised two students completing a studentship during 2021 that included a mapping of all learning objectives in Years 1 and 2 with the descriptions of the EPAs. The mapping will be available in Elentra. The creation of mapping tools has been developed to ensure students are aware of how a specific educational session contributes to EPA achievement.
Recommendation 25: Develop a repository of resources linked to the curriculum mapping strategy that provides students and faculty with additional evidence-based resources for learners to review to support their progression towards achieving each EPA.	NA	There have been no discussions on the development or implementation of this recommendation
Recommendation 26: Develop faculty development programs to facilitate the	A	Faculty Development Programs was developed and provided to tutors in the Interviewing Skills Course

transition to competency-based medical education within the UGME Faculty Development Program to support the cultural shift required to enhance direct observation of students throughout the four years of the program.		(Anglophone stream), PSD and CBL tutors in Unit 1, and Community Week for Year 1 students.
Recommendation 27: Establish a collaborative framework of students, faculty leadership, the Director CBME, and UGME competence committee members to support the implementation of the EPA program.	NA	There have been no discussions on the development of an implementation plan for this recommendation.
Anti-racism Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Anti-racism curriculum content should be delivered in both the Francophone and Anglophone streams.	A	All educational content included within the UGME curriculum must be delivered for both language streams.
Recommendation 2: Anti-racism curriculum content for the University of Ottawa's MD Program should be mandatory.	A	The content for the anti-racism curriculum was integrated within the Social Medicine pillar which includes the SIM course, Anti-Racism, IPE and Indigenous Health curriculum, among others. For 2023-24 the anti-racism curriculum will be recommended to be part of the mandatory curriculum.
Recommendation 3: The longitudinal anti-racism curriculum should be a competency-based curriculum built around four (4) core concepts divided into primary and secondary frameworks	ID	Anchoring of the anti-racism curriculum (where applicable) within a competency-based medical education framework is an expectation for all longitudinal curricular threads. The four core concepts and the primary and secondary frameworks were considered when planning new educational sessions within the Foundations Unit for the 2023-24 academic year.
Recommendation 4: The administration and operation of the anti-racism curriculum should be overseen by a defined team. Once established, this team should facilitate the integration of the anti-racism curriculum including assigning content as integrated or stand-alone.	NA	There have been no discussions on the development of an implementation plan for this recommendation.
Recommendation 5: The anti-racism curriculum should incorporate integrated content and stand-alone content.	A	The incorporation of two stand-alone sessions and one integrated session with the Ethics Curriculum was proposed for the Anti-Racism Curriculum within the Foundations Unit. This plan was approved by CCRC at a special meeting on March 3, 2023. In addition, the anti-racism curriculum lead participated in planning sessions

		for the integration of social medicine content within CBLM for Foundations. These strategies were to be extended for the remainder of Unit 1 prior to the announced delay in the implementation of the curriculum renewal until 2026.
Recommendation 6: The level of integration should be adapted to each UGME year to optimize learning and should increase throughout the anti-racism longitudinal curriculum.	NA	There have been no discussions on the development of an implementation plan for this recommendation. The goal of the introduction of a spiral curriculum was to facilitate both horizontal and vertical integration of curriculum content over time with increased complexity.
Recommendation 7: Elements of the anti-racism curriculum that should be presented as stand-alone include: • The foundational concepts described for each framework in section 1. • An overview of the regional patient population, describing its sociodemographic context to provide students with a baseline understanding of the community served by the University of Ottawa Faculty of Medicine. This content could be presented early in UGME and reviewed in "Transition to Clerkship" and "Transition to Residency".	A	Foundational concepts described for each framework in section 1 of the Anti-Racism Curriculum Working Group report were scheduled as stand-alone sessions within the Foundations Unit including: • An introduction to the Anti-Racism Curriculum on September 14, 2023, as part of the Introduction to the Profession Unit; • A session on implicit bias manifestations in patient care on October 16, as part of the Foundations Unit. Given that Foundations is only the 30% of Year 1, other stand-alone sessions were being considered for Unit 1 prior to the delay in implementing curriculum renewal until 2026.
Recommendation 8: The anti-racism curriculum should include a stand-alone longitudinal reflective assignment centred around key anti-racism concepts. • This could take the form of a yearly reflective writing assignment around anti-racism concepts, clinical cases or other content presented throughout the UGME curriculum. Students should have the option of using these yearly assignments as entries for their ePortfolio. • A reading list exploring anti-racism foundational concepts should be provided as a complementary resource.	NA	There have been no discussions on the development of an implementation plan for this recommendation.

Recommendation 9: Elements of the anti-racism curriculum that are integrated should have a timeline and students should be provided with the timetable of the integrated teaching sessions with a description of how the content/objectives will be presented and tested throughout the four years. • For example, this could include presenting the curriculum in an orientation lecture early in UGME to emphasize how the anti-racism curriculum will be presented over the four years.	NA	There have been no discussions on the development of an implementation plan for this recommendation.
Recommendation 10: Foundational concepts should be introduced through a variety of teaching strategies including: • Didactic lectures: to provide definitions and introduce concepts related to the history of racism, structural racism including policies and related issues in Canadian medicine. • Self-learning modules: to reinforce foundational concepts and allow learners to review these topics at their own pace. • Group discussions: to provide an opportunity for cooperative learning and create a space for students to share their experiences which would strengthen their understanding of the different foundational concepts.	ID	The initial stand-alone sessions planned during the Foundations Unit are didactic sessions. The development of self-learning modules is certainly a possibility for future years. Group discussions, as described in the recommendation, have not been formally discussed nor has an implementation plan been developed to address how these sessions would be integrated within the unit/block structure.
Recommendation 11: The race construct in medicine framework should be presented by combining multiple diverse interactive strategies that provide exposure to racialized patients' experiences with an increasing level of complexity.	NA	There have been no discussions on the development of an implementation plan for this recommendation.

Recommendation 12: Students should be given enough opportunities to practise their skills in a controlled setting.	NA	There have been no discussions on the development of an implementation plan for this recommendation.
Recommendation 13: The teaching strategies should include: • Case-based learning to provide exposure to authentic context with varied levels of complexity and allow students to reflect on analytical, and communication skills in a lower risk setting. • Facilitated workshops: to foster group discussions and skill development around broad concepts. • Simulation: to provide opportunities to students to demonstrate their skills in a safe learning environment. The incorporation of role-playing could allow students to be exposed to a variety of experiences. This can also help students identify more easily with the behaviours and feelings of others. • Clinical cases: patient testimonials (written testimonials, audiovisual testimonials or other) and community organizations' perspectives should be included to stimulate a comprehensive discussion and reflection. • Group discussion/debriefing: to provide an opportunity for cooperative learning and allow students to revisit their thoughts, feelings, reinforce skills sets and their understanding of the different concepts. • Other formats: community service-learning opportunities,	NA	Case-based learning is a strategy that is expected to be incorporated within multiple curricula and contexts as a primary modality to teach students how to apply content to simulated or actual patients. There are plans to include patient videos within CBLMs that describe the patient's lived experience with the disease or disorder that is being discussed during the modules. The remaining types of sessions are feasible but without a defined implementation plan. The expansion of simulation-based education opens the potential for students to practise skills through role play (among others).

