Task Group (TG) Mandate

UGME Curriculum Renewal Task Group (TG) Mandate

**Co-Chairs:**
1. Each group will have two co-chairs to share the work and responsibilities.
2. The TG titles and co-chairs will be posted on the CuRe website with a brief summary of the TG requesting volunteers. Each TG should include 5 - 7 faculty, a UGME student (Med 1 or 2), PGY2 resident and a reference librarian. Some groups may include selected UGME administrators and/or Medical IT rep.
3. All Co-Chairs will become members of the CuRe Working group.

The co-chairs will:
4. Review the components from the Working Group and Retreat report document for their respective Task Group. They will succinctly define the elements and expectations to be incorporated into a new curriculum or framework in preparation for posting on CuRe website.
5. Organize regular meetings at the convenience of the group at their discretion.
6. Provide regular progress reports to the CuRe Working Group, and if necessary to the CuRe Director if issues arise.
7. Maintain documentation of meetings and catalogue relevant literature support.
8. Provide final report to the CuRe Working Group both in writing and as a presentation to the CuRe Working group by Oct 31, 2011 (date TBA).
9. Ensure each working group understands its role, responsibilities, and Faculty expectations.

**TG Responsibilities:**
1. Develop strategies and/or approaches to promote or ensure incorporation of the their TG elements into new curriculum based upon literature, experience elsewhere and/or novel ideas based upon answering the following questions:
   a. How is the topic or elements of it dealt within the current curriculum, and is it sufficient?
   b. Are there current published recommendations addressing this topic?
   c. What is happening nationally/internationally in this domain now?
   d. How would this topic be best integrated into a new curriculum?
   e. How would the design or framework of a new curriculum affect this topic?
2. Experiences elsewhere may include review of websites, direct communication or site visit if deemed appropriate. Site visits to be approved by CuRe Director.
3. The TG may either develop principles and/or actual content depending upon on the TG.
4. Time commitment is estimated to be the equivalent of 2 half days a month in the form of meetings and reading selected materials.

**Resources:**
1. Provided in Advance (in binder):
   a. Principles of TG document
   b. Current UGME global objectives
   c. Current UGME curriculum framework and pedagogical breakdown developed for April Renewal retreat.
   d. Glossary of terms/Pedagogical Approaches to UGME developed for April Renewal retreat.
   e. FMEC recommendations and executive summary of Lancet Commission
   f. Evidence informed research support from Neil John Mclean librarians
2. **Occurring In Parallel**
   a. The current UGME curriculum will be reviewed/analyzed, and
   b. The preliminary UGME Global objectives intertwined with clinical presentations to be known as C3AP (Core Clinical Competencies and Academic Presentations) will be developed.

   These documents in draft form will be provided to the TGs during their deliberations.

3. **Support** available to all groups include:
   a. Director, Curriculum Renewal (Keevin Bernstein)
   b. Dept of Med Ed (Joanne Hamilton)
   c. Project Manager (Karen Howell)
   d. Research Librarian (assigned by Tania Gottschalk)
   e. OPAL Resource (assigned by Tania Gottschalk)
   f. Administrative support to schedule meetings, room and document meetings (TBD)

**OVERVIEW OF TASK GROUP SYNOPSIS**

**TG #1 Curricular Framework**
**Synopsis:** This TG will review current Canadian and international medical school curriculum frameworks with an emphasis on competency based education, outcomes and assessment. Identify the key units within a proposed framework with an emphasis on integration of basic science and clinical teaching. Explore innovative strategies to incorporate key developing subject areas e.g. patient safety, medical leadership and continuous quality improvement.

**Keywords:** Environmental scanning, curriculum design, creative systems integration and assessment, student centered, information technology.

**TG #2 Pedagogical Approaches**
**Synopsis:** This TG will review the various pedagogical approaches applicable to PreClerkship or academic components of clerkship (i.e. small or large group learning in various forms, and online modalities including ePortfolios). Then develop guidelines to help determine which content is best taught by the different pedagogical approaches in our local context utilizing a consistent weekly approach throughout most of PreClerkship, and potentially applied to clerkship.

**Keywords:** Problem based learning (PBL), Case base learning (CBL), Team based learning (TBL), Didactic lectures, Simulated Lab Modules (SLM), eLearning, ePortfolios.

**TG #3 Integration**
**Synopsis:** Transformation of a Med I student into a competent physician and/or specialist occurs over time through the establishment of a basic knowledge base that is then enhanced by a series of clinical experiences and the learning processes associated with them. The purpose of this group is to determine how we best integrate the building of this basic knowledge base in an innovative manner with these clinical experiences through the 4 years of medical school to ensure our students are desirable candidates for their further training in any general or specialty field.
Keywords: Curriculum flow, spiral curriculum, integration of basic science and medical experience throughout the curriculum.

