Acknowledgements:

The land on which the Undergraduate Medical Education program operates has been a site of human activity for thousands of years. This land is the traditional territory of the Huron-Wendat and Petun First Nations, Seneca and most recently the Mississaugas of New Credit. The territory was the subject of the ‘Dish With One Spoon,’ Wampum Belt Covenant which is an agreement to peaceably share resources around the Great Lakes. Today Toronto is also home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community and on this important traditional territory and meeting place.

The Undergraduate Medical Education program is grateful to Jennifer Anderson, Marina Couchman, Joanie Fong, Martin Schreiber, and Anita Rachlis for their development of this handbook. This publication represents the efforts of many individuals in UME who contributed and verified the content, and also provided feedback on the design of the publication.

Please direct any questions or comments about the handbook to m.schreiber@utoronto.ca.
Introduction from the Vice-Dean
Undergraduate Medical Professions
Education

Dear teaching colleagues:

We in the Undergraduate Medical Education program are delighted to be providing this handbook to all teachers in our program. We have gathered in this one package much of the core information which we believe you may need to refer to while participating in the education of our medical students.

The handbook begins with the Undergraduate Medical Education (UME) program’s overall Goals and Objectives. These learning objectives underpin our entire curriculum, and are organized along the lines of the CanMEDS competencies and the Four Principles of Family Medicine – all fundamental roles of physicians, with which many of you are already familiar. Each of our individual courses has developed its own set of objectives which are aligned with the overall objectives and correspond to the same seven CanMEDS roles. All teachers should be aware of this basic structure, given the central role it plays in everything we do in UME.

The next sections of the handbook provide an overview of the Administration and Leadership of the UME portfolio and some context on the Student Experience, including how students are admitted, how they move onto residency, and some of the key supports and services they receive in UME. This is followed by an overview of our Academies and Training Sites. The next section is devoted to the Curriculum, both at a high level and then with details about the individual courses and themes. We also provide important information on types of teaching (“learning modalities”), grading and assessment, and student professionalism.

UME offers a rich diversity of teaching opportunities, and, regardless of when and how you contribute to our students’ education, you will find information pertinent to your role in the section devoted to the Teaching Experience. Of particular interest are the subsections on the variety of electronic resources used in the UME program and on faculty development.

One of the most important features of the handbook is the reference section on Key Policies, Statements, and Guidelines that govern how UME conducts its program and its expectations for students and teachers. Please do take a few minutes to familiarize yourself with what is here. They are organized by theme for ease of use.

At the back of the handbook, we have provided a Directory of contact information for the key individuals and offices in UME. Lastly, for a handy reference whenever a question or concern arises, flip to the back page for a troubleshooting guide entitled “If you encounter a problem.”

On behalf of the entire medical school leadership and our student body, I would like to express my gratitude to all of our UME teachers for the outstanding learning environment you create for our students, and my hope that this handbook will assist you in your teaching efforts.

Jay Rosenfield, MD, MEd, FRCPC
Vice-Dean Undergraduate Medical Professions Education
Professor of Paediatrics
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Undergraduate Medical Education

GOALS & OBJECTIVES
Introduction to the UME Goals and Objectives

The Undergraduate Medical Education program is governed by a set of Goals and Objectives that were adopted in February 2003 following extensive development and consultation.

CanMEDS
The Objectives, which are found on the following pages, are based on the seven Royal College of Physicians and Surgeons of Canada “CanMEDS roles” and on the College of Family Physicians of Canada’s Four Principles of Family Medicine. Each of the courses in both the Preclerkship and Clerkship have adopted objectives that are explicitly aligned with these overall UME objectives, ensuring continuity throughout the program.

The seven categories – Medical Expert, Communicator, Collaborator, Health Advocate, Manager, Scholar, and Professional – each contain three to ten objectives that describe what abilities our students are expected to have achieved by the end of their medical school education. In total, there are 40 program objectives across all the categories.

For convenience, the full text of each objective is accompanied by a “summary” – a brief phrase that captures the essence of the expected outcome.
UME GOALS & OBJECTIVES

● Goals

Recognizing

1. the continuum of medical education, and the compelling logic of linking medical student education to subsequent post-graduate training and continuing education, and
2. the scientific and humanistic foundations of Medicine*,

the University of Toronto, Faculty of Medicine has adopted the following goals for the undergraduate curriculum:

1. Graduates of the Undergraduate Medical Program will demonstrate the foundation of knowledge, skills and attitudes necessary to achieve the CanMeds competencies and the four principles of Family Medicine.
2. In keeping with the Faculty of Medicine's vision of International Leadership in Health Research and Education, the Undergraduate Medical Curriculum will encourage, support and promote the development of future academic health leaders, who will contribute to our communities, and improve the health of individuals and populations through the discovery, application and communication of knowledge.

● Background

The competencies from CanMEDS and the four principles of Family Medicine have been merged for the purpose of defining the specific objectives that follow. The principle of “The Family Physician as a Skilled Clinician” is associated with the “Medical Expert/Skilled Clinical Decision Maker” CanMEDS competency. The second and third Family Medicine principles “...a resource to a defined practice population” and “community-based” expands the CanMEDS “Health Advocate” competency. Similarly, the CanMEDS “Communicator” competency adds depth to the “Doctor-Patient Relationship” Family Medicine principle. Based on this, curriculum objectives are organized into the following categories:

1. Medical Expert / Skilled Clinical Decision Maker
2. Communicator / Doctor-Patient Relationship
3. Collaborator
4. Manager
5. Health Advocate
6. Scholar
7. Professional

The competency descriptors are modified to acknowledge that graduates of the MD program are about to start their post-graduate residency programs.

* An example of this concept is contained in Dr. Edmund Pellegrino's definition of medicine as the most “humane of the sciences, the most scientific of the humanities and most empiric of the arts.”
## Objectives

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>Summary</th>
<th>Full objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical expert / skilled clinical decision-maker</td>
<td>1.1</td>
<td>Understand the scientific and humanistic foundations of medicine</td>
<td>Demonstrate a knowledge of the scientific* and humanistic foundations of medicine and be able to apply that knowledge to the practice of medicine.</td>
</tr>
<tr>
<td></td>
<td>1.2</td>
<td>Know about all aspects of common and life-threatening illness and all MCC clinical presentations</td>
<td>Demonstrate a thorough knowledge of the etiology, pathogenesis, clinical features, complications, principles of prevention and management of common and life-threatening illnesses presenting throughout the age spectrum, including all of the core clinical presentations outlined by the Medical Council of Canada.</td>
</tr>
<tr>
<td></td>
<td>1.3a</td>
<td>Obtain and document a complete and focused history</td>
<td>Demonstrate the ability to obtain and document both a complete and a focused medical history, as the situation requires.</td>
</tr>
<tr>
<td></td>
<td>1.3b</td>
<td>Perform and document a physical examination</td>
<td>Demonstrate the ability to perform and document both a complete and focused physical and mental status examination, as the situation requires.</td>
</tr>
<tr>
<td></td>
<td>1.3c</td>
<td>Interpret tests</td>
<td>Demonstrate the ability to interpret commonly-employed laboratory tests, including tests of blood and other body fluids, various imaging modalities, and other specific tests such as electrocardiography.</td>
</tr>
<tr>
<td></td>
<td>1.3d</td>
<td>Integrate clinical data into a diagnostic formulation</td>
<td>Demonstrate the ability to integrate the above history, physical and laboratory test findings into a meaningful diagnostic formulation.</td>
</tr>
<tr>
<td></td>
<td>1.3e</td>
<td>Demonstrate therapeutic and management skills</td>
<td>Demonstrate therapeutic and on-going management skills with respect to health and disease.</td>
</tr>
<tr>
<td></td>
<td>1.4</td>
<td>Retrieve and apply best evidence</td>
<td>Retrieve, analyze, and synthesize relevant and current data and literature, using information technologies and library resources, in order to help solve a clinical problem.</td>
</tr>
<tr>
<td></td>
<td>1.5</td>
<td>Integrate best evidence with patient values and clinical expertise</td>
<td>Propose clinical decisions utilizing methods which integrate the best research evidence with clinical expertise and patient values.</td>
</tr>
</tbody>
</table>

*Scientific foundations include among others, the contemporary content of those disciplines that have been traditionally titled anatomy, behavioural science, biochemistry, genetics, immunology, microbiology, pathology, pharmacology and therapeutics, physiology, and preventive medicine.
### Objectives, continued

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>Summary</th>
<th>Full objective</th>
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<tbody>
<tr>
<td>2. Communicator / Doctor-Patient Relationship</td>
<td>2.1</td>
<td>Communicate effectively in multiple ways with patients and families</td>
<td>Communicate effectively with patients, their families and the community through verbal, written and other non-verbal means of communication, respecting the differences in beliefs and backgrounds among patients and students.</td>
</tr>
<tr>
<td></td>
<td>2.2</td>
<td>Establish professional relationships with patients and others</td>
<td>Establish professional relationships with patients, their families (when appropriate) and community that are characterized by understanding, trust, respect, empathy and confidentiality.</td>
</tr>
<tr>
<td></td>
<td>2.3</td>
<td>Deliver information effectively</td>
<td>Deliver information to the patient and family (as appropriate) in a humane manner, and in such a way that it is easily understood, encourages discussion and promotes the patient’s participation in decision-making.</td>
</tr>
<tr>
<td></td>
<td>2.4</td>
<td>Gather information and be cognizant of factors which influence this process</td>
<td>Gather information, negotiate a common agenda, and develop and interpret a treatment plan, while considering the influence of factors such as the patient’s age, gender, ethnicity, cultural and spiritual values, socioeconomic background, medical conditions, and communication challenges.</td>
</tr>
<tr>
<td></td>
<td>2.5</td>
<td>Cooperate and communicate with team members</td>
<td>Demonstrate the importance of cooperation and communication among health professionals so as to maximize the benefits to patient care and outcomes, and minimize the risk of errors.</td>
</tr>
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<tr>
<th>Role</th>
<th>No.</th>
<th>Summary</th>
<th>Full objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Collaborator</td>
<td>3.1</td>
<td>Understand the roles of interdisciplinary team members</td>
<td>Describe the roles and expertise of all members of an interdisciplinary team that are required to optimally achieve a goal related to patient care, a research problem, an educational task, or an administrative responsibility.</td>
</tr>
<tr>
<td></td>
<td>3.2</td>
<td>Develop a collaborative multidisciplinary care plan</td>
<td>Develop a care plan for a patient he/she has assessed, including investigation, treatment and continuing care, in collaboration with the members of the interdisciplinary team.</td>
</tr>
<tr>
<td></td>
<td>3.3</td>
<td>Participate effectively in team discussions</td>
<td>Participate in interdisciplinary team discussions, demonstrating the ability to accept, consider and respect the opinions of other team members, while contributing an appropriate level of expertise to patient care.</td>
</tr>
</tbody>
</table>
### UME GOALS & OBJECTIVES

(Objectives, continued)

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>Summary</th>
<th>Full objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Manager</td>
<td>4.1</td>
<td>Participate in health-care organizations</td>
<td>Participate effectively in health care organizations, ranging from individual clinical practices to Academic Health Sciences Centres, exerting a positive influence on clinical practice and policy-making in one’s professional community.</td>
</tr>
<tr>
<td></td>
<td>4.2</td>
<td>Understand the health care system</td>
<td>Describe the governance, structure, financing, and operation of the health care system and its facilities and how this influences patient care, research and educational activities at a local, provincial, regional, and national level.</td>
</tr>
<tr>
<td></td>
<td>4.3</td>
<td>Apply a broad base of information</td>
<td>Apply a broad base of information to the care of patients in ambulatory care, hospitals and other health care settings.</td>
</tr>
<tr>
<td></td>
<td>4.4</td>
<td>Use health care resources wisely</td>
<td>Describe the rationale for wise stewardship of available resources, appreciating the overall framework for resource allocation, and the absolute and relative levels of resources in various components of the health care system.</td>
</tr>
<tr>
<td></td>
<td>4.5</td>
<td>Build better teams</td>
<td>Help to build better teams.</td>
</tr>
<tr>
<td></td>
<td>4.6</td>
<td>Understand population-based health care services</td>
<td>Describe how population-based approaches to health care services can improve medical practice.</td>
</tr>
<tr>
<td></td>
<td>4.7</td>
<td>Participate in developing a patient care program</td>
<td>Participate in planning, budgeting, evaluation and outcome of a patient care program.</td>
</tr>
<tr>
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<td>4.8</td>
<td>Help with innovation in clinical care</td>
<td>Participate in innovative approaches to clinical care.</td>
</tr>
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<tr>
<th>Role</th>
<th>No.</th>
<th>Summary</th>
<th>Full objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Health Advocate / Community Resources</td>
<td>5.1</td>
<td>Understand determinants of health and principles of disease prevention</td>
<td>Describe the determinants of health and principles of disease prevention and behaviour change appropriate for specific patient populations within a community and internationally, and apply these to patient care responsibilities and broader patient care initiatives.</td>
</tr>
<tr>
<td></td>
<td>5.2</td>
<td>Understand population health</td>
<td>Define and describe a population, its demography, cultural and socioeconomic constitution, circumstances of living, and health status; and understand how to gather health information about this population in order to better serve its needs.</td>
</tr>
<tr>
<td></td>
<td>5.3</td>
<td>Respect diversity, collaboration, and population health</td>
<td>Respect diversity, be willing to work through systems, collaborate with other members of the health care team, and accept appropriate responsibility for the health of populations</td>
</tr>
<tr>
<td></td>
<td>5.4</td>
<td>Participate in community-based interventions</td>
<td>Participate in community activities directed at improving health, utilizing the best evidence, effective teamwork and communication skills.</td>
</tr>
<tr>
<td></td>
<td>5.5</td>
<td>Understand the physician-patient relationship in the service of care</td>
<td>Describe the importance of the individual physician/patient relationship, and develop it appropriately, as a means to identify and implement individual health and disease management strategies on an individual basis.</td>
</tr>
<tr>
<td></td>
<td>5.6</td>
<td>Advocate for population health, challenge orthodoxy</td>
<td>Be prepared to challenge clinical orthodoxy, or identify threats to population health and advocate for their amelioration.</td>
</tr>
</tbody>
</table>
## UME Goals & Objectives

(Objectives, continued)

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>Summary</th>
<th>Full objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Scholar</td>
<td>6.1</td>
<td>Contribute to research</td>
<td>Contribute to Research: The medical graduate will be able to pose a research question, help develop a protocol, assist in carrying out the research, and disseminate the results. The medical graduate will demonstrate an understanding of ethics as it relates to medical research.</td>
</tr>
<tr>
<td></td>
<td>6.2</td>
<td>Engage in lifelong learning, teaching, mentoring</td>
<td>Contribute to Education: The medical graduate will a) demonstrate the ability to engage in life-long, self-directed learning and critical inquiry. b) compare and contrast the diverse learning approaches of peers, patients and others, in order to effectively interact and collaborate. c) assist in teaching others and facilitating learning where appropriate. d) understand the importance of being mentors to those less experienced members of the health care teams.</td>
</tr>
<tr>
<td></td>
<td>6.3</td>
<td>Participate in creative professional activity – innovations, leadership, organizations</td>
<td>Contribute to Creative Professional Activity: The medical graduate will be able to describe the importance of, and contribute to professional innovations, creative excellence, and exemplary professional practice. The graduate will also demonstrate leadership potential by participating in the development of professional practices, such as practice guidelines or health policy development, and participation in professional organizations.</td>
</tr>
<tr>
<td>Role</td>
<td>No.</td>
<td>Summary</td>
<td>Full objective</td>
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<tr>
<td>7. Professional</td>
<td>7.1</td>
<td>Demonstrate self-care, personal</td>
<td>Recognize and accept the need for self-care and personal development as</td>
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<tr>
<td></td>
<td></td>
<td>development</td>
<td>necessary to fulfilling one’s professional obligations and leadership role.</td>
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<td></td>
<td>7.2</td>
<td>Demonstrate altruism, honesty, integrity</td>
<td>Demonstrate altruism, honesty and integrity and respect in all interactions</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>with patients, families, colleagues, and others with whom physicians must</td>
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<td></td>
<td></td>
<td></td>
<td>interact in their professional lives.</td>
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<td>7.3</td>
<td>Demonstrate compassion and respect</td>
<td>Demonstrate compassionate treatment of patients and respect for their privacy</td>
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<tr>
<td></td>
<td></td>
<td>for patients</td>
<td>and dignity and beliefs.</td>
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<td></td>
<td>7.4</td>
<td>Be reliable and responsible</td>
<td>Be reliable and responsible in fulfilling obligations.</td>
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<td>7.5</td>
<td>Recognize one’s limitations, strive</td>
<td>Recognize and accept the limitations in his/her knowledge and clinical skills,</td>
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<td></td>
<td></td>
<td>for improvement</td>
<td>and demonstrate a commitment to continuously improve his/her knowledge, ability</td>
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<td>and skills and leadership, always striving for excellence.</td>
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<td>7.6</td>
<td>Abide by regulations</td>
<td>Describe and abide by the University/Faculty codes of professional conduct,</td>
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<td></td>
<td></td>
<td>and the relevant professional regulatory requirements concerning medical</td>
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<td></td>
<td>practice.</td>
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<td>7.7</td>
<td>Understand conflicts of interest</td>
<td>Describe the threats to medical professionalism posed by the conflicts of</td>
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<td>interest which can occur in the practice of medicine.</td>
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<td>7.8</td>
<td>Use principles of medical ethics</td>
<td>Demonstrate a sound grasp of the theories and principles governing ethical</td>
</tr>
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<td></td>
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<td></td>
<td>decision-making, the major ethical dilemmas in medicine, and an approach to</td>
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<td></td>
<td></td>
<td></td>
<td>resolving these.</td>
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<td></td>
<td>7.9</td>
<td>Understand law as applied to medicine</td>
<td>Demonstrates an understanding of the principles and practice of law as they</td>
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<td></td>
<td></td>
<td>apply to the practice of medicine.</td>
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<td>7.10</td>
<td>Manage medical error</td>
<td>Develop the capacity to recognize common medical errors, report them to the</td>
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<td>required bodies, and discuss them appropriately with patients.</td>
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Undergraduate Medical Education
ADMINISTRATION & LEADERSHIP
Undergraduate Medical Education Organizational Charts

There are two ways to understand the organization of the UME program: by leadership role and by portfolio/committee.

The organizational charts on this and the next page present both structures.
UME ADMINISTRATION & LEADERSHIP: Organizational Charts

Undergraduate Medical Education
UNIVERSITY OF TORONTO

COMMITTEE & PORTFOLIO
STRUCTURE

Vice-Dean
Undergraduate Medical Professions Education
Dr. J. Rosenfield

UME Executive Committee
Dr. J. Rosenfield

MedSIS Steering Committee Chair: Dr. R. Pizzini

Academy Directors’ Committee** Chair: Dr. J. James

OPERATIONAL COMMITTEES, advisory to the Vice-Dean UME

Registral Affairs Portfolio
J. Hunter

Curriculum Portfolio
Dr. M. Schreiber

Admissions & Student Finances Portfolio
Dr. M. Hanson

Health Professions Student Affairs Portfolio
Dr. L. Nickell

Physician Scientist Training Portfolio
Dr. N. Rosenthal

UME Curriculum Committee*
Chair: Dr. M. Schreiber

Preclinical Committee*
Chair: Dr. P. Bryden

Course Committees
Chair: Preclinical Course Directors

Theme Committees
Chair: Thematic Faculty Leads

Course Committees
Chair: Clerkship Course Directors

Examination & Student Assessment Committee
Chair: Dr. R. Pizzini

Awards Committee*
Chair: B. Greco

UME Curriculum Evaluation Committee
Chair: Dr. R. Pizzini

Admissions Committee*
Chair: Dr. M. Hanson

Student Finance Committee
Chair: Dr. M. Hanson

Wellness Programs

Counseling (Personnel, Career, Education Development)

Service Learning

MD/PhD Program Director:
Dr. N. Rosenthal

CREMS Program Director:
Dr. N. Sweeney

Medical Students’ Research Day Director:
Dr. N. Sweeney

 Updates and details available at www.md.utoronto.ca
Decision-Making in the Faculty of Medicine & UME

The Faculty of Medicine, and the UME portfolio within it, is a complex organization. The brief description below may be useful in helping teachers understand the functioning of the medical school and how they can contribute directly to it.

GOVERNANCE AND MANAGEMENT: SEPARATE BUT LINKED

The Faculty of Medicine – like the University of Toronto as a whole – is directed through paired governance and management structures.

In general terms, governance can be understood as the authority and responsibility to set appropriate principles and policies for an institution in order to establish the direction of its activities. By contrast, management is the authority and responsibility to run the day-to-day operations of an institution in accordance with the principles and policies that have been established by governance.

For example, in corporations, including hospitals, the governance structure is represented by the Board of Directors or Trustees, and the management structure is the Senior Leadership Team.

In the Faculty of Medicine, governance is the purview of the Council of the Faculty of Medicine (commonly referred to as “Faculty Council”), while management is the purview of Dean of Medicine Dr. Catharine Whiteside, the Vice-Deans and Associate Deans (which together are referred to as the Decanal Team), the Chief Administrative Officer, and the Senior Managers. Both the governance and management structures work closely with the Faculty’s Departments (via the Chairs), the Extra-Departmental Units (via the Directors), and programs (via the Vice-Deans Education).

FACULTY COUNCIL

Faculty Council is a large body consisting of approximately 100 members drawn from faculty, students, staff, and the leadership of the Faculty of Medicine, other Faculties, and the University. There are 19 student seats, including 12 reserved for students in the Undergraduate Medical Education program. The Dean and entire Decanal Team serve on Faculty Council to ensure cohesion with the management structure. Faculty Council is led by a Speaker, which is an annual appointment drawn from among the faculty members of the Council.

Meetings of Faculty Council are held three times a year and are announced in advance in the electronic MedEmail newsletter. They are open to the general public, and the minutes are posted online at: http://medicine.utoronto.ca/about-faculty-medicine/faculty-council-meeting-materials

The Faculty Council has a number of standing committees, the memberships of which are drawn from a combination of Council members and other individuals from the Faculty of Medicine. The standing committees are the Boards of Examiners for each of the health professional programs, an Appeals Committee, an Education, Graduate Education, and Continuing Education Committee, a Research Committee, and two procedural bodies: an Agenda Committee and Striking Committee.

Some items approved by Faculty Council are then submitted to the Governing Council of the University of Toronto for final approval. The Governing Council is the senior governing body of the university that oversees the academic, student, and business affairs of the University (www.governingcouncil.utoronto.ca).
MANAGEMENT OF THE UNDERGRADUATE MEDICAL EDUCATION PORTFOLIO

The UME program is led by the Vice-Dean Undergraduate Medical Education, Dr. Jay Rosenfield. As described above, as a Vice-Dean, Dr. Rosenfield contributes to both the management and governance of the Faculty.

The Vice-Dean chairs the UME Executive Committee, which consists of the Associate Deans Health Professions Student Affairs (HPSA), Undergraduate Medicine Admissions & Student Finances (UMASF), and Physician Scientist Training, the Curriculum Director, the Preclerkship and Clerkship Directors, the four Academy Directors, the Faculty Registrar, the Administrative Managers for the St. George and UTM campuses of UME, and the Special Projects and Policy Manager. This group addresses high-level management issues, many of which are brought forward by the committees chaired by the members, including the Preclerkship and Clerkship Committees (see below), the Admissions Committee, and the Academy Directors’ Committee.

The Undergraduate Medical Education Curriculum Committee (UMECC) is chaired by the UME Curriculum Director. This Committee straddles management and governance functions, and has responsibility both for setting the direction of the curriculum and for making management decisions related to the curriculum. Updates from UMECC are reported to the Faculty-level Education Committee and occasionally to Faculty Council by the Vice-Dean. Besides the Curriculum Director, the membership of UMECC consists of the Vice-Dean UME, the Preclerkship and Clerkship Directors, the Academy Directors, the Faculty Registrar, the Associate Deans HPSA and UMASF, two clinical and one basic science sector Chair, two representatives from the Community Health Sector, the Director of Evaluations, four student representatives, and a recent graduate of the program.

The UME Curriculum Evaluation Committee (UMECEC) and its subcommittee, the Examination & Student Assessment Committee (ESAC), are responsible for evaluating all aspects of the design, delivery, and outcomes of the curriculum, and delivering their findings and recommendations to UMECC. UMECEC is chaired by the Director of UME Evaluations, while ESAC is chaired by a faculty member. Both include a mixture of course directors, teachers, students, and evaluation research scientists.

The Preclerkship Committee and Clerkship Committee consist primarily of course directors, as well as student representatives, Academy Directors, the Associate Dean HPSA, the Director of Evaluations, the thematic faculty leads, and several other members. These committees report to UMECC and are charged with proposing, deliberating, and implementing broad curriculum decisions. Like UMECC, their mandates meld governance and management aspects of their periods of the curriculum.

Each course also has a course committee (sometimes known as a course planning committee, or CPC). Course committees bring together students and teachers from the course, particularly those who are heavily involved such as site directors, week managers, block coordinators, etc. Course committees are often a teacher's first introduction to UME curriculum management.
MANAGEMENT COMMITTEES OF THE DEAN

Several management committees are chaired by the Dean or report to her. Chief among these is the Dean’s Executive, which consists of the entire Decanal Team, Chief Administrative Officer, Chief Financial Officer, Senior Managers (administrative directors), and four Department Chairs representing the clinical, basic science, rehabilitation, and community health sectors. A Budget Committee representing the four sectors advises the Dean on faculty budget issues.

In addition, there are four committees of Department Chairs: the All Chairs’ Committee, Basic Science Chairs’ Committee, Clinical Science Chairs’ Committee, and Rehabilitation Science Chairs’ Committee.

Together, the management committees serve as a forum for discussion and receive updates about procedural issues in the Faculty, and at the University. The committees ensure consistent operations among the portfolios.

Outside of the committees, members of the Faculty management structure work together on a daily basis in a variety of capacities, for instance with regard to finances, human resources, inter-departmental initiatives, space and infrastructure, etc.
Undergraduate Medical Education

THE STUDENT EXPERIENCE
The Continuum of Medical Education

The following is a brief description of the procedures students follow when they apply to postgraduate training. Although these aspects of a medical student’s life are not directly related to their medical school curriculum, teachers may find it helpful to have a perspective on where our students are headed and how they will get there.

APPLICATION TO POSTGRADUATE TRAINING PROGRAMS

Choosing a career path is a significant step for medical students, and assistance is available to them from the UME program, the Academies, and the Departments of the Faculty of Medicine. Individual faculty can become involved in various ways, including mentorship, information sessions, and job shadowing; the course director/undergraduate program director in the Departments can provide suggestions on how to participate. Please also see The UME Teaching Experience ➔ Getting More Involved ➔ Career Mentorship and Education.

The process of application to postgraduate training is managed nationally by the “Canadian Residency Matching Service” (CaRMS). In order to participate in the CaRMS process, applicants must have a degree or be in their last year of a degree program from an appropriately accredited institution; furthermore, to be eligible for residency positions at the University of Toronto and most other medical schools in Canada, applicants must be a Canadian citizen or have permanent resident status. In the autumn of fourth year of UME, students submit to CaRMS a list of the postgraduate training programs for which they wish to be considered. The programs review the applications, and then offer interviews to their preferred candidates. The UME program provides a three-week break in January of fourth year to enable students to attend these interviews.

In contrast to a typical “application” process such as those used for academic programs, the residency match is intended to ensure that graduates are placed in a program that meets their needs as much as the graduate meets those of the program. Therefore, following the interview period, both students and residency programs submit rankings to CaRMS, and these lists are used together to determine the optimal placement or “match” of every student across the country. CaRMS then notifies applicants of the results in March of fourth year. Typically, the vast majority of University of Toronto students do match, but any unmatched candidates are able to enter a second round of matching, which is completed in April. The Office of Health Professions Student Affairs provides support to students who learn that they have not matched.

Our graduates enter the full spectrum of postgraduate training. In the last three years, for example, the graduating classes have matched to programs in specialties including family medicine, internal medicine, general surgery and surgical sub-specialties, and smaller proportions to a wide variety of programs, including paediatrics, obstetrics and gynaecology, anesthesia, diagnostic radiology, psychiatry, ophthalmology, otolaryngology, laboratory medicine, pathology, radiation oncology, emergency medicine, dermatology, neurology, community medicine, medical genetics, and physical medicine and rehabilitation.
Student Affairs

The Associate Dean and staff of the Office of Health Professions Student Affairs (OHPSA) are dedicated to supporting students in achieving their full academic and personal potential within Faculty of Medicine’s programs. They have expertise in a variety of areas, and access to extensive resources and networks within the University and surrounding communities.

COUNSELLING

The OHPSA is staffed by three types of professional counsellors:

- Three Personal Counsellors, who are available specifically to assist students with any personal concerns/issues through private, confidential, short-term counselling. They also conduct group sessions on wellness and mindfulness.
- Two Career Counsellors, who help guide students to develop into the kind of physician they aspire to be. All sessions are confidential. Individual career counselling services include: self-assessment, medical specialty exploration, CaRMS application assistance, CV and personal statement critique, and Residency interview practice and support. The Career Counsellors also conduct workshops, presentations, and career panels.
- An Education Developer, who provides individual student consultation for any student experiencing academic difficulties. Through this office, the “Meds Facilitated Study Group Program” (MFSG) is offered, providing peer-to-peer study groups during the Structure & Function course. The learning skills office also offers tutoring groups, in partnership with the Student Affairs Liaison Team. Note: Students requesting special accommodation related to a physical or other impairment (e.g. extra time or a separate room for examinations) must have authorization through University of Toronto Accessibility Services and are responsible for bringing their needs to the attention of their course directors or the Associate Dean OHPSA. The Education Developer also provides consultation and resources to faculty regarding course design, delivery, and remediation.

All counselling services are confidential; counsellor offices are privately located on both campuses, separate from the general UME and OHPSA offices. Appointments may be arranged in the following ways:

1. Telephone: 416-978-2764
2. E-mail: ohpsa.reception@utoronto.ca
3. Through the portal: Log into to the portal, http://portal.utoronto.ca, go to “My Organizations Plus” → Office of Health Professions Student Affairs → Choose the counselling area of interest → Book an appointment.
4. Directly with the counsellors: For their contact info, see the directory at the end of this Handbook or go to the OHPSA website, www.ohpsa.utoronto.ca
5. Drop-in to arrange an appointment:
   - On the St. George campus, the OHPSA office is at MSB, 1 King's College Circle, Room 2171B – the receptionist can book an appointment for students.
   - At MAM, the Student Support Administrator is located in the Terrence Donnelly Health Sciences Complex, and he can arrange appointments for students at the UTM campus.