reading lists, reflection pieces and non-Western approaches to teaching medicine.		
Recommendation 14: Structural Competency Framework The teaching strategies should include: • Self-learning modules (SLMs): to reinforce foundational concepts and allow learners to go through these topics at their own pace. • Case-based learning: to provide exposure to authentic context with varied levels of complexity and allow students to reflect on structural factors a lower risk setting. • Facilitated workshops: to foster group discussions and skill development around broad concepts. • Group discussion /Debriefing around case and content seen through other teaching strategies: to provide an opportunity for cooperative learning and allow students to revisit their thoughts, feelings, reinforce skills sets and their understanding of the different concepts.	NA	There have been no discussions on the development of an implementation plan for this recommendation. See recommendation 13 above. SLMs are feasible to design and develop for integration within our current curriculum.
Recommendation 15: Implicit Bias and Cultural Humility Simulated and described patients should represent the diverse ethnocultural background of our regional patient population and when diversity is introduced, it should not be stereotypical.	NA	There have been no discussions on the development of an implementation plan for this recommendation. See recommendation 13 above.
Recommendation 16: Teaching strategies for implicit bias and cultural humility should include: • Self-learning modules (SLMs) and case-based learning modules (CBLMs): to reinforce	NA	There have been no discussions on the development of an implementation plan for this recommendation. See recommendations 13 and 14 above.

foundational concepts and demonstrate how the skills set is applied to clinical setting. CBLMs could provide increased guidance while SLMs could allow students to revisit the content at their own pace. • Simulations and facilitated workshops: to provide students with the opportunity to practise the skills in a controlled setting. • Group discussion/debriefing sessions around case and content seen through other teaching strategies: to provide students with the opportunity to revisit concepts, their thoughts, and feelings.		
Recommendation 17: The ePortfolio longitudinal course creates opportunities for group discussion and feedback around anti-racism concepts through students' experiences. It also creates opportunities for connectedness between diverse groups of students.	NA	There have been no discussions on the development of an implementation plan for this recommendation. The inclusion or recording of ePortfolio posts based on anti-racism concepts experienced by students is permissible across multiple roles of the curriculum. Integration of anti-racism concepts within the Interviewing Skills Course or professionalism cases and modules would be worth exploring in the future.
Recommendation 18: Informal education accounts for a significant learning strategy through modelling. This makes faculty development paramount to the sustainability of the anti-racism curriculum. The University of Ottawa Faculty of Medicine should hire an external anti-racism consultant to assist the development of an anti-racism training curriculum for faculty. • Faculty development is essential for a successful integration of the anti-racism curriculum. Teaching faculty should receive the needed support to enhance their level of understanding and comfort to	NA	This is beyond the scope of the curriculum but will be forwarded for consideration by the Faculty Equity, Diversity and Inclusion office.

present the anti-racism content to medical students.		
Recommendation 19: For a comprehensive anti-racist education throughout UGME, anti-racist practices should be applied across the different disciplines.	NA	There have been no discussions on the development of an implementation plan for this recommendation.
Recommendation 20: All Faculty of Medicine teaching faculty should develop their clinical and basic science teaching materials using an equity assessment checklist to reduce the introduction of racial bias into the MD curriculum. • An example of an equity assessment checklist for undergraduate medical education is available from the Feinberg School of Medicine. • This checklist includes (but is not limited to) reviewing and identifying the level of diversity presented in simulated and presented cases and reviewing the use of race as a social construct rather than a biological concept.	ID	A Faculty of Medicine equity assessment checklist has been created and the findings of the anti-racism curriculum audit are planned for actioning during the 2023-24 academic year.
Recommendation 21: All Faculty members should be provided with resources to facilitate the integration of anti-racism to their educational content. An example of online resource to facilitate the integration of Indigenous knowledge includes the Collaborative Learning Bundles.	NA	There have been no discussions on the development of an implementation plan for this recommendation.
Recommendation 22: The University of Ottawa Faculty of Medicine should adopt an anti-racism policy for its trainee, faculty, and staff members as well as its hospital partners. • An anti-racism policy should be integrated into the Faculty of Medicine UGME's Policies and Procedures as well as the Student Guide. • The anti-racism policy should clearly define acts of racism and	NA	There have been no discussions on the development of an implementation plan for this recommendation. This recommendation is beyond the scope of the curriculum and should be a recommendation for discussion at Undergraduate Curriculum Committee, Faculty Council and the Executive Leadership Team.

explicitly present them as professionalism concerns. It should clearly present consequences for non-compliance with this policy.		
Recommendation 23: The University of Ottawa Faculty of Medicine should integrate anti-racism concepts to the EPAs to fill the current gap in addressing health inequities affecting racialized populations and Indigenous populations. This would assist teaching faculty in the development of content that aligns with the anti-racism curriculum's purpose and goal. • For example, the UGME EPA "Formulate, communicate and implement a management plan" could incorporate: "identify populations at risk for inequitable health outcomes (e.g., Indigenous, racialized and other populations) and collaborate with interdisciplinary team members to identify interventions to address the barriers and determinants of health for these patient populations."	NA	There have been no discussions on the development of an implementation plan for this recommendation. The initial descriptions of the knowledge, skills and attitudes required to demonstrate each of the EPAs will require review and revision based on initial implementation. Early on in the 2023-24 academic year, this recommendation could be considered as part of the revision of the descriptions of each EPA.
Recommendation 24: The CCRC should disseminate all UGME anti-racism recommendations including the UGME audit reports to the unit/course leads of the Faculty of Medicine of the University of Ottawa.	A	This recommendation was completed and facilitated by a collaboration between the Faculty of Medicine EDI office and the Office of Assessment, Evaluation and Curriculum.
Recommendation 25: The CCRCshould provide annual reports to demonstrate progress towards the Anti-racism Curriculum Working Group's recommendations for curriculum reform and to identify enablers and barriers to this progress.	NA	Given that the implementation of the anti-racism curriculum will not begin before September 2023 and the anticipated changes to the committee structure within UGME, plans to implement this recommendation will be required once the new leadership structure for UGME is in place.
Recommendation 26: The quality and content of the anti-racism curriculum in the University of Ottawa's MD Program should be evaluated on an annual basis.	NA	This recommendation is consistent with the evaluation of all curriculum units or longitudinal curriculum content. Given that the implementation of the anti-racism curriculum will not begin before September 2023,

		plans to implement this recommendation will be required once the new leadership structure for UGME is in place.
Recommendation 27: The Anti-racism Curriculum Working Group should continue as an advisory group to the CCRC to facilitate a continuous evaluation and improvement of anti-racism education within the MD curriculum at uOttawa.	NA	The creation of advisory committees will need to be considered once plans to revise the UGME leadership and committee structures are in place.
Recommendation 28: The administration or operation of the anti-racism curriculum should be overseen by a defined team.	NA	The administrative support for the anti-racism curriculum will be similar to the support provided to all longitudinal curricula. The recent changes to the operations team initiated by Linda Chenard in the spring of 2023 will provide the support required for any longitudinal curriculum. Given that the curriculum will not start until 2023 – 2024, further decisions for the administration of the curriculum will need to await the anticipated changes to the leadership structure and strategic priorities of the curriculum.
Recommendation 29: The time the personnel in the administrative structure allocates to operating the anti-racism curriculum should be budgeted. These operations could involve: • Coordinating the management of the curriculum • Maintaining communication with stakeholders including student representatives, curriculum renewal, teaching faculty, administrative leadership, and participating community members • Developing mechanisms to support stakeholders and core functions of the curriculum implementation	NA	This recommendation is consistent with the processes and budgets that support all longitudinal curricula. How content experts will be assigned to design and develop specific aspects of the curriculum remains to be determined.
Recommendation 30: The participation of patient partners and other community members or associations to the anti-racism curriculum should be budgeted.	A	There is a budget process for remuneration for patient partners and community members who contribute to or participate in the design and implementation of the curriculum. This process is already in place.
Recommendation 31: The Faculty of Medicine should consider hiring a	NA	This recommendation is beyond the scope of the curriculum but can be considered for actioning by the vice-dean, UGME, or his delegate.