TG#4 Informatics and Information Literacy
Synopsis: This TG will develop strategies to incorporate information literacy and informatics into the UGME curriculum designed to support clinical practice following graduation and to further the life-long learning capabilities. Informatics includes the abilities surrounding the utilization of resources, devices & formalized methods for optimizing the storage, retrieval & management of biomedical information for problem solving and decision-making. Information literacy is an understanding and set of abilities enabling individuals to recognize when information is needed and have the capacity to locate, evaluate and use this information effectively.

Keywords: Informatics, information literacy, evidence-based medicine, critical appraisal, electronic health or medical record, telemedicine/health, computerized physician order entry, clinical decision support, point of care tools, citation management, current awareness strategies, and mobile technologies.

TG#5 Clinical Skills
Synopsis: The nature and complexity of the skills required of the physician is wide-ranging. The skillset includes and is built upon foundational skills such as communication, organization, and leadership. It progresses to specific functions, such as history taking, physical examination, emergency management and procedures. This TG will focus on defining the scope of clinical skills, identifying the pedagogical approaches to be used, identifying key principles for integration with cognitive curriculum, connecting goals and objectives and evaluation and outlining overall timing/structure of clinical skills instruction.

Keywords: Clinical skills, communication skills, History taking, physical examination, conflict resolution, procedural skills, crisis resource management.

TG #6: Scientific Basis of Medicine
Synopsis: Since Medicine is underpinned by human and biologic scientific principles, the challenge is developing strategies so they are learned in relevant and immediate clinical contexts, involve collaborative teaching with basic scientists and reinforced throughout all four years of UGME. Research training must also be integrated into medical education. Included in this task group are population and public health and related topics.

Keywords: Basic scientist collaboration; research training; public and population health; epidemiology; prevention; translational research.

TG#7 Health Care Systems and Quality
Synopsis: This task group will deal with two disparate topics: (1) health care systems, patient safety, and quality of care, and, and (2) occupational and environmental health. What links them is that they’re both cross-cutting topics that span the disciplines of medical practice. For this reason, both these important topics have both been largely overlooked in medical school curricula. From an operational standpoint, we believe that these knowledge areas should be woven into the fabric of the curriculum, being represented throughout the PreClerkship and clerkship. Accordingly, in additional to determining specific topic coverage, the task group will consider ways to incorporate those materials into the variety of teaching venues that will be used in the new curriculum.

Keywords: Health care systems, Health care quality, Occupational Medicine, Environmental Medicine.
TG #8 Social Accountability Framework

**Synopsis:** Social responsibility and accountability are core values underpinning physicians ranging from an individual level to an international and global one. This TG will address incorporation of these principles into the UGME curriculum. Included in this TG’s responsibilities are community needs, in particular remote communities, aboriginal curriculum, health advocacy, cultural, ethnic and racial safety, and InterProfessional relationships and education in these contexts.

**Keywords:** Aboriginal, health advocacy, InterProfessional practice and education, cultural safety.

TG #9 Experiential and Diversified Learning Contexts

**Synopsis:** This group will explore ideas of how to incorporate diversified learning settings into students' clinical experiences. As well, with a focus on patient centred learning, we will discuss ways of introducing longitudinal clinical experiences for students, where the focus can be on continuity of care and developing ongoing relationships with patients.

**Key words:** Patient centred learning; early exposure; utilization of technology; collaborative learning; distributed learning; multiple sites; integrated clerkships; continuity.

TG #10 Generalism

**Synopsis:** As recommended in the *Future of Medical Education in Canada* document, undergraduate medical education must focus on broadly based generalist content, including comprehensive family medicine. Moreover, generalists (both within family medicine and other medical disciplines) must be integral participants in all stages of medical education. This TG will explore and develop evidence based curricular strategies that will value and address the generalist approach, within the unique context of the University of Manitoba.

**Keywords:** Generalism, generalist, family medicine.

TG#11 Professionalism

**Synopsis** Professionalism is a part of all aspects of health care practitioner’s life, defined for physicians as the “basis of medicine’s contract with society”, and as such must be imbedded in all aspects of the UGME curriculum. A component of this includes identifying and addressing the *hidden curriculum*, defined as what the students learn outside the formal curriculum that affects their learning, professional interactions and clinical practice. This TG will develop strategies to address and incorporate all aspects of professionalism, hidden curriculum and medical ethics and humanities into the UGME curriculum.

**Keywords:** Professionalism, medical ethics, medical humanities, and hidden curriculum.