Teachers who are approached by students who are dealing with a personal problem of any nature are encouraged to contact the Office of Health Professions Student Affairs for advice, or to suggest that the students contact the Office directly.
**FACULTY LEAD IN CAREER EXPLORATION**

Career Exploration is an evolving process that brings together meaningful personal and clinical experiences, and consolidates during the fourth-year CaRMS application period. Working within the Office of Health Professions Student Affairs (OHPSA,) the Faculty Lead in Career Exploration is a resource for both students and faculty regarding those experiences, particularly non-curricular Preclerkship clinical activities such as shadowing and observing. The Faculty Lead can assist with issues pertaining to the Enriching Educational Experience Program, the maintenance and development of extracurricular Preclerkship clinical initiatives among the Departments and Divisions of the Faculty of Medicine, Global Health activities, and the Rural Ontario Medical Program (ROMP). The Faculty Lead also works closely with the career counsellors of the OHPSA. For questions, ideas, and additional information, contact Dr. Jon Novick at jon.novick@utoronto.ca or through the OHPSA.

**EXTRACURRICULAR AND SERVICE-LEARNING ACTIVITIES**

In addition to counselling services, the OHPSA supports student life and community service activities. The Office recognizes the value of a well-rounded program for student development, and the role of social responsibility in medicine, and encourages students to participate in Faculty, University, and community activities. A number of social, charitable, and personal development and well-being events are also facilitated by the OHPSA. Awareness of social issues and our professional responsibility to support those in need both locally and globally is encouraged. Collaboration and participation by students from all health professional student groups in the Faculty of Medicine is encouraged wherever possible. In addition, the OHPSA provides assistance with the service-learning activities in the Community Affairs Portfolio of the students’ Medical Society (MedSoc)
Help for Students: The “Red Button” & Incident Report Form

DESCRIPTION OF THE “RED BUTTON”
The “Red Button” is a feature of the UME website that was designed to make it easier for students – and anyone trying to assist them, including teachers – to efficiently access important information when there is an urgent situation, crisis, or time-sensitive need for information.

The “button” is displayed on the UME website in the upper right hand corner, just below the search field.

Links to the Red Button are available elsewhere, including on the Office of Health Professions Student Affairs portal website. It can be accessed directly via the following URL: http://www.md.utoronto.ca/redbutton.htm

To use the Red Button, go to the site (using any of the paths described above), and select the statement that best describes the problem you are facing:

- “I’ve experienced a workplace injury (e.g. needlestick).”
- “I’ve experienced a non-workplace injury or illness.”
- “I’ve missed an exam (or am about to miss an exam).”
- “I need to know about being absent from school.”
- “I am worried about my performance on an exam or assessment.”
- “I am experiencing a personal crisis.”
- “I am worried about a friend in crisis.”
- “I feel threatened.”
- “I have experienced or witnessed student mistreatment.”
- “I want to talk to someone about a breach of professionalism that I witnessed.”

Selecting any of the statements on the Red Button page leads the user to a new page providing advice, links to resources and/or contact information, relevant policies, etc.

What the Red Button does and what it does not do:
The Red Button is simply a reference tool, a way for the user to link to various sources of information and also to an incident reporting form. It is not a “hotline” and in no way provides direct emergency assistance. It does not connect a user directly to another person, nor does it track who has clicked on the Red Button or what components they have accessed. It does, however, direct users to useful contact information and support services (both internal and external to the University), as well as to a special reporting tool for incidents of mistreatment or unprofessionalism (see below).
REPORTING INCIDENTS OF CONCERN

The UME program is committed to continual monitoring and improvement of the learning environment. This includes promoting awareness of what constitutes appropriate behaviour – by teachers, other health professionals, residents and other learners, and UME students themselves – and providing means to identify when inappropriate behaviour occurs.

The program encourages students who experience or witness behaviour of serious concern in the course of their training to address the situation in one of various ways.

If the incident is relatively minor and the student feels comfortable doing so, it is recommended that the student discuss the situation directly with the person whose behaviour seemed unprofessional. Minor incidents are typically single, apparently isolated events that are troubling, yet do not strike the student as having a significant impact on the learning environment. This direct approach recognizes the role of collegial conversation, and emphasizes the principle of addressing problems locally wherever possible. The student may also wish to approach another trusted UME teacher, leader, or administrative staff member for advice.

For more serious or uncomfortable incidents, students are encouraged to report what they experienced or witnessed to a “Designated UME Leader”:

- the Associate Dean Health Professions Student Affairs
- an Academy Director
- the Preclerkship or Clerkship Director
- the faculty lead for ethics and professionalism
- a course director
- the Associate Dean Equity & Professionalism
- a personal counsellor in the Office of Health Professions Student Affairs

Students can of course choose to speak instead with another individual, but Designated UME Leaders have the connections and knowledge of University resources and protocols to provide appropriate assistance. Therefore, teachers who are approached by a student about an incident of concern are strongly advised to suggest to the student that they contact a Designated UME Leader or to seek the student’s consent to refer the matter.

Besides a face-to-face meeting, phone call, or e-mail, UME now provides an additional option for students to report an incident to a Designated Leader: the Student Incident Report Form. This online form, available via the Red Button or at http://medicine.utoronto.ca/umeincidentreport, allows students to provide a written description of the situation and send it confidentially to any of the Designated UME Leaders. If desired, a student may choose to submit the report anonymously; please note, however, that this practice is discouraged because it limits the University’s ability to investigate and act upon the report.

UME defines two types of incident: student mistreatment (i.e. harm of some kind to a medical student) and other unprofessional behaviour besides student mistreatment (e.g., mistreatment of someone other than a student, misrepresentation of one’s qualifications, harassment, etc.). The response to an incident report will depend on the nature of the situation, but in all cases, the reporting student’s privacy will be respected and the matter will be treated sensitively and strictly confidentially except where required by law or University policy.

NOTE: The Incident Report Form is a tool to seek follow-up. It is not an emergency notification service.

See the Protocol for students to report mistreatment or other kind of unprofessional behaviour and also the flowchart on the next page.
**U of T MEDICAL STUDENT PROCEDURE TO REPORT INCIDENTS OF CONCERN**

You have experienced or witnessed a faculty member, other student, resident, other learner, health professional, or administrative staff member do something that was disturbing to you.

**FIRST:** Attend to your immediate health and safety, and that of anyone else who was affected.

For contacts and advice, click the “Red Button” in the Portal or in MedSIS, or go to www.md.utoronto.ca/redbutton.htm.

In an emergency, activate Emergency Services at your location or call 911.

**NEXT:** We encourage you to follow-up on the incident as suggested below.

Is your predominant concern that...

... you believe that the learning climate has been harmed or compromised (possibly including harm to someone other than a student)?

“Incident of unprofessional behaviour”

Do you believe the incident was...

... of major concern?

... of minor concern?

Please make a report using the Incident Report Form or email to ONE of the following UME leaders:

- the Associate Dean (especially if the incident occurred at an Academy site)
- the course director (especially if the incident occurred at a non-Academy site)
- the Preclerkship or Clerkship Director (if the incident involves a course director or unresolved pattern)
- the Associate Dean, Equity & Professionalism
- the Associate Dean, Health Professions Student Affairs
- the Faculty Lead, Ethics & Professionalism
- the councillors of the Office of Health Professions Student Affairs

If required by law or University/Hospital policy, and/or to address the situation you encountered, your report may be shared, on a strict need-to-know basis. Your privacy will be respected.

*The Incident Report Form is accessible via the Red Button, www.md.utoronto.ca/redbutton. **For contacts, see www.md.utoronto.ca/contacts.

Note: Inappropriate behaviour is defined in policies available at http://www.md.utoronto.ca/students/studenthealthsafetyrights.htm.

**CAN I SPEAK TO SOMEONE ELSE INSTEAD OF THE PEOPLE LISTED HERE?**

Yes, you can choose to make a report to an individual involved in UME who is not listed here. However, in such a case, the recipient of the report is strongly advised to help redirect you to a UME leader as listed in the flowchart. (For details, see the Protocol for UME students to report mistreatment and other kinds of unprofessional behaviour.) This is for your protection and theirs. Many situations involving harmful behaviour are complicated and require detailed knowledge of policies, procedures, and resources.

**WHAT WILL UME DO TO HELP ME OR TO RESOLVE THE ISSUE?**

If you make a report to a UME leader identified here, he/she will provide guidance to you, offer you access to resources and services as appropriate, consult University and/or Hospital policies (as relevant) to determine the appropriate steps to be taken, and, if warranted, set in motion a formal investigation process. You should be aware that in most instances, problems cannot be fully addressed by one person alone. Therefore, the person you make the report to will probably enlist the involvement of others, with your permission.

**WILL ANYTHING CHANGE IN THE LONG-RUN?**

Incidents reported through this process will be collated by the Associate Dean, Equity & Professionalism, omitting information that identifies you, the reporter. They will be recorded for statistical analysis to allow the Faculty of Medicine to monitor the health of the learning environment and make targeted changes over time for the benefit of students and other members of the Faculty community.
Undergraduate Medical Education

ACADEMIES & TRAINING SITES
Teaching Locations

Medical education involves a number of different learning experiences, necessitating a variety of teaching sites. The basic distinction is between didactic (classroom) teaching, which takes place to a great extent – although not exclusively – on the University campuses, and clinical teaching, which occurs primarily – although not exclusively – in hospital settings as described below.

**ON-CAMPUS TEACHING**

Particularly in the first two years of the UME program, a significant amount of teaching is conducted at the University of Toronto, on both the St. George and UTM campuses. All lectures and many seminars take place in the Medical Sciences Building in Toronto and the Terrence Donnelly Health Sciences Complex in Mississauga, and problem-based learning tutorials also take place at UTM. Whole-class lectures which originate on the St. George campus are videoconference to the UTM campus, and vice-versa.

In the Clerkship, students come together for on-campus teaching at the start of Year 3 (Transition to Clerkship) and at the end of Year 4 (Transition to Residency), again for both large-group and some small-group teaching.

**CLINICAL TEACHING: INTEGRATED MEDICAL EDUCATION**

“Integrated medical education” refers to the collaboration of a vast variety of hospitals and other clinical sites that are affiliated with the University of Toronto to provide UME students with a rich and diverse medical training experience.

The UME program places Clerkship students in approximately 20 inpatient facilities and a large number of ambulatory sites. For the most part, these sites are located in Toronto or Mississauga, but some are elsewhere in the Greater Toronto Area (GTA); students also have the opportunity to complete selectives, electives, and the Family & Community Medicine rotation outside of the GTA.

Most clinical teaching is provided in the academic health science centres (sometimes called “teaching hospitals”), but community hospitals – including Trillium Health Partners in Mississauga – are hosting an increasing proportion of students in both the Preclerkship and the Clerkship. The number and breadth of community sites is a strength of the UME program, as they offer students a different perspective on patient care and often a different patient mix.

The Academies

In a medical school of approximately 1,000 MD students and almost 30 affiliated hospitals, the program appreciates the value of a clinical “home” where students can get to know the teachers, staff, and other students around them. In addition, the Preclerkship curriculum is heavily based on small-group learning opportunities which require appropriate resources, rooms, and clinical teaching facilities. The Academies of the Undergraduate Medical Education program were created in 1992 for these reasons and have responded to the evolving needs of the undergraduate curriculum.

Updates and details available at www.md.utoronto.ca
The four Academies, which consist of clusters of both fully-affiliated and community-affiliated hospitals, provide the hospital-based portions of the curriculum in a supportive, student-focused learning environment. Each Academy offers unique and diverse strengths of their constituent hospitals and clinical sites, while maintaining a consistent standard of excellence in their educational role. Students are associated with their Academy for the duration of their MD studies.

<table>
<thead>
<tr>
<th>Campus</th>
<th>FitzGerald Academy</th>
<th>Mississauga Academy of Medicine</th>
<th>Peters-Boyd Academy</th>
<th>Wightman-Berris Academy</th>
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</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>Anchor hospital:</td>
<td>Anchor hospital:</td>
<td>Anchor hospitals:</td>
<td>Anchor hospitals:</td>
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<tr>
<td></td>
<td>St. Michael’s</td>
<td>Trillium Health Partners</td>
<td>Sunnybrook Health</td>
<td>Mount Sinai</td>
</tr>
<tr>
<td>Associate hospital</td>
<td>St. Joseph’s Health Centre</td>
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<td>Sciences Centre</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>North York General</td>
<td>Toronto East General</td>
</tr>
<tr>
<td>Director</td>
<td>Dr. Molly Zirkle</td>
<td>Dr. Pamela Coates</td>
<td>Dr. Mary Anne Cooper</td>
<td>Dr. Jackie James</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:zirklem@smh.ca">zirklem@smh.ca</a></td>
<td><a href="mailto:pamela.coates@utoronto.ca">pamela.coates@utoronto.ca</a></td>
<td><a href="mailto:maryanne.cooper@sunnybrook.ca">maryanne.cooper@sunnybrook.ca</a></td>
<td><a href="mailto:jjames@mtsinai.on.ca">jjames@mtsinai.on.ca</a></td>
</tr>
<tr>
<td># students in 2013-14</td>
<td>-54/year</td>
<td>54/year</td>
<td>-60/year</td>
<td>-91/year</td>
</tr>
</tbody>
</table>

For more information, see the “Partners” section of the UME website (www.md.utoronto.ca).

The Academy model allows students to become well-integrated into their clinical community. Opportunities exist, however, for all students in both core clerkship rotations and electives and selectives to experience hospitals and ambulatory sites outside their Academy.

The Mississauga Academy of Medicine (MAM) is based at the University of Toronto Mississauga (UTM) campus while the University of Toronto’s other three Academies (FitzGerald, Peters-Boyd, and Wightman-Berris) are associated with the St. George campus.

Academy assignment is integrated into the admissions process, with applicant preference taken into consideration. Detailed information regarding the medical school’s campuses and the Academy structure is provided to interviewees, who are asked to indicate a campus preference. Offers of admission are then made for either the Mississauga Academy of Medicine or the St. George campus. Students admitted to the St. George campus are subsequently assigned to one of its three Academies – FitzGerald, Peters-Boyd, and Wightman-Berris – again based as much as possible on their stated preferences. All campus and Academy assignments are for the entire four years of medical school, although students have ample opportunities to participate in clinical learning experiences outside of their Academies. The Academy Directors and their staff work together to coordinate the provision of the core curriculum as determined by the University and clinical departments.
### ACADEMY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Academy</th>
<th>Academy Director</th>
<th>Medical Education Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>FitzGerald</td>
<td>Molly Zirkle</td>
<td>Dragana Markovic (St. Michael’s)</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:zirklem@smh.ca">zirklem@smh.ca</a></td>
<td><a href="mailto:markovicd@smh.ca">markovicd@smh.ca</a></td>
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<tr>
<td></td>
<td>416-864-5187</td>
<td>Sonya Surbek (St. Michael’s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:surbeks@smh.ca">surbeks@smh.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Katherine Brown (Bridgepoint)</td>
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<td></td>
<td></td>
<td><a href="mailto:kbrown@bridgepointhealth.ca">kbrown@bridgepointhealth.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Erika Unelli (St. Joseph’s)</td>
</tr>
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<td></td>
<td></td>
<td><a href="mailto:unelle@stjoe.on.ca">unelle@stjoe.on.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jasmine Paloheimo (LinC Coordinator)</td>
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<td></td>
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</tr>
<tr>
<td>Mississauga Academy of Medicine</td>
<td>Dr. Pamela Coates</td>
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<td></td>
<td><a href="mailto:pamela.coates@utoronto.ca">pamela.coates@utoronto.ca</a></td>
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</tr>
<tr>
<td></td>
<td>905-569-4617</td>
<td>Kristen Harshman-Best (Executive Assistant)</td>
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<tr>
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<tr>
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<td></td>
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<td></td>
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<td></td>
<td>416-480-4274</td>
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<td>Wightman-Berris</td>
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<td></td>
<td>Brian Davidson (DOCH at WB)</td>
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</tr>
</tbody>
</table>

Updates and details available at www.md.utoronto.ca
Undergraduate Medical Education
THE CURRICULUM
Undergraduate Medical Education
2014-15 Key Dates and Holidays

Key program dates are indicated in bold and indented. Statutory holidays are marked with an asterisk (*). Other holidays are indicated for information only. Students who observe these or other holidays may request permission for absence.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>Year 3 begins</td>
<td>Monday, August 18, 2014</td>
</tr>
<tr>
<td>Years 1 and 2 begin</td>
<td>Monday, August 22, 2014</td>
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<tr>
<td>*Labour Day</td>
<td>Monday, September 1, 2014</td>
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<tr>
<td>Year 4 begins</td>
<td>Tuesday, September 2, 2014</td>
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<tr>
<td>Rosh Hashanah</td>
<td>Wednesday, Sept. 24 (p.m.) – Friday, Sept. 26, 2014</td>
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<tr>
<td>Yom Kippur</td>
<td>Friday, October 3 (p.m.) – Saturday, October 4, 2014</td>
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<tr>
<td>Eid-al-Adha</td>
<td>Friday, October 3 (p.m.) – Tuesday, October 7, 2014</td>
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<tr>
<td>Sukkot</td>
<td>Wednesday, October 8 (p.m.) – Friday, October 10, 2014</td>
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<tr>
<td>*Thanksgiving</td>
<td>Monday, October 13, 2014</td>
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<tr>
<td>Shemini Atzeret/Simchat Torah</td>
<td>Wednesday, October 15 (p.m.) – Friday, October 17, 2014</td>
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<tr>
<td>Diwali</td>
<td>Thursday, October 23, 2014</td>
</tr>
<tr>
<td>Hanukkah</td>
<td>Tuesday, Dec. 16 (p.m.) – Wednesday, Dec. 24, 2014</td>
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<tr>
<td>Winter Break (Years 1, 2 and 3)</td>
<td>Saturday, Dec. 20, 2014 – Sunday, January 4, 2015</td>
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<tr>
<td>Feast of the Nativity</td>
<td>Tuesday, January 6, 2015</td>
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<tr>
<td>Christmas (Orthodox)</td>
<td>Wednesday, January 7, 2015</td>
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<tr>
<td>CaRMS Interview Break (Year 4)</td>
<td>Saturday, January 17 – Sunday, February 8, 2015</td>
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<tr>
<td>*Family Day</td>
<td>Monday, February 16, 2015</td>
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<tr>
<td>Lunar New Year</td>
<td>Thursday, February 19, 2015</td>
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<td>March Break (Year 3)</td>
<td>Saturday, March 7 – Sunday 15 March, 2015</td>
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<td>March Break (Year 1 and 2)</td>
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<td>Norouz (Persian New Year)</td>
<td>Saturday, March 21, 2015</td>
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<td>First two days of Passover</td>
<td>Friday, April 3 (p.m.) – Sunday, April 5, 2015</td>
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<td>Year 4 ends</td>
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<td>*Good Friday</td>
<td>Friday, April 3, 2015</td>
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<td>Easter Monday</td>
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<td>Holy Friday (Orthodox)</td>
<td>Friday, April 10, 2015</td>
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<td>Sunday, April 12, 2015</td>
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<td>Easter Sunday (Orthodox)</td>
<td>Sunday, April 12, 2015</td>
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<td>*Victoria Day</td>
<td>Monday, May 18, 2015</td>
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<td>Year 1 ends</td>
<td>Tuesday, May 26, 2015</td>
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<tr>
<td>Year 2 ends</td>
<td>Wednesday, May 27, 2015</td>
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<td>Shavuot</td>
<td>Saturday, May 23 (p.m.) – Monday, May 25, 2015</td>
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<td>Ramadan</td>
<td>Thursday, June 18 (p.m.) – Friday, July 17, 2015</td>
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<td>Summer Breather Weekend (Year 3)</td>
<td>Friday, June 19 – Monday, June 22, 2015</td>
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<tr>
<td>Aboriginal Day of Prayer</td>
<td>Sunday, June 21, 2015</td>
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<tr>
<td>*Canada Day</td>
<td>Wednesday, July 1, 2015</td>
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<td>Eid-Al-Fitr</td>
<td>Saturday, July 18, 2015</td>
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<td>*Civic Holiday</td>
<td>Monday, August 3, 2015</td>
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<tr>
<td>Year 3 Ends</td>
<td>Friday, August 28, 2015</td>
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</table>
Program Overview

The program consists of two years of Preclerkship education followed by two years of Clerkship. Throughout the curriculum, individual “courses” are enriched through longitudinal learning about key themes, some of which correspond to specific CanMEDS roles (see UME Goals and Objectives). The overall scheme of the program is diagrammed below, followed by a brief description of the major components. (Note that in the Clerkship, students rotate through the clinical courses in different orders.) Greater detail is provided in the sections that follow this overview.

### An overview of the Undergraduate Medical Education Program

#### PRECLERKSHIP

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Block courses</strong></td>
<td><strong>Mechanisms, Manifestations and Management of Disease</strong></td>
</tr>
<tr>
<td>Structure &amp; Function</td>
<td>36 weeks: Lectures, seminars, PBL tutorials</td>
</tr>
<tr>
<td>Metabolism &amp; Nutrition</td>
<td>36 weeks: Lectures, seminars, PBL tutorials</td>
</tr>
<tr>
<td>Brain &amp; Behaviour (incl. Pharmacology)</td>
<td>36 weeks: Lectures, seminars, PBL tutorials</td>
</tr>
<tr>
<td><strong>Continuity courses</strong></td>
<td><strong>Determinants of Community Health</strong></td>
</tr>
<tr>
<td>Art &amp; Science of Clinical Medicine</td>
<td>36 + 36 weeks – Small-group clinical skills education</td>
</tr>
<tr>
<td>Community, Population &amp; Public Health-1 (36 weeks)</td>
<td>Community visits, service learning, scholarly project, lectures, tutorials</td>
</tr>
<tr>
<td>Family Medicine Longitudinal Experience</td>
<td>6 one-on-one half-day clinics with family doctors, written assignments</td>
</tr>
</tbody>
</table>

#### CLERKSHIP

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition to Clerkship</td>
<td>Electives</td>
</tr>
<tr>
<td>3 weeks: Lectures, small group sessions, online learning, Academy orientation</td>
<td>12 weeks: Clinical placements</td>
</tr>
<tr>
<td><strong>Core clinical rotations:</strong> Students rotate in different orders through 8-week rotations, or vice versa (shown in alpha order below)</td>
<td></td>
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<tr>
<td>Family Medicine incl. Dermatology</td>
<td>Obstetrics &amp; Gynaecology</td>
</tr>
<tr>
<td>6 wks</td>
<td>6 wks</td>
</tr>
<tr>
<td>Portfolio Sessions</td>
<td>Small-group meetings (7 + 3), written assignments</td>
</tr>
</tbody>
</table>

Every course has one or more course directors, who are responsible for the design and implementation of their course with support from their course committee, administrative staff, and often Academy Medical Education Offices.
THE CURRICULUM: Preclerkship (Years 1 & 2)

PRECLERKSHIP OVERVIEW
The Preclerkship is comprised of two kinds of courses:

- **Block courses**, occupy most of the time during each week of the Preclerkship, and include a mixture of lectures, case-based seminars, laboratory sessions and/or problem-based learning (PBL) tutorials. Students are also introduced in the first term together to integrative learning, medical education research, and reflective practice. The aim of these courses is to provide a clinically relevant, scientific and humanistic foundations for the theory and practice of medicine, together with a comprehensive introduction to all aspects of clinical medicine.
  - Year 1 only:
    - Structure & Function (STF, 16 weeks)
    - Metabolism & Nutrition (MNU, 10 weeks)
    - Brain & Behaviour (BRB, 10 weeks), including a two-week general Pharmacology unit
  - Year 2
    - Mechanisms, Manifestations & Management of Disease (MMMD, 36 weeks)

- **Continuity courses**, which are each assigned a number of half-day blocks and feature a variety of instructional methods.
  - Years 1 and 2
    - The Art and Science of Clinical Medicine (ASCM-1 and ASCM-2) is scheduled for one half-day per week throughout both years, and covers history-taking and physical examination mainly through small group teaching in clinical settings.
  - Year 1 only
    - In 2014/15 Community Population and Public Health-1 is scheduled for one half-day throughout the first year. Replacing Determinants of Community Health (DOCH-1) in the Preclerkship curriculum, CPH will facilitate students’ understanding of the social determinants of health that affect individuals living within communities. The course will also assist students in developing skills needed to work with community organizations to best serve individual patients and the community as a whole. The components of the CPH curriculum include lectures, online modules, small-group tutorials, field visits to community organizations and the Community Based Scholarship and Service Learning (CBS) project. The project will continue into the second year of the program.
  - Year 2 only
    - Family Medicine Longitudinal Experience (FMLE) is flexibly scheduled for six half-day clinics during second year, and provides students with a community-based experience with family physicians.
    - Building on the competencies acquired by students in Determinants of Community Health-1 (DOCH-1), Determinants of Community Health (DOCH-2) is scheduled for one half-day throughout second year and addresses community health through tutorials, and an independent research project.

For more details on each Preclerkship course, view the descriptions which start here.

CLERKSHIP OVERVIEW
The beginning of the Clerkship is a three-week “Transition to Clerkship” course during which students have orientation to the hospital setting in their new role as clinical clerks, further exposure to community health and ethical issues, instruction in evidence-based medicine, medical imaging and pharmacology review lectures, and teaching on their future role as managers in patient care.
The Clerkship consists primarily of a series of core clinical courses in the third year, covering all of the major disciplines of medicine, followed by a fourth year intended to consolidate and deepen students’ learning through electives, selectives, and central teaching.

For the third-year core rotations, students are divided into groups and sites, and rotate through each of the courses in different orders as illustrated in the Program Overview diagram. They assume supervised responsibility for patient care, and supplement this learning with didactic experiences at their local sites and through central teaching. Each course maintains a list of required clinical encounters and procedures, and the students must maintain a log on the case logs system demonstrating that they have experienced or performed all of them as part of fulfilling the educational objectives of the course (view the description of Case Logs). In addition, students take part in a “Portfolio” course for seven sessions of two hours each, during which they have the opportunity to reflect with peers and supervisors (a faculty member and a resident) on their clinical learning in each of the CanMEDS roles (see UME Goals & Objectives).

The fourth-year curriculum consists of twelve weeks of electives, which can be taken at the University of Toronto or other institutions in Canada or around the world, three weeks off for CaRMS interviews (see The Continuum of Medical Education), and the fourteen-week Transition to Residency (TTR) course. TTR consists of centralized teaching, including further experiences in community health and review sessions for the Medical Council examination, and three selective periods, at least one of which must be spent on a community-based experience. In addition, the final year of the program features a continuation of the Portfolio course from Year 3, with three two-hour sessions taking place during the TTR central teaching blocks.

For more details on each Clerkship course, turn to the descriptions beginning here.

OVERVIEW OF THEMES & COMPETENCIES
There are several cross-cutting themes and competencies which have representation in many of the courses, during both the Preclerkship and the Clerkship. Teaching is carried out by a variety of teachers from medicine, as well as other health professions and professions outside of health care, via lectures, case-based seminars, and various team-based activities. Themes and competencies are coordinated by designated faculty leads.

The UME themes and competencies include:
- Ethics and professionalism role
- Collaborator role and interprofessional education
- Manager role
- Pharmacology
- Health Humanities
- Medical Imaging
- Global Health
- Indigenous Health
- LGBTQ Health Education
- Health Advocacy

The Health Humanities initiative informs the existing curriculum and also provides co-curricular opportunities.