consultant for the anti-racism audit of the curriculum every 1-2 years.		
Recommendation 32: Anti-racism curriculum evaluation should include course evaluations from students and student assessments. Patient partners evaluations should also be considered.	NA	This recommendation is consistent with current approaches to the evaluation (by students) of all components of the curriculum. This recommendation can only be implemented at the end of the 2023-2024 academic year.
Recommendation 33: The anti-racism curriculum course evaluation should be evaluated at the end of each relevant lecture/module.	ID	This recommendation is consistent with current approaches to the evaluation of all educational sessions by students. There are at least two stand-alone sessions being introduced within the Introduction to the Profession and Foundations Units in 2023-24. These sessions will be evaluated by students using the same end of session forms used for all other educational sessions.
Recommendation 34: All course evaluations should include specific items to identify problems related to racism and anti-racism content.	NA	There has not been any discussions or decisions for how course evaluations can include specific items to identify problems related to racism and anti-racism. This recommendation will be forwarded to the director, Student Assessment and Faculty Evaluation, for their consideration in collaboration with EDI faculty.
Recommendation 35: Course evaluation from students should focus on self-reported understanding of the content presented and the acquisitions of the targeted skills, behaviours and attitudes as described in the anti-racism curriculum content (see section 1). Additional outcomes to consider in the course evaluations include allyship, allophylia, "general intergroup contact quantity and quality", ethnicity identity.	NA	There have not been any discussions or decisions for how these self-reports will be included within the evaluation of the anti-racism curriculum. This recommendation can be considered by the director, Student Assessment and Faculty Evaluation and integrated within the program evaluation strategies of the curriculum.
Recommendation 36: Student should be evaluated on the anti-racism competencies detailed in the curriculum content section. Student assessment should initially be formative and an optimal time frame to transition to summative assessments should be established. Examples of evaluation tools that have been described include: • "Structural Foundations of Health Survey" (Meltz and Petty, 2017)	NA	There have been no discussions or decisions related to this specific recommendation. This recommendation can be considered by the director and members of the Student Assessment and Faculty Evaluation Committee and decisions related to the efficacy or relevance of the tools described can be determined.

• Validated tool to access racial literacy (Robinson et al., 2021)		
Recommendation 37: Students should be assessed on the anti-racism competencies yearly to ensure that they are maintaining these competencies and to monitor any boomerang effect. • An example of a timeline for student assessment would be at the beginning of each UGME academic year allowing students to focus on the content as stand-alone.	NA	There have been no discussions or decisions related to this specific recommendation. This recommendation can be forwarded to the Student Assessment and Faculty Evaluation Committee for their discussion and decision on how anti-racism competences can be assessed annually.
Recommendation 38: Students should be assessed on anti-racism core competencies upon entry into medical school. This would provide the faculty of medicine with the baseline anti-racism competency level of their student population. This could assist in identifying curriculum priorities. This entry competency level could be compared to students' subsequent anti-racism competency level.	NA	This recommendation is beyond the scope of the curriculum. This recommendation can be forwarded to the assistant dean, Admissions, for consideration and actioning.
Recommendation 39: Course evaluation tools/questions can be built within existing evaluation for the University of Ottawa's MD Program platforms (e.g., one45, Elentra).	NA	All course evaluations in Years 1 and 2 are already in Elentra and the conversion of Years 3 and 4 from One45 to Elentra is in development. Once the course evaluation elements for the anti-racism curriculum have been determined, this recommendation can be actioned.
Recommendation 40: Summarized evaluations should be sent to pre-clerkship and clerkship supervisors at the end of each module for dissemination to teaching faculty	NA	There have been no discussions or decisions related to this specific recommendation. How summarized evaluations are created and distributed will require design and development work throughout the 2023-24 academic year.
Recommendation 41: Existing curriculum content should be audited every 1-2 years to identify and remove race-based generalizations and to provide racial representation that reflects our Ottawa community.	NA	There have been no discussions or decisions related to this specific recommendation. The original anti-racism curriculum audit can certainly be implemented on a scheduled basis to determine our success in removing race-based generalization and the provision of racial representation that reflects the uOttawa community. This longer term evaluation can be considered under the overall approach to program evaluation.

Recommendation 42: Community consultation with partners external to the University of Ottawa Faculty of Medicine should be carried out every 1-2 years (alternating with the curriculum audit) to identify strengths and gaps in the existing anti-racism curriculum content. • This may be done in combination with the Social Accountability and Patient Partnership Working Groups' recommendations for the MD Program curriculum renewal.	NA	There have been no discussions or decisions related to this specific recommendation. This recommendation can be considered after the proposed changes to the curriculum leadership by the vice-dean, UGME, have been implemented or can be considered by the director, Social Medicine, as part of the renewal of the curriculum content organized under the social medicine pillar.
Recommendation 43: Patient-partners from diverse backgrounds should be invited to evaluate their interactions with students through an anonymous process where only sociodemographic variables are collected. • These patients need to be clearly informed that the evaluation is part of a general process of evaluating how efficiently the medical curriculum teaches student anti-racism skills and cultural safety to provide optimal care to a diverse patient population. • The evaluation should aim to capture whether the patient felt respected, felt treated as well as other patients and whether their concerns were addressed. Patients should have the opportunity to provide additional comments on their evaluation form. • The Faculty of Medicine of the University of Ottawa should consider collaborating with community health services to foster trust with patient partners for optimal participation.	NA	Although the third strategic priority for the Curriculum Renewal Project was Patient Partnership there is currently no structure or process to recruit, train and support patient partners to participate in the education and assessment of students. This recommendation can be definitely considered as part of the Years 3 and 4 mandatory clerkship evaluations or as part of an MSF process currently in place. This recommendation can be considered after the leadership structure proposed by the vice-dean, UGME, is in place.
Recommendation 44: Summarized evaluations should be sent to pre-clerkship and clerkship supervisors at the end of each	NA	There have been no discussions or decisions related to this specific recommendation. Clarification on which summarized evaluations are being referenced would be

interaction for dissemination to teaching faculty.		helpful prior to considering an implementation plan that is appropriate and realistic.
Clinical Skills Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Integrated clinical reasoning into the clinical skill curriculum. Clinical reasoning will span the four years of medical training.	ID	There are already scattered sessions in clinical reasoning that can be leveraged to expand on clinical reasoning theory; use real-life scenarios with increasing complexity as students move into Year 2 and within the clinical learning environment.
Recommendation 2: Increase the time devoted to the "hands-on" practice of clinical skills.	NA	There have been no discussions or decisions on this specific recommendation. In the absence of a clinical skills centre or laboratory and given the decision to maintain the unit/block structure for at least the next three years, further discussions on how to provide students with opportunities to practise their clinical skills will be required.
Recommendation 3: Integrate evaluation of EPAs in the clinical skills curriculum.	A	The integration of EPA 1 (history and physical examination) and EPA 6 (written presentation of a patient history) have been integrated within the Interviewing Skills Course and PSD.
Recommendation 4: Revise OSCE cases to parallel clinical cases in PSD with a focus on clinical reasoning.	NA	There have not been any discussions or decisions related to this specific recommendation. Embedding clinical reasoning within OSCE cases in Year 2 or Year 3 to assess clinical reasoning would support recommendation 1 above.
Recommendation 5: Increase faculty support in pre-clerkship and clerkship in areas of clinical reasoning and EPA assessment.	ID	There have been discussions on how faculty development strategies will be required before the introduction of clinical reasoning and EPA assessment across the curriculum. In Year 1 of the 2026 cohort, faculty development sessions on EPA assessment were developed for Interviewing Skills course faculty (Anglophone stream); DAC (Francophone stream), CBL tutors in Unit 1. Extension of these faculty development sessions for faculty in clerkship rotations has been identified as a critical element prior to implementation.
Recommendation 6: Integrated issues of equity; race; diversity; indigenous health and interprofessional education into clinical cases seen in PSD.	NA	There have been no discussions or decisions related to this specific recommendation. This recommendation is consistent with the changes in planning envisioned as part of a spiral curriculum implementation where various curriculum leads work together to accomplish common learning goals or outcomes. Integration of EDI, Indigenous Health and IPE education within clinical skills education is an excellent strategy for enhanced integration.