Note that the first three competencies (“roles”) listed above are directly linked to the same CanMEDS roles that underpin the program objectives. For more details on each, view the descriptions beginning here.
Preclerkship (Years 1 & 2)

ORGANIZATIONAL CHART

UME CURRICULUM COMMITTEE
Chaired by the
DIRECTOR of CURRICULUM
Dr. Martin Schreiber

COMPETENCIES & THEMES
Clinical Pharmacology: Dr. Cindy Woodland
Collaboration/PE: Dr. Mark Bonta
Ethics & Professionalism: Dr. Erica Abner
Global Health: Dr. Rachel Spitzer
Health Advocacy: Dr. Philip Berger
Health Humanities: Dr. Allan Peterkin
Indigenous Health: Dr. Jason Pennington, Dr. Lisa Richardson
LGBTQ Health Education: Dr. Amy Bourns
Manager: Dr. Geoffrey Anderson, Dr. Dante Morra
Medical Imaging: Dr. Nasir Jaffar

ACADEMY DIRECTORS
FitzGerald: Dr. Molly Zinkle
MAM: Dr. Pamela Coates
Peters-Boyd: Dr. Mary Anne Cooper
Wightman-Beris: Dr. Jacqueline James

PRECLERKSHIP

PRECLERKSHIP DIRECTOR
Dr. Pier Bryden
Chairs the Preclerkship Committee

DEPUTY PRECLERKSHIP DIRECTOR
Dr. Marcus Law

COURSES AND COURSE DIRECTORS

STF
Dr. Mike Wiley

MNU
• Dr. Louis Liu
• Dr. Janie Patterson

BBB
• Dr. David Chan
• Dr. Dee Ballyk

CP
Dr. Cindy Woodland

ASCM-1
Dr. Jean Hudson

CPPH-1
Dr. Allison Chris

MMMD
• Dr. Lori Albert
• Dr. Hosanna Au
• Dr. Eleanor Lela

ASCM-2
Dr. David Wong

DOCH-2
• Ms. Heather Sampson
• Dr. Kate Brigham (Assoc)

FMLE
Dr. Susan Goldstein

Each course has a course committee, chaired by the course director(s)

Effective: 1 September 2014
## PRECLERKSHIP CONTACTS

<table>
<thead>
<tr>
<th>Preclerkship Director</th>
<th>Preclerkship Administrative Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Pier Bryden</td>
<td>Saimah Baig</td>
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<tr>
<td><a href="mailto:pier.bryden@utoronto.ca">pier.bryden@utoronto.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a></td>
</tr>
<tr>
<td></td>
<td>416-978-1186</td>
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</tbody>
</table>

## YEAR 1

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Director</th>
<th>Course Administrator</th>
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<tbody>
<tr>
<td>Structure &amp; Function (STF)</td>
<td>Dr. Mike Wiley</td>
<td>Saimah Baig</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mike.wiley@utoronto.ca">mike.wiley@utoronto.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>416-978-1186</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elizabeth Day (MAM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:elizabeth.day@utoronto.ca">elizabeth.day@utoronto.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>905-569-4618</td>
</tr>
<tr>
<td>Metabolism &amp; Nutrition (MNU)</td>
<td>Dr. Louis Liu</td>
<td>Saimah Baig</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:louis.liu@uhn.ca">louis.liu@uhn.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Sian Patterson</td>
<td>416-978-1186</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:sian.patterson@utoronto.ca">sian.patterson@utoronto.ca</a></td>
<td>Elizabeth Day (MAM)</td>
</tr>
<tr>
<td></td>
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<td><a href="mailto:elizabeth.day@utoronto.ca">elizabeth.day@utoronto.ca</a></td>
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<tr>
<td></td>
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</tr>
<tr>
<td>Brain &amp; Behaviour</td>
<td>Dr. David K. Chan</td>
<td>Saimah Baig</td>
</tr>
<tr>
<td>(BRB) and Clinical Pharmacology &amp;</td>
<td><a href="mailto:chandav@smh.ca">chandav@smh.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a></td>
</tr>
<tr>
<td>Therapeutics (CPT)</td>
<td>Dr. Dee Ballyk</td>
<td>416-978-1186</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:d.ballyk@utoronto.ca">d.ballyk@utoronto.ca</a></td>
<td>Elizabeth Day (MAM)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:elizabeth.day@utoronto.ca">elizabeth.day@utoronto.ca</a></td>
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<tr>
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<tr>
<td>Art of Science of Clinical Medicine-1</td>
<td>Dr. Jean Hudson</td>
<td>Saimah Baig</td>
</tr>
<tr>
<td>(ASCM-1)</td>
<td><a href="mailto:jean.hudson@trilliumhealthpartners.ca">jean.hudson@trilliumhealthpartners.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a></td>
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<tr>
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<tr>
<td>Community Population and Public</td>
<td>Dr. Allison Chris</td>
<td>Yasmin Shariff</td>
</tr>
<tr>
<td>Health-1 (CPPH-1)</td>
<td><a href="mailto:allison.chris@utoronto.ca">allison.chris@utoronto.ca</a></td>
<td><a href="mailto:yasmin.shariff@utoronto.ca">yasmin.shariff@utoronto.ca</a></td>
</tr>
<tr>
<td></td>
<td>Dr. Fok-Han Leung</td>
<td>416-978-8213</td>
</tr>
<tr>
<td></td>
<td>(Associate Course Director)</td>
<td>Sylvia Jao</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:leungf@smh.ca">leungf@smh.ca</a></td>
<td><a href="mailto:sylvia.jao@utoronto.ca">sylvia.jao@utoronto.ca</a></td>
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<tr>
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<tr>
<td></td>
<td></td>
<td>Roxanne Wright</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:roxanneb.wright@utoronto.ca">roxanneb.wright@utoronto.ca</a></td>
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<tr>
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<td></td>
<td></td>
<td>Annamarie Butler</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:annamarie.butler@utoronto.ca">annamarie.butler@utoronto.ca</a></td>
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### YEAR 2

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<tbody>
<tr>
<td>Mechanisms, Manifestations &amp; Management of Disease (MMMD)</td>
<td>Dr. Lori Albert <a href="mailto:lori.albert@uhn.ca">lori.albert@uhn.ca</a> Dr. Hosanna Au <a href="mailto:hosanna.au@sickkids.ca">hosanna.au@sickkids.ca</a> Dr. Darlene Fenech (as of May 1, 2015) <a href="mailto:darlene.fenech@sunnybrook.ca">darlene.fenech@sunnybrook.ca</a> Dr. Eleanor Latta <a href="mailto:lattae@smh.ca">lattae@smh.ca</a></td>
<td>Lina Marino <a href="mailto:lina.marino@utoronto.ca">lina.marino@utoronto.ca</a> 416-946-7009 Sue Balaga (Mechanisms block) <a href="mailto:s.sarju@utoronto.ca">s.sarju@utoronto.ca</a> 416-946-0136 Elizabeth Day (MAM) <a href="mailto:elizabeth.day@utoronto.ca">elizabeth.day@utoronto.ca</a> 905-569-4618</td>
</tr>
<tr>
<td>Art and Science of Clinical Medicine-2 (ASCM-2)</td>
<td>Dr. David Wong <a href="mailto:wongdav@smh.ca">wongdav@smh.ca</a></td>
<td>Lina Marino <a href="mailto:lina.marino@utoronto.ca">lina.marino@utoronto.ca</a> 416-946-7009</td>
</tr>
<tr>
<td>Determinants of Community Health-2 (DOCH-2)</td>
<td>Ms. Heather Sampson <a href="mailto:heather.sampson@utoronto.ca">heather.sampson@utoronto.ca</a> Kate Bingham <a href="mailto:kate.bingham@utoronto.ca">kate.bingham@utoronto.ca</a> Martin Schreiber <a href="mailto:m.schreiber@utoronto.ca">m.schreiber@utoronto.ca</a></td>
<td>Yasmin Shariff <a href="mailto:yasmin.shariff@utoronto.ca">yasmin.shariff@utoronto.ca</a> 416-978-8213 Sylvia Jao <a href="mailto:sylvia.jao@utoronto.ca">sylvia.jao@utoronto.ca</a> 416-978-6860 Frances Rankin (MAM) <a href="mailto:frances.rankin@utoronto.ca">frances.rankin@utoronto.ca</a> 905-569-4602</td>
</tr>
<tr>
<td>Family Medicine Longitudinal Experience (FMLE)</td>
<td>Dr. Susan Goldstein <a href="mailto:susan.goldstein@utoronto.ca">susan.goldstein@utoronto.ca</a></td>
<td>Susan Rice <a href="mailto:s.rice@utoronto.ca">s.rice@utoronto.ca</a> 416-946-5249</td>
</tr>
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### ACADEMIES

View the Academy Director and staff contact information [here](#).
## THE CURRICULUM: Preclerkship (Years 1 & 2)

### UNDERGRADUATE MEDICAL EDUCATION TEACHER HANDBOOK 2014-2015

Updates and details available at www.md.utoronto.ca

### DIAGRAM OF THE PRECLERKSHIP SCHEDULE

<table>
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<th>Year 1 Schedule – 2014-2015</th>
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<tr>
<td><strong>Sept</strong></td>
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<td>Structure &amp; Function</td>
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<tr>
<th>Art &amp; Science of Clinical Medicine-1 (ASCM-1) – Academy/Hospital</th>
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<th>Community Population and Public Health-1 (CPPH-1) – Campus/Academy/Community</th>
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<th>Year 2 Schedule – 2014-2015</th>
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<tr>
<td><strong>Sept</strong></td>
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<tr>
<td>Mechanisms, Manifestations, &amp; Management of Disease</td>
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<td>36 weeks</td>
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<table>
<thead>
<tr>
<th>Family Medicine Longitudinal Experience (FMLE) (6 sessions, 4 hours/session)</th>
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<td>Sept. 2014 to May 2015</td>
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COURSE DESCRIPTIONS

Year 1 Block Course: STRUCTURE & FUNCTION (STF)

<table>
<thead>
<tr>
<th>Course Director</th>
<th>Course Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mike Wiley</td>
<td>Saimah Baig</td>
</tr>
<tr>
<td><a href="mailto:mike.wiley@utoronto.ca">mike.wiley@utoronto.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a> / 416-978-1186</td>
</tr>
<tr>
<td>Elizabeth Day (MAM)</td>
<td><a href="mailto:elizabeth.day@utoronto.ca">elizabeth.day@utoronto.ca</a> / 905-569-4618</td>
</tr>
<tr>
<td>Dr. Mike Wiley</td>
<td></td>
</tr>
<tr>
<td>Saimah Baig</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:mike.wiley@utoronto.ca">mike.wiley@utoronto.ca</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Erika Abner</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:erika.abner@utoronto.ca">erika.abner@utoronto.ca</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Dante Morra</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:dante.morra@trilliumhealthpartners.ca">dante.morra@trilliumhealthpartners.ca</a></td>
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</tr>
<tr>
<td>Dr. David Hall</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:hallda@smh.ca">hallda@smh.ca</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Scott Heximer</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:scott.heximer@utoronto.ca">scott.heximer@utoronto.ca</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Anne McLeod</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:anne.mcleod@sunnybrook.ca">anne.mcleod@sunnybrook.ca</a></td>
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Section Leads:

<table>
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<tr>
<th>Section</th>
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<tbody>
<tr>
<td>Gross Anatomy, Histology, Embryology</td>
<td>Dr. Mike Wiley</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mike.wiley@utoronto.ca">mike.wiley@utoronto.ca</a></td>
</tr>
<tr>
<td>Ethics and Professionalism</td>
<td>Dr. Erika Abner</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:erika.abner@utoronto.ca">erika.abner@utoronto.ca</a></td>
</tr>
<tr>
<td>Manager</td>
<td>Dr. Dante Morra</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:dante.morra@trilliumhealthpartners.ca">dante.morra@trilliumhealthpartners.ca</a></td>
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<tr>
<td>Respiratory Physiology</td>
<td>Dr. David Hall</td>
</tr>
<tr>
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<td><a href="mailto:hallda@smh.ca">hallda@smh.ca</a></td>
</tr>
<tr>
<td>Cardiovascular Physiology</td>
<td>Dr. Scott Heximer</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:scott.heximer@utoronto.ca">scott.heximer@utoronto.ca</a></td>
</tr>
<tr>
<td>Blood Physiology</td>
<td>Dr. Anne McLeod</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:anne.mcleod@sunnybrook.ca">anne.mcleod@sunnybrook.ca</a></td>
</tr>
</tbody>
</table>

COURSE OVERVIEW

This 16-week first-year block course runs at the start of medical school, from the end of August to the end of the second week in December. It provides students with:

- a broad introduction to the language and culture of medicine;
- a solid preparation for further study in later courses;
- a sense of trust and cooperation among students and between students and the teaching staff; and
- an introduction to theories of medical education and integrated learning approaches.

Specific subjects of instruction include:

- Gross anatomy, histology, and cell biology
- Embryology
- Radiological anatomy and an introduction to medical imaging
- Physiology (cardiovascular, respiratory, and blood)
- Ethics and the “Professional” role
- The “Manager” role
- Integrated learning and reflective practice

This is accomplished via the following activities, and clinical relevance is emphasized throughout.

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<tr>
<th>Activity</th>
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<tr>
<td>Lectures</td>
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<td>Laboratories/Seminars</td>
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<td>Tutorial</td>
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<tr>
<td>Examinations</td>
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</table>
THE CURRICULUM: Preclerkship (Years 1 & 2)

(Structure & Function, continued)

**COURSE OBJECTIVES**
(The numbers in parenthesis refer to the UME objectives supported by each terminal learning objective.)

By the end of STF, students are expected to be able to:

**[Medical Expert / Skilled Clinical Decision-Maker]**
- Describe the structure of the human body, at both the gross and microscopic levels, relevant to a future physician. (1.1, 1.2)
- Describe the embryologic development of all organ systems, with an emphasis on developmental abnormalities relevant to a future physician. (1.1, 1.2)
- Describe the functions of the following systems, explain how these functions may be deranged by disease, develop general understanding of interventions designed to treat these derangements. (1.1, 1.2):
  - Respiratory
  - Cardiovascular
  - Blood and blood cells
- Interpret radiologic images of normal human structures, and begin to appreciate the role of medical imaging in diagnosis of disease. (1.1, 1.2, 1.3d)

**[Manager]**
- Develop a deeper understanding of the physician’s role as a manager, of how to work effectively in teams, of how teams sometimes do not work well, and of the phenomenon of leadership. (4.5, 6.3)

**[Scholar]**
- Demonstrate appropriate self-directed learning skills and critical thinking. (6.2a, 6.2b)
- Assist in teaching others and facilitating learning where appropriate. (6.2c)

**[Professional]**
- Explain the major concepts of bioethics, professionalism and law in medicine and demonstrate the beginning of a sense of how to apply these to clinical practice when approaching ethical and professional dilemmas. (7.8)
- Demonstrate a growing sense of the role of the physician as a professional, including the contribution of reflective practice to professionalism. (7)

**ASSESSMENT**

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<th>Content</th>
<th>Format</th>
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<tr>
<td>Sept. 23</td>
<td>Gross Anatomy</td>
<td>Practical Examination</td>
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<tr>
<td>Oct. 8</td>
<td>Embryology</td>
<td>MCQ Examination</td>
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<td>Oct. 21</td>
<td>Gross Anatomy</td>
<td>Practical Examination</td>
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<td>Hematology</td>
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<td>Nov. 28</td>
<td>Phase I Integrated Module</td>
<td>MCQ Examination</td>
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<tr>
<td>Dec. 8</td>
<td>Thoracic Anatomy and Histology</td>
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<tr>
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<td>Cardiovascular Physiology and Respiriology (including the Phase I Integrated Module content) and Manager</td>
<td>MCQ Examination Short answer (Manager)</td>
<td>*20%</td>
</tr>
</tbody>
</table>

# The result will not contribute to the aggregate course mark. *The Manager portion is marked as Pass/Fail. The outcome does not factor into the aggregate examination mark, or, the aggregate course mark.
THE CURRICULUM: Preclerkship (Years 1 & 2)

(Structure & Function, continued)

For details, including grading regulations, see the STF webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year1/STF_IIY.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for STF, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).

READING AND RESOURCE LIST

Required

Students must have Grant’s Dissector, 15th Edition edited by Patrick W. Tank and published by Lippincott Williams & Wilkins. In addition students must have a lab coat, dissection kit, and examination gloves.

Recommended

- A short textbook of Regional Anatomy, e.g. Gray’s Anatomy for Students, by Drake et al., or Essential Clinical Anatomy, by Moore, Agur and Dalley.
  Note: There are many anatomy books to choose from. Whichever one students get, they should make sure it is brief and to the point.
- An Atlas of Anatomy
  Agur and Dalley: Grant’s Atlas of Anatomy, or Rohen and Yokochi: Color Atlas of Anatomy
- A Textbook of Embryology
  Langman’s Medical Embryology, by Sadler, or The Developing Human, by Moore and Persaud
- A Textbook of Histology
  Color Textbook of Histology, by Gartner and Hyatt
- A Text of General Physiology
  Review of Medical Physiology, by Ganong.
- A Text of Respiratory Physiology
  Respiratory Physiology: The Essentials, by West.
COURSE DESCRIPTIONS

Year 1 Block Course: METABOLISM & NUTRITION (MNU)

<table>
<thead>
<tr>
<th>Course Directors</th>
<th>Course Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Louis Liu</td>
<td>Saimah Baig</td>
</tr>
<tr>
<td><a href="mailto:louis.liu@uhn.ca">louis.liu@uhn.ca</a></td>
<td><a href="mailto:s.baig@utoronto.ca">s.baig@utoronto.ca</a> / 416-978-1186</td>
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<tr>
<td>Dr. Sian Patterson</td>
<td>Elizabeth Day (MAM)</td>
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<tr>
<td><a href="mailto:sian.patterson@utoronto.ca">sian.patterson@utoronto.ca</a></td>
<td><a href="mailto:elizabeth.day@utoronto.ca">elizabeth.day@utoronto.ca</a> / 905-569-4618</td>
</tr>
<tr>
<td>Dr. Jamie Newman</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:jamieneuan@trilliumhealthpartners.ca">jamieneuan@trilliumhealthpartners.ca</a></td>
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</table>

Mississauga Academy of Medicine (MAM) Faculty Site Coordinator

<table>
<thead>
<tr>
<th>Course Directors</th>
<th>Course Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jamie Newman</td>
<td></td>
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<tr>
<td><a href="mailto:jamieneuan@trilliumhealthpartners.ca">jamieneuan@trilliumhealthpartners.ca</a></td>
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</table>

COURSE OVERVIEW

Metabolism and Nutrition (MNU) is a highly-integrated, 10-week course that covers the fundamental principles of the basic medical life sciences: biochemistry, clinical biochemistry, histology, molecular biology, nutrition, pharmacology, and physiology. This course applies these topics to the study, diagnosis, and treatment of endocrine, reproductive, renal, metabolic, hepatobiliary, gastrointestinal, and cardiovascular disease.

The course has specific topics that guide an integrated approach to learning on a week by week basis. The educational content of the weekly topics will be delivered by formal class lecture presentations and seminars consisting of small groups (~20 students). Seminars provide an interactive active learning environment where students are encouraged to solve the clinical scenarios by applying the principles learned in lectures.

MNU is the first course in which Problem-Based Learning (PBL) is introduced. The PBL groups are smaller (6-8 students) and explore specific cases, promoting, self-directed learning under the mentorship of a clinician or other faculty member.

The overall learning goals of the course are to provide students with:

1. A solid, integrated knowledge of basic concepts in the medical life sciences needed for understanding endocrine, reproductive, renal, hepatobiliary, gastrointestinal, and cardiovascular physiology.
2. A balanced application of basic scientific principles in the appreciation of mechanisms, diagnosis and treatment of disease within the above organs and systems.
3. An introduction to clinical problem solving and an appreciation of the variety of complexities of issues confronting patients (and their families) dealing with disease.

MNU features a mixture of teaching modalities:
- Lectures and Patient Presentations - 80 hours (these include the clin. conf.)
- Seminars - 40 hours
- Problem-based learning (PBL) - 19 hours
- Histology Tutorials - 18 hours

COURSE OBJECTIVES

By the end of MNU, students are expected to be able to demonstrate the following “terminal objectives.” These are classified under the seven CanMEDS roles, stressing the alignment of course objectives with overall UME program objectives.
(Metabolism & Nutrition, continued)

[Medical Expert / Skilled Clinical Decision-Maker]
- Demonstrate a growing understanding of the basic scientific and ethical principles of clinical and translational research
- Demonstrate knowledge of the scientific foundations of medicine in the following domains:
  - Biochemistry
  - Molecular biology
  - Nutrition
  - Pharmacology
  - The physiology, histology and pharmacology of the following systems:
    - Endocrine
    - Reproductive
    - Renal
- Demonstrate basic principles of pathophysiology, diagnosis, and management of common clinical problems in:
  - Nutrition
  - Clinical biochemistry
  - Endocrinology
  - Nephrology
  - Gastroenterology
  - Reproduction
  - Metabolism

[Communicator / Doctor-Patient Relationship]
- Demonstrate an increased ability to communicate effectively with colleagues.

[Manager]
- Demonstrate an increased understanding of the role of the primary care physician and consultant in the care of patients.

[Advocate]
- Increase one’s understanding of the determinants of health and principles of disease prevention.

[Scholar]
- Demonstrate appropriate self-directed learning skills.

[Professional]
- Demonstrate a growing sense of the role of the physician as a professional.
- Demonstrate a sound grasp of the theories and principles governing ethical decision-making in relation to truth-telling.

ASSESSMENT
The midterm and final exams are designed to test students’ knowledge in a manner that reflects the integrated, problem-solving approach of the course, and cover lectures, seminars, and clinical presentations. The content of the PBL component of the course is also included in these exams.

Examination formats include multiple-choice questions as well as short-answer questions based upon pre-circulated case studies or patient presentations delivered in class within a PBL format. There is also a separate Histology exam based on the Histology lectures and tutorials given throughout the course.
(Metabolism & Nutrition, continued)

<table>
<thead>
<tr>
<th>Component</th>
<th>% of Overall Course Grade</th>
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<tbody>
<tr>
<td>Histology Exam</td>
<td>10</td>
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<tr>
<td>Midterm Exam*</td>
<td>30</td>
</tr>
<tr>
<td>Final Exam†</td>
<td>60</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Credit/No Credit</td>
</tr>
</tbody>
</table>

*Scenarios employed for the midterm exam are handed out approximately one week prior to the exam for students to consider and research, and the material will then be tested in the midterm.

† The final exam contains a short-answer section based upon a patient presentation given within the last week of the course.

- There will be one final grade for each student for the course, which will be transcribed as Credit/No Credit, according to the Grading System in place in the Undergraduate Medical Education program.
- The final grade will be determined based on grades obtained in each of the evaluation components. For details, including grading regulations and procedures for extra work and remediation, please refer to the MNU section of the Preclerkship program tab on the MD website (md.utoronto.ca).
- The final course grade will be submitted to the Board of Examiners.
- Students deemed to have failed the course by the Board of Examiners may be required to repeat the course in the following academic year.
- Final decisions regarding remedial privileges will be made by the Board of Examiners.
- Students granted remedial privileges by the Board of Examiners must successfully complete the remedial work and/or examinations prior to promotion to Year 2.
- When remedial work is recommended in two or more courses by the first-year course directors, the Board of Examiners may require the student to repeat the year.
- Students who do not meet expectations for any of the in-course examinations may be required to complete extra work. For details, see the MNU section of the Preclerkship program tab on the MD website.

NB: Students should be familiar with the regulations concerning Unsatisfactory Performance.

For details, including grading regulations, see the MNU webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year1/MNU_111Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for MNU, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).

TEXTS
Textbooks are not required in MNU, however, a basic physiology and biochemistry textbook are recommended for reference.
Year 1 Block Course: BRAIN & BEHAVIOUR (BRB)
*including* CLINICAL PHARMACOLOGY (CP)

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**COURSE OVERVIEW**

Brain & Behaviour (BRB), including Clinical Pharmacology (CP), is a ten-week course extending from the end of March until the end of May. The course begins with a two-week segment on pharmacology. In the remaining eight weeks, BRB provides a solid foundation in neuroanatomy and neurophysiology, as well as an introduction to the clinical neurosciences.

CP consists of a mixture of large- and small-group teaching to provide students with an opportunity to consolidate various aspects of pharmacology learned earlier in the first-year program, to develop greater competence in aspects of pharmacokinetics, pharmacodynamics, toxicology and adverse drug reactions, and to begin to develop an understanding of the practical use of medications.

BRB is organized around several blocks: (I) neuroanatomy and neurophysiology; (II) the motor system and somatosensation; (III) pain and epilepsy; (IV) vision; (V) consciousness and higher cortical functions; and (VI) behaviour and personality. There is a central theme each week. Students learn the core material through attendance at lectures and labs, participation in problem-based learning (PBL) tutorials and seminars, and through self-directed learning. A PBL “case of the week” is used to stimulate learning around the core topics for that week and to allow consolidation of new learning through small group sessions facilitated by a PBL tutor. Two PBL tutorials, each two hours in length, are scheduled each week.

Wednesday afternoons and Friday mornings are occupied by the longitudinal courses (DOCH-1 and ASCM-1). The didactic and small group components of BRB occur on the other days of the week. On these days, there are generally two lectures followed by a lab or seminar. For the majority of weeks during the course, one to two half-days are designated as “self-study” time with no scheduled formal instruction.

Laboratories are used to teach anatomy by providing prepared specimens, models, human brains for dissection, and a variety of medical images. Neuroanatomy is a critical component of the course and is emphasized in each of the weeks. However, there is a concentration of lectures and labs at the beginning of course to quickly familiarize students with the anatomy of the human nervous system, which is critical in understanding the clinical disorders introduced later in the course. Seminars have been included to further illustrate the clinical applications of basic science material by providing the opportunity to work through short clinical cases, with the help of an expert tutor in a small-group setting.
COURSE THEMES
1. Pharmacology
2. Introduction to the neurosciences
   A. Neuroanatomy and neurophysiology
   B. The neurological examination
3. Motor system and somatosensation
   A. Motor unit and corticospinal system
   B. Cerebellum and basal ganglia
   C. Somatosensation
4. Pain and epilepsy
5. Vision
6. Consciousness and higher cortical functions
7. Behaviour and personality

COURSE OBJECTIVES
By the end of BRB, students are expected to have accomplished the following terminal objectives:

[Medical Expert / Skilled Clinical Decision-Maker]
- [CP] Develop a rational strategy for keeping up-to-date on drug information.
- [CP] Describe and apply the major principles of pharmacokinetics and pharmacodynamics.
- [CP] Understand the basic components of prescription-writing and be able to apply basic formulae to calculate drug dosages.
- [CP] Describe the use of medications in specific practical settings.
- Describe the structure and function of the major components of the nervous system, at the gross, microscopic and biochemical levels.
- Describe how the nervous system achieves each of its major functions and begin to appreciate how these may be deranged in disease states.
- Apply their understanding of the structure and function of the nervous system to the localization and diagnosis of nervous system disorders.
- Identify anatomical structures and common disease processes from radiological images utilizing axial, coronal, and sagittal planes.
- Integrate information from their understanding of nervous system structure and function, a patient’s symptoms and signs (including clinical localization), and imaging abnormalities, to propose an etiological diagnosis of a patient’s disease.
- Use their understanding of nervous system function, particularly at the subcellular level, to understand the pharmacological management of major neurological and psychiatric disorders.

[Communicator / Doctor-Patient Relationship]
- [CP] Describe ways to optimize communication with patients about drug therapies.
- Demonstrate an increased ability to communicate effectively with colleagues.
THE UME CURRICULUM: Preclerkship (Years 1 & 2)

(Brain & Behaviour, continued)

[Scholar]
- [CP] Describe methods to identify and investigate the efficacy, effectiveness, and safety of drug therapies.
- Demonstrate appropriate self-directed learning skills.

[Professional]
- Demonstrate a growing sense of the role of the physician as a professional.

ASSESSMENT
A student’s final grade in BRB & CP is determined by their performance on three examinations, weighted as follows: CP exam 20%, BRB midterm 40%, and BRB final 40%. Students must achieve a mark of 70% or higher on each of the three examinations, and a minimum of 65% on each of the components (see below) of the BRB midterm and final exams in order to achieve a clear pass in the course.

A student’s grade in the CP section of the course is determined by their performance on a multiple-choice examination at the end of the pharmacology block that addresses the pharmacology objectives.

The BRB midterm examination consists of three components: (1) a “bell-ringer” practical anatomy examination (50% of midterm exam mark), (2) 45 single-answer multiple-choice questions (40% of midterm exam mark), and (3) a series of short-answer questions based on a new PBL case (10% of midterm exam mark).

The final examination consists of two components: (1) 60 single-answer multiple-choice questions (80% of final exam mark), and (2) a series of short-answer questions based on another new PBL case (20% of final exam mark).

Both the BRB midterm and final examinations test knowledge of the core material presented in lectures, labs, and seminars. The material covered in the weekly PBL cases is tested based on the learning objectives of the summary lecture following each case.

Professionalism is assessed during both PBL sessions and neuroanatomy labs. As in other courses in the UME program, students must pass the professionalism component in order to receive credit for the course.

For details, including grading regulations, see the BRB webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year1/BRB_111Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).
Students must successfully complete the required extra work or remediation/re-examination prior to the beginning of Year 2. Where remediation/re-examination is recommended by two or more of the first-year Course Directors, the Board of Examiners may require the student to repeat the year.

Grades will be recorded and transcripted by the Faculty Registrar as Credit or No Credit.

**RECOMMENDED TEXTBOOKS**

**Neuroanatomy:**

**Neuroanatomy Atlases:**

**Neurophysiology:**
Note: A number of the neuroanatomy textbooks also cover the neurophysiology content required for the course.
(Brain & Behaviour, continued)

http://go.utlib.ca/cat/3618259 or http://go.utlib.ca/cat/7782642 (4th ed.)


**Neuropharmacology:**


**Clinical Neurology, Neurosurgery and Ophthalmology:**

Note: The clinical texts will be more important after first-year medicine; obtaining one of the following may be helpful for working through the problem-based learning cases.

  The only 10th ed. access is online at http://go.utlib.ca/cat/9284393 for Mount Sinai users
**COURSE DESCRIPTIONS**

**Year 1 Continuity Course: THE ART & SCIENCE OF CLINICAL MEDICINE-1 (ASCM-1), including PORTFOLIO I**

<table>
<thead>
<tr>
<th>Course Directors</th>
<th>Course Administrators</th>
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<th>Site Directors</th>
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</tr>
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COURSE OVERVIEW
ASCM-1 takes place Friday mornings from 8:00-12:00, throughout Year 1 for a total of 33 sessions. The course provides an introduction to interviewing skills, history-taking, and physical examination. Students interact with patients who may be real or volunteer or standardized. Students are divided into groups of six at their Academies, with each group typically led by one, two, or three core tutors. At some sites, sessions are co-led by two tutors at a time. Content experts such as rheumatologists, orthopaedic surgeons, ethicists, and neurologists may be present at some of the small-group sessions.

In addition, students will have an opportunity to discuss and reflect on their training during three Portfolio sessions within the course. These sessions give students the opportunity to reflect on their ultimate goal – developing their identity as doctors and shaping the way in which they conduct themselves in their future practice of medicine.

COURSE OBJECTIVES
The overall or terminal objectives for ASCM-1 are as follows:

[Medical Expert / Skilled Clinical Decision-Maker]
- Obtain a patient’s medical history
- Perform a complete physical examination.
- Present the findings from the history and physical examination orally and in writing
- Understand the goal and principles of infection control

[Communicator / Doctor-Patient Relationship]
- Communicate effectively with patients during an interview, both verbally and non-verbally, so as to obtain accurate information that the patient is comfortable providing.
- Use an electronic medical record system effectively without detracting from the interaction during the interview.
- Exhibit a non-judgmental, patient-centred approach to the doctor/patient interaction, in order to promote the physical, emotional and social well-being of patients.

[Manager and Scholar]
- Work effectively with colleagues

[Scholar]
- Demonstrate appropriate self-directed learning skills.

[Professional]
- Maintain confidentiality of patient data.
- Exhibit honesty, fairness and compassion towards patients, peers, and other members of the health care professions.
- Manage time and workload effectively.
(The Art & Science of Clinical Medicine-1, continued)

ASSESSMENT

Standing in ASCM-1 is transcribed as Credit/No-Credit. In order to obtain a credit in ASCM-1, a student must:
1. Receive a passing mark on the Portfolio assignment.
2. Complete 2 Clinical Encounter Cards (CECs) – one in first semester and one in second semester.
3. Receive a passing mark on each course component:

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<td>Case report five</td>
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<td>October Narrative Evaluation (formative)</td>
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<td>September-December Narrative Evaluation (summative)</td>
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<td>January-May Narrative Evaluation (summative)</td>
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<tr>
<td>December observed history/physical examination (mid-year evaluation)</td>
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<td>Final OSCE</td>
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For details, including grading regulations, see the ASCM-1 webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year1/ASC_111Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for ASCM-1, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).
# Year 1 Continuity Course: COMMUNITY, POPULATION AND PUBLIC HEALTH-1 (CPPH-1)

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<tbody>
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</table>
(Community, Population and Public Health-1, continued)

COURSE OVERVIEW

The Community Population and Public Health (CPPH) courses take place in first-year (CPPH-1) and second-year (CPPH-2), and there is also related teaching offered in the clerkship, particularly during Transition to Clerkship and Transition to Residency. Jointly, these course offerings introduce students to a population and community health perspective on medical practice.

CPPH fosters the development of future physicians’ responses to changing community and societal needs and concerns. As a result of completing the course work in CPPH, U of T medical graduates will have the foundation of necessary knowledge, skills and attitudes to form appropriate alliances with patients, other healthcare professionals and community agencies to the benefit of the individual patient and community as a whole. Their practice will be population-health oriented and evidence-based. They will be aware of factors and resources needed to promote health and wellness and be able to integrate this knowledge effectively into clinical practice.

CPPH objectives are linked closely with the CanMEDs Roles and the Medical Council of Canada ‘Medical Expert’ Objectives in Population Health.

CPPH-1 integrates the academic material of population health with community-based field experiences. The overall goals of the course are for students to become familiar with the social and physical determinants of health for both individual patients and for communities as a whole; with the Canadian healthcare system; and, with health promotion and health protection strategies. The course is scheduled for one half-day per week on Wednesday afternoon for all of first year.

Students will learn about health and illness, the determinants of health, the principles of population health, the structure of the health care system in Canada, health promotion and health protection. Students will learn the basic tools of population health, including the techniques of descriptive epidemiology (the study of the distribution of health events and their determinants in a population) and concepts of community health. Students will go on field placements in Toronto and Mississauga schools in order to apply the principles of population health to school children. With respect to the health care system, students will visit patients who receive services in their home organized through the Community Care Access Centres. Through these placements, students will understand the relationship between health and the social and physical determinants of health.

The Community Based Scholarship and Service-Learning Project (CBS) is a component of CPPH that starts in the spring of first year and will involve students in a project that permits them to learn about and contribute to an agency that supports public and/or community health. Students will be placed at an agency using an interview and match process. The scope of the CBS project is 20 half-days. These are scheduled during CPPH-1 (12 half-days) and into second year in CPPH-2 (eight half-days). Students will report on their experiences and project during CPPH-1 through a tutorial-based presentation and a written project proposal including a reflection component.
CPPH COURSE OBJECTIVES

<table>
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<th>CanMEDs role</th>
<th>Objective: The medical graduate should be able to:</th>
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<tbody>
<tr>
<td>Medical Expert</td>
<td>1. Assess the health status of individuals and of populations, in terms of the impact of determinants of health</td>
</tr>
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<td></td>
<td>2. Apply principles of health promotion, health protection and disease prevention (including the use of screening tests) in the management of the health of individuals and populations</td>
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<td>3. Work together with public health to manage the health of individuals in situations that require public health intervention, including those subject to legal requirements</td>
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<td>4. Describe the roles of physicians and public health in the identification of health problems in the community, and their role in diagnosis and management of these problems.</td>
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<td></td>
<td>5. Work together with community-based agencies to support patient care and community health.</td>
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<td>6. Use epidemiological methods and data and other appropriate information sources to describe and assess the health of individuals and populations, and to assist in the diagnosis of disease.</td>
</tr>
<tr>
<td>Communicator</td>
<td>7. Communicate and interact effectively and sensitively with patients of different cultures and socio-economic backgrounds</td>
</tr>
<tr>
<td></td>
<td>8. Communicate and interact effectively and respectfully with staff at community-based and public health agencies.</td>
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<tr>
<td></td>
<td>9. Communicate effectively both verbally and in writing about issues in the domain of CPPH</td>
</tr>
<tr>
<td>Collaborator</td>
<td>10. Understand the roles played by the physician, public health and community-based agencies in the health system.</td>
</tr>
<tr>
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<td>11. Describe how to establish partnerships with community-based agencies and public health in support of the care of individuals and populations.</td>
</tr>
<tr>
<td>Manager</td>
<td>12. Describe the basic features and complexities of the local, provincial/territorial and federal health systems in Canada and the roles of physicians in each of these domains.</td>
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<td>13. Participate in the analysis of a community or public health problem, and understand the development of a plan that addresses these problems.</td>
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<td>14. Work effectively in teams that include physicians, other health professionals and others in the domain of CPPH</td>
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<tr>
<td></td>
<td>15. Describe how population-based approaches to health care services can improve medical practice and participate in the evaluation of this</td>
</tr>
<tr>
<td>Health Advocate</td>
<td>16. Address the unique health needs and barriers to access to appropriate health and social services of specific populations, including but not limited to persons of Indigenous descent, immigrants, refugees, persons with disabilities and persons identifying as LGBTQ</td>
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<tr>
<td></td>
<td>17. Understand efforts to reduce health inequities in clinical practice and at the population level, locally and globally</td>
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<td>18. Demonstrate methods of advocacy to improve the health and</td>
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<td>wellbeing of individuals and describe how to advocate effectively to improve population health</td>
</tr>
<tr>
<td>19.</td>
<td>Accept appropriate responsibility for the health of populations</td>
</tr>
<tr>
<td>20.</td>
<td>Describe how public policy impacts on the health of the population served.</td>
</tr>
<tr>
<td>21.</td>
<td>Participate in community activities directed at improving health.</td>
</tr>
<tr>
<td>22.</td>
<td>Inform, educate and empower individuals and groups about health issues.</td>
</tr>
<tr>
<td>Scholar</td>
<td>23. Understand the methods, tools, and applications of research in community, population and public health; recognize how these relate to biomedical and clinical research; and, appraise the results of such research and apply these appropriately to clinical practice</td>
</tr>
<tr>
<td>24.</td>
<td>Demonstrate the capacity to maintain competence in the domain of CPPH through lifelong learning</td>
</tr>
<tr>
<td>Professional</td>
<td>25. Apply the professional codes, relevant legislation and ethical frameworks of community, population and public health in the care of individual patients and in managing the health of populations</td>
</tr>
<tr>
<td>26.</td>
<td>Demonstrate professionalism in all interactions with patients, colleagues, and other members of the health team in the context of CPPH, including:  - Altruism  - Honesty  - Integrity  - Reliability  - Responsibility  - Compassion  - Recognize one’s limitations  - Strive for excellence</td>
</tr>
</tbody>
</table>
TEACHING METHODS

CPPH-1 employs a variety of teaching modalities including lectures, academy-based tutorial sessions, field visits, reading, and self-study modules.

Lecture sessions present the theory and principles of population and public health. Lecture sessions may include guest speakers and presentations by patient advocates. Lectures involving patients “lived experience” are not recorded to protect their privacy.

Field visits are voluntarily provided by schools, community care access centres, and community-based health promotion agencies, to offer students practical learning experiences and the context in which to apply the material learned from lectures. Students attend field placements sites in pairs.

Tutorial sessions provide opportunities for students to discuss CPPH-1 material in a small group format and receive formative feedback and assessments from the physician and allied health professional co-tutors. They are academy-based.

Course readings have been carefully chosen to supplement the lecture and tutorial material. Readings may present concepts in a slightly different way, which broadens the students’ learning experience.

Self-study, including the Epidemiology and Health Promotion modules and dedicated CPPH-1 self-study time, give students the opportunity to review CPPH-1 material in depth, pursue areas of interest related to CPPH in greater detail, and practice their self-management skills.

ASSESSMENT

The following assessments are included in CPPH-1:

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Mark</th>
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<tbody>
<tr>
<td>Presentations on School Visit (October for WB/MAM or November for FITZ/PB)</td>
<td>10%</td>
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<tr>
<td>Presentation on CCAC visit (October for FITZ/PB or November for WB/MAM)</td>
<td>10%</td>
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<tr>
<td>“In the Shoes of ….” Determinants of Health Presentation (November 26 2014)</td>
<td>Credit/No credit</td>
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<tr>
<td>Media Exercise (December 2014)</td>
<td>Credit/ No credit</td>
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<tr>
<td>Component</td>
<td>Percentage</td>
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<tr>
<td>Examination (February 2015)</td>
<td>40 %</td>
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<tr>
<td>Literature Search (April 2015)</td>
<td>Credit/ No credit</td>
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<tr>
<td>CBS Academy-based Tutorial Presentation (April 2015)</td>
<td>10%</td>
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<tr>
<td>CBS Project Proposal (May 2015)</td>
<td>30%</td>
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<tr>
<td>Professionalism (May 2015 - based on entire year’s performance)</td>
<td>Credit / No credit</td>
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</table>

**Total** 100%

For details, including grading regulations, see the CPPH-1 webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year1/CPPH-1.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for CPPH-1, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see: Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).

Students must pass each component of the course in order to receive credit for the course. For all of the components which contribute a percentage to the final grade, students must achieve a score of at least 60% to pass. Students who do not pass any of the components will be required to complete extra work, with reassessment.

Students who achieve less than 70% may be required to complete extra work.

Students will normally be presented to the Board of Examiners under the following circumstances:
- An overall course grade below 60%
- In the event the student has been required to do extra work on a component, and upon reassessment of that component the grade is still below the required standard
- Failing to achieve a passing grade on more than one component
- Significant lapses of professionalism
The Board of Examiners will then determine if the student is required to complete remedial work in the areas of identified weakness, and when such remedial work needs to take place.

(Community, Population and Public Health-1, continued)

ii. Assessment of Professionalism
Because medicine is a profession, students in medical school must conduct themselves in a professional manner. In CPPH, professional conduct is expected from all students at all times – in the classroom, in Medical Education offices, during tutorials, and on field visits. Professionalism is an important component of this course and students must pass this component to achieve credit for this course. The standards on professional conduct as stated by the UME program are available on the CPPH website. Demonstration of professional behaviour will be noted in all areas of the course.

EVALUATION OF THE CPPH-1 COURSE
Evaluation by students:
This course has been developed with extensive student input. Student feedback is requested during the semester following lectures to allow for in-term adjustments and at the end of each semester.

Evaluation by tutors, lecturers, and agencies:
The course depends on the skills and knowledge of our excellent lecturers, tutors, and preceptors who deliver a substantial proportion of the course, and their comments and feedback are important. Evaluation forms are provided to them at the end of each semester.

Review by the CPPH-1 Course Committee:
All of these sources of information are summarized and presented to the Committee to evaluate the course. It is important that the course be evaluated from a number of perspectives and thus different aspects are assessed at different times and by different methods.

REQUIRED TEXT
The required text for the Determinants of Community Health course is the PHEN Primer on Population Health, a virtual textbook accessed at http://www.afmc-phprimer.ca/. The PHEN Primer on Population Health is a resource created under the sponsorship of the Association of Faculties of Medicine of Canada (AFMC) by the Public Health Educator’s Network (PHEN), and made possible through funds provided by the Public Health Agency of Canada. The PHEN includes representatives from 17 Medical Faculties in Canada who have worked collaboratively with experts, students, teachers and other stakeholders to review the Primer on Population Health. This text covers the objectives of population health from the Medical Council of Canada, it presents a perspective on population health and it demonstrates the relevance of concepts of population health to health professionals engaged in clinical care. Additional readings may come from variety of sources including “Public Health and Preventive Medicine in Canada” by Chandrakant P. Shah, 5th edition, Excelsior Press, 2003 and selected websites and other online sources.
COURSE DESCRIPTIONS

Year 2 Block Course: MECHANISMS, MANIFESTATIONS, & MANAGEMENT OF DISEASE (MMMD)

<table>
<thead>
<tr>
<th>Course Directors</th>
<th>Course Administrators</th>
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<tbody>
<tr>
<td>Dr. Lori Albert</td>
<td>Lina Marino</td>
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<td><a href="mailto:lori.albert@uhn.ca">lori.albert@uhn.ca</a></td>
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<tr>
<td>Dr. Hosanna Au</td>
<td>Sue Balaga (Mechanisms block)</td>
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<tr>
<td>Dr. Darlene Fenech (as of May 1, 2015)</td>
<td>Elizabeth Day (MAM)</td>
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<td></td>
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<tr>
<td>Dr. Lina Marino</td>
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<tr>
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<tr>
<th>Mississauga Academy of Medicine (MAM) Faculty Site Coordinators</th>
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<tbody>
<tr>
<td>Dr. Dalip Bhangu</td>
</tr>
<tr>
<td><a href="mailto:dbhangu@thc.on.ca">dbhangu@thc.on.ca</a></td>
</tr>
<tr>
<td>Dr. Dybesh Regmi</td>
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COURSE OVERVIEW

Mechanisms, Manifestations, & Management of Disease (MMMD) is a 36-week course which runs throughout the second year of medical school. The first nine weeks of the course concentrate on the mechanisms of disease: the pathogenesis and the changes in disease that occur at the tissue, cellular and molecular levels and how these correlate clinically. A comprehensive understanding of the mechanisms and structural alterations produced by disease is a necessary framework with which one can plan strategies for prevention, diagnosis, and treatment. The mechanisms section covers the major categories of human disease and is divided into four major topics: genetics and genetic diseases, immunology and disorders of the immune system, microbiology (including bacteriology, virology, mycology, and parasitology), and pathology (including cellular and molecular responses to injury, inflammatory disorders, and neoplasia).

The remaining 27 weeks of the course consist of system-based medicine and is organized with each week structured around one or more themes. The curriculum of each week has been developed by a committee from one or more of the major clinical departments (Anesthesiology, Family & Community Medicine, Medicine, Obstetrics and Gynaecology, Ophthalmology, Otolaryngology, Paediatrics, Psychiatry, and Surgery). Also present will be additional mechanisms-based lectures, predominantly by members of the Department of Laboratory Medicine & Pathobiology, in association with clinical lectures; the goal of these lectures is to present an integrated approach to a disease, from tissue and cellular events, through clinical manifestations, diagnosis and therapy. Teaching in pharmacology, medical imaging, the “manager” role, and ethics and professionalism is integrated throughout the entire curriculum.

Instruction consists of lectures, weekly problem-based tutorials, and small-group seminars. Lectures are largely concerned with providing core information needed for students to develop as Medical Experts. Problem-based tutorials and seminars build on information covered in lectures, but also allow students to develop skills in clinical decision making, communication, collaboration, health advocacy, and resource management. Small-group sessions also help to develop and promote skill in self-directed learning. Lecturers provide notes for their
lectures, and these are also posted on the course website for review by students. There is a limited amount of supplemental reading materials provided for most weeks to enhance the learning around topics covered.

(Mechanisms, Manifestations, & Management of Disease, continued)

These are considered part of the curriculum and may be examinable materials. Handouts may be made available for some seminars.

OVERALL COURSE GOALS

- To provide a link between the basic sciences taught in the first year of the undergraduate medical curriculum and the clinical disciplines encountered during Clerkship
- To develop an understanding of clinical medicine and to foster the development of attitudes necessary for the practice of sound, humanistic medicine
- To further develop an approach to clinical problem solving
- To develop an understanding of the psychosocial issues surrounding disease, illness and therapy, and the ability to integrate considerations of ethics, culture, gender, family and community into the assessment of a patient

OVERALL (OR “TERMINAL”) COURSE OBJECTIVES

At the conclusion of the course, students should be able to demonstrate the following “terminal objectives.” They are classified under the seven CanMEDS roles, to emphasize how the course objectives are aligned with the overall UME program objectives. The specific UME objectives supported by each of the course objectives are indicated in parentheses.

[Medical Expert/Skilled Clinical Decision Maker]

1. Describe current concepts of the mechanisms of disease, including etiology and pathogenesis, in relation to: Cell pathology, Environmental pathology, Immunology, Microbiology, Neoplasia, Genetic disease, Paediatric disease, Cardiovascular disorders. (1.1, 1.2)
2. Describe how structural alterations of disease correlate with clinical manifestations. (1.1, 1.2)
3. Describe common and/or life-threatening diseases in terms of their: Etiology, Pathogenesis, Clinical manifestations, Complications, Treatment, Prevention (1.2)
4. Provide an approach to the differential diagnosis of the major presenting problems in clinical medicine, and how to manage the problem pending the identification of the underlying cause. (1.2)
5. Demonstrate growing competence in the gathering and interpretation of clinical data, including:
   - Taking a history, performing a physical examination
   - Selecting and interpreting laboratory and imaging tests
   - Creating a problem list, generating a differential diagnosis and a provisional diagnosis (1.3a, 1.3b, 1.3c, 1.3d)
6. Retrieve, analyze and synthesize current data and literature in order to help solve a patient problem. (1.4)
7. Integrate best research evidence with clinical expertise and patient values in making clinical decisions. (1.5)
8. Describe how physicians provide assistance to patients with managing “normal life events” including during pregnancy, childhood and adolescence, menopause, advice about lifestyle issues such as exercise, and diet, and the dying process. (1.2)
9. Describe the following treatments of disease and illness in terms of their rationale, the mechanism of their effects, indications for each, and side effects: Management plan, Pharmacotherapeutics, Psychotherapy, Surgery (including management of trauma), Transfusion, Intravenous fluid therapy,
Organ donation and transplantation, Radiation therapy, Rehabilitation, Therapy of genetic disorders, Palliative care (1.3e)

10. Make appropriate use of medical imaging in the diagnosis of fractures, cancer, trauma and disorders of the heart and lungs. (1.3c)
(Mechanisms, Manifestations, & Management of Disease, continued)

[Communicator]
1. Further develop the ability to communicate effectively with patients, clinical colleagues and other allied health professionals. (2.1, 2.2, 2.4, 2.5)
2. Deliver information to patients humanely and effectively (2.3)
3. Contribute to a cumulative patient profile. (2.5)

[Collaborator]
1. Describe in general terms the roles of other members of the health care team. (3.1)
2. Contribute to the development of a multidisciplinary care plan. (3.2, 3.3)

[Manager]
1. Further develop a general understanding of the resource costs of health care interventions. (4.4)
2. Understand the optimal use of laboratory testing in relation to cost issues (4.4)
3. Help to build better teams. (4.5)
4. Describe aspects of the organization of the health care system (4.2)

[Health Advocate]
1. Propose health promotion and disease prevention strategies for individuals and populations based on an understanding of disease mechanisms (5.1)
2. Demonstrate respect for diversity (5.3)
3. Demonstrate a deepening understanding of the doctor-patient relationship and the legal and ethical issues pertaining to it (5.5)

[Scholar]
1. Demonstrate increasing self-directed lifelong learning skills (6.2)
2. Demonstrate a growing capacity to teach others (peers and patients) about clinical issues (6.2)

[Professional]
1. Manage their time effectively. (7.4)
2. Demonstrate responsibility and reliability in the learning and performance of tasks. (7.4)
3. Demonstrate respect for instructors and peers within the educational environment. (7.2, 7.6)
4. Demonstrate a basic understanding of major concepts in bioethics and law as applied to medicine, and apply this understanding to challenges in clinical medicine. (7.8, 7.9)
5. Recognize and accept the limitations in his/her knowledge and clinical skills, and demonstrate a commitment to continuously improve his/her knowledge, ability and skills and leadership, always striving for excellence. (7.5)
6. Develop the capacity to recognize common medical errors, report them to the required bodies, and discuss them appropriately with patients. (7.10)

ASSESSMENT
There are five written examinations in MMMD, occurring approximately every seven weeks. The material covered in each examination is non-cumulative, although it must be recognized that the concepts taught in the later portions of the course will assume pre-existing knowledge from earlier sections, particularly the mechanisms section and some pharmacology teaching. The examinations will be composed of multiple choice questions and/or key feature questions and/or short answer questions. They will address material covered in lectures, seminars, problem-based tutorials and any assigned mandatory readings (including any supplemental
THE UME CURRICULUM: Preclerkship (Years 1 & 2)

(Mechanisms, Manifestations, & Management of Disease, continued)

materials provided for the week). All examinations will be weighted equally for the purpose of calculating the final course grade.

Students will be evaluated on their participation in problem-based tutorials, and their acquisition of skills relevant to evaluating a problem, researching information and interacting as a group, however, this evaluation will be for purposes of feedback only, and will not be included in calculation of the student’s overall grade. PBL tutors will also complete evaluations of each student’s professionalism as demonstrated during the PBL tutorials. Lapses in professionalism in PBL may constitute grounds for not achieving credit in the course.

As well, annual feedback will be provided to students regarding their performance in the Ethics and Professionalism curriculum included within the MMMD course. The feedback will not be included on the transcript.

GRADING
Grading in MMMD conforms to the “Guidelines for the assessment of undergraduate medical trainees – Preclerkship.” The application of these guidelines to MMMD is as follows:

In order to achieve credit in the course, the student must meet the requirements for success in the course as listed below. As well, they must demonstrate satisfactory professional behaviour. Multiple minor lapses in professionalism, or major lapses or critical incidents, may constitute grounds for not achieving credit in the course. Students who have not met the requirements to achieve credit in the course will be presented to the Board of Examiners, and the Board will decide whether a course of remediation is appropriate. With regards to the Ethics and Professionalism component of the curriculum, students who are struggling to master the concepts taught regarding Ethics and Professionalism will be asked to meet with Dr. Erika Abner and may be required to complete additional work.

Student grades in the course are classified based on the overall average score of the five examinations, and on the scores of each of the five individual examinations as follows:

Clear “Credit”. A student who has achieved a grade of 65% or higher on each of the five examinations, AND an overall cumulative average of 70% or higher, will be deemed to have achieved credit in the MMMD course.

Clear “No Credit”. A student will be deemed to have failed to achieve credit in the MMMD course in the following situations:

a. If a student achieves a failing grade (<60%) on two examinations, or achieves a grade below 65% on three examinations, their performance will be reviewed by the Board of Examiners at the next available meeting. A determination will be made by the Board, taking into account all relevant factors, whether the student merits a grade of “No Credit” and therefore requires formal remediation or whether the student will have to repeat the course.

b. If a student is required to do extra work or remediation in the course and is not successful in completing this to the required standard, then they may be presented to the Board of Examiners with the recommendation that the Board assign a grade of “No Credit”.

c. If the student demonstrates major lapses or a significant number of minor lapses in professionalism, then this may also be considered grounds for a grade of “No Credit” to be determined by the Board of Examiners.

(Mechanisms, Manifestations, & Management of Disease, continued)
**Borderline** Students who achieve neither a clear “Credit” nor clear “No Credit” are deemed to be borderline, and will require additional work in order to achieve credit in the course. This applies to students who score below 60% on one examination or 65% on one or two of the examinations. The performance of students scoring at a borderline level will be carefully reviewed by the course co-directors and faculty members of the course committee. Based on this review, students will be required to do extra work, which may include a focused examination on the identified areas of weakness. The exact nature of the required extra work will depend on the following factors:

- The student’s overall mark in the course
- The number of examinations on which they scored below 65%

Students who are identified as showing borderline performance in MMMD and requiring extra work, may also be presented to the Board of Examiners for review of their performance.

Students who score less than 70% on any of the written exams will be invited to have an interview with one of the course directors to discuss their performance and to explore what might be done to assist them in future. Students whose cumulative course average at the end of the year is between 60% and 70% will also be reviewed by the course directors and may be asked to complete extra work, if they have not already done so (additional extra work may also be required).

Although numerical grades will be used for the purpose of determining if the student achieves credit, the grade will be officially reported on the transcript as Credit or No Credit.

For further details, including grading regulations, see the MMMD webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year2/mmmd.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for MMMD, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).

**RECOMMENDED TEXTS**

There are no required textbooks for this course. The textbooks cited below should be of considerable value in assisting the study of the material from this course. Most of the textbooks listed below, as well as many other useful resources, are available on-line through the University of Toronto Libraries. There is a link to the Library on the course portal. There is a course librarian, and contact information is available on the portal. He/she can be contacted for help in locating these, or alternate resources.

**Pathology:**

**Microbiology:**
(Mechanisms, Manifestations, & Management of Disease, continued)

**Immunology:**

**Genetics:**

**Obstetrics and Gynecology:**

**Ophthalmology**
- American Academy of Ophthalmology “Basic Ophthalmology for Medical Students and Primary Care Residents, 9th ed” by R. Haper, 2010

**Pediatrics:**

**Family Medicine:**
- The Canadian Task Force on Preventive Health Care: http://canadiantaskforce.ca/

**Psychiatry:**

**Surgery:**

**Gastroenterology:**

**Medicine:**

**Urology:**

**General References:**
Year 2 Continuity Course: THE ART & SCIENCE OF CLINICAL MEDICINE-2 (ASCM-2)

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<thead>
<tr>
<th>Course Director</th>
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<tbody>
<tr>
<td>Dr. David MC Wong</td>
<td>Lina Marino</td>
</tr>
<tr>
<td><a href="mailto:wongdav@smh.ca">wongdav@smh.ca</a></td>
<td><a href="mailto:lina.marino@utoronto.ca">lina.marino@utoronto.ca</a> / 416-946-7009</td>
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Site Directors:

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<tr>
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<tbody>
<tr>
<td>Fitzgerald</td>
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<td>Dr. David M.C. Wong</td>
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<tr>
<td>Mississauga</td>
<td>MH</td>
<td>Dr. Stephen McKenzie</td>
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<td>Mississauga</td>
<td>CVH</td>
<td>Dr. Jeff Myers</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:jeffrey.myers@trilliumhealthpartners.ca">jeffrey.myers@trilliumhealthpartners.ca</a></td>
</tr>
<tr>
<td>Peters-Boyd</td>
<td>SHSC</td>
<td>Dr. Michael Bernstein</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:michael.bernstein@sunnybrook.ca">michael.bernstein@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Peters-Boyd</td>
<td>WCH</td>
<td>Dr. Savannah Cardew</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:savannah.cardew@wchospital.ca">savannah.cardew@wchospital.ca</a></td>
</tr>
<tr>
<td>Peters-Boyd</td>
<td>NYGH</td>
<td>Dr. Meeta Patel</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:meetapatel.md@gmail.com">meetapatel.md@gmail.com</a></td>
</tr>
<tr>
<td>Wightman-Berris</td>
<td>MSH</td>
<td>Dr. Yash Patel</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:ypatel@mtsinai.on.ca">ypatel@mtsinai.on.ca</a></td>
</tr>
<tr>
<td>Wightman-Berris</td>
<td>UHN</td>
<td>Dr. Diana Tamir</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:diana.tamir@uhn.ca">diana.tamir@uhn.ca</a></td>
</tr>
<tr>
<td>Wightman-Berris</td>
<td>TEGH</td>
<td>Dr. Michelle Lockyer</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:michelle.lockyer@utoronto.ca">michelle.lockyer@utoronto.ca</a></td>
</tr>
</tbody>
</table>

Block Coordinators:

<table>
<thead>
<tr>
<th>Block</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatrics</td>
<td>Dr. Sheila Jacobson</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:sheilajacobson@rogers.com">sheilajacobson@rogers.com</a></td>
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<tr>
<td>Psychiatry</td>
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</tr>
</tbody>
</table>
THE UME CURRICULUM: Preclerkship (Years 1 & 2)

(ThThe Art & Science of Clinical Medicine-2, continued)

COURSE OVERVIEW

This course continues clinical skills instruction in the second year via 35 half-day sessions, which are scheduled on Thursday mornings. Students in the course are, for the most part, organized into Academy-based groups of six students. The course builds on previously learned skills in history and physical examination in ASCM-1 and focuses on students learning more advanced skills in history-taking and physical examination. The components of the written case report are reviewed and strengthened. Students improve skills in performing an oral case presentation. The skill of performing a focused history and physical examination is introduced early in the course and students then build on this skill as the course progresses. Students learn to integrate knowledge of states of health and illness into their history-taking in order to perform a focused history and physical and to formulate a differential diagnosis.

The course is divided into several sessions led by one or two core tutors and blocks of sessions devoted to specialized learning in geriatrics, paediatrics, psychiatry, and other specialty areas. Specific skills are taught in the following dedicated sessions: the musculoskeletal system; orthopaedics; the back examination; the breast examination; the male genital-urinary system; the peripheral vascular system; the neurological system; the acute abdomen; and the ophthalmological and otolargyngological examinations.

Core sessions allow groups to review and strengthen history taking and physical examination and to practice presentation skills. Students also have the opportunity to learn and use an electronic medical system during patient encounters. Specialized core sessions focus on performing a palliative care history, a sexual history and HIV test counselling, and learning to perform a female pelvic examination. During core sessions, students and tutors should identify and direct learning where needed for the individual learner.

In addition, students will have an opportunity to discuss and reflect on their training through five Portfolio sessions that are integrated with the current curriculum. These sessions will provide students the opportunity to reflect on their ultimate goal – developing their identity as doctors and shaping the way in which they conduct themselves in their future practice of medicine.

Interviewing skills, communication skills, empathy, and professionalism are emphasized. During most ASCM-2 sessions there is an opportunity for a clinical encounter. Observation of students and feedback by tutors is emphasized.

COURSE OBJECTIVES

By the end of ASCM-2, the student should be able to:

[Medical Expert/Skilled Clinical Decision Maker]
- Obtain a complete and focused medical history
- Perform a complete physical examination.
- Present the findings from the history and physical examination
- Know about all aspects of common and life-threatening illness and all MCC clinical presentations
- Interpret laboratory and imaging tests
- Integrate clinical data into a diagnostic formulation
- Demonstrate therapeutic and management skills (in specific contexts)
- Retrieve best evidence
- Understand the goals and principles of infection control

Updates and details available at www.md.utoronto.ca
(The Art & Science of Clinical Medicine-2, continued)

[Communicator / Doctor-Patient Relationship and Health Advocate / Community Resources]
- Communicate effectively in multiple ways with patients and families

[Collaborator]
- Exhibit honesty, fairness and compassion towards patients, peers and other members of the health care professions

[Health Advocate/Community Resources and Scholar]
- Work effectively with colleagues

[Scholar]
- Demonstrate appropriate self-directed learning skills

[Professional]
- Exhibit honesty, fairness and compassion towards patients, peers and other members of the health care professions.
- Maintain confidentiality of patient data
- Manage time and workload effectively

ASSESSMENT

<table>
<thead>
<tr>
<th>Component</th>
<th>% of Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSCE</td>
<td>50</td>
</tr>
<tr>
<td>Observed History and Physical</td>
<td>20</td>
</tr>
<tr>
<td>Written Reports (2)</td>
<td>15 (7.5 each)</td>
</tr>
<tr>
<td>Oral Presentations (2)</td>
<td>15 (7.5 each)</td>
</tr>
<tr>
<td>Observed Technical Assessment Log</td>
<td>Credit/No Credit (students are required to complete and return the Observed Technical Assessment Log in order to pass the course)</td>
</tr>
<tr>
<td>Portfolio Written Assignment</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Credit/No Credit (students have a mid-year and a year-end evaluation of professionalism, and are required to demonstrate satisfactory professional behaviour in order to pass the course)</td>
</tr>
</tbody>
</table>

GRADING
ASCM-2 is transcribed as Credit/No Credit. The grade in ASCM-2 is derived from the grades obtained in the course components.

Students are required to pass all course components in order to pass the course, by scoring at least 60% on each component, and a grade of “credit” for portfolio assignment, professionalisms and for the observed technical assessment log. Students are expected to have mastered the basic skills of history-taking and physical examination in order to pass the course. Students must pass the OSCE in order to pass the course. The OSCE is a 10-station examination and students must achieve a minimum score of 60% and pass seven stations in order to pass the exam.
Marks between 60-69% in any component are considered borderline and students scoring in this range on any component may be required to complete extra work in order to meet the requirements of the course.

Students are expected to exhibit the attributes of professionalism in order to pass the course.

For further details, including grading regulations, see the ASCM-2 webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year2/ASC_211Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prol/examevalpromo.htm).

NB: In order to receive credit for ASCM-2, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).

Students who fail any component of the course or who are borderline in more than one component will normally be presented to the Board of Examiners for review. In the case of such inadequate performance, including unprofessional behaviour, supplemental or remedial work and/or examinations will be recommended by the course director to the Board of Examiners. Students granted supplemental or remedial privileges by the Board of Examiners must successfully complete the work or examinations prior to commencing the Clerkship.

REQUIRED TEXTS
3. The ASCM Preclerkship Clinical Skills Handbook
4. ASCM 2 Paediatric Examination Handbook
5. Learning resources on the course website on the Portal.

*Students may also use The Medical Society's handbook (but this companion book should be used only in addition to the recommended textbooks on physical examination):
Year 2 Continuity Course: DETERMINANTS OF COMMUNITY HEALTH-2 (DOCH-2)

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(Associate Course Director)  
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Kate Bingham  
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**Faculty Lead**
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416-978-8213  
Sylvia Jao (MSB DOCH Assistant)  
sylvia.jao@utoronto.ca / 416-978-6860

<table>
<thead>
<tr>
<th>Academy</th>
<th>Education Coordinator</th>
<th>Research Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>FitzGerald</td>
<td>Dragana Markovic</td>
<td>Gwen Jansz</td>
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<tr>
<td>Mississauga</td>
<td>Frances Rankin</td>
<td>Terry Borsook</td>
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<tr>
<td>Peters-Boyd</td>
<td>Sonya Boston</td>
<td>Piero Tartaro</td>
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<tr>
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</tr>
<tr>
<td>Wightman-Berris</td>
<td>Brian Davidson</td>
<td>Joyce Nyhof-Young</td>
</tr>
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<td></td>
<td><a href="mailto:brian.davidson@uhn.ca">brian.davidson@uhn.ca</a></td>
<td><a href="mailto:joyce.nyhof-young@uhn.ca">joyce.nyhof-young@uhn.ca</a></td>
</tr>
</tbody>
</table>

**Course Overview**
The second year of the Determinants of Community Health (DOCH) course is entitled *Researching Health in the Community*. DOCH-2 has two core components: learning and demonstrating core research methods competencies and completion of each student's own research project. This course is a unique opportunity to demonstrate independent skills, reflection, and collaboration.