Recommendation 7: To support the longitudinal curriculum, the Director of Clinical Skills would oversee the curriculum throughout the four years of the medical program which includes the pre-clerkship and clerkship. The Director of Clinical Skills mandate would include history taking, physical examination, communication skills and clinical reasoning, and could also be expanded to include procedural skills, POCUS and virtual care. An administrative reorganization would be required to support the mandate longitudinally.	NA	There are co-directors, Clinical Skills, who are well positioned to lead or oversee the clinical skills curriculum throughout the four years of the MD Program. The Curriculum Re-Design Working Group recommended the formation of five pillars that would include Clinical Skills. The curriculum content included within the clinical skills pillar included POCUS and the virtual care curriculum. The vertical integration of these multiple curriculum threads is plausible even within the current block/unit structure. Once revisions to the leadership structure proposed by the new vice-dean, UGME, are in place, further implementation of this recommendation will be considered.
Ethics Working Group		
Recommendations	**Status**	**Comments**
Core topics for the Introduction to the Profession and Foundation Units		
Recommendation 1: Approaches to Ethical Problem Solving in Medicine (replaces Introduction to Ethics)	A	The introductory lecture on the Ethics Curriculum during week 1 of the Introduction to the Professions unit was changed to Ethics Problem Solving in Medicine for implementation in the 2023-24 academic year.
Recommendation 2: Cultural Perspectives on Health & Disease	A	A new Ethics Curriculum session on structural, institutional and systemic racism: Cultural Perspectives on Health and Disease Foundations will be planned with the Anti-Racism Curriculum and included during the Foundations Unit on September 26, 2023.
Recommendation 3: Capacity & Informed Consent	NA	The Ethics Curriculum Working Group report recommended that this session be integrated within the Foundations Unit. Given that this was a Year 1 topic, further integration was to be considered for inclusion within Unit 1 as part of curriculum renewal. Given the delay in the implementation of the spiral curriculum until 2026, a revised implementation plan for this recommendation will be required.
Recommendation 4: Confidentiality & Its Limits	A	This recommendation was selected as the social medicine content for integration within the planned revisions to the HIV module in week 12 of the Foundations Unit. Subject matter experts were recruited to develop a scenario for integration within either CBLM 1 or CBLM 2.
Recommendation 5: Disclosure and Duty to Warn	A	This recommendation was integrated within week 12 of the Foundations Unit as a new stand-alone session that will be given on December 7, 2023.
Topics in Clinical Blocks / CBLMs		
Recommendation 6: Ethics Issues in Prenatal Care	NA	There have been no discussions or decisions on the integration of this topic within Unit 2 in Year 2. Further

		consideration of this recommendation will need to be considered once the leadership structure proposed by the vice-dean, UGME, has been implemented.
Recommendation 7: Ethics Issues in Geriatric Care	NA	There have been no discussions or decisions on the integration of this topic within Unit 4 in Year 2. Further consideration of this recommendation will need to be considered once the leadership structure proposed by the vice-dean, UGME, has been implemented.
Recommendation 8: Ethics Issues in Psychiatry	NA	There have been no discussions or decisions on the integration of this topic within Unit 3 in Year 2. Further consideration of this recommendation will need to be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Recommendation 9: Ethics Issues in Neurology	NA	There have been no discussions or decisions on the integration of this topic within Unit 3 in Year 2. Further consideration of this recommendation will need to be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Recommendation 10: Ethics Issues in Pediatric Care	NA	There have been no discussions or decisions on the integration of this topic within Unit 4 in Year 2. Further consideration of this recommendation will need to be considered once the leadership structure proposed by the Vice Dean UGME has been implemented.
Topics in Transition to Clerkship		
Recommendation 11: Ethics Issues in Caring for Populations Experiencing Health Inequities	NA	There have been no discussions or decisions on the integration of this topic within the Transition to Clerkship course in Year 3. Further consideration of this recommendation can be forwarded to the Transition to Clerkship course co-leads and be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Recommendation 12: Ethics Issues in Intensive Care – Withdrawal of Care, Consent & Capacity Board, Resource Allocation	NA	There have been no discussions or decisions on the integration of this topic within the Transition to Clerkship Course in Year 3. Further consideration of this recommendation can be forwarded to the Transition to Clerkship course co-leads and be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Topics in Transition to Residency		
Recommendation 13: Research ethics	NA	There have been no discussions or decisions on the integration of this topic within the Transition to Residency course in Year 4. Further consideration of this recommendation can be forwarded to the Transition to Residency course co-leads and be considered once the

		leadership structure proposed by the vice-dean, UGME has been implemented.
Recommendation 14: Public Health Ethics	NA	There have been no discussions or decisions on the integration of this topic within the Transition to Residency course in Year 4. Further consideration of this recommendation can be forwarded to the Transition to Residency course co-leads and be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Recommendation 15: Industry, bias and coercion: He who pays the piper calls the tune	NA	There have been no discussions or decisions on the integration of this topic within the Transition to Residency course in Year 4. Further consideration of this recommendation can be forwarded to the Transition to Residency course co-leads and be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Recommendation 16: Complex Decision-Making (replaces Ethical Framework of Complex Decision-Making)	NA	There have been no discussions or decisions on the integration of this topic within the Transition to Residency course in Year 4. Further consideration of this recommendation can be forwarded to the Transition to Residency course co-leads and be considered once the leadership structure proposed by the vice-dean, UGME has been implemented.
Interprofessional Education Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: The IPE program will be based on the Canadian Interprofessional Health Collaborative framework. Six domains will be the core of the program: Role clarification, Team functioning, Interprofessional communication, patient/client/family/community-centred care, Interprofessional conflict resolution and Collaborative leadership.	A	The IPE curriculum will be based on the framework of the Canadian Interprofessional Health Collaborative. For 2023-24 two stand-alone sessions are planned during the Foundations Unit. • Role Clarification and Team Functioning: Caring for patients with Spina Bifida on October 4, 2023 • Patient, family and community centred care on November 22, 2023 In addition, integrating an IPE focus was recommended for two panel sessions during the Foundations Unit 1. Community Care for the individual with Down Syndrome on September 19, 2023 2. Coping with HIV: Patent and Physician Panel Discussion on December 5, 2023.
Recommendation 2: Review activities within the medical program and identify IPE	NA	There have no discussions or decisions related to this specific recommendation. A brief search using Boolean operating terms in Elentra only identified the IPE day

		planned for Year 1. A further search of the learning objectives typology would be helpful in identifying more activities that can be viewed as IPE. The formation of a Social Medicine pillar will be helpful to the identification of how IPE competences can be integrated within multiple sessions.
Recommendation 3: Make a distinction between Interprofessional Education (IPE) and Interprofessional Collaboration (IPC).	NA	There have been no specific discussions or decisions related to this specific recommendation. The definitions of these two terms will be central to the creation of an IPE curriculum.
Recommendation 4: Broaden the definition of IPE/IPC to include interactions with other professions outside of allied health professions.	NA	There have been no specific discussions or decisions related to this specific recommendation. Further descriptions of the breadth of the scope of 'other' professions should be completed with the director, Social Medicine.
Recommendation 5: Include theory and practical component on communication skills with patient/family and allied healthcare professional in a virtual setting.	NA	There have been no specific discussions or decisions related to this specific recommendation. This specific recommendation will be forwarded to the curriculum lead, Virtual Care Curriculum and to the content expert, Interviewing Skills curriculum.
Recommendation 6: Identify the benefits and challenges of communication within the medical profession, with other professions and with patient/family/caregivers with increasing complexity from Years 1-4.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the delay in the implementation of the curriculum renewal project until 2026, a revised plan for how communication challenges and benefits can integrate within the existing curriculum structure will be required.
Recommendation 7: Include sessions for students to practise what was learned on conflict prevention and management (e.g., case study, role-playing, etc.) starting in Year 2, and increasing complexity clerkship.	NA	There have been no specific discussions or decisions related to this specific recommendation. This recommendation would merit consideration of co-planning of sessions within the leadership curriculum that are focused on conflict management and resolution that were proposed for Year 2 of that curriculum. This conjoint session could be implemented during the 2024-25 academic year.
Recommendation 8: Discuss the role of a physician in different situations for students to become comfortable with their own future profession.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the focus on physician roles in different situations, this recommendation should be discussed together with the curriculum leads in Ethics, Leadership and Professionalism to start.
Recommendation 9: Include an IPE lecture in the Introduction to the Profession Unit. Also have a first IPE activity early on in Year 1.	A	An introductory lecture on Interprofessional Education was not planned for the 2023-24 academic year but two new IPE activities were included within the Foundations Unit for 2023-24.

Recommendation 10: Include more activities of the Arts and Humanities and social sciences with an interprofessional component.	NA	There have been no specific discussions or decisions related to this specific recommendation. An approach to the development and integration of a Medical Humanities curriculum will be required before this recommendation can be actioned.
Recommendation 11: Encourage students to write ePortfolio posts on IPE and to share their experiences with their group.	A	Students can create an ePortfolio post on any experience that aligns with one or more of the roles and program competences of the MD Program – including IPE. This recommendation will be forwarded to the ePortfolio on Core Competences lead for consideration.
Recommendation 12: Identify how to manage difference in opinions in teams. Normalize the management of these differences and learn how to use them to provide optimal patient care.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the content being developed within the Leadership Curriculum, further discussions on integration within these sessions should be pursued. There may be opportunities to talk about team conflict within cases being discussed within the Professionalism curriculum.
Recommendation 13: Develop and share resources regarding role clarification of different providers.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the delay in the implementation of the curriculum renewal project until 2026, a revised plan for how these resources will be developed and shared will be required.
Recommendation 14: Encourage having patient partners discuss their experience with the healthcare system as a whole and with different healthcare providers.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the lack of an infrastructure to recruit, train and support patient partners to participate as educators within the curriculum this recommendation will require further discussion once the new leadership structure proposed by the new vice-dean, UGME is in place.
Recommendation 15: In pre-clerkship, include IPE opportunities in every unit. In clerkship, task every rotation to have at least one IPE activity.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the delay in the implementation of the curriculum renewal project until 2026, a revised plan for how IPE opportunities can be included within Units 1 to 4 will be required once the new leadership structure proposed by the new vice-dean, UGME is in place. Discussions on how IPE can be integrated within the mandatory core clerkship rotations can occur at any time. This recommendation will be forwarded to the clerkship co-directors for their consideration.
Recommendation 16: In clerkship, foster learning opportunities and partnerships with other programs and establishment (ex: La Cité, Algonquin College, uOttawa Health Sciences, etc.).	NA	There have been no specific discussions or decisions related to this specific recommendation. Discussions on how learning activities and partnerships with other programs and establishments can be fostered will be

		forwarded to the clerkship co-directors for their consideration.
Recommendation 17: Each student must complete at least one IPE elective during their preclerkship.	NA	There have been no specific discussions or decisions related to this specific recommendation. Discussions on the completion of an IPE elective during Year 1 or Year 2 will be forwarded to the electives lead for their consideration.
Longitudinal Leadership Curriculum Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Integrate content domains included in the Foundations in Leadership elective into the mandatory leadership curriculum.	A	The Longitudinal Leadership Curriculum Working Group report was presented to CCRC on June 17, 2022. The report integrated multiple content from the Foundations in Leadership elective within the main mandatory leadership curriculum in Years 1, 2 and 3. The first-year sessions for this longitudinal curriculum was implemented in the 2022-23 academic year.
Recommendation 2: Redesign a Foundations in Leadership elective opportunity for students in Year 1 of the MD Program for implementation during the 2022-23 academic year.	A	This recommendation will be implemented by the students who have transitioned to lead the Foundations in Leadership
Recommendation 3: Retain and revise the lecture in the Introduction to the Professions Unit to include an overview of the purpose and goals for the leadership curriculum while retaining the current focus on effective leadership in a health care setting.	A	The title of the lecture in the Introductions to the Professions unit was changed to "The Longitudinal Leadership Curriculum" in September 2022. Four of the existing learning objectives were revised and a new learning objective was developed. These changes were approved by CCRC in June 2022. The session was implemented in the 2022-23 academic year.
Recommendation 4: Replace the Giving Feedback session in Unit 1 with a session on the evidence for and processes and strategies that promote effective self-reflection for physician leaders.	A	This session was transitioned to "Know thy Self: Importance of Self-Reflection for Physician Leaders. Three new learning objectives were developed for this lecture and approved by CCRC in June 2022. This session was integrated within Year 1 in the 2022-23 academic year.
Recommendation 5: Integrate the educational objectives for the 'Receiving Feedback and Goal Setting' session in Year 1 with relevant educational objectives proposed for Year 1 of the EPA Achievement Course.	A	This session was co-planned with the director, Competency-based Medical Education and given during the first week of May 2023.
Recommendation 6: Transfer the Giving Feedback educational session in Year 1 of the Leadership curriculum to Year 2.	ID	This session was transitioned to Year 2 of the curriculum and should be implemented in the 2023-24 academic year.
Recommendation 7: Review and revise the content and learning objectives established	ID	This session was to be included in Year 2 of the curriculum and should be scheduled for implementation

for the Conflict and Conflict Management session in the main Leadership curriculum.		in the 2023-24 academic year. The existing five learning objectives for this session were reviewed and revised and a new learning objective was proposed. All of these learning objectives were reviewed and approved by CCRC in June 2022.
Recommendation 8: Transfer the 'Conflict Management and Resolution' session in the Foundations of Leadership elective into Year 2 of the Longitudinal Leadership curriculum.	ID	This session was transitioned from the Foundations of Leadership elective and proposed to be included in Year 2 of the curriculum. This session should be scheduled for implementation in the 2023-24 academic year. Two of the learning objectives in the Foundations in Leadership elective were retired and three new learning objectives were proposed. These new learning objectives were reviewed and approved by CCRC in June 2022.
Recommendation 9: Transfer the 'Leading Through Change' session in Year 2 to Year 3 of the Longitudinal Leadership curriculum.	ID	This session was transitioned from Year 2 to Year 3 of the Longitudinal Leadership curriculum. There were no changes to the learning objectives proposed for this session. This session should be scheduled for implementation during the 2024-25 academic year.
Recommendation 10: Transfer the session on Health Systems and Quality Improvement in the Foundations in Leadership elective into Year 3 of the Longitudinal Leadership Curriculum.	ID	This session was proposed for transition from the Foundations in Leadership elective to Year 3 of the main curriculum. Seven new learning objectives were proposed for this revised session. These new learning objectives were reviewed and approved by CCRC in June 2022. This session should be scheduled for implementation during the 2024-25 academic year.
Recommendation 11: Transfer the 'Leadership in Medicine 'panel session from the Foundations in Leadership elective into Year 3 of the Longitudinal Leadership curriculum.	NA	This session was proposed for transition from the Foundations in Leadership elective to Year 3 of the main curriculum. Three new learning objectives were proposed for this revised session. These new learning objectives were reviewed and approved by CCRC in June 2022. This session should be scheduled for implementation during the 2024-25 academic year.
Recommendation 12: Complete a review and revise, as appropriate, the current Year 4 leadership elective.	NA	There have been no formal discussions or decisions related to a revision to the current Year 4 leadership elective
Recommendation 13: Utilize a flipped classroom model where students are provided with eLearning resources, tools, strategies and self-reflection or self-assessment exercises to complete prior to scheduled sessions.	NA	There have been no formal discussions or decisions related to the use of a flipped classroom approach for Year 1 of the new curriculum. Further educational design opportunities exist for revisions to Year 1 and the remaining sessions in Years 2 and 3. Further development of this recommendation is required.
Recommendation 14: Utilize a blended educational design that intentionally integrates large and small group	NA	There have been no formal discussions or decisions related to the intentional blending of large and small group educational sessions in Years 1 and 2 of the