In this course, students build upon knowledge and skills acquired in DOCH-1 by working on their own research project using appropriate methods in a content area of interest to study determinants of health and/or vulnerable populations and their relationship to a health issue in a defined population. The course starts with agency selection and development of the student's research question. Over the fall students are provided with:

- Academy-based sessions which start with the agency match and an overview of the course
- Five academy-based research project sessions facilitated by researchers to provide faculty and peer consultation on the research projects
- Literature search sessions facilitated by academic and hospital librarians
- Ethics submission support
- Time to meet with the agency to consolidate the project
- Biostatistics and epidemiology self-study modules

By the end of December students should have a research project ready to implement in the winter of Term 2.

The remainder of the course provides students with mostly unscheduled time for subject recruitment and consent, data collection, analysis, interpretation and presentation. The DOCH-2 exam is set for December (as requested by previous DOCH-2 students). Sessions are offered in February/March to assist with quantitative
and qualitative research analysis. The course finishes with students making formal presentations and submitting written reports of their projects.

Student assessment in DOCH-2 in addition to the examination includes research question feedback, literature search strategy, a preliminary presentation (in tutorial), ILP/protocol development and progress, a final presentation, and a report. Ethics approval for projects involving human subjects is required. Professionalism forms are completed for all students. *Researching Health in the Community* prepares students for the Clerkship and for future practice as critical consumers of research, as participants in research, and, for many graduates, as principal investigators.

**COURSE OBJECTIVES**

DOCH-2 directly supports a number of UME objectives, most specifically in the Scholar role: Be able to pose a research question, help develop a protocol, assist in carrying out the research, and disseminate the results. The medical graduate will demonstrate an understanding of ethics as it relates to medical research.

<table>
<thead>
<tr>
<th>Major topic area</th>
<th>Skills to be developed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determinants of Health</td>
<td>• Analyze the relationship between a determinant of health and a health problem.</td>
</tr>
<tr>
<td></td>
<td>• Interpret social/physical/economic information in the context of the community and the</td>
</tr>
<tr>
<td></td>
<td>sponsoring agency.</td>
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<tr>
<td></td>
<td>• Identify and interpret factors as they affect the health of a population</td>
</tr>
<tr>
<td>Epidemiological/ research methods/</td>
<td>• Demonstrate the use of technology for appropriate information retrieval and analysis.</td>
</tr>
<tr>
<td>Scholar</td>
<td>• Evaluate the scientific literature in order to critically assess research methods and</td>
</tr>
<tr>
<td></td>
<td>findings presented.</td>
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<tr>
<td></td>
<td>• Be able to describe and apply the following:</td>
</tr>
<tr>
<td></td>
<td>o Quantitative research methods (study designs such as randomized control trial, cohort,</td>
</tr>
<tr>
<td></td>
<td>case control, cross-sectional, surveys)</td>
</tr>
<tr>
<td></td>
<td>o Qualitative research methodology</td>
</tr>
<tr>
<td></td>
<td>o Measurement (error, reliability, distributions, measurement, terminology), measures</td>
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<tr>
<td></td>
<td>of central tendency, validity, and measures of health and disease, odds ratios,</td>
</tr>
<tr>
<td></td>
<td>relative risk, and attributable risk.</td>
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<tr>
<td></td>
<td>o Sampling for surveys</td>
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<tr>
<td></td>
<td>o Concepts of efficacy, effectiveness, and efficiency</td>
</tr>
<tr>
<td></td>
<td>• Interpret research findings for population and patients</td>
</tr>
<tr>
<td>Community Diversity</td>
<td>• Appreciate and describe diversity as it relates to populations and individuals</td>
</tr>
<tr>
<td></td>
<td>• Apply principles of social justice to research concepts</td>
</tr>
<tr>
<td>Professionalism</td>
<td>• Adhere to standards of professional codes and ethics (including research ethics</td>
</tr>
<tr>
<td></td>
<td>principles)</td>
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<tr>
<td></td>
<td>• Recognize when to seek advice and assistance</td>
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<tr>
<td></td>
<td>• Recognize the complexity of various physician roles (e.g. researcher, listener,</td>
</tr>
<tr>
<td></td>
<td>advocate, healer, etc.) and the appropriate application of each</td>
</tr>
<tr>
<td>Multi-professionalism</td>
<td>• Continue to develop the capacity to work collaboratively with community agencies</td>
</tr>
<tr>
<td></td>
<td>and other researchers</td>
</tr>
<tr>
<td></td>
<td>• Appreciate the concept of the health care team and be able to collaborate</td>
</tr>
<tr>
<td></td>
<td>effectively with other professionals in research</td>
</tr>
<tr>
<td>Communication</td>
<td>• Communicate effectively in written reports and oral presentations</td>
</tr>
</tbody>
</table>

*Many of the objectives above have been taken directly from the Medical Council of Canada (MCC)*
THE UME CURRICULUM: Preclerkship (Years 1 & 2)

(Determinants of Community Health-2, continued)

ASSESSMENT

<table>
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<th>Components</th>
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<tbody>
<tr>
<td>TCPS2 Certificate (September)</td>
<td>Credit/No Credit</td>
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<tr>
<td>Research Question (October)</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>Literature Search Strategy workshop (October)</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>DOCH-2 Research Project Learning Guideline and Agreement (October)</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>DOCH-2 Preliminary Presentation in Tutorial (November)</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>Protocol Report and Ethics Tracking Form (November)</td>
<td>25 %</td>
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<tr>
<td>Examination (December)</td>
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<tr>
<td>Progress Review (February)</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>Written Project Report (May)</td>
<td>20 %</td>
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<tr>
<td>Project Presentation (April-May)</td>
<td>20 %</td>
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<tr>
<td>Participation</td>
<td>10 %</td>
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<tr>
<td>Professionalism</td>
<td>Credit/No Credit</td>
</tr>
<tr>
<td>Total</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Note: Students must achieve a passing grade on each of these components in order to pass the course. For components of the course that contribute to the final percentage grade, the passing grade is 60%. Students who do not pass any component will be required to do extra work relevant to that component and to repeat the assessment and will be required to reach the passing grade on reassessment.

Students will normally be presented to the Board of Examiners under the following circumstances:

- An overall course grade below 60%
- In the event the student has been required to do extra work on a component, and upon reassessment of that component the grade is still below the required standard
- Failing to achieve a passing grade on more than one component
- Significant lapses of professionalism

The Board of Examiners will then determine if the student is required to complete remedial work in the areas of identified weakness, and when such remedial work needs to take place.

For further details, including grading regulations, see the DOCH-2 webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year2/DOC_211Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for DOCH-2, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).
(Determinants of Community Health-2, continued)

REQUIRED TEXTS

*Primer on Population Health*

The PHEN Primer on Population Health is an online resource available at http://phprimer.afmc.ca/ that was created under the sponsorship of the Association of Faculties of Medicine of Canada (AFMC). This text covers the objectives of population health from the Medical Council of Canada, presents a perspective on population health, and demonstrates the relevance of concepts of population health to health professionals engaged in clinical care.

Part 1 – Thinking about Health
Chapter 2 Determinants of Health and Health Inequities

Part 2 – Methods: Studying Health
Chapter 5 Assessing Evidence and Information* DOCH 2 core
Chapter 6 Methods: Measuring Health* DOCH 2 core

Readings and reference material: Core readings are provided in the course manual or on the Portal.

Required quantitative methods references:
- On-line modules on quantitative designs (prepared by Dr. Ian Johnson).
- On-line biostatistics module

Required qualitative methods references:

Additional readings are provided for students who wish to learn core topics in greater depth and to support learning around specific quantitative and qualitative research methods.
Year 2 Continuity Course: FAMILY MEDICINE LONGITUDINAL EXPERIENCE (FMLE)

<table>
<thead>
<tr>
<th>Course Director</th>
<th>Course Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Susan Goldstein</td>
<td>Susan Rice</td>
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<tr>
<td><a href="mailto:susan.goldstein@utoronto.ca">susan.goldstein@utoronto.ca</a></td>
<td><a href="mailto:s.rice@utoronto.ca">s.rice@utoronto.ca</a> / 416-946-5249</td>
</tr>
</tbody>
</table>

During FMLE, students participate in community-based family medicine clinics on six Monday and/or Wednesday afternoons spread out through the second year of the program. Students are assigned preceptors through a match process, after which the six clinic dates are arranged and agreed on jointly by the student and preceptor from a list of possible dates supplied by the University.

The goal of FMLE is for students to develop an appreciation of the importance of generalist specialties and of family medicine in particular, including an understanding of the role family physicians play within the health care system. In addition, students will have some exposure to important issues in our health care environment such as physician distribution, physician remuneration, primary care reform, and social accountability.

During FMLE, students also practise some of the history-taking and physical examination skills learned in ASCM-1 and ASCM-2. They also learn about the family medicine-based clinical S.O.A.P. (“Subjective, Objective, Assessment, Plan”) note and practice documentation using an Electronic Medical Record (EMR)-type document.

COURSE OBJECTIVES

The FMLE Course Objectives are derived from the CanMEDS-FMU Objectives* and support the UME Program Goals and Objectives**. Upon successful completion of the FMLE, the student should be able to:

<table>
<thead>
<tr>
<th>CanMEDS-FMU Objective*</th>
<th>Course Objective</th>
<th>UME Program Objective(s) supported**</th>
</tr>
</thead>
<tbody>
<tr>
<td>FM Expert: 1.5</td>
<td>1. Use the patient-centered clinical method (including a patient-centered interview) to conduct a supervised office visit.</td>
<td>UME 1.3.1, 1.3.2, 2.1, 2.2, 2.3, 2.4, and 2.5</td>
</tr>
<tr>
<td>FM Communicator 2.5</td>
<td>2. Demonstrate some ability to identify the health needs of an individual patient and how to work with this patient to improve their health.</td>
<td>UME 1.3.4 and 5.5</td>
</tr>
<tr>
<td>FM Health Advocate: 5.1</td>
<td>3. Use patient-centered record keeping when caring for patients.</td>
<td>UME 1.3.1, 1.3.2 and 2.1</td>
</tr>
<tr>
<td>FM Expert 1.3</td>
<td>4. Identify that the patient-physician relationship is central to the practice of family medicine in allowing therapeutic relationships with patients to develop.</td>
<td>UME 5.5, 7.2 and 7.3</td>
</tr>
<tr>
<td>FM Communicator 2.1</td>
<td>5. Demonstrate an appreciation of the value of continuity of care for developing a deep knowledge of patients.</td>
<td>UME 5.5</td>
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</table>
**THE UME CURRICULUM: Preclerkship (Years 1 & 2)**

(Family Medicine Longitudinal Experience, continued)

<table>
<thead>
<tr>
<th>CanMEDS-FMU Objective*</th>
<th>Course Objective</th>
<th>UME Program Objective(s) supported**</th>
</tr>
</thead>
<tbody>
<tr>
<td>FM Manager 4.1</td>
<td>6. Demonstrate an understanding of the role of the family physician, family medicine and primary health care in the overall function of the health care system including family physician roles in office based care</td>
<td>UME 4.2, 4.4 and 4.6</td>
</tr>
<tr>
<td>FM Collaborator 3.2.1</td>
<td>7. Create and maintain a positive working environment by:</td>
<td>UME 2.5 and 7.2</td>
</tr>
<tr>
<td>FM Professional 7.1.2</td>
<td>I. Demonstrating a respectful attitude towards other colleagues, other health care professionals and/or members of the health team and patients and their families.</td>
<td>UME 3.1, 3.2, 3.3 and all aspects of objective 7</td>
</tr>
<tr>
<td>FM Collaborator 3.2.4</td>
<td>II. Demonstrating professionalism in all aspects of care.</td>
<td></td>
</tr>
<tr>
<td>FM Scholar 6.1</td>
<td>8. Engage in self-directed learning based on reflective practice (e.g. read around cases).</td>
<td>UME 6.2</td>
</tr>
</tbody>
</table>

*CanMEDS-FMU can be found at: http://www.cfpc.ca/uploadedFiles/Education/CanMEDS-FMU_Feb2010_Final_Formatted.pdf

**UME Program Goals and Objectives can be found at: http://www.md.utoronto.ca/program/goals.htm

**ASSESSMENT

- Midterm report (50%)
- Final report (50%)
- Professionalism evaluation (Credit/No Credit)

For details, including grading regulations, see the FMLE webpage on the MD website (http://www.md.utoronto.ca/program/preclerkship/year2/FMLE.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for FMLE, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

For general regulations regarding extra work requirements in Preclerkship courses, see the Standards for the Requirement of Extra Work in the Preclerkship on the UME website (www.md.utoronto.ca/policies.htm).
Themes & Competencies (Years 1-4)

In addition to the courses in the Preclerkship and the Clerkship, UME includes several “themes” and “competencies”:

- Ethics & Professionalism / Professional Role
- Manager Role
- Collaborator Role/Interprofessional Education
- Pharmacology Theme
- Health Humanities
- Medical Imaging
- Global Health Theme
- Indigenous Health
- Health Humanities
- LGBTQ Health Education
- Health Advocacy

The first three of these correspond very closely to three of the CanMEDS roles that form the basis of the UME program objectives. Teaching in these thematic areas is given during both the Preclerkship and Clerkship and serves to provide students with an integrated exposure to these very important issues. Each of them has a faculty lead, as indicated below.

<table>
<thead>
<tr>
<th>Themes &amp; Competencies</th>
<th>Faculty Lead</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics &amp; Professionalism</td>
<td>Dr. Erika Abner</td>
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<tr>
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<td>416-946-8719</td>
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<tr>
<td>Manager</td>
<td>Dr. Geoffrey Anderson</td>
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<td>Dr. Dante Morra</td>
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<tr>
<td>Collaborator / Interprofessional Education</td>
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<td></td>
<td>Dr. Rachel Forman (Clerkship)</td>
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<tr>
<td>Global Health</td>
<td>Dr. Rachel Spitzer</td>
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<td>Indigenous Health</td>
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<td>LGBTQ Health Education</td>
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<tr>
<td>Health Advocacy</td>
<td>Dr. Philip Berger</td>
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THE CURRICULUM: Themes & Competencies (Years 1-4)

THEME & COMPETENCY DESCRIPTIONS

ETHICS & PROFESSIONALISM

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Mississauga Academy of Medicine (MAM) Faculty Site Coordinator
Dr. Rob Boyko
rboyko@cvh.on.ca

Teaching in professional ethics in the core curriculum includes a mix of large-group sessions and seminars/workshops. The large-group sessions give students familiarity with the central concepts of medical ethics, professionalism and medical jurisprudence. Some of these sessions are given by single lecturers, others are team-taught, and some involve multidisciplinary panels and patients. Ethics seminars are expert-led and case-based, and sometimes involve the participation of standardized patients.

The Ethics & Professionalism Preclerkship curriculum consists of 52 hours, woven into almost all of the Preclerkship courses. Ethics teaching addresses topics pertaining to the individual doctor-patient encounter (e.g., confidentiality, truth-telling, obstetrical and paediatric ethics, informed consent, euthanasia and assisted suicide, and breaking bad news). There is also teaching on issues such as public and private rights, social justice, research ethics, and professionalism.

In the Clerkship, there are 18 hours of scheduled sessions for didactic ethics, medical jurisprudence, and professionalism teaching, in addition to the education about ethics and professionalism that arises in the course of students’ patient care experience. These sessions include several lectures and seminars in the Transition to Clerkship and Transition to Residency courses, and seminars in the Medicine, Surgery, and Paediatrics rotations.

In addition, the Clerkship Portfolio course has as a central theme students’ professional identity formation. The small group component of the course encourages students to discuss issues and experiences related to the development of their professional roles, while the written component promotes reflective practice as a key skill in medical professionalism.

Also see: Professionalism of UME students.
THE CURRICULUM: Themes & Competencies (Years 1-4)

THEME & COMPETENCY DESCRIPTIONS

MANAGER

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The Manager theme curriculum spans the four years of the UME program, and so provides an opportunity for students to learn in progressively greater depth about the various aspects of the role of the physician as a manager in the health care system. The objectives for the Manager role are contained within the overall UME program objectives.

Manager theme activities are woven into the block courses during the Preclerkship and also play a major role in the Transition to Clerkship that marks the beginning of the third year, and the Transition to Residency that occurs at the conclusion of fourth year. Assessment involves the completion of required assignments, and also questions on the course examinations.

Year 1:
This year includes a lecture on the Manager role as part of a series on the CanMEDs roles, as well as lectures on the Canadian health care system and on career planning. Students complete a group assignment that focuses on management and team-building skills. They also complete a Canadian Medical Association (CMA) leadership module on personal leadership and emotional intelligence.

Year 2:
Students have more formal instruction about the Manager role via several half-day exercises that address the following topics, the first three of which are CMA modules:
- team-building and leadership
- managing conflict
- health and personal growth
- patient-centred care
- diversity and advocacy

Year 3
Several activities at the beginning of the Clerkship, during the Transition to Clerkship (TTC) course, further develop students’ grasp of the Manager role and teamwork, and in particular the phenomenon of change management, via a complex health care planning simulation activity. Major topics during TTC include learning about quality of care, quality improvement, patient safety, health care costs, and management of medical error, and this is accomplished through both classroom sessions and Institute for Healthcare Improvement (IHI) open school online modules.

The Manager role is also the focus of one of the Portfolio meetings and reflections in Year 3.

Year 4 (Transition to Residency (TTR))
In the Transition to Residency course in Year 4, students learn about negotiation, transfer of care, getting involved in the health care system, and physician supply.
Interdisciplinary collaboration is an integral component of healthcare and is associated with improved patient outcomes. Analysis of Interprofessional collaboration in acute and primary care settings describes a myriad of benefits for both patients and health care professionals. The benefits include: reduced length of stay and costs, enhanced patient satisfaction, treatment compliance and patient-reported health outcomes.

Moreover, members of the health care team report greater job satisfaction and sense of well-being when working in a collaborative fashion. This understanding, coupled with the inherent complexity of health care systems in an era where we must provide care to an aging population of persons with multiple chronic diseases has led to international consensus that models of health professions education must change in order to create a collaborative, practice-ready workforce. Recognizing this, the World Health Organization (WHO) published a framework for action on Interprofessional education (IPE) in which it outlined supporting evidence and strategies for implementing IPE into various healthcare disciplines to achieve this goal. According to the World Health Organization (WHO, 2010), interprofessional education (IPE) occurs when students pursuing education in two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Governments and health professions faculties worldwide, including the University of Toronto, have endorsed this move.

In the context of the CanMEDS objectives, the guiding principles of IPE are similar to those defined by the Collaborator competency. The Collaborator objectives, which are found in the overall Undergraduate Medical Education program objectives, are fulfilled by the learners through participation in a variety of theme-specific sessions across the four years of the curriculum. One of the chief ways in which this educational content is delivered is via the formal IPE curriculum.

Interprofessional Education (IPE)
The IPE curriculum has been developed for students from 11 University of Toronto health professions Departments and Faculties (Dentistry, Medical Radiation Sciences, Nursing, Occupational Therapy, Pharmacy, Physical Education & Health, Physical Therapy, Physician Assistant, Social Work, and Speech-Language Pathology, as well as the MD program), and is delivered under the auspices of the Centre for IPE. To complete the IPE curriculum, students take part in both core and elective learning activities throughout the four-year Undergraduate Medical Education program.

The core activities include:
- a large-group session with all first-year health professionals that introduces the concept of collaborative practice in Year 1;
- a week-long session on the multidisciplinary approach to the management of pain during Year 2;
- a Conflict in Interprofessional Life workshop in Year 3; and
- a Palliative Care Session in Year 4.
(Collaborator / Interprofessional Education, continued)

In addition to these 4 sessions, the students complete a half-day experience during TTC whereby they shadow a member of the IP team in a hospital setting and have devoted time during their Portfolio sessions in Clerkship to reflect on their experience as collaborators.

Lastly, students are required to complete a variety of IPE elective learning activities during their four years of training that expose them to different aspects of their role as collaborators. The students select experiences from a catalogue of various learning activities that range in topic, depth of immersion and specific IP competency addressed. Examples of IPE electives include an afternoon workshop on medication safety, various lectures from non-physicians and patients, panel presentations, and immersive clinical experiences with learners from other health care faculties. The formal IPE elective experiences are complemented by their interactions with other health professionals during clinical training in Clerkship, during teamwork sessions, and educational sessions delivered by educators from other health professions during their clinical rotations.
Instruction in clinical pharmacology and therapeutics is distributed throughout the undergraduate medical program. Formal teaching in pharmacology primarily occurs during the two years of the Preclerkship and in the Transition to Clerkship. In Year 1, students are introduced to the principles of pharmacology in lectures and seminars. Therapeutic drug classes are introduced with the appropriate systems, with an emphasis on their mechanisms of action. In Year 2, appropriate drug therapies (often involving a combination of drug classes) are taught in an integrated fashion with the diseases of interest. Some specific drugs and dosages are discussed during the Clerkship.

- **Art & Science of Clinical Medicine-1**
  - Students are provided with a list of commonly prescribed medications that they are likely to encounter. In March, students have an interactive session addressing how to take an accurate medication history and the importance of medication reconciliation.

- **Structure & Function**
  - Relevant drugs are mentioned throughout this course.

- **Metabolism & Nutrition**
  - Early in this course, students are introduced to pharmacokinetic and pharmacodynamic principles. Throughout the course, students learn about medications relevant to the systems being addressed (e.g., endocrine, gastrointestinal, and renal). The instruction is delivered via lectures and a seminar, and is also incorporated into problem-based learning (PBL) cases.

- **Brain & Behaviour**
  - During the dedicated two-week Pharmacology block of this course (see BRB course description, p. 48), students apply principles of pharmacokinetics and pharmacodynamics to the prediction of drug-drug interactions, the calculation of drug dosages, and when examining interindividual differences and changes in drug handling during pregnancy. They also receive expanded instruction in autonomic and cardiovascular drugs. Other drug classes mentioned during the year are reviewed during case discussions as the students begin to develop an understanding of the practical use of medications. Topics such as clinical toxicology (including the management of common poisonings), adverse drug reactions, drug dependence, herbal medicines, and the cost effectiveness of drug therapies are also introduced. The teaching is delivered via lectures and seminars.
  - In the rest of BRB, pharmacology is formally addressed in lectures on anti-seizure agents, drugs used to treat mood disorders, and drug dependence. Neuropharmacology (including the treatment of movement disorders) is also discussed during problem-based learning (PBL) cases and relevant lectures.
• Mechanisms, Manifestations, & Management of Disease
  o Learning about the appropriate use of medications in the treatment of disease is a principal goal of the MMMD course, and medications are addressed in virtually every week of the course. In addition, there is specific lecture-based teaching of several key pharmacological topics such as teratogens, drug use in pregnancy, adverse reactions, and drug interactions.

• Transition to Clerkship
  o There are six hours of pharmacology teaching designed to prepare students for entry into the Clerkship. This teaching consists of small-group sessions to provide a practical approach to therapeutics. Teaching centres around decision-making in prescribing medications and helps students become familiar with the medications they will be most likely to prescribe for common disease processes while in the Clerkship. Small-group sessions allow students to work through cases specifically designed to cover the practical management of common medical problems encountered in the Clerkship, including choice of medication, dose and frequency, side effects, and monitoring.

• Clinical clerkships
  o Students are provided with informal teaching about therapeutics during the clerkship from staff preceptors and residents. For each clerkship rotation, they are provided with a “Drugs of the Rotation” information pocket card that lists the most common drugs that will be encountered during that rotation. For each drug listed, the card also lists possible clinical scenarios for its use, its mechanism of action, and issues to watch out for when prescribing it.
  o Clinical pharmacology topics appear in the Case Log requirements for various rotations.
  o Clinical pharmacology is also tested in the Integrated OSCES (iOSCES) at the midway point and end of Year 3.

• Transition to Residency
  o There is a one-hour review session entitled “Important aspects of clinical pharmacology” to help prepare students for both the Medical Council exam and their training in residency.
THE CURRICULUM: Themes & Competencies (Years 1-4)

THEME & COMPETENCY DESCRIPTIONS

MEDICAL IMAGING / DIAGNOSTIC RADIOLOGY

<table>
<thead>
<tr>
<th>Theme Coordinator</th>
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<tbody>
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</tbody>
</table>

Medical imaging instruction occurs in a number of courses in the Preclerkship and Clerkship:

Year 1:
- Structure & Function:
  - There is a major introduction to this topic including seven introductory lectures on radiologic anatomy of the major parts of the body, with clinical correlations provided. Also, postgraduate trainees in medical imaging provide instruction to students on radiographic anatomy utilizing plain radiographs and cross-sectional imaging in the context of their gross anatomy dissection laboratories.
  - Students have the opportunity to deepen their learning of anatomy through the use of ultrasound.
- Brain & Behaviour:
  - There is instruction on neuroradiology during Brain and Behaviour via lectures and also during problem-based learning (PBL) tutorials.
  - An optional Interactive Workshop on Neuroimaging conducted by radiology residents is held during self-study time.

Year 2:
- Mechanisms, Manifestations, & Management of Disease:
  - Teaching in medical imaging is delivered through dedicated sessions that address chest X-ray interpretation, imaging in the context of trauma, and obstetrical ultrasound, and is also integrated into the discussion of many of the clinical problems presented in the course. Small-group teaching is provided during Respirology Week on chest X-ray interpretation and during Trauma Week on interpretation of imaging in the setting of trauma.
- Determinants of Community Health-2
  - Radiologists participate in research projects with a small number of Year 2 students in fulfillment of the DOCH-2 research requirement.

Year 3
- Transition to Clerkship
  - There is a total of three hours, including an introductory lecture on medical imaging, “Approach to effective utilization of the Medical Imaging Department,” resources such as PACS and ordering imaging studies, a review of the American College of Radiology Guidelines for appropriate medical imaging, and an algorithmic approach to the utility of medical imaging studies, using a clinical case-based interactive session.
- Medicine
  - There are three one-hour case-based, interactive seminars conducted during the Clerkship Introductory Seminars during the Medicine rotation. The sessions address chest imaging, abdominal imaging, and neuroimaging.
- Surgery
  - A two-hour interactive, case-based seminar is conducted during each rotation on the subject of surgical issues and the role of medical imaging in addressing them.

Updates and details available at www.md.utoronto.ca
Year 4:
- Electives
  - Electives in medical imaging are offered at all of the fully affiliated academic health science centres and some of the community hospitals (including Trillium Health Partners and North York General Hospital).
- Transition to Residency
  - TTR selectives include a variety of opportunities in medical imaging geared to participating students’ specific residency programs.
  - Small-group interactive seminars on “Utilizing Imaging Department Resources Effectively” and interactive sessions on “Interpreting CXR” and “Interpreting Brain CT” are conducted at certain TTR selective sites.
  - During the Fusion Weeks, an interactive seminar using an audience response system is provided in preparation for the MCCQE Part I examination.

Extra-curricular research
- Comprehensive Research Experience for Medical Students (CREMS)
  - Opportunities are available for Preclerkship students to participate in jointly-funded summer research programs with faculty from the Department of Medical Imaging. (See the description of CREMS)

GLOBAL HEALTH

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<tr>
<th>Theme Coordinator</th>
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<tbody>
<tr>
<td>Dr. Rachel Spitzer</td>
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Global health is a major focus of the Faculty of Medicine's 2011-2016 strategic plan, and an important facet of social responsibility, another major University theme. Global health has been defined as “the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide” (Koplan JP, et al; Lancet. 2009;373:1993-1995). According to the WHO, it is the health of populations in a global context and transcends the perspectives and concerns of individual nations. Thus, global health practice and endeavours can very much take place within our own city and scope of practice or can be located in clinical practice, research, or public health endeavours taking place very far from home.

The Global Health theme focuses on integration and coordination of existing teaching in this subject area and on expanding it across the entire program. This will involve elements including identification of global health elements in existing courses (such as MMMD), faculty development to enhance global health education opportunities, faculty input into the existing global health elective course and input into the ongoing process of extensive curricular development and redevelopment within UME. Further, it is the aim of this theme to support the initiatives of the student global health representatives to respond to student needs in regard to global health education. Finally, this theme will also include enhanced oversight of out-of-country opportunities, electives, and selectives for medical students. A pre-departure training program for students participating in educational experiences outside Canada has been implemented under the Global Health theme and postreturn debriefing opportunities are being developed.
Theme & Competency Descriptions

Indigenous Health

<table>
<thead>
<tr>
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The Indigenous peoples of Canada (First Nations, Metis, and Inuit) face health inequities when compared to the general population. The Faculty of Medicine is committed to addressing this issue. Training physicians with the appropriate knowledge and skills to better serve the Indigenous population is a cornerstone to success.

Aboriginal Health issues and concepts are being integrated throughout the curriculum. The first formal introduction will occur in DOCH-I where topics include: Traditional Indigenous Concepts of Health (The Medicine Wheel), Health Status, Historical and Political Influences on Health and Health Care Delivery and The Social Determinants of Aboriginal Health. Progressing through the curriculum, these subjects will be reinforced and expanded upon in PBL cases and in several clerkship rotations. Because these teachings can play an integral role in one's development as a clinician and a health care professional, they will also be revisited and adapted to the learners evolving roles as clinical clerk and resident in the TTC and TTR courses.

Incorporating the concept of Cultural Safety into ASCM is a key step to nurture appropriate clinical skills. Developed by Maori health care practitioners who noted that cultural factors play a role in health disparities, Cultural Safety uses self-reflection as a tool to advance therapeutic encounters. Although it was created for care models in Indigenous communities, Cultural Safety can be applied to all therapeutic encounters; it is especially beneficial as a concept to guide students' interactions with marginalized patients or in difficult clinical scenarios. While it is introduced in ASCM, Cultural Safety must be fostered throughout medical training and maintained as a practising physician.

There are many other exciting ways in which students are able to become involved in Indigenous Health. The student-run Aboriginal Health Elective has been a great success. There are also opportunities for DOCH-2 and summer research projects. Electives and selectives in a variety of Aboriginal populations (reserve, rural and urban) are possible thanks to partnerships with NOSM and numerous Aboriginal organizations and communities.

The office of the Indigenous Health Program is located in MSB Room 2354.
HEALTH HUMANITIES

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<td><a href="mailto:allan.peterkin@utoronto.ca">allan.peterkin@utoronto.ca</a></td>
<td><a href="mailto:joan.mcknight@utoronto.ca">joan.mcknight@utoronto.ca</a> /416-946-8719</td>
</tr>
</tbody>
</table>

Health Humanities can be defined as a sustained interdisciplinary and interprofessional inquiry into aspects of medical practice, education, and research, expressly concerned with the humanistic side of medicine.