educational sessions in Years 1 and 2 with interactive virtual education in Year 3.		curriculum or a virtual interactive educational model for Year 3. Further development of this recommendation is required.
Recommendation 15: Adapt a team-based learning strategy to provide interactive case-based education for students in Years 1 and 2.	NA	There has been no formal discussions or decisions related to how team-based learning could be utilized to provide students to use a group process to address leadership issues or apply leadership concepts to cases. Further development of this recommendation is required.
Recommendation 16: Establish a process to review and propose revisions to the Multi-Source Feedback exercise in Year 1 of the MD Program based on previous student feedback.	ID	There were several conversations between the Leadership curriculum lead, the director, Competency-Based Medical Education, and the director, Curriculum on reviewing and revising the current MSF form. The director, Student Assessment and Faculty Evaluation discussed an opportunity for uOttawa to participate as a pilot site for the Medical Council of Canada's MSF form that was initially developed for physicians in practice. This pilot could only have been relevant to students in Year 3 of the curriculum. Currently, no specific changes to the current MSF form were proposed for the 2022-23 academic year. Further discussions of this recommendation are required.
Recommendation 17: Integrate at least one of the Leadership OSCE stations developed for the Foundations in Leadership elective within the formative OSCE examinations in Years 2 and 3.	A	There were several formal discussions with the director, Competency-based Medical Education. One of the Leadership OSCE stations was included in a formative OSCE in Year 2 during the 2022-23 academic year.
Recommendation 18: Develop a process to align the content of the Longitudinal Leadership curriculum with the program objectives and competencies of the MD Program and the national EPAs.	A	The new learning objectives approved for the Leadership Curriculum were mapped to the 26 program objectives and competences of the MD Program. The mapping of the new learning objectives will equally be mapped to the current descriptions of the national EPAs.
Recommendation 19: Integrate the content of the Longitudinal Leadership curriculum within the longitudinal assessment strategies that will support the transition to an integrated spiral curriculum.	NA	There have been no formal discussions or decisions related to this specific recommendation. Given the delay in the implementation of the spiral curriculum until 2026 a revised implementation plan for this recommendation will need to be developed.
Recommendation 20: Explore opportunities to integrate the concepts, skills, and competencies of the Longitudinal Leadership curriculum with other longitudinal curricula in competency-based medical education and social medicine.	NA	There have been no formal discussions or decisions related to this specific recommendation. Given the delay in the implementation of the spiral curriculum until 2026 a revised implementation plan for this recommendation will need to be developed.

Recommendation 21: Design a faculty development process to support the recruitment, training and support of faculty to teach the concepts and content of the leadership curriculum.	NA	There have been no formal discussions or decisions related to this specific recommendation. The UGME Faculty Development Working Group report did identify the need for faculty development sessions to guide the implementation of curriculum renewal. Given the delay in the implementation of the spiral curriculum until 2026 a revised implementation plan for this recommendation will need to be developed.
Recommendation 22: Drawing from successes and challenges encountered through the delivery of the Foundations in Leadership elective, virtual platforms will be leveraged in situations that promote cost effectiveness and promote involvement of faculty who could not participate otherwise.	NA	There have been no formal discussions or decisions related to this specific recommendation. Given the delay in the implementation of the spiral curriculum until 2026 a revised implementation plan for this recommendation will need to be developed.
Recommendation 23: Utilize the Foundations in Leadership elective as a platform for piloting new ideas for the Longitudinal Leadership elective curriculum.	ID	Given the success of the Foundations in Leadership elective in developing curriculum content that has been successfully transitioned into the mandatory leadership curriculum, a strategy to design, implement and evaluate content within the elective will continue to serve as a student-led strategy for the ongoing renewal of the main curriculum.
SIM AND CSL Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: Integration of the SIM themes SIM was divided into four themes for convenience, not to indicate that the themes stand alone. Many larger ideas unite the SIM themes. SIM itself requires better integration of its four themes to make these connections evident to students.	ID	This recommendation was more a statement of purpose or need to enhance the integration of SIM course subthemes. Given that the second strategic priority for curriculum renewal was 'enhanced integration' this recommendation aligns well with the strategic priorities for the curriculum. The director, Social Medicine SIM is encouraged to bring the SIM curriculum leads together with the curriculum leads in IPE, Indigenous Health, and anti-racism to collaborate together on this integration plan.
Recommendation 2: Integration of SIM content with basic and clinical sciences: Increase the importance of SIM in the eyes of students by integrating SIM content into basic and clinical science sessions and identifying the links between SIM and basic and clinical sciences during SIM sessions.	ID	The integration of SIM content with clinical science is being facilitated in part through the integration of social medicine topics within the revisions to case-based learning modules in the Foundations Unit. Further discussions on how the integration with clinical and basic science can be enhanced will be required. The planning processes for the creation of the spiral curriculum will support the strategic intent of this recommendation.

Recommendation 3: Vertical integration of SIM content through the four years of medical school. Increase students' capacity to understand increasingly complex scenarios by extending SIM content across all four years of the curriculum.	NA	This is intent or purpose for all longitudinal curriculum content. The development of a curriculum that builds upon foundational concepts with increasing complexity over time is the intent of transitioning to a spiral curriculum. Given the delay in the implementation of the spiral curriculum until 2026, further discussions on vertical integration within SIM will be dependent in part on the formation of the 5 pillars proposed by the Curriculum Re-Design working group.
Recommendation 4: Once the overarching curriculum content has been determined, make changes to the content of the SIM curriculum in a stepwise manner, using the advice of content experts for each curricular content area. Review existing and develop new learning objectives for individual subthemes with the assistance of the SIM leads to ensure integration across SIM themes.	NA	There have been no specific discussions or decisions related to this specific recommendation. Given the delay in the implementation of the curriculum renewal project until 2026, a revised plan for how the SIM curriculum can be implemented in a stepwise manner will be required once the new leadership structure proposed by the new vice-dean, UGME is in place.
Recommendation 5: Implement the Curriculum Renewal Phase 1 Social Accountability Working Group proposed detailed recommendations to expand and improve the Community Service-Learning program.	NA	The Phase 1 Social Accountability working group proposed 5 recommendations for Community Service Learning. Please refer to recommendations 11 to 15 summarized in the Phase 1 Curriculum Renewal recommendations status report included in Appendix A of this report.
Recommendation 6: Patient partners are experts in determinants of health through their experiences. Include the patient perspective in all SIM sessions where it is applicable as well as in CBL sessions and throughout the rest of the curriculum, as proposed by the Curriculum Renewal Phase 1 Patient Partnership Working Group.	NA	There have been no specific discussions or decisions related to this specific recommendation. Plans to integrate patient videos of their lived experience with the disease to disorder under discussion during CBLM were developed but no videos have been completed to date. Given the lack of an infrastructure to recruit, train and support patient partners to participate as educators within the curriculum this recommendation will require further discussion once the new leadership structure proposed by the new vice-dean, UGME is in place.
Diversity		
Recommendation 7: Explore and articulate the perspectives of diverse patients, families, relationships, and communities in SIM sessions and throughout the entire curriculum.	ID	The inclusion of a diversity of patients, families, relationships and communities within SIM sessions is under the direct control and planning of the SIM curriculum leads in collaboration with the leads for the anti-racism curriculum.
Recommendation 8: Acknowledge the impacts of historical and current systemic	NA	There has been no specific discussions or decisions related to this recommendation. This recommendation