The Health, Arts, and Humanities Program advances a deeper understanding of health, illness, suffering, disability, human dignity, and the provision of care by creating a community of scholars in the arts, humanities, and clinical and social sciences. Our Program encourages the development of skills and attitudes essential to providing person-centered care.

1. Narrative Competence: the capacity to appreciate, interpret, and work empathically with the stories of others.
2. Reflective Capacity: the ability to step back to interpret both subjective and objective experiences as a part of learning and to foster professional wellbeing.
3. Critical Thinking: the ability to solve problems creatively and to analyze and critique knowledge using the multiple lenses provided by the arts and health humanities.

CORE CONTENT
The Health Humanities UME Program helps to shape content and learning approaches within the obligatory Portfolio Course. The Companion Curriculum provides literary and visual arts content to match every learning block in all four years of undergraduate medical education and is sent in “pulses” through the student-run humanities blog ARTBEAT... .

ELECTIVES
A longitudinal health humanities elective allows students to accrue points and IPE learning credits over all four years of education. This can lead to a Certificate of Distinction in Inter-Professional Health Humanities. For more information on the Certificate, please contact: rebecca.singer@uhn.ca

Offerings include:
- Two Artists in Residence Programs (the Illustrator in Residence Program and the Massey College Barbara Moon Editorial Program) both offering seminars during the academic year
- Monthly Lunch and Learn sessions on humanities topics
- Cinema Medica offering monthly discussion around films dealing with health-related themes
- A Medical History interest group
- An English-Medicine book club
- The Art Gallery of Ontario Art Appreciation elective
- Monthly mindfulness sessions
- The Program publishes a highly acclaimed literary journal called Ars Medica, A Journal of Medicine, the Arts and Humanities. Students have the option to submit to the journal and to obtain editorial experience in producing a literary journal. (www.ars-medica.ca )
- Students also have the option to create individualized learning experiences through the summer CREMS research program or through liaison with humanities/clinical educators

For more information and updates on new humanities elective and interest group offerings, please visit the Program’s website: www.health-humanities.com.
THEME & COMPETENCY DESCRIPTIONS

LGBTQ HEALTH EDUCATION

<table>
<thead>
<tr>
<th>Theme Lead</th>
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<tr>
<td>Dr. Amy Bourns</td>
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<tr>
<td><a href="mailto:amy.bourns@utoronto.ca">amy.bourns@utoronto.ca</a></td>
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The health disparities and unique health needs of the LGBTQ (lesbian, gay, bisexual, transgender, and queer) population are becoming increasingly recognised by public health researchers and the medical community. Insufficient numbers of physicians competent in dealing with LGBTQ health issues have been identified as a substantial barrier to accessing care for these patients. In line with a commitment to the values of equality and social justice, the Faculty of Medicine is dedicated to addressing this issue.

The LGBTQ Health theme aims to equip students with the knowledge, skills, and attitudes necessary to provide clinically and culturally competent care to patients who are LGBTQ-identified. Within ASCM, students will learn how to perform a culturally appropriate sexual history and physical examination, including the use of language that is affirming to those belonging to minorities of sexual orientation and gender identity. Clinical knowledge will be integrated within relevant block course lectures, PBL cases, and other tutorials on the determinants of health as they relate to the LGBTQ population. Students will gain an appreciation of the impact of stereotypes, assumptions, and physician attitudes on health outcomes of LGBTQ patients, and will be encouraged in turn to examine and explore their own perspectives and possible biases.

The LGBTQ Health theme aims to incorporate innovative strategies to deliver relevant curriculum content in an interactive, dynamic and meaningful way. LGBTQ community members will be involved in all aspects of curricular development, delivery, and evaluation. Opportunities for interprofessional education will prepare students to care for members of marginalized populations as part of an interdisciplinary team.

Other ways that students may wish to supplement their competency in this domain include participation in electives and selectives in LGBTQ Health in various health care environments ranging from primary to quaternary. Additionally, opportunities will exist for students to complete LGBTQ-focused DOCH-2 research projects.

We invite all students and faculty, LGBTQ and allies alike, to become involved in the ongoing development of LGBTQ-related curriculum through participation in the LGBTQ Undergraduate Medical Education Working Group. Through fostering attitudes of appreciation for diversity and respect for difference, the Faculty of Medicine aims to create a climate in which all LGBTQ-identified faculty, students, and patients feel supported, included, and safe. Interested individuals should contact Dr. Bourns directly (amy.bourns@utoronto.ca).
HEALTH ADVOCACY

<table>
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<tr>
<th>Theme Lead</th>
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<tbody>
<tr>
<td>Dr. Philip Berger&lt;br&gt;<a href="mailto:philip.berger@utoronto.ca">philip.berger@utoronto.ca</a></td>
</tr>
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</table>

Health Advocacy is a newly developing curriculum initiative for the Faculty of Medicine that was formally launched on January 1, 2014 with the appointment of an Advocacy Lead and the establishment of an Advocacy Advisory Reference Group which includes student representatives. The Faculty is seeking to fully integrate the teaching of advocacy into the Undergraduate curriculum in a manner consistent with the 2014 draft CanMEDS role revision for Advocacy which calls on physicians to “responsibly contribute their expertise and influence to improve health by working with the patients, communities, or populations they serve to determine and understand needs, develop partnerships, speak on behalf of others when needed, and support the mobilization of resources to effect change.”

Beyond the traditional annual lecture on advocacy delivered to first year students and popular workshops on poverty and advocacy skills which have been available for several years, an accredited CPPH advocacy project will be available for 8 students in February 2016. The project called AMI (Advocacy Mentorship Initiative) will pair students as mentors with clients of Big Brothers/Sisters Toronto. The 2014 inaugural Longitudinal Integrated Curriculum (LInC) for clerks being held at the FitzGerald Academy has constituted a formal advocacy project as part of the curriculum. All first year students will be provided the opportunity to spend a half day at a homeless shelter under the supervision of a physician from the Inner City Health Associates.

The Advocacy Lead is available as an advisor to any student who is pursuing an advocacy activity such as the nearly 40 students who organized the 2014 third National Day of Action opposing cuts to refugee health care.

The intent of these activities in the first formal year of the advocacy portfolio is to spread the teaching of advocacy into all aspects of undergraduate education from the seminar rooms to the hospital wards.
Clerkship (Years 3 & 4)

Curriculum Design

The Clinical Clerkship is 77 weeks long, and is divided into Year 3 (51 weeks) and Year 4 (26 weeks).

Transition to Clerkship (TTC) occurs in the first three weeks of Clerkship. This curriculum provides students with the opportunity to gain knowledge and skills that will help them to successfully move from Preclerkship to Clerkship. TTC focuses on developing competency in teamwork, managing and applying evidence, quality improvement and patient safety. The course also includes sessions on medical legal aspects of professionalism and public health and population health. Students also attend mandatory Academy sessions which include an orientation to the Academy, sessions on professionalism, infection control, crisis intervention and clinical skills training.

In Year 3 of the Clerkship curriculum there are two 24-week blocks, one of which includes eight weeks each of Surgery and Medicine, four weeks of Emergency Medicine, two weeks of Anesthesia, and one week each of Ophthalmology and Otolaryngology. The other 24-week block includes six weeks each of Psychiatry, Paediatrics, Obstetrics & Gynecology, and Family & Community Medicine. The Dermatology course is included within the Family and Community Medicine rotation. Each rotation includes substantial time spent learning in the context of providing care to patients, often as part of a multidisciplinary team, in a variety of settings including ambulatory clinics, hospital wards, the emergency department, the operating room, the labour and delivery suite among others. Rotations include a variety of assessments, including clinical performance evaluations, written tests and on several of the rotations, clinical skills assessments via oral or OSCE examinations.

During Year 3, students participate in the Portfolio course which has been designed to facilitate students’ professional development through guided reflection, focused on all their activities in the clinical phase of the UME-MD journey and how they relate to the six non-Medical Expert CanMEDS roles of Collaborator, Communicator, Manager, Health Advocate, Scholar and Professional. The goal of the course is to promote greater professional self-awareness in each of these roles, as students enter the clinical world. Students attend one large group introductory session and seven mandatory small group meetings throughout the academic year. In the latter, students meet in small groups of up to eight, with one resident (Junior Academy Scholar) and one faculty member (Academy Scholar) to support them in reflecting on their experiences in the clinical setting, and the resulting effects on their professional development. Students will create portfolio submissions, for eventual inclusion in the Final Portfolio, throughout the year.

Students are required to electronically log required patient encounters and procedures during each core Clerkship through MedSIS to guide their learning and satisfy the relevant accreditation standard. Additional information is available on the Portal.

Student assessment includes an integrated OSCE (iOSCE) during Year 3. The OSCE stations each consist of a simulated patient encounter during which students may be required to obtain a history, do aspects of a physical examination, interpret diagnostic tests, provide patient counselling, suggest management or provide answers to questions related to the patient encounter. The first iteration, which provides principally formative evaluation, is held during week 24, and the second, which is a summative evaluation, is held during the last week of Year 3. Successful completion of the iOSCE is a requirement for graduation from the MD program.
At the beginning of Year 4, 12 weeks of curriculum time are allocated to elective experiences, wherein students are provided the opportunity to gain exposure to areas of expertise beyond the scope of the core clerkship and to further enhance their training in sub-disciplines within the major specialties. According to electives requirements, electives in the Clinical Clerkship must be organized so that by the time of graduation, each student has had an elective experience in a minimum of three different disciplines, each of which takes place for a minimum of two weeks. Note that a discipline is any CaRMS entry level program.

Transition to Residency consists of the final 14 weeks of Year 4. This course allows students to bring together many of the concepts they have learned about functioning as doctors and put them into practice in real world settings, where they get a chance to participate in the ‘real’ work of physicians, as preparation for postgraduate training. There are two Central weeks which contain classroom-based learning activities about concepts such as understanding chronic care, medical-legal and licensure issues, complementary medicine, fitness to drive, and a number of other topics. The two-week Fusion period brings the students back together for review of clinical material through the Tovey lectures which help to prepare students for the Medical Council of Canada Part 1 Examination. The Selectives cover 9 weeks and promote workplace-based learning, where students have increased (graded) responsibility under supervision, and allow the students to bring together many different areas of knowledge and skill in the care of patients or populations, as they get ready for the increased responsibility of their postgraduate programs. Selectives also serve as a resource for students to complete specific self-directed learning activities for course credit, and also include an evaluation performed by their supervisor(s). Students should experience how the competencies of Communication, Collaboration, Advocacy, Manager, Professionalism and Scholar all work together in ‘real’ clinical activity. Finally, students ideally should be able to interact with multiple disciplines (physician specialties, other health care professions) over patient care issues to develop a more holistic understanding of those issues.

Students are required to complete at least one of the Selectives in a community setting, and at least one of the Selectives in either a Medicine or Surgery based area. It is possible that a single Selective can satisfy both requirements. Students may use one of their Selectives to satisfy the CaRMS requirement for three direct-entry electives in their UME program.
CLINICAL RESPONSIBILITIES OF CLERKS

It is to be understood that a clinical clerk is an undergraduate medical student and not a physician registered under the Regulated Health Professions Act (RHPA). Clerks will wear name tags, clearly identifying them by name, and as a ‘senior medical student’, and they must not be addressed or introduced to patients as ‘Dr.’ to avoid any misrepresentation by patients or hospital staff.

Each student shall be under the supervision of a physician registered under the RHPA who is a member of a medical or resident staff of a hospital or who is a designated preceptor. Final responsibility for medical acts performed by clinical clerks rests with the clinical teacher or preceptor.

Recommendations for the scope of activities:

- Documentation of a patient’s history, physical examination and diagnosis. This must be reviewed and countersigned by either the attending physician, or another physician registered under the RHPA who is responsible for the care of the patient, if it is to become part of the official record in the patient’s chart. Similarly, progress notes must also be countersigned.

- Orders concerning the investigation or treatment of a patient may be written under the supervision or direction of a physician registered under the RHPA. Before these orders can be put into effect, the supervising registered physician must either 1) immediately countersign the order or 2) verbally confirm them with the healthcare personnel (usually nursing staff) responsible for their enactment. All orders must be countersigned within 24 hours.

- Orders for medication or investigations are to be clearly and legibly signed with the signature of the clinical clerk followed by the annotation ‘cc’. Students should make a practice of printing their name below their signature.

- Guided by the principles of graded responsibility, medical students engaged in clinical activities may carry out controlled acts, according to the RHPA, under direct or remote supervision, depending on the student’s level of competence. In the latter case, these acts must be restricted to previously agreed upon arrangements with the registered physician who is responsible for the care of the patient.

- A clinical clerk is not permitted to submit prescriptions to a pharmacist unless they are countersigned by a registered physician.

For more information, please visit the College of Physicians & Surgeons of Ontario’s Policy on Professional Responsibilities in Undergraduate Medical Education
http://www.cpso.on.ca/policies-publications/policy/professional-responsibilities-in-undergraduate-med
THE CURRICULUM: Clerkship (Years 3 & 4)

THE LONGITUDINAL INTEGRATED CLERKSHIP (LInC)

<table>
<thead>
<tr>
<th>Faculty Leads</th>
<th>LInC Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Stacey Bernstein, Clerkship Director <a href="mailto:stacey.bernstein@sickkids.ca">stacey.bernstein@sickkids.ca</a></td>
<td>Samantha Fortunato <a href="mailto:samantha.fortunato@utoronto.ca">samantha.fortunato@utoronto.ca</a></td>
</tr>
<tr>
<td>Dr. Raed Hawa, Deputy Clerkship Director <a href="mailto:raed.hawa@uhn.ca">raed.hawa@uhn.ca</a></td>
<td>416-946-5208</td>
</tr>
</tbody>
</table>

LInC Overview

The Longitudinal Integrated Clerkship (LInC) strives to support students in the achievement of the same objectives as the block clerkship program. The LInC curriculum content, preceptors, exams and other assessments will match the block clerkship; however, the implementation model will differ.

The LInC experience is designed to:

- Provide flexible, integrated, longitudinal, patient-centered opportunities for guided deliberate practice in achieving the University of Toronto clerkship goals and objectives across all of the CanMEDS roles.
- Enhance the relationship between the student and preceptor through a mentored apprenticeship to enhance the learning of all of the CanMEDS roles.
- Cultivate curiosity and augment lifelong learning skills by providing enhanced opportunities and structured time for reflection and for self-directed learning with the patient as a guide, in support of the CanMEDS scholar role.
- Help the student to learn how to navigate complex health systems and manage competing clinical priorities by following patients longitudinally through the health care system. This also provides an opportunity for appreciating the experience through the patient’s lens and grounding several of the CanMEDS roles: manager, health advocate and collaborator.
- Focus on clinical delivery primarily within a hospital-based ambulatory context, thereby mirroring the environment in which practicing physicians ultimately work and provide care, in support of the CanMEDS manager role. The LInC also accommodates short, relevant inpatient experiences as required by the patient and the student in order to support the development of competencies best learned in a concentrated inpatient context.
- Facilitate learning of enhanced communication skills to better meet communication challenges in the health care system in support of the CanMEDS communicator role.
- Foster students’ professional identity formation through longitudinal relationships with patients and preceptors in support of the CanMEDS professional role.
- Foster the development of a humanistic, holistic professional in support of the CanMEDS professional role.
- Have alignment of its objectives, clinical course time and assessment tools with the broader clerkship curriculum, in support of all CanMEDS roles.

Updates and details available at www.md.utoronto.ca
In the LInC, students meet the core clinical competencies of year 3 across multiple disciplines simultaneously. Students work longitudinally with a small number of preceptors in each discipline who serve as mentors and provide oversight to their experience. Over the year students will follow a patient panel of 50-75 patients from across all the clerkship rotations, with an emphasis on conditions that involve significant contact with the health care system. The patients on the panel are to represent various developmental milestones in a person's life and to reflect diversity in terms of ethnicity, gender, ability and other attributes.

LInC students will complete three weeks of Transition to Clerkship along with the rest of the class. LInC students will also complete:

- A 3 week introductory experience in family medicine. Subsequently students will be in family medicine clinics one half-day per week allowing longitudinal follow-up of panel patients
- 1 week of LInC preparation (“LInC prep”) which provides an orientation to the LinC experience, an introduction to the O.R., as well as all simulations necessary to start the clerkships simultaneously.
- 37 weeks of concurrent ambulatory clinical experiences
- 3 weeks of general surgery in-patient immersion
- 4 weeks of in-patient general internal medicine immersion

LInC students will have 1.5 days per week of flexible, self-directed clinical time (“White Space”). During White Space time students are able to participate in the clinical care of their panel of patients and engage in reflective practice. During this time, students may arrange to visit a patient who has been admitted to hospital, follow up on patient results, go on a home visit, accompany their patient to an appointment, participate in the operating room if one of their patients is having surgery, deliver a baby from one of their panel patients, etc. One half-day per week will be devoted to coverage of various core content areas in LInC School. Sessions will include topics currently taught during mandatory centralized teaching in the block clerkship rotations. The core content will be scheduled to cover topics so that students are adequately prepared for their examinations. Students will cover topics in a flexible manner according to questions that arise from their patient panel. They will have access to all the recorded seminars that the block students participate in.
THE CURRICULUM: Clerkship (Years 3 & 4)

ORGANIZATIONAL CHART

UME CURRICULUM COMMITTEE
Chaired by the
DIRECTOR OF CURRICULUM
Dr. Martin Schreiber

COMPETENCIES & THEMES
Clinical Pharmacology: Dr. Rachel Forman
Collaborator/PE: Dr. Mark Bonta
Ethics & Professionalism: Dr. Etika Abner
Global Health: Dr. Rachel Spitzer
Health Advocacy: Dr. Philip Berger
Health Humanities: Dr. Allan Peterkin
Indigenous Health: Dr. Jason Pennington, Dr. Lisa Richardson
LGBTQ Health Education: Dr. Amy Baums
Manager: Dr. Geoffrey Anderson, Dr. Dante Morra
Medical Imaging: Dr. Nasir Jaffer

ACADEMY DIRECTORS
FitzGerald: Dr. Molly Ziklak
MAM: Dr. Pamela Coates
Peter-Boyal: Dr. Mary Anne Cooper
Wightman-Bern: Dr. Jacqueline James

CLERKSHIP DIRECTOR
Dr. Stacey Bernstein
Chairs the Clerkship Committee

DEPUTY CLERKSHIP DIRECTOR
Dr. Raed Hawa

COURSES AND COURSE DIRECTORS

TTC
- Dr. Geoffrey Anderson
- Dr. Martin Schreiber

PORTFOLIO & TTR
Dr. Ken Locke

IOSCE
Dr. Rajiv Sheth

ELECTIVES
Dr. Seetha Radhakrishnan (Acting)

ANS
Dr. Isabella Devito

DER
Dr. Yvette Miller-Montheorge

EMR
Dr. Laura Hans

FCM
Dr. Sharonie Vallin (Acting)

MED
Dr. Danny Panisko

OBS
Dr. Rajiv Sheth

OPT
Dr. Daniel Welsbrod

OTL
Dr. Allan Vescan

PAE
Dr. Angela Flannett

PSS
Dr. Raed Hawa

SRG
Dr. George Christakis

Each course has a course committee, chaired by the course director(s)

CLINICAL DEPARTMENTS of the FACULTY OF MEDICINE
are partners in the planning and delivery of the clinical clerkship rotations

Effective: 1 September 2014
THE CURRICULUM: Clerkship (Years 3 & 4)

CLERKSHIP CONTACTS

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Senior Clerkship Coordinator</th>
</tr>
</thead>
</table>
| Dr. Stacey Bernstein  
stacey.bernstein@sickkids.ca | Tim Flannery  
tim.flannery@utoronto.ca / 416-978-6941 |

<table>
<thead>
<tr>
<th>Clerkship Coordinator</th>
</tr>
</thead>
</table>
| Samantha Fortunato   
samantha.fortunato@utoronto.ca  
416-946-5208 |

YEAR 3

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Director</th>
<th>Course Administrator</th>
</tr>
</thead>
</table>
| Transition to Clerkship    | Dr. Geoffrey Anderson  
geoff.anderson@utoronto.ca  
Dr. Martin Schreiber  
m.schreiber@utoronto.ca | Margaret Bucknam  
margaret.bucknam@utoronto.ca  
416-948-3430 |
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| Dermatology                | Dr. Yvette Miller-Monthrope  
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416-480-6100 ext. 4995 |
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| Medicine                   | Dr. Danny Panisko  
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| Surgery                    | Dr. George Christakis  
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shibu.thomas@utoronto.ca / 416-978-6431 |
| Portfolio                  | Dr. Ken Locke  
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| Integrated OSCE            | Dr. Rajesh Gupta (Chief Examiner)  
raj.gupta@utoronto.ca | Samantha Fortunato  
samantha.fortunato@utoronto.ca  
416-946-5208 |
THE CURRICULUM: Clerkship (Years 3 & 4)

(Clerkship Contacts, continued)

YEAR 4

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<tr>
<th>Course</th>
<th>Course Director</th>
<th>Course Administrator</th>
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<tbody>
<tr>
<td>Electives</td>
<td>Dr. Seetha Radhakrishnan, (Acting)</td>
<td>Eva Lagan</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:seetha.radhakrishnan@sickkids.ca">seetha.radhakrishnan@sickkids.ca</a></td>
<td><a href="mailto:eva.lagan@utoronto.ca">eva.lagan@utoronto.ca</a> / 416-978-0416</td>
</tr>
<tr>
<td>Portfolio</td>
<td>Dr. Ken Locke</td>
<td>Selena Lee</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:ken.locke@utoronto.ca">ken.locke@utoronto.ca</a></td>
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</tr>
<tr>
<td>Transition to</td>
<td>Dr. Ken Locke</td>
<td>Ezhil Mohanraj</td>
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<tr>
<td>Residency</td>
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<td><a href="mailto:ttr.ume@utoronto.ca">ttr.ume@utoronto.ca</a> / 416-978-2763</td>
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ACADEMIES
View the contact information of Academy Directors and staff here.

DIAGRAM OF THE 2014-15 CLERKSHIP SCHEDULE

YEAR 3:

YEAR 4:

PORTFOLIO GROUP MEETING DATES (All on a Thursday, 4:00 - 6:00 p.m.): Sept. 18, Oct. 9, Nov. 20, 2014; Feb. 26, Mar. 26, May 28, June 25, 2015

PORTFOLIO GROUP MEETING DATES (All on a Thursday, 4:00 - 6:00 p.m.): Dec. 11, 2014; Feb. 12, Apr. 9, 2015
COURSE DESCRIPTIONS

Year 3 Transition Course: TRANSITION TO CLERKSHIP (TTC – 3 weeks)

<table>
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<tr>
<th>Course Director</th>
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<tr>
<td>Dr. Geoffrey Anderson</td>
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<tr>
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<td><a href="mailto:margaret.bucknam@utoronto.ca">margaret.bucknam@utoronto.ca</a></td>
</tr>
<tr>
<td>Dr. Martin Schreiber</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:m.schreiber@utoronto.ca">m.schreiber@utoronto.ca</a></td>
<td>416-948-3430</td>
</tr>
</tbody>
</table>

Course Dates: Monday August 18th – Friday, September 5th, 2014

COURSE DESCRIPTION
Transition to Clerkship (TTC) builds on material covered in Preclerkship, reinforces some core competencies, and introduces some new concepts and skills. It is designed to help students make a smooth and successful transition from learning primarily in the classroom setting to learning in the clinical setting. It recognizes that students will need to adapt to new learning environments, new teaching styles, and different learning expectations and workload. The Clerkship provides students with opportunities to build their clinical skills in a range of patient care settings. Success in the Clerkship will require students to work effectively in teams, to understand how to provide care in complex systems, to communicate effectively with patients, families, and colleagues, to identify gaps in their knowledge, and to acquire and apply new knowledge and skills. They will need to manage their time and develop a more self-directed learning style. Transition to Clerkship will help them to develop those skills and competencies.

Transition to Clerkship uses a wide range of learning tools including large-group classroom lectures, online courses, a simulation exercise, video presentations, small-group seminars, as well as peer-group learning and assignments. At the outset of the course, students will be assigned to eight-to-ten-member teams, and these teams will be asked to work together on assignments throughout Transition to Clerkship.

The course includes a set of scheduled sessions that are mandatory. There are also several scheduled periods for self-study or group work. These self-study or group work blocks provide sufficient time for students to complete individual or group assignments, to complete online courses, or to view recommended videos. Students are expected to manage their time and to complete tasks and assignments on time.

Over the three weeks of Transition to Clerkship, there are several Academy sessions that help prepare students for their new roles as clinical clerks in the four Academies.

GOALS
Transition to Clerkship provides students with the opportunity to gain knowledge and skills that will help them to successfully make their transition into the Clerkship from the Preclerkship. Transition to Clerkship will focus on developing a set of competencies around teamwork, managing and applying evidence, quality improvement, and patient safety. The course will also include sessions on medical legal aspects of professionalism and public health and population health. It will provide students with important facts and concepts around prescribing medications and ordering and interpreting medical imaging for common and important clinical presentations.
The major topics addressed include:

- Working effectively in teams
- Understanding resources and strategies for managing knowledge and information
- Introduction to system-level concepts and approaches to quality improvement and patient safety
- Review of key concepts in medical imaging, clinical pharmacology and nutrition
- Academy-based sessions that deal with specific issues in infection control, procedural skills, managing crisis situations, order-writing, and working in a health care team
- Important issues related to interprofessional communication, medico-legal issues, poverty, and diversity

COURSE OBJECTIVES

At the end of the course the student will be better able to meet the following competency objectives:

[Manager]
- Participate effectively in health care organizations, ranging from individual clinical practices to Academic Health Sciences Centres, exerting a positive influence on clinical practice and policy-making in one’s professional community
- Apply a broad base of information to the care of patients in ambulatory care, hospitals and other health care settings
- Help to build better teams
- Participate in innovative approaches to clinical care
- Participate in planning, budgeting, evaluation and outcome of a patient care program

[Collaborator]
- Participate in interdisciplinary team discussions, demonstrating the ability to accept, consider and respect the opinions of other team members, while contributing an appropriate level of expertise to patient care.

[Health Advocate]
- Respect diversity, be willing to work through systems, collaborate with other members of the health care team, and accept appropriate responsibility for the health of populations.
- Describe the importance of the individual physician/patient relationship, and develop it appropriately, as a means to identify and implement individual health and disease management strategies on an individual basis.

[Communicator/Doctor-Patient Relationship]
- Gather information, negotiate a common agenda, and develop and interpret a treatment plan, while considering the influence of factors such as the patient’s age, gender, ethnicity, cultural and spiritual values, socioeconomic background, medical conditions, and communication challenges.
- Demonstrate the importance of cooperation and communication among health professionals so as to maximize the benefits to patient care and outcomes, and minimize the risk of errors.

[Professional]
- Demonstrate an understanding of the principles and practice of law as they apply to the practice of medicine
- Develop the capacity to recognize common medical errors, report them to the required bodies, and discuss them appropriately with patients
(Transition to Clerkship, continued)

[Medical Expert/Skilled Clinical Decision Maker]
- Retrieve, analyze, and synthesize relevant and current data and literature, using information technologies and library resources, in order to help solve a clinical problem,
- Propose clinical decisions utilizing methods which integrate the best research evidence with clinical expertise and patient values.

**ASSESSMENT**
Students must pass all evaluative components to successfully complete TTC. The evaluative components include both graded (numeric) and Credit/No Credit assessments. The numeric assessments involve a series of online quizzes focused on the content of specific aspects of the curriculum. Students with a final mark of less than 60 out of 100 will not receive credit for TTC and will be required to complete extra work and/or remediation, and may be presented to the Board of Examiners. The final mark from these numeric assessments will provide the input from TTC to the determination of academic awards and scholarships. All the other evaluative components for TTC will be Credit/No Credit. For four of these components the students will submit the assignment or complete the task as a group and all of the students in the group will receive the same Credit/No Credit assessment. All of the Credit/No Credit components must be passed to pass the course. Students who do not pass one of these components will be required to complete extra work to a satisfactory level, and may be presented to the Board of Examiners.

*Please note:* Attendance is mandatory for medical-legal sessions. The Professionalism mark will be based on attendance and completion of the Professionalism content quiz.

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<tr>
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<td>Group</td>
<td>August 18th</td>
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<td>August 19th</td>
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<td>Group</td>
<td>August 21th</td>
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<tr>
<td>Managing Information Group Assignment - Project</td>
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<td>September 3rd</td>
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<td>Individual</td>
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<td>Numeric</td>
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<tr>
<td>Pharmacology Quiz</td>
<td>Individual</td>
<td>August 27th</td>
<td>Numeric</td>
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<tr>
<td>Rapid Retrieval of Evidence Individual assignment</td>
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<td>Medical-Legal Quiz</td>
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<td>Diversity Assignment</td>
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For further details, including grading regulations, see the Transition to Clerkship webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/TTC_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Transition to Clerkship, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.
THE CURRICULUM: Clerkship (Years 3 & 4)

COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: ANESTHESIA (2 weeks)

<table>
<thead>
<tr>
<th>Course Director</th>
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<td>/ 416-946-0926</td>
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Site Directors/Assistants

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<tr>
<th>Site</th>
<th>Director (Faculty)</th>
<th>Assistant</th>
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<tr>
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<td>Madeline Wimbs</td>
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Updates and details available at www.md.utoronto.ca
The Anaesthesia rotation is a two-week course in the eight-week Otolaryngology/Ophthalmology/Anaesthesia/Emergency Medicine rotation.

Clinical Schedule
Students are assigned for each shift to a faculty staff member in the operating room, labour floor, pre-admission clinic, or pain service. They are provided with a “Topics for Discussion” form which serves as a guideline for discussion of core objectives with their faculty member. Students complete a preoperative assessment on all patients assigned, and assist in all aspects of anesthetic care. There are evening shifts but no overnight call.

E-Modules, Seminar, and Simulation
The Anesthesia course is based on a “flipped classroom” model. Students are required to complete seven e-modules during the two-week rotation. Faculty are available via a discussion board for students with questions around module content. One seminar in acute pain management remains.

The rotation includes two days at the Simulation Centre at Sunnybrook Health Sciences Centre for all students. Training on the first day includes IV skills, airway management and fluid responsiveness using ultrasound, and case scenarios using simulation to learn ACLS protocols, communication, and collaboration skills during critical events in a simulated operating room.

The second simulation day occurs on the second last day of the rotation. During the exit simulation, the students will rotate through preoperative, intraoperative and postoperative scenarios that reinforce the content in the e-modules. In the afternoon, students will work through integrated cases that highlight module content.

ASSESSMENT
- Written examination (60%)
- Clinical performance evaluation (assessment of the student’s clinical work during the rotation (40%)
- Professionalism evaluation (Credit/No Credit)
- Case Log requirements (Credit/No Credit)

Students are required to pass both numerical components for a passing grade.

For details, including grading regulations, see the Anesthesia webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/ANS_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Anesthesia, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.
COURSE OBJECTIVES
Upon completion of the Anesthesia Clerkship Rotation, third year medical students will understand the implications of pre-existing disease for patients undergoing anesthesia. They will demonstrate competency in basic airway management and acute resuscitation, and will be able to discuss pain management in the perioperative period.

A. GENERAL COMPETENCIES
The third-year medical student will be able to:

[Medical Expert / Skilled Clinical Decision Maker]
- Demonstrate the ability to assess a patient in the preoperative period and formulate a basic management plan
- Demonstrate the ability to take a focused history and physical examination, including anesthetic history and airway exam
- Develop a plan for preoperative investigations and interpret these investigations
- Understand and explain the risks and benefits associated with regional versus general anesthesia
- Develop an approach to acute resuscitation
- Develop an approach to perioperative pain management
- Demonstrate competency in airway management and other procedural skills relevant to the perioperative period

[Communicator / Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families, and recognize their high level of anxiety.
- Communicate their level of training and involvement in the patients care
- Communicate risk with high risk patients and their families.
- Communicate effectively with the perioperative team noting anesthetic related concerns
- Present the preoperative assessment in a clear, concise and complete format in a timely manner

[Collaborator]
- Establish and maintain effective working relationships with colleagues and health care professionals.
- Consult effectively with physicians and other health care professionals
- Participate effectively on health care teams, namely the Anesthesia Care Team (ACT), Acute Pain Service (APS) and Cardiac Arrest and/or Trauma Teams
- Understand the high level of collaboration (anesthesia, surgery, nursing, pharmacy, anesthesia assistants, and respiratory therapists) required for the effective management of the patient in the perioperative period

[Manager]
- Demonstrate appropriate and cost-effective use of investigations in an evidence based manner.
- Understand the prioritization of the surgical emergency patient to minimize risk of negative outcome.
- Develop an understanding of the factors contributing to resource issues in the perioperative period.
- Understand the role of physicians in developing the health care system and promoting access to care.

(Anesthesia Care Team)
(Anesthesia, continued)

[Health Advocate/ Community Resources]
- Understand the risk factors that lead to increased perioperative risk and how anesthesiologists can assist in modifying these risks in the perioperative period: Smoking cessation, Weight loss, Alcohol use, Recreational drug use

[Scholar]
- Retrieve information from appropriate sources related to the anesthesia curriculum.
- Assess the quality of information found, using principles of critical appraisal
- Develop an approach to self-directed learning

[Professional]
- Interact with patients in a compassionate, empathetic and altruistic manner.
- Recognize his or her limitations and seek appropriate help when necessary.
- Maintain patient confidentiality.
- Understand the current legal and ethical aspects of consent for surgery, anesthesia, and blood transfusion.
- Understand full and honest disclosure of error or adverse events
- Understand initiatives, such as the “Operating Room Checklist” which have been undertaken to ensure patient safety and to minimize medical error in the perioperative period.
- Fulfill all obligations undertaken, including educational obligations.

B. EDUCATIONAL CORE OBJECTIVES
I. SKILLS
At the completion of the Anesthesia Clerkship rotation, the third year medical student should be able to demonstrate basic proficiency in the following skills. These skills may be acquired during the clinical rotation, seminars or simulation day.

Technical Skills:
One of each must be attempted or completed.
1. Airway insertion
2. Cardiac monitor lead placement
3. Endotrachael intubation
4. Laryngeal mask insertion
5. Mask ventilation
6. Peripheral IV insertion

Interpretive Skills:
One of each must be completed.
1. Capnography
2. Cardiac Monitor
3. Pulse Oximetry
4. Airway assessment
(Anesthesia, continued)

II. PROBLEM-BASED
Upon completion of the Anesthesia Clerkship rotation, the third year medical student should be able to
demonstrate an approach, including differential diagnosis and management, for the following patient
encounters. These may be based on either real or simulated encounters.

Required:
One encounter of each is required:
1. Hypotension/Shock (Observe and manage with faculty or resident)
2. Hypoxia/Apnea (Observe and manage with faculty or resident)
3. Pain Management (Observe and discuss management with faculty)
4. Preoperative Assessment (Complete independently and discuss with faculty)

TEXTBOOKS/LEARNING RESOURCES
Students are provided with an anesthesia course manual that contains the core objectives. Chapters in the
manual are authored by our faculty.

A suggested site for additional resources is the following:
www.openanesthesia.org Go the Wiki Section- anesthesia Textbook, Sponsored by the International
Anesthesia Research Society- IARS
Year 3 Core Clinical Rotation: DERMATOLOGY (3 half days + self-study)

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<thead>
<tr>
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<tbody>
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<td>Dr. Yvette Miller-Monthrope</td>
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<tr>
<td>SMH</td>
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COURSE OVERVIEW

The Dermatology course consists of three elements:

1. Three half-day clinics
2. Eight online cases (individual work)
3. Written exam

The clinics are held within the Family & Community Medicine rotation. By the end of the six-week Family & Community Medicine block, the clerks are expected to have completed the eight online cases and to have submitted their answers electronically to the course coordinator for marking. The course concludes with a computer-based exam.

In addition to the aforementioned course work, course materials in the form of a syllabus and online atlas are provided to students, covering all the topics that they are expected to learn during their Dermatology course. The entire course content is posted on Blackboard.

ASSESSMENT

- Clinic assessment (3 x 10% = 30%)
- Online cases (8 x 2.5% = 20%)
- Final written examination (50%)
- Professionalism evaluation (Credit/No Credit)
- Case Logs requirements (Credit/No Credit)

The student must achieve an overall passing mark (60% or higher) to receive credit for the course. The minimum expected mark for each component is 60%.
THE CURRICULUM: Clerkship (Years 3 & 4)

(Dermatology, continued)

For details, including grading regulations, see the Dermatology webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/DER_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Dermatology, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES
At the conclusion of the clerkship in Dermatology, the student will be able to:

[Medical Expert / Skilled Clinical Decision Maker]
- Obtain and document a complete and focused medical history.
- Perform and document a complete and focused dermatological and related physical examination.
- Accurately apply dermatological terms to normal and abnormal features on physical exam.
- Identify and demonstrate normal and abnormal features on general skin exam.
- Recognize dermatological manifestations of internal disease.
- Demonstrate an understanding of the role of the immune system in the pathogenesis of skin disease.
- Formulate a basic practical approach to the investigation of dermatological conditions.
- Integrate history, physical and laboratory test findings into a meaningful diagnostic formulation.
- Demonstrate an understanding of basic pathophysiology and treatment of common skin conditions.

[Communicator / Doctor-Patient Relationship]
- Communicate effectively with patients and family through verbal, written and other non-verbal means of communication.
- Demonstrate the importance of cooperation and communication among health professionals.

[Collaborator]
- Recognize the importance of collaboration with other health care professionals in achieving optimal dermatological patient care.
- Describe the roles and expertise of all interdisciplinary team members that are required to achieve optimal dermatological patient care.
- Demonstrate the ability to accept, consider and respect the opinions of other interdisciplinary team members.

[Manager]
- Demonstrate an understanding of the appropriate use of health care resources in the dermatological context.

[Health Advocate / Community Resources]
- Describe the determinants of health and principles of disease prevention and behaviour change pertinent to dermatological disease, including but not limited to skin cancer and occupational skin disease.
(Dermatology, continued)

[Scholar]
- Demonstrate the ability to engage in self-directed learning and critical inquiry.
- Assist in teaching others and facilitating learning where appropriate

[Professional]
- Recognize and accept the need for self-care and personal development as necessary to fulfilling one's professional obligations and leadership role.
- Demonstrate altruism, honesty and integrity and respect in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives.
- Demonstrate compassionate treatment of patients and respect for their privacy and dignity and beliefs.
- Be reliable and responsible in fulfilling obligations.
- Recognize and accept the limitations in his/her knowledge and clinical skills
- Abide by the University/Faculty codes of professional conduct.
- Describe the threats to medical professionalism posed by the conflicts of interest which can occur in the practice of medicine.
- Demonstrate a sound grasp of the theories and principles governing ethical decision-making, the major ethical dilemmas in medicine, and an approach to resolving these.
COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: EMERGENCY MEDICINE (4 weeks)

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COURSE OVERVIEW
The Emergency Medicine clerkship is a four-week core rotation. It commences with a seminar series covering material integral to the rotation and continues with clinical shifts at one of the ten Emergency Departments in the Greater Toronto Area. Students complete 15 shifts, including up to two weekends and three overnight shifts.

At the start of the rotation students participate in three days of hands-on workshops and seminars utilizing simulation, skills-based teaching, and case-based interactive sessions. These sessions provide opportunities to acquire essential knowledge and skills in preparation for their clinical experience, and cover topics that include medical imaging, airway management, cardiac dysrhythmias, trauma, ultrasound, toxicology, chest pain, wound management, and splinting.

During the clinical experience in the Emergency Department, clerks function as members of an interprofessional team. They are assigned one or two preceptors with whom at least half their shifts occur. Students learn to manage many types of patient problems that present to the Emergency Department, including exposure to core emergency medicine cases as outlined in the Case Log list. This list can be found on the Emergency Medicine portal. During the rotation there is an opportunity for an observed patient encounter.
completed with an Attending Physician. In addition, each clerk will spend half a shift with members of the interprofessional team. There will be an additional opportunity to perform basic procedures (intravenous insertion, venipuncture, foley catheter insertion, NG insertion, ECG) and observe the triage process.

In order to ensure that course objectives are met, preceptors meet with clerks at the mid-rotation period to provide formative feedback and review Case Log lists. This provides opportunity for discussion of goals for the latter half of the rotation. At the end of the rotation, the preceptor and clerk meet to complete the formal clinical evaluation. This evaluation is based on shift evaluation cards filled in at the end of each clinical shift. The rotation is concluded by a written final examination.

**ASSESSMENT**
- Written examination (50%)
- Clinical performance evaluation, based on an assessment of the student’s clinical work during the rotation (50%)
- Professionalism evaluation (Credit/No Credit)
- Case Log requirements (Credit/No Credit)
- Observed history and physical examination (Credit/No Credit)

To successfully complete the Emergency Medicine rotation, students must pass the written examination as well as the clinical performance evaluation. A mark of 60% is deemed a pass on the exam, with a borderline performance including but not limited to a mark less than 70% on the exam or on the clinical performance, as well as lapses in professionalism. Further details on assessment may be found on the Emergency Medicine shell of the portal.

For details, including grading regulations, see the Emergency Medicine webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/EMR_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Emergency Medicine, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

**COURSE OBJECTIVES**
By the end of Emergency Medicine Clerkship, the clinical clerk will demonstrate the foundation of knowledge, skills and attitudes necessary for the practice of Emergency Medicine.

**A. GENERAL COMPETENCIES**
The clinical clerk will be able to:

[Medical Expert / Skilled Clinical Decision Maker]
- Demonstrate the ability to initially assess and manage common problems presenting to the Emergency Department (ED) (see B.II below)
- Demonstrate the ability to distinguish seriously ill or injured patients from those with minor conditions.
- Demonstrate a focused history and physical examination.
- Develop a working differential diagnosis and management plan.
(Emergency Medicine, continued)

- Develop plans for investigations and interpret these investigations.
- Understand and explain the risks and benefits of investigations and treatments.
- Demonstrate competency in basic procedural skills relevant to the ED (see B.I below)
- Demonstrate skills in time management.

[Communicator / Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families.
- Demonstrate thorough and clear documentation and charting, with concise recording of pertinent positive and negative findings.
- Demonstrate the ability to counsel and educate patients and families in the ED.
- Provide clear discharge instructions for patients and ensure appropriate follow-up care.
- Demonstrate the ability to present a patient case in a clear, concise and complete manner.

[Collaborator]
- Establish and maintain effective working relationships with colleagues and other health care professionals.
- Demonstrate an understanding of the concept of triage and prioritization of care in management of multiple patients simultaneously.
- Discuss the roles of the various providers of prehospital care and the role of the Emergency Physician in prehospital care.
- Demonstrate knowledge of community resources available to the ED.
- Respect the role of the patient's primary care physician by soliciting input in the assessment, in the development of the care plan, and in follow-up.

[Manager]
- Demonstrate appropriate and cost-effective use of investigations and treatments.
- Develop organizational skills and efficiency in managing patients and maintaining patient flow.
- Develop an understanding of the factors contributing to resource issues in the ED.

[Health Advocate / Community Resources]
- Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that may precipitate an ED visit.

(Emergency Medicine, Course Objectives, continued)

- Discuss the role of the ED in the health care system and how it relates to other hospital and community health services.
- Demonstrate an understanding of legal and ethical issues surrounding emergency care.
- Identify opportunities for primary prevention in the ED and counsel patients accordingly.

[Scholar]
- Access and critically appraise the literature relevant to ED care.
- Understand the many unique learning and teaching opportunities available in Emergency Medicine.
[Professional]
- Attend scheduled and assigned teaching and clinical responsibilities in a timely fashion.
- Communicate with educational administrators and clinicians when not able to attend scheduled assignments in a timely fashion.
- Recognize and accept his or her limitations and know when to ask for help.
- Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.
- Be reliable and responsible when fulfilling obligations.
- Recognize situations where common medical errors may occur in the ED.
- Be respectful of the interprofessional team environment in the ED.

B. EDUCATIONAL CORE OBJECTIVES

I. SKILLS
By the end of the EM Clerkship rotation, the student should be able to demonstrate basic proficiency in the following skills. Competencies to complete these skills may be acquired during clinical shifts, seminars, workshops or on other rotations.

Technical Skills:
1. airway assessment/management
2. Casting/splinting
3. wound care (including local anesthetic, simple suturing, dressing)

Interpretive Skills:
1. cardiac monitor (rhythm interpretation)
2. electrocardiograms (MI & rhythm)
3. plain radiographs (extremity, chest)

II. PROBLEM-BASED
By the end of the EM Clerkship rotation, the student should be able to demonstrate an approach to patients presenting to the Emergency Department (based on real or simulated encounters) with the following problems (including differential diagnosis, investigations, and initial treatments):

1. Abdominal pain
2. Altered level of consciousness
3. Anaphylaxis/severe allergic reaction
4. Arrhythmia
5. Chest pain
6. First trimester bleeding
7. Fracture/Sprain
8. Headache
9. Hypotension/Shock
10. Overdose/Toxicology
11. Seizure
12. Shortness of Breath
13. Trauma
## Year 3 Core Clinical Rotation: FAMILY & COMMUNITY MEDICINE (6 weeks)

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Updates and details available at www.md.utoronto.ca
**THE UME CURRICULUM: Clerkship (Years 3 & 4)**

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**COURSE OVERVIEW**

Students will experience family medicine at a Family Medicine Teaching Unit or a community Family Physician's office or a combination of both teaching environments. The 6 week rotation will expose students to various Comprehensive Care Models and will strive to have students learn in an interprofessional environment.

The initial week of the Family Medicine rotation includes central core seminars which will be undertaken by students from all sites (including the Rural Ontario Medical Program) for the first three days. Core seminars include: Orientation, Family Violence, Motivational Interviewing, Pediatrics, Global and Resource Poor Health, Palliative Care and Geriatrics. After core seminars, the students will then go to their respective sites to start the clinical portion of the rotation. Students will also have 1.5 days of Dermatology during the Family Medicine rotation, which is organized by and part of the curriculum for the Department of Dermatology at U of T. Students will receive other seminars which are site based, as well as e-modules to complete and these are also mandatory.

Clinical elective half days may also be available depending on the site and may include family medicine obstetrics, home visits, inpatient (hospitalist) care, diabetes care and others.

The Course Manual is available on Blackboard.
ASSessment
Formative feedback is provided to the clerk on a daily basis by the supervising physician. In addition, a mid-rotation evaluation is completed by the clerk’s preceptor.

- **Clinical Evaluation 40%**
  A consensus evaluation of contributing preceptors. An overall grade of 60% is required to pass the clinical evaluation.

- **Academic Project 12%**
  Includes 4% for a 250 word Abstract and 8% for a 15 minute presentation. Students must achieve 60% on the academic project to pass this component.

- **Clinical Evaluation Exercises (FM-CEX) 16%**
  Include at least 4 FM-CEXs completed by a preceptor in weeks 2, 3, 4 and 5 of the rotation. Students must achieve an overall grade of 65% to pass this component of the evaluation.

- **Written Examination 32%**
  Includes short answer and ‘key features’ examination questions. An overall grade of 60% is required to pass the written examination.

- **Professionalism evaluation (Credit/No Credit)**
- **T-Res requirements (Credit/No Credit)**

Please see the Family & Community Medicine Course Manual for more details on evaluation components,. For grading regulations, please see the Family & Community Medicine page on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/FCM_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

Students must pass all of the above components in order to pass the course.

NB: In order to receive credit for Family & Community Medicine, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES

Objectives of the Family Medicine Clerkship based on the CanMEDs competencies (organized with CanMEDS-FMU framework*)

A medical student completing Family Medicine Clerkship will be able to...

**Medical Expert**
1. Describe the key elements of an effective doctor-patient relationship.
2. Demonstrate patient-centred medicine (including exploring the illness experience and social context, and shared decision-making to reach common ground).
3. Meet the objectives under each of the 20 clinical topics on the Hub, Seminars (emodule and live) and topic objectives as listed below.
4. Identify management priorities for patient with multiple morbidities.
(Family & Community Medicine, continued)

**Communicator**
1. Share information with patients in a clear manner (e.g. pathophysiology and treatment options).
2. Write clear and accurate prescriptions for patients.
3. Write clear and accurate requisitions for investigations to work-up patients.
5. Present cases effectively.

**Collaborator**
1. Describe the roles of consultant physicians and other health professionals for a given patient, including the indications for referral.
2. Write clear and effective requests for consultations.

**Manager**
1. Seek and synthesize additional patient information (e.g. lab results, old charts, consult reports, pharmacy records, family member, etc.) when indicated.
2. Propose initial patient-centred management plans, including follow-up and use of any community resources.
3. Protect personal health and safety in family medicine settings.

**Scholar**
1. Conduct focused literature searches around clinical questions that arise from patient care
2. Evaluate the quality and relevance of scientific literature to specific patient scenarios
3. Develop and implement a basic self-directed learning plan when a personal learning need is identified.

**Health Advocate**
1. Identify issues (social, economic, and resource) for patients and communities that may adversely affect health and access to health care.
2. Propose approaches to resolving identified issues, including the engagement of community resources where appropriate.

**Professional**
1. Reflect on specific aspects of professional behaviour with regards to how well they performed and how they could do better.

B. EDUCATIONAL CORE OBJECTIVES:

I. Skills
By the end of the Family & Community Medicine Clerkship rotation, the student should be able to demonstrate basic proficiency in at least the following skills. Competencies to complete these skills may be acquired during clinical hours, seminars, workshops or on other rotations.

Technical Skills:
1. Pap Smear
2. Throat Swab
3. Pediatric Vaccination

II. Problem based
By the end of the Family & Community Medicine Clerkship rotation, the student should be able to demonstrate an approach to patients presenting to the Family Physician’s Office (based on real or simulated encounters) with the following problems:
(Including differential diagnosis, investigations and initial treatments)

1. Abdominal pain
2. Anxiety
3. Asthma
4. Chest Pain
5. Contraception
6. Cough/Dyspnea
7. Depression
8. Diabetes Type II
9. Dizziness
10. Fatigue
11. Fever
12. Headache
13. Hypertension
14. Ischemic Heart Disease
15. Low Back Pain
16. Palliative Care
17. Prenatal Care
18. Well Adult Female
19. Well Adult Male
20. Well Baby/Child
THE UME CURRICULUM: Clerkship (Years 3 & 4)

COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: MEDICINE (8 weeks)

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COURSE OVERVIEW

The Medicine clerkship is eight weeks in duration, and each clerk is assigned to a single Internal Medicine Team for the entire rotation. A sub-group of students may choose a two-week ambulatory care experience in the current academic year. The course begins in the first week with a seminar series over two and a half days.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

(Medicine, continued)

Over the entire length of the course, there is a graduated experience with increasing responsibility as the rotation progresses. Students have the opportunity to perform the admitting history and physical examinations on patients who present to the Emergency Room, and are asked to provide a provisional diagnosis and differential diagnosis, and to construct an investigation and management plan. They also provide direct patient care for their assigned patients under supervision. Later in the rotation, students carry more patients (up to six per student) and have enhanced responsibilities for patients while on call. Support is provided by other members of the team, including the attending physician and supervising residents. Students are also assigned to six half-days in ambulatory clinics so that they have an opportunity to learn about how care is delivered to medical patients in this setting.

Structured Teaching Sessions

1. Morning Report – frequency and time slots vary by site
2. Bedside Physical Examination Sessions – weekly
3. An interactive and case-based medical seminar series taking place in Week 1, and a second series of medical seminars occurring approximately once a week in Weeks 2 through 7.
4. Medical Grand Rounds – weekly
5. Each student is assigned a Faculty Preceptor or Coach who meets with the Year 3 medical student and observes the student do a practice patient history and physical examination.

ASSESSMENT

<table>
<thead>
<tr>
<th>Measure</th>
<th>Timing</th>
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<tr>
<td>Observed Practice History &amp; Physical</td>
<td>By end of Week 3</td>
<td>Credit/No Credit</td>
<td>Completion</td>
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<tr>
<td>Written Examination</td>
<td>Week 6</td>
<td>30%</td>
<td>60%</td>
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<tr>
<td>Structure Clinical Oral Examination</td>
<td>Week 8</td>
<td>25%</td>
<td>60%</td>
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<tr>
<td>Self-Directed EBM Learning Project</td>
<td>Week 7</td>
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<td>Ward Evaluation</td>
<td>Weeks 1-8</td>
<td>30%</td>
<td>60%</td>
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<tr>
<td>Ambulatory Clinics</td>
<td>Weeks 2-7</td>
<td>10%</td>
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<tr>
<td>Professionalism Evaluation</td>
<td>Weeks 1-8</td>
<td>Credit/No Credit</td>
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<tr>
<td>Case Log Requirements</td>
<td>Weeks 1-8</td>
<td>Credit/No Credit</td>
<td>Completion</td>
</tr>
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</table>

Students must score over 60% on each of the Clinical Ward Performance, Written Examination, and Structured Clinical Oral Examination in order to achieve a grade of Credit for the rotation. Also, students must achieve an overall mark of 60% in the rotation to achieve a grade of Credit for the rotation, together with Credit on professionalism, Case Log requirements and the observed practice history & physical.

For more details, see the Medicine webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/MED_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Medicine, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.
A. GENERAL COMPETENCIES

At the conclusion of the Clerkship in Internal Medicine, the medical student will be able to:

[Medical Expert / Skilled Clinical Decision Maker]
1. Demonstrate knowledge of the scientific and humanistic foundations of medicine in order to more rationally diagnose and manage the various factors contributing to a patient’s illness.

2. Demonstrate a thorough knowledge of internal medicine. This has three dimensions:
   a) Relevant aspects of common and life-threatening illnesses affecting adults in terms of:
      i. Definition
      ii. Epidemiology
      iii. Etiology
         • Biological, psychological, social, economic, legal, ethical, and cultural
      iv. Pathogenesis and pathophysiology
      v. Clinical features
      vi. Complications
      vii. Investigations required to confirm a diagnosis
      viii. Principles of prevention
      ix. Principles of management
         • Medical, Surgical, Involvement of allied health professionals, Nutritional
      x. Prognosis
   b) An approach to the diagnosis of the major presenting problems encountered in internal medicine. In order to do this, the student needs to be able to:
      i. List in an organized fashion the major causes of each of these problems
      ii. List the most important or life-threatening causes of each problem
      iii. Explain how data that may be obtained from the history and physical examination will affect the likelihood of these diagnostic possibilities for each problem
      iv. Understand the appropriate use and interpretation of diagnostic tests (see below)
   c) The properties of medical therapies, in terms of their indications, contraindications, mechanisms of action, side effects, and monitoring.

3. Demonstrate clinical skills:
   a) Students should be able to obtain and document both a complete and a focused medical history, as the situation requires.
   b) Students should be able to perform and document both a complete and a focused physical examination, as the situation requires. In order to do this, students must be able to demonstrate:
      • An understanding of the physiologic basis of clinical findings
      • A logical, comprehensive, organized approach to the physical examination that is adaptable to specific circumstances
      • Proper techniques of physical examination
      • Appropriate attention to patient comfort, hygiene, and privacy
      • Understanding of the significance of, and ability to detect presence of, the most important physical examination abnormalities pertinent to internal medicine.
c) Students should be able to interpret commonly-employed diagnostic tests, knowing their indications, contraindications, risks, and in general terms their test characteristics (sensitivity and specificity).
d) Students should be able to integrate the above history, physical findings, and diagnostic test results into a meaningful diagnostic formulation by:
   - Generating a problem list
   - Generating a differential diagnosis for each of the problems, and suggesting a tentative or provisional diagnosis
e) Students should be able to demonstrate therapeutic and management skills. In order to do this, the student needs to be able to:
   - Suggest appropriate additional investigations for each problem
   - Propose a management strategy for each of the problems based on a knowledge of efficacy, risk, and cost. By the end of the Clerkship, students should be able to write admitting orders for each of the common diagnoses encountered in internal medicine.
f) Students should be able to demonstrate the technical skills necessary to perform several of the common procedures used in internal medicine, as well as show that they understand the indications, risks, and benefits of these procedures.
g) Make use of evidence-based medicine so that they can better diagnose and manage patient problems.

[Communicator/Doctor-Patient Relationship]
1. Communicate effectively with patients, their families, and the community through verbal, written, and other non-verbal means of communication.
2. Establish professional relationships with patients, their families (when appropriate), and community that are characterized by understanding, trust, respect, empathy, and confidentiality.
3. Deliver information to the patient and family (as appropriate) in such a way that it is easily understood, encourages discussion, and promotes the patient’s participation in decision-making.
4. Gather information, negotiate a common agenda, and develop and interpret a treatment plan, while considering the influence of factors such as the patient’s age, gender, ethnicity, cultural and spiritual values, socioeconomic background, medical conditions, and communication challenges.
5. Present a case summary orally in a clear, logical, and focused manner.

[Collaborator]
1. Describe the roles and expertise of all members of the interdisciplinary team that are involved in the care of patients with an internal medicine problem.
2. Develop a care plan for a patient he/she has assessed, including investigation, treatment, and continuing care, in collaboration with the members of the interdisciplinary team.
3. Participate in interdisciplinary team discussions, demonstrating the ability to accept, consider, and respect the opinions of other team members, while contributing an appropriate level of expertise to patient care.
(Medicine, continued)

[Manager]
1. During the Clerkship in internal medicine, the medical student will deepen his/her understanding of the appropriate use of health care resources in the internal medicine context. Students are also expected to manage their own time in an efficient manner.

[Health Advocate/Community Resources]
1. Accept appropriate responsibility for the health of patients assigned to their care.
2. Recognize important determinants of health and principles of disease prevention pertinent to internal medicine.
3. Act as an advocate on behalf of patients assigned to their care, when interacting with other members of the health care team.

[Scholar]
1. Demonstrate the ability to engage in self-directed learning.
2. Assist in teaching others and in the facilitation of their learning where appropriate.
3. Demonstrate the ability to search the evidence-based medicine literature for evidence to support the diagnostic and therapeutic management of their patients.

[Professional]
Throughout the Clerkship in internal medicine, the medical student will:
1. Behave in an altruistic manner.
2. Demonstrate reliability and a strong sense of responsibility.
3. Demonstrate a commitment to excellence via self-improvement and adaptability.
4. Demonstrate respect for others, as in the course of relationships with students, faculty, and staff.
5. Demonstrate honour and integrity by upholding student and professional codes of conduct.

B. EDUCATIONAL CORE OBJECTIVES

I. Procedures & Interpretive Skills
By the end of this internal medicine clerkship rotation, the student should be able to demonstrate basic proficiency in the following procedural and interpretive skills. Competence to complete these skills may be acquired during clinical shifts, seminars, bedside teaching or on other rotations.

i. Arterial blood gases
ii. Diagnostic imaging (chest, abdomen, and brain)
iii. Electrocardiograms (MI, rhythm, conduction blocks, etc.)
iv. Diagnostic Laboratory Results (biochemistry, haematology, microbiology)
II. Problem Based Skills
By the end of this internal medicine clerkship rotation, the student should be able to demonstrate an approach to patients presenting with the following problems (including differential diagnosis, investigations, and appropriate further investigations and management plans for each of the identified problems):

**Cardiorespiratory**
- Cardiac arrest / respiratory arrest
- Chest discomfort
- Cough
- Cyanosis / hypoxemia / hypoxia
- Dyspnea
- Edema
- Hemoptysis
- Hypercarbia
- Hypoxemia and hypoxia
- Insomnia / sleep-apnea syndrome
- Murmurs / extra heart sounds
- Palpitations (abnormal ECG, arrhythmias)
- Shock, hypotension
- Syncope, presyncope, loss of consciousness
- Wheezing

**Gastrointestinal / hepatobiliary**
- Abdominal pain
- Ascites
- Abnormal liver enzyme levels
- Blood in stool (hematochezia and melena)
- Constipation
- Diarrhea
- Dysphagia
- Hematemesis
- Abnormalities of liver synthetic function
- Jaundice
- Vomiting, nausea

**Renal / fluid-electrolyte**
- Metabolic acidosis and alkalosis
- Respiratory acidosis and alkalosis
- Hypo- and hyperkalemia
- Hypo- and hypernatremia
- Hematuria
- Hypertension
- Proteinuria
- Urinary frequency (associated with dysuria; associated with polyuria)
- Oliguria

**Endocrine**
- Hyperglycemia
- Hypo- and hypercalcemia
- Hypo- and hyperphosphatemia
- Hirsutism and virilisation

**Hematologic/oncologic**
- Leukocytosis
- Leukopenia
- Anemia
- Bleeding tendency/bruising
- Lymphadenopathy, Splenomegaly
- Polycythemia
- Febrile neutropenia

**Rheumatologic**
- Joint pain (mono-articular and poly-articular)
- Painful limb
- Back pain

**Neurological**
- Coma / impaired consciousness
- Confusion / delirium
- Dementia / memory disturbances
- Diplopia
- Dizziness / vertigo
- Gait disturbances / Ataxia
- Headache
- Numbness and tingling
- Pupil abnormalities
- Seizures
- Speech and language abnormalities
- Tremor
- Visual disturbance / loss
- Weakness / paralysis

**Geriatrics**
- Falls
- Failure to thrive (elderly)
- Urinary incontinence (elderly)
- Polypharmacy
- Capacity assessment

**Other topics**
- Allergic reactions
- Dying patient
- Fatigue
- Fever and chills
- Pain
- Overdose
- Pruritus
- Substance abuse/addiction, withdrawal
- Weight gain/loss, obesity/malnutrition
LEARNING RESOURCES
The Toronto Notes, 2014 edition, chapters on internal medicine topics

Find more details at:
http://www.deptmedicine.utoronto.ca/edustudies/Undergraduate_Studies/orange_booklet.htm
Year 3 Core Clinical Rotation: OBSTETRICS & GYNAECOLOGY (6 weeks)

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COURSE OVERVIEW
Each student spends six weeks participating in a variety of clinical activities related to women’s health care, including rotations in labour and delivery, inpatient antenatal and postpartum units, antenatal clinics, gynaecologic ambulatory care, inpatient gynaecology units, and the operating room. In addition to clinical activities, the students attend daily small-group teaching seminars on a range of obstetrical and gynaecological topics. Students are assigned to one of eight teaching hospital sites.