racism, colonialism, and discrimination on what and how data is collected, evidence produced, and mistrust engendered in health care delivery to diverse populations.		can be integrated within the Epidemiology and Evidence-Based Medicine thread and supported by the History of Medicine, Anti-Racism and Indigenous Health curricula.
Recommendation 9: Incorporate the recommendations of the Curriculum Renewal Phase 2 Working Groups on Anti-racism and Indigenous issues into SIM teaching.	NA	Collaboration with the Indigenous Health, Anti-Racism and the History of Medicine curricula will be helpful in planning sessions devoted to the historical and current impacts of systemic racism impacting multiple peoples.
Recommendation 10: Model the role of **inter-professional care** and working with community resources wherever possible in SIM sessions and throughout the entire curriculum. SIM sessions on smoking cessation, patient safety, quality improvement and substance use are examples of sessions which could use this approach.	NA	This recommendation can be leveraged by the SIM curriculum leads to integrate inter-professional care throughout the SIM curriculum beginning with the sessions specified. Collaboration with the IPE curriculum leads would be welcomed.
Recommendation 11: Introduce the concept of **harm reduction** in most SIM sessions and throughout the entire curriculum	ID	Harm reduction has been integrated within teaching sessions in psychiatry, pediatrics and in substance use disorders during Year 2. Development of further integration plans for this recommendation within other units and across the clerkship rotations should be considered after the new leadership structure proposed by the new vice-dean, UGME is in place.
Recommendation 12: Integrate a longitudinal **Planetary Health** thread across the entire curriculum. Include applicable concepts in lectures on clinical topics as well as integrating the concepts with population health and public health. A further discussion of how to approach this integration is found in the body of the main report in the Gaps section of subtheme 19 Climate change (Planetary Health)	A	A planetary health longitudinal curriculum working group was launched as part of phase 3, curriculum renewal. The working group report is anticipated to be received by May 31, 2023, and will be tabled for discussion at the June 2023 meeting of CCRC.
Curriculum Delivery		
Recommendation 13: Integrate SIM topics across the entire curriculum, including CBL, *Clinique simulée*, PSD, lectures on clinical topics and clerkship sessions.	NA	The integration of SIM content across the curriculum is supportive of strategic priority of enhanced integration. Given the delay in the implementation of the spiral curriculum until 2026, this recommendation will require a revised integration plan within the existing block / unit structure.

Recommendation 14: Increase the use of online collaborative synchronous and asynchronous learning methods such as student chat groups facilitated by tutors, self-learning modules, and webinars. Employ small group discussions in a variety of formats in preference to didactic lectures.	NA	The changes described to the educational design of sessions currently allocated to the SIM curriculum can be proposed by the SIM curriculum leads for implementation in the 2023-24 academic year or future years.
Recommendation 15: Link SIM sessions together longitudinally. Provide a thoughtfully constructed case scenario at the start of each major curricular unit and address the questions raised by this scenario in all SIM sessions throughout the unit. Include Patient partners as teachers in SIM sessions (See Patient Partner Working Group Recommendations Report). The SIM lead could summarize the learnings at the end of the unit. During the clinical years' students could be responsible for identifying cases that explore SIM topics in a comparable manner.	NA	Horizontal and vertical integration of each longitudinal curriculum is the intent for the implementation of a spiral curriculum. Given the delay in the implementation of the spiral curriculum until 2026, this recommendation to integrate all SIM sessions throughout a unit can be planned for implementation in the 2024-2025 academic year as part of a revised integration plan within the existing block / unit structure.
Recommendation 16: Plan formal panel sessions or objectives in clerkship that build on previous work. Increase the complexity from year to year. For example, early on patients would share experiences with a single condition but as years progress patients could describe multiple conditions, multiple parts of the healthcare system, or more complex situations such as using interpreters. Cases could include integration of ethical decision-making as they move from simpler to more advanced. The third- and fourth-year curriculum could include concepts such as how physicians need to be able to adapt their care to support patients through challenges (e.g., financial constraints).	NA	There have been no discussions or decisions related to how the content of any longitudinal curriculum will be integrated within the teaching during Year 3 (proposed spiral 5). Integration of SIM curriculum with the ethics curriculum (and others) would be a welcomed strategy for integration. Given the delay in the implementation of the spiral curriculum until 2026, this recommendation will require a revised integration plan within the existing clerkship.
Recommendation 17: Increase the use of online collaborative synchronous and asynchronous learning methods such as	NA	There have been no formal discussions on this specific recommendation. The phase 1 report on the use of educational technologies for synchronous or

student chat groups facilitated by tutors, self-learning modules, and webinars. Employ small group discussions in a variety of formats in preference to didactic lectures.		asynchronous learning should be considered in the implementation strategies for this recommendation. Given the delay in the implementation of the spiral curriculum until 2026, this recommendation will require a revised integration plan within the existing unit/block structure.
Recommendation 18: With increasing integration of SIM content into other areas, **faculty development** will be required to ensure knowledge of and comfort with SIM concepts. Areas in particular need of faculty development will include (but not be limited to): evidence-based medicine, planetary health, public health, quality improvement, 2SLGBTQ+ health.	NA	There have been no formal discussions on this specific recommendation. The UGME Faculty Development Program Working Group report identified the need for faculty development to support curriculum renewal in general and the implementation of specific spirals or pillars in particular. Given the changes envisioned to the leadership structure being proposed by the new vice-dean, UGME the faculty development needs related to the SIM curriculum should be forwarded to the Faculty Development Office and the Francophone Affairs.
Recommendation 19: Consider renaming the **SIM course** to reflect its broader more integrated scope and to distance it from previous negative connotations.	NA	There have been no formal discussions on this specific recommendation. The SIM course was proposed as one element of a broad Social Medicine Pillar. Whether we need a course name or simply content experts to plan the content for the 4 curricular themes will need to be discussed with the Director, Social Medicine and considered by the new leadership structure being proposed by the new vice-dean, UGME.
Population health, Public Health and Preventative Medicine		
Recommendation 20: Coordinate and integrate Population Health and Public Health with other SIM content, particularly content on equity deserving and priority populations.	NA	This recommendation can be leveraged by the SIM curriculum leads to change the timing and coordination of SIM curriculum topics and how they can be better integrated within the course. Given the foundational concepts of health and disease, these concepts should be integrated within spiral 1 of the spiral curricula. Given the delay in the implementation of the spiral curriculum until 2026, further development of this recommendation will need to occur after the new leadership structure proposed by the new vice-dean, UGME is in place.
Recommendation 21: Present content on population health before public health since it is descriptive, and covers several topics including planetary health.	NA	This recommendation can be leveraged by the SIM curriculum leads to change the timing and coordination of SIM curriculum topics and how they can be better integrated within the course. Plans to implement this recommendation can be considered for the 2024-25 academic year.
Recommendation 22: Concepts of health and disease are core concepts to all of medicine. Address these concepts early in medical school in a single learning activity.	NA	This recommendation can be leveraged by the SIM curriculum leads to change the timing and coordination of SIM curriculum topics and how they can be better integrated within the course. Concepts of health and