TEACHING METHODS:
In all clinical settings, the student is responsible for taking complete obstetrical and gynaecological histories. Students will also develop their pelvic examination skills under the supervision of their clinical teacher and with the consent of the patient. Students are expected to formulate differential diagnoses and management plans. All patients seen by the student are reviewed by the obstetrics and gynaecology resident or a staff physician.
(Obstetrics & Gynaecology, continued)

A comprehensive orientation is conducted on the first day of the clerkship rotation where students are provided with information regarding expectations, schedules, on call, and evaluations. The approach to the pelvic examination is initially taught through the use of pelvic exam videos and practice on pelvic models with supervision by a faculty member and/or resident. This initial instruction is further consolidated when students have an opportunity to perform the pelvic examination in the clinical setting.

A standardized seminars series designed for the Clerkship level will be conducted by staff physicians. The seminar teaching methods are based on the principles of small-group learning characterized by active participation, problem-solving, and reflection. In addition to the seminar series, each hospital site conducts its own set of teaching and/or grand rounds meant for the hospital staff, which students are also expected to attend. Students are also encouraged to engage in interprofessional learning opportunities as other health care professionals such as nurses, midwives, social workers, respiratory technologists, and others, are greatly involved in patient care.

Each student will have access to the Obstetrics & Gynaecology Clerkship syllabus which contains a handout for each of the topics covered in the seminar series. The syllabus is available electronically on the course website.

ASSESSMENT

There are three components which numerically contribute equally to the final evaluation:

- Written examination (33.3%)
- Structured clinical oral examination (33.3%)
- Ward/clinical skills evaluation (33.3%)

The written and oral examinations are conducted during the final week of the rotation. The ward evaluation is completed by the site coordinator, incorporating evaluations obtained during the course of the rotation from faculty members, residents and fellows who had sufficient contact with the student. Students must receive 60% or more on each of the 3 components in order to pass (i.e. receive Credit in) the course. Each component is weighted one third (33.3%) in the calculation of the final grade. A mark less than 60% on any one or more of the three components will lead to failure (No Credit) of the course.

Other Assessment Tools for Credit/No Credit

- Professionalism evaluation
- Case Log encounters – completion of mandatory problems and procedures
- Mandatory Observed History-Taking and Physical Examination Evaluation

For details, including grading regulations, see the Obstetrics & Gynaecology webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/OBS_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Obstetrics & Gynaecology, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.
(Obstetrics & Gynaecology, continued)

COURSE OBJECTIVES
The Obstetrics & Gynaecology Clerkship rotation is designed to further develop and consolidate the knowledge, skills and attitudes acquired in Preclerkship and to achieve clinical competence in managing common and important clinical problems that women may present within the discipline of obstetrics and gynaecology. The Obstetrics & Gynaecology Clerkship objectives are based on the CanMEDS competencies and meet the ED-2 standard of the LCME.

A. GENERAL COMPETENCIES
With respect to all the general competencies, the medical student should achieve the following:

[Medical Expert / Skilled Clinical Decision-Maker]
- Demonstrate the ability to assess and manage common and important problems which women will present within the discipline of Obstetrics & Gynaecology.
- Demonstrate the ability to take an obstetrical, gynaecological and sexual history.
- Develop a working differential diagnosis and management plan.
- Develop plans for investigation and interpret these investigations.
- Understand and explain the risks and benefits of investigations and treatments.
- Demonstrate competency in pelvic examination and other basic procedural skills relevant to the discipline of obstetrics and gynaecology.

[Communicator / Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families.
- Ensure that women have given informed consent before conducting and/or being present for examinations or procedures.
- Communicate effectively, respectfully and empathetically with women while performing and/or assisting at examinations and/or procedures.
- Demonstrate thorough and clear documentation and charting with concise recording of pertinent positive and negative findings.
- Demonstrate the ability to council and educate patients and families.
- Provide clear discharge instructions for patients and ensure appropriate follow-up care.
- Demonstrate the ability to present a patient case in a clear, concise, and complete manner.

[Collaborator]
- Establish and maintain effective working relationship with colleagues and other health care professionals.
- Demonstrate an understanding of the concept of triage and prioritization of care in management of multiple patients simultaneously in the labour and birth unit.
- Demonstrate knowledge of other resources available to women when providing prenatal, intrapartum, postpartum, and gynaecological outpatient and inpatient care.
- Maintain respect for the role of the patient’s primary care provider by ensuring that the provider is informed about the patient’s care plan.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

(Obstetrics & Gynaecology, continued)

[Manager]
1. Demonstrate appropriate and cost-effective use of investigations and treatments.
2. Develop an understanding of the organizational skills and efficiency required in managing patients and maintaining patient flow.
3. Develop an understanding of the factors contributing to resource issues in outpatient prenatal and gynaecology clinics, in-hospital labour and birth and postpartum units, and inpatient gynaecologic and peri-operative services.

[Health Advocate / Community Resources]
1. Respond to the individual woman's health care needs and issues as part of patient care.
2. Understand the health needs of the community of women served by the health care unit.
3. Identify the determinants of health of the population of women that are served by the health care unit.
4. Understand methods to promote the health of individual women, communities, and populations.

[Scholar]
1. Access and critically appraise the literature relevant to obstetrics and gynaecology care.
2. Understand the many unique learning and teaching opportunities available in obstetrics and gynaecology.

[Professional]
1. Attend scheduled and assigned teaching and clinical responsibilities in a timely fashion.
2. Communicate with educational administrators and clinicians when not able to attend scheduled assignments in a timely fashion.
3. Recognize and accept his or her limitations and know when to ask for help.
4. Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient's permission except when otherwise required by law.
5. Be reliable and responsible in fulfilling obligations.
6. Recognize situations where common medical errors may occur.

B. EDUCATIONAL CORE OBJECTIVES

I. SKILLS - TECHNICAL AND PROCEDURAL
By the end of the Obstetrics and Gynaecology Clerkship rotation, the medical student should be able to perform the skills/procedures listed below. Competency to complete these skills may be acquired during clinical shifts, seminars, workshops, or simulations.

1. Bimanual pelvic examination
2. Vaginal speculum insertion
3. Cultures of vagina and cervix
4. Pap test
5. Fetal heart rate tracing interpretation – normal and abnormal tracings
6. Fetal heart auscultation with doptone
7. Leopold manoeuvres
8. Symphysis fundal height measurement
9. GBS (group B streptococcus) culture for antenatal screening
10. Nitrazine test for SROM
11. Fern testing for SROM (spontaneous rupture of membranes)
12. Cervical examination during labour
13. Spontaneous vaginal birth
14. Delivery and examination of placenta
15. Obtaining cord blood
II. PROBLEM-BASED ENCOUNTERS

By the end of the Obstetrics & Gynaecology Clerkship rotation, the student should be able to demonstrate an approach (including differential diagnosis, investigation and initial treatment) to women presenting for antenatal care, intrapartum care, gynaecological consultation (outpatient, inpatient, emergency room), and gynaecologic surgery, based on real or simulated encounters listed with the following issues:

**Gynaecological:**

1. Abnormal vaginal bleeding (pre and postmenopausal)
2. Adnexal mass and/or ovarian cyst
3. Amenorrhea/oligomenorrhea
4. Contraceptive methods
5. First trimester or early second trimester complications:
   a. Spontaneous abortion
   b. Unwanted pregnancy and therapeutic abortion
   c. Ectopic pregnancy
   d. Recurrent pregnancy loss
6. Dysmenorrhea
7. Dyspareunia
8. Endometriosis
9. Fibroids
10. Genital tract infections
11. Incontinence
12. Infertility
13. Irregular periods
14. Menopausal counselling
15. Pap test counselling
16. Pelvic pain – acute and chronic
17. Post-gynaecologic surgery complications
18. Sexual disorders
19. Urogenital prolapse/disorder
20. Vaginal discharge
21. Vulvar lesion or pruritis

**Obstetrical:**

1. Antepartum haemorrhage
2. Assisted birth (vacuum, forceps, Caesarean delivery)
3. Fetal well-being issues:
   a. Genetic screening and prenatal diagnosis
   b. Small/large for gestation age fetus
   c. Management of Rh negative status
   d. Fetal demise
4. Diabetes in pregnancy
5. Hypertension in pregnancy
6. Induction of labour
7. Labour progression – normal and abnormal
8. Pain management in labour
9. Preterm labour
10. Preterm premature rupture of membranes
11. Nausea and vomiting in pregnancy
12. Postpartum care and complications:
   a. Postpartum hemorrhage
   b. Postpartum fever
   c. Postpartum mood disorder
13. Obstetrical emergencies
14. Obstetrical ultrasound

**TEXTBOOK/LEARNING RESOURCES**

- Basic Gynaecology and Obstetrics, Normal F. Gant, F. Gary Cunningham; Appleton and Lange, 1993
- Clinical Gynaecology, Endocrinology, and Infertility, 7th Edition, Leon Speroff and Marc A. Fritz; Lippincott Williams & Willkins, 2005
- www.sogc.org
Year 3 Core Clinical Rotation: OPHTHALMOLOGY (1 week)

COURSE DESCRIPTIONS

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COURSE OVERVIEW

The one-week Ophthalmology block is part of the Anesthesia / Emergency Medicine / Ophthalmology / Otolaryngology rotation. During the Ophthalmology portion, students are exposed to a variety of ambulatory ophthalmology patients by attending the eye clinics of their Academy or in the offices of attending ophthalmologists during the first four days. On the first day (Monday morning), there will be a clinical skills orientation session where students review the history and physical examination relevant to ophthalmology. On the fifth day (Friday morning), all students attend seminars on paediatric ophthalmology at the Hospital for Sick Children (HSC). This paediatric teaching half-day is shared with Otolaryngology. On the fourth Friday of the combined rotation, students take separate written examinations in Ophthalmology, Otolaryngology, and Anesthesia.

Students are expected to review the course syllabus independently. It is provided on the course portal and covers the following topics: cornea and anterior segment (the red eye), lens and optics, glaucoma, retina, uveitis and inflammatory diseases, neuroophthalmology, oculoplastics and orbital diseases, paediatric ophthalmology and strabismus, and ocular emergencies and trauma.

In clinic, students are responsible for examining patients, including taking an ophthalmic history and performing a relevant ocular examination, as well as formulating a differential diagnosis and plan of management. All patients seen in the clinics/offices are reviewed by an ophthalmology resident/fellow or staff ophthalmologist. Students are expected to research each assigned patient’s disease using appropriate texts and journals. Students may also be scheduled to attend the operating room for a half day. Otherwise, attendance in the operating room may be arranged at their Academy and/or with a supervisor at the beginning of the rotation. Students are not expected to take call, but if interested, they may request to do so through the ophthalmology residents at their hospital or Academy.
(Ophthalmology, continued)

**ASSESSMENT**

- Written examination (65%)
- Clinical performance evaluation, based on assessment of student’s clinical work during the rotation (35%)
- Professionalism evaluation (Credit/No Credit)
- Case Log requirements (Credit/No Credit)

The final mark is transcribed in Credit/No Credit format. In order to pass the course, a grade of 60% or higher on both the written examination and the clinical performance evaluation must be obtained. Failure to meet these criteria will result in the student being presented to the Board of Examiners for consideration of remediation.

For details, including grading regulations, see the Ophthalmology webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/OPT_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Ophthalmology, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

**COURSE OBJECTIVES**

By the end of the Ophthalmology clerkship rotation, the clinical clerk will demonstrate the foundation of knowledge, skills, and attitudes necessary for the practice of Ophthalmology from the perspective of the primary care physician.

**A. GENERAL COMPETENCIES**

The clinical clerk will be able to:

[Medical Expert/ Skilled Clinical Decision Maker]

- Demonstrate the ability to initially assess and manage common ophthalmic problems presenting to the primary care physician (see B.II below)
- Demonstrate
  - The ability to rapidly recognize and initiate management of ocular emergencies and trauma.
  - A systematic, prioritized approach diagnosing common ophthalmic presentations.
  - The ability to distinguish those ophthalmic conditions requiring immediate referral to an ophthalmologist.
- Demonstrate the ability to take a focused history and physical examination for patients presenting with common ocular symptoms.
- Develop a working differential diagnosis and management plan.
- Develop plans for investigations and interpret these investigations.
- Understand and explain the risks and benefits of investigations and treatments.
- Demonstrate competency in basic diagnostic and procedural skills relevant to ophthalmic conditions (see B.I below)
[Communicator/Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families.
- Demonstrate thorough and clear documentation and charting, with concise recording of pertinent positive and negative findings.
- Demonstrate the ability to manage difficult or violent patients in the eye clinic.
- Demonstrate the ability to counsel and educate patients and families in the eye clinic.
- Provide clear discharge instructions for patients and ensure appropriate follow-up care.
- Demonstrate the ability to present a patient case in a clear, concise, and complete manner.

[Collaborator]
- Establish and maintain effective working relationships with colleagues and other health care professionals.
- Discuss the roles of the various providers of hospital care and the role of the ophthalmologist in triaging consults from the emergency department, operating room, and in-patient units.
- Demonstrate knowledge of community resources available to the ophthalmologist.
- Respect the role of the patient’s primary care physician by soliciting input in the assessment, in the development of the care plan, and in follow-up.

[Manager]
- Demonstrate appropriate and cost-effective use of investigations and treatments.
- Develop organizational skills and efficiency in managing patients and maintaining patient flow.
- Develop an understanding of the factors contributing to resource issues in the eye clinic.

[Health Advocate/Community Resources]
- Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that may precipitate an eye clinic visit.
- Discuss the role of the ophthalmologist in the health care system and how it relates to other hospital and community health services.
- Demonstrate an understanding of legal and ethical issues surrounding ophthalmic care.
- Identify opportunities for primary and secondary prevention in the eye clinic and counsel patients accordingly.

[Scholar]
- Access and critically appraise the literature relevant to ophthalmic care.
- Understand the many unique learning and teaching opportunities available in ophthalmology.

[Professional]
- Recognize and accept his or her limitations and know when to ask for help.
- Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.
- Be reliable and responsible in fulfilling obligations.
- Recognize situations where common medical errors may occur in the eye clinic.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

Ophthalmology, continued

B. EDUCATIONAL CORE OBJECTIVES

I. Skills
By the end of the Ophthalmology Clerkship rotation, the student should be able to demonstrate basic proficiency in the following skills.

Clinical Examination Skills:
1. Visual acuity measurement
2. Confrontation visual fields
3. Pupil examination
4. Extraocular motility/strabismus examination
5. External/adnexal examination
6. Slit lamp examination
7. Direct fundoscopy

Technical Skills:
1. Application of eye patch
2. Eversion of eyelid

II. Problem based
By the end of the Ophthalmology Clerkship rotation, the student should understand the following concepts and/or be able to demonstrate an approach to patients presenting to the Emergency Department (based on real or simulated encounters) with the following problems or conditions (including differential diagnosis, investigations, and initial treatments):

1. Structure and Basic physiology of the eye (from BRB)
   a. Anterior and posterior segment
   b. Eyelids, orbit and lacrimal system
   c. Extraocular muscles and cranial nerves
2. Cornea and Anterior Segment (The Red Eye)
   a. Redness of the ocular adnexa
   b. Redness of the globe (eg. conjunctivitis, iritis)
   c. Corneal disorders
3. Lens and Optics
   a. Myopia, hyperopia, astigmatism and presbyopia
   b. Cataracts
4. Glaucoma
   a. Primary open angle glaucoma
   b. Acute angle closure glaucoma
   c. Secondary glaucoma
5. Retina
   a. Diabetic retinopathy
   b. Hypertensive retinopathy
   c. Retinal vascular occlusive diseases
   d. Retinal detachment
   e. Age-related macular degeneration (AMD)
6. Uveitis and Inflammatory Conditions
   a. Iritis
   b. Seronegative spondyloarthropathies, juvenile rheumatoid arthritis (JRA), collegen vascular diseases and sarcoidosis
   c. Infectious causes of uveitis
   d. Leukemia and lymphoma
   e. Choroidal tumours
7. Neuroophthalmology
   a. Diseases of the optic nerve (e.g. optic neuritis, optic neuropathies, optic atrophy)
   b. Anisocoria
   c. Diplopia & ocular misalignment
   d. Cranial neuropathies
   e. Myasthenia gravis
   f. Migraine and headaches
8. Oculoplastics and Orbital Diseases
   a. Inflammatory diseases of the eyelids
   b. Eyelid malpositions and tumours
   c. Graves disease
   d. Inflammatory diseases of the orbit
   e. Preseptal and orbital cellulitis
   f. Orbital tumours
   g. Inflammatory diseases of the lacrimal system
9. Pediatric Ophthalmology
   a. Amblyopia and strabismus
   b. Congenital cataracts
   c. Orbital cellulitis
   d. Leukocoria
10. Ocular Emergencies and Trauma
    a. Blunt trauma (including hyphema)
    b. Penetrating injuries
    c. Foreign bodies
    d. Alkali injuries
11. Ocular pharmacology
    a. Diagnostic agents
    b. Therapeutic agents: Glaucoma medications, anti-infectives and immunosuppressives (steroids)
TEXTBOOKS/LEARNING RESOURCES
The recommended text for the ophthalmology Clerkship is:

Students should also review their ophthalmology notes/materials from Brain and Behaviour (Year 1), Mechanisms, Manifestations, & Management of Disease (Year 2), and the Ocular Examination from ASCM-1 and -2 prior to the start of the rotation. Year 3 students have online portal access to the course syllabus and ophthalmology case scenarios, as well as useful external links.
COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: OTOLARYNGOLOGY – HEAD & NECK SURGERY (1 week)

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COURSE OVERVIEW
The one-week Otolaryngology block is part of the Anesthesia / Emergency Medicine / Ophthalmology / Otolaryngology rotation. The Otolaryngology portion takes place at the otolaryngology clinics at the University Health Network, Sunnybrook Health Sciences Centre, St. Michael’s Hospital, and Mount Sinai Hospital. This year, some students will be completing their week rotation in a community site such as Toronto East General Hospital, North York General Hospital, Humber River Regional Hospital, Markham-Stouffville Hospital, William Osler Hospital (Etobicoke Site), or The Scarborough Hospital. Each hospital develops and distributes a site-specific schedule of teaching sessions and clinical experience in the outpatient clinics. The remainder of the time will be spent on the wards, in the operating room, on seminars and self-directed learning with otoscopy and nasal packing simulators and online cases. The rotation includes a series of online seminars, covering common and important topics in otorhinolaryngology including hearing loss, vertigo, epistaxis, rhinosinusitis, emergencies, and head and neck malignancies. Students are also given a paediatrics otolaryngology seminar, an Otosim seminar, and an audiology lecture at the Hospital for Sick Children.

In clinic, students will be responsible for taking complete otolaryngologic histories and performing relevant head and neck examinations on patients, as well as formulating differential diagnoses and plans of management which will be presented to preceptors.

Attendance in the operating room is available to students and may be arranged at their Academy with the site director at the beginning of their rotation.

Students are not expected to take call, but may do so if interested. Call may be arranged with the otolaryngology residents at each hospital/Academy.

ASSESSMENT
Evaluations are based on performance on a written exam in multiple-choice question format (80%) and preceptor evaluations (20%). The written exam is given on the final day of the combined four-week Otolaryngology / Ophthalmology / Anesthesia block. The written exam is one hour in duration and is separate from the Ophthalmology and Anesthesia examinations. In order to obtain Credit in the Otolaryngology course, students must receive a grade greater than 60% on both the written examination and preceptor evaluation.

Students must also receive a satisfactory Professionalism evaluation (Credit/No Credit) and complete all Case Log requirements (Credit/No Credit) in order to pass the Otolaryngology clerkship.

For details, including grading regulations, see the Otolaryngology webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/OTL_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Otolaryngology – Head & Neck Surgery, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.
COURSE OBJECTIVES

GOALS: By the end of the Otolaryngology clerkship rotation, the clinical clerk will demonstrate the foundation of knowledge of medical conditions involving the ears, nose, neck, and upper aerodigestive tract necessary for the practice of otolaryngology from the perspective of the primary care physician. In addition, the clinical clerk will demonstrate the skills necessary to perform a thorough head and neck examination. The Otolaryngology clerkship course follows the CanMEDS Guidelines through both didactic and clinical teaching. The course also provides an opportunity to develop Collaborator and Manager skills through interprofessional collaboration with nursing, audiology, and speech-language pathology services.

A. GENERAL COMPETENCIES

By the end of the Otolaryngology clerkship, the clinical clerk will be able to:

[Medical Expert/Skilled Clinical Decision Maker]
- Demonstrate the ability to evaluate and manage common ear, nose and throat problems presenting to the primary care physician
- Demonstrate the ability to rapidly recognize airway and head and neck oncologic emergencies that require immediate referral to an otolaryngologist
- Demonstrate a focused history and physical examination for patients presenting with common ear, nose and throat symptoms.
- Develop plans for investigations (diagnostic imaging and audiometry) and interpret those investigations.
- Develop a differential diagnosis and management plan.

[Communicator/Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families.
- Demonstrate thorough and clear documentation and charting, with concise recording of pertinent positive and negative findings.
- Demonstrate the ability to counsel and educate patients and families.
- Demonstrate the ability to present a patient case in a clear, concise and complete manner.

[Collaborator]
- Establish and maintain effective working relationships with colleagues and other health care professionals commonly treating otolaryngology patients (nursing, audiology, speech language pathology).
- Demonstrate knowledge of community resources available to the otolaryngologist.

[Manager]
- Demonstrate appropriate and cost-effective use of investigations and treatments.
- Develop organizational skills and efficiency in managing patients and maintaining patient flow.
- Develop an understanding of the factors contributing to resource issues in the otolaryngology clinic.

[Health Advocate/Community Resources]
- Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that contribute to otolaryngologic problems.
- Identify opportunities for primary and secondary prevention strategies (smoking cessation, alcohol intake, etc.).
[Scholar]
- Access and critically appraise the literature relevant to otolaryngology.
- Understand the many unique learning and teaching opportunities available in otolaryngology.

[Professional]
- Recognize and accept his or her limitations and know when to ask for help.
- Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.
- Be reliable and responsible in fulfilling obligations.
- Recognize situations where common medical errors may occur in the otolaryngology clinic.

B. EDUCATIONAL CORE OBJECTIVES

I. Skills
By the end of the Otolaryngology Clerkship rotation, the student should be able to demonstrate basic proficiency in the following skills.

Clinical Examination Skills:  
1. Head and neck examination  
2. Thyroid examination  
3. Oral examination  
4. Cranial nerve examination  
5. Balance testing  

Technical Skills:  
1. Otoscopy  
2. Nasal packing (simulation)  

II. Problem based
By the end of the Otolaryngology Clerkship rotation, the student should understand the following concepts and/or be able to demonstrate an approach to patients presenting to the Emergency Department (based on real or simulated encounters) with the following problems or conditions:

1. Hearing Loss  
2. Vertigo  
3. Nasal Obstruction  
4. Epistaxis  
5. Neck Mass  
6. Stridor

TEXTBOOKS/LEARNING RESOURCES

Required Reading
The Otolaryngology course syllabus, available on the Portal in the Lecture Notes section, contains the core material on which the written examination is based. Clerks must also review the interactive cases posted on the portal site.

Recommended Reading
(Otolaryngology – Head & Neck Surgery, continued)

Online resources available through the OTL310 Portal site:

- Baylor College of Medicine: https://mediasrc.bcm.edu/documents/2013/ec/otolaryngology-core-curriculum.pdf
- Otolaryngology Houston: http://www.ghorayeb.com/pictures.html
- Martindale’s The ‘Virtual’ Medical Centre: http://www.martindalecenter.com/MedicalAudio_2_C.html

Also, visit the Canadian Society of Otolaryngology – Head and Neck Surgery website at www.entcanada.org and follow the link for “Undergraduate Education.”
COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: PAEDIATRICS (6 weeks)

<table>
<thead>
<tr>
<th>Course Director</th>
<th>Course Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Angela Punnett</td>
<td>Mary Antonopoulos</td>
</tr>
<tr>
<td><a href="mailto:angela.punnett@sickkids.ca">angela.punnett@sickkids.ca</a></td>
<td><a href="mailto:mary.antonopoulos@sickkids.ca">mary.antonopoulos@sickkids.ca</a> / 416-813-6277</td>
</tr>
</tbody>
</table>

Site Directors/Assistants

<table>
<thead>
<tr>
<th>Site</th>
<th>Director (Faculty)</th>
<th>Assistant</th>
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<tbody>
<tr>
<td>HSC – Inpatient Medicine</td>
<td>Dr. Hosanna Au</td>
<td>Mary Antonopoulos</td>
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<tr>
<td></td>
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<tr>
<td>HSC – ER</td>
<td>Dr. Talya Wise</td>
<td>Angie Frisk</td>
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<tr>
<td></td>
<td>Dr. Claudio Fregonas</td>
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<td><a href="mailto:claudio.fregonas@sickkids.ca">claudio.fregonas@sickkids.ca</a></td>
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<tr>
<td>HRRH</td>
<td>Dr. Joseph Porepa</td>
<td>Angella Chamber</td>
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<td></td>
<td><a href="mailto:j.porepa@rogers.com">j.porepa@rogers.com</a></td>
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<tr>
<td>Mackenzie Health</td>
<td>Dr. Jeff Weisbrot</td>
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<td><a href="mailto:jfweisbrot@rogers.com">jfweisbrot@rogers.com</a></td>
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<tr>
<td></td>
<td>Dr. Clare Hutchinson</td>
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<td></td>
<td><a href="mailto:claremhutchinson@gmail.com">claremhutchinson@gmail.com</a></td>
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<tr>
<td>NYGH</td>
<td>Dr. Shawna Silver</td>
<td>Lisa Lindsay-Rose</td>
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<td></td>
<td><a href="mailto:shawna.silver@nygh.on.ca">shawna.silver@nygh.on.ca</a></td>
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<tr>
<td>RVCH</td>
<td>Dr. Yehuda Mozes</td>
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<tr>
<td>TSH – Birchmount</td>
<td>Dr. Raymond Shu</td>
<td>Madeline Wimbs</td>
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<td><a href="mailto:raymond.shu@Rogers.com">raymond.shu@Rogers.com</a></td>
<td><a href="mailto:mwimbs@tsh.to">mwimbs@tsh.to</a></td>
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<tr>
<td>TSH – General</td>
<td>Dr. Peter Azzopardi</td>
<td>Brenda McCormick</td>
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<td><a href="mailto:petera@direct.com">petera@direct.com</a></td>
<td><a href="mailto:coachnine9@yahoo.ca">coachnine9@yahoo.ca</a></td>
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<tr>
<td>SJHC</td>
<td>Dr. Nirit Bernhard</td>
<td>Axelle Pellerin</td>
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<td>Dr. Sharon Naymark</td>
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<tr>
<td>SMH</td>
<td>Dr. Ra Han</td>
<td>Kathleen Hollamby</td>
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<tr>
<td>TEGH</td>
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<td><a href="mailto:janet.saunderson@sympatico.ca">janet.saunderson@sympatico.ca</a></td>
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<tr>
<td>THO – Credit Valley Hospital</td>
<td>Dr. Dror Koltin</td>
<td>Nicole Gaertner</td>
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<td></td>
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<tr>
<td>THP – Mississauga</td>
<td>Dr. Kate Gwiazda</td>
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<td></td>
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COURSE OVERVIEW
Students will be exposed to a combination of ambulatory and inpatient paediatrics by placements in ONE of the following paediatrics practice settings:

1. A six-week rotation in a Community Hospital – paediatric setting
2. A six-week rotation which will include three weeks at The Hospital for Sick Children on the paediatric wards, and three weeks in an ambulatory Paediatric practice (s).
3. A six-week rotation which will include three weeks at The Hospital for Sick Children on the Paediatric Emergency Department, and three weeks in an ambulatory Paediatric practice (s).

COURSE REQUIREMENTS
a. **Seminars:** Two full days will be devoted to an academic teaching program at SickKids at the start of the six-week rotation. **Attendance is mandatory.** Students placed at MAM sites will have a core Neonatal Teaching for one half day at either THP–Credit Valley, or THP–Mississauga Hospital. Students placed at SickKids will have Neonatology Teaching on one full day back. Students at St. Joseph’s Health Centre and North York General Hospital receive core teaching on rotation at their own hospital. Students at the other Community Hospitals will join SickKids for the core teaching in the morning (half day) and can return to their sites for the afternoon.

b. **Observed History and Physical:** Students must be observed while doing a complete history and physical examination in order to complete their Paediatric rotation.

c. **CLIPP Cases:** Computer Assisted Learning in Pediatrics Cases (CLIPP) offer students 32 comprehensive interactive cases that cover important core topics (www.med-u.org). **All third year clerks must complete ten cases, of which five cases are required (cases 1, 16, 17, 21, and 26) during the six-week rotation.**

d. **Case Logs:** Students are provided with the required list of encounters and procedures to be completed during the course. Students must log the required encounters/procedures on MedSIS. **At mid-rotation, it is mandatory to review progress toward completion of the Case Logs as part of their mid-rotation feedback conversation. The Education Office will review all Case Logs at the end of the rotation for completion.**

ASSESSMENT
Student evaluations will be based on:

- Clinical performance assessments (50%),
- Written examination at the end of the rotation (50%)
- Observed history and physical examination (Credit/No Credit)
- Completion of 10 CLIPP cases (Credit/No Credit)
- Professionalism evaluation (Credit/No Credit)
- Case Log requirements (Credit/No Credit)

Students are required to obtain a pass (60%) in both the clinical evaluations and the written examination and to complete the other components in order to obtain a grade of Credit in Paediatrics. Failure to complete the Credit/No Credit components of the course will result in a final grade of “incomplete.”
(Paediatrics, continued)

For details, including grading regulations, see the Paediatrics webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/PAE_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prol/examevalpromo.htm).

NB: In order to receive credit for Paediatrics, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES

[Medical Expert/ Skilled Clinical Decision Maker]

The medical graduate will be able to:

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<tr>
<th>Objective</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Apply a science-based approach to the diagnosis and management of common clinical problems in childhood and adolescence and demonstrate an empathic approach appropriate to clinical paediatric practice, in relation to children, parents, health professionals, peers, others and self. *See content list below</td>
</tr>
<tr>
<td>1.2</td>
<td>Demonstrate a thorough knowledge of normal growth and development of infants, children and adolescents; their interaction with common paediatric clinical problems and their management, including the immunizations and anticipatory guidance necessary for the promotion of well-being and optimal development, and the prevention of infections and unintentional injury; as well as the recognition and management of life-threatening illness in these age groups</td>
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<tr>
<td>1.3</td>
<td>Demonstrate:</td>
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<td>a</td>
<td>The ability to obtain and document a comprehensive and focused medical and psychosocial history from a caregiver and a child/adolescent regarding the health and illness of infants, children and adolescents.</td>
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<td>b</td>
<td>The ability to perform and document an opportunistic, comprehensive and focused physical and developmental examinations of infants, children and adolescent, as the situation requires.</td>
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<td>c</td>
<td>The ability to select and interpret commonly-employed laboratory