		disease can be integrated within the Introduction to the Professions, Foundations and Unit 1 in the 2024-25 academic year.
Recommendation 23: Address the multiple **content gaps** related to 28 sub-themes of the SIM curriculum as identified on pages 13-16 of the report).	NA	Given the delay in the implementation of the spiral curriculum until 2026, a plan to address the numerous content gaps identified in the SIM longitudinal curriculum report will need to occur after the new leadership structure proposed by the new vice-dean, UGME is in place.
Research Methods, Epidemiology, Evidence-based Medicine		
Recommendation 24: Teach students the basics (online or in-person), then provide more interactive and clinically relevant problem-based learning to solidify their EBM skills. Integrate EBM teaching throughout all four years of the curriculum.	NA	The changes proposed by this recommendation are under the direct control of the SIM curriculum leads working in collaboration with the content experts in research, epidemiology and evidence-based medicine. Given the anticipated changes to the UGME leadership proposed by the new vice-dean, UGME, planning to action this recommendation for the 2024-25 academic year should be considered to begin in the fall of 2023.
Recommendation 25: Current EBM sessions are repetitive and omit large and important concepts. Revise the EBM curriculum as a whole following the principles expressed in recommendation 24.	NA	The changes proposed by this recommendation are under the direct control of the SIM curriculum leads working in collaboration with the content experts in research, epidemiology and evidence-based medicine. Given the anticipated changes to the leadership and committee structure proposed by the new vice-dean, UGME, planning to action this recommendation for the 2024-25 academic year should be considered to begin in the fall of 2023.
Recommendation 26: All EBM sessions must acknowledge the diversity and variability of individual patients and their circumstances and address how to work with clinical scenarios and populations where there is no data.	NA	The changes proposed by this recommendation are under the direct control of the SIM curriculum leads working in collaboration with the content experts in research, epidemiology and evidence-based medicine. The changes recommended can be implemented at any time.
Health Care System		
Recommendation 27: Teach students about the health care and public health systems at a high level, including division of powers and moving down to the local level. Promote discussion of the comparative advantages and disadvantages of different systems.	NA	This recommendation focuses on the content that should be taught throughout an established curriculum theme within the SIM course. The design and implementation of this content can be integrated within existing SIM sessions or new SIM sessions.. Approval of this content will need should be considered for development after the new leadership and committee structure being proposed by the new vice-dean, UGME is in place.

Recommendation 28: Integrate teaching on quality improvement throughout the entire curriculum	NA	There have been no discussions or decisions related to this recommendation. Plans to enhance teaching on quality improvement throughout the curriculum would be welcomed. The creation of a program objective to support this teaching would be an important consideration.
Recommendation 29: Incorporate teaching about how health policy is developed (at a high level) and its impact on outcomes for diverse groups.	NA	The changes proposed by this recommendation are under the direct control of the SIM curriculum leads working in collaboration with the content experts in health systems. The incorporation of how health policy is developed and its impact on outcomes for diverse groups can be integrated within existing SIM sessions or planned in collaboration with leads for Ethics, Anti-Racism and History of Medicine curricula.
Recommendation 30: Provoke discussions about how policy is influenced by the community, dominant culture, and powerful groups such as the pharmaceutical industry and organized medicine. Illustrate the link between policy and evidence-based medicine. Describe how physicians can advocate for and influence policy development.	NA	The changes proposed by this recommendation are under the direct control of the SIM curriculum leads. The content proposed can be implemented within existing or new sessions for health systems or planned in collaboration with the content experts in research, epidemiology and evidence-based medicine. The changes recommended can be implemented at any time.
Recommendation 31: Implement a variety of assessment strategies, depending on the content being assessed and the formative or summative nature of the assessment.	NA	There have been no formal discussions on this specific recommendation. The assessment strategies for the SIM course will need to be discussed with the director, Student Assessment and Faculty Evaluation and the new leadership structure being proposed by the new vice-dean, UGME, once in place.
Recommendation 32: Integrate assessment of some SIM content with assessment for clinical and basic science content (i.e., in the same exam or OSCE).	NA	There have been no formal discussions on this specific recommendation. The integration of SIM course content within written examinations and OSCEs will need to be discussed with the director, Student Assessment and Faculty Evaluation, and the chief examiner for OSCE.
Indigenous Health Curriculum Working Group		
Recommendations	**Status**	**Comments**
Recommendation 1: The Indigenous Health Coordinator and subject matter experts will complete a block-by-block improvement approach using the Indigenous health audit that was conducted in 2021-22 to ensure all relevant CBL tutor guides use appropriate language and examples that are culturally safe.	NA	The Anti-Racism curriculum audit completed in 2021-22 (Years 1 and 2) and 2022-2023 (Years 3 and 4) identified a number of changes to language use and skin tone of cases presented during lectures and in CBL and SIM modules. A review of the CBL tutor guides would be a welcome addition to address language issues and promote cultural safety. This recommendation can be implemented at any time.

Recommendation 2: Develop 4 one-day discussion panels (one in each year) based on the Medicine Wheel concept, utilizing faculty from First Nations, Metis and Inuit experts. The content of these panels will grow in complexity and be contributed by the: • Indigenous Physician Association of Canada • National Consortium on Indigenous Medical Education • Association of Faculties of Medicine of Canada • Indigenous Primary Health Care council • Equity, Diversity and Inclusion working group, and • Local Indigenous Groups	NA	The changes proposed by this recommendation will require an extensive planning to integrate two one-day panels in the current unit/block design in Years 1 and 2 and within the traditional clerkship rotations in Year 3. The final panel could be considered for integration during the Transition to Residency course. Given the anticipated changes to the leadership and committee structure proposed by the new vice-dean, UGME, planning to action this recommendation for the 2024-25 academic year should be considered to begin in the fall of 2023.
Recommendation 3: Create new SLM focused on Indigenous Health and a pre-departure module for students in clerkship who are going to Indigenous communities.	NA	Self-learning modules can be developed at any time based on the current approval process and funding model. Given the anticipated changes to the leadership and committee structure proposed by the new vice-dean, UGME, planning to action this recommendation for the 2024-25 academic year should be considered to begin in the fall of 2023.
Recommendation 4: Increase the opportunities for students in clerkship to gain direct clinical experience in Indigenous communities by completing an environmental scan of potential sites to increase the number of Indigenous focused sites available to students. Priority should be given to Indigenous students who wish to work in FIM communities in Indigenous Communities.	NA	There have been no discussions related to this specific recommendation. Discussions with the clerkship co-directors and the clinical electives lead should commence after the anticipated changes to the leadership and committee structure proposed by the new vice-dean, UGME, have been implemented.
Recommendation 5: Develop a safe work and learning environment for Indigenous learners, faculty and staff by creating focused and strategic professional development activities based on anti-racism, cultural safety and decolonization. This will include a specific focus on clinical preceptors across all clinical learning sites in support of recommendation 6 for the	NA	This recommendation is aligned with the recommendations from the UGME Faculty Development Program working group. The design and implementation of faculty development sessions to support clinical preceptors based on anti-racism, cultural safety and decolonization can be planned with content experts in anti-racism and leverage the experience and expertise of the Faculty Development office and the Bureau, Francophone Affairs.

AFMC- and the Joint Commitment to Action on Indigenous Health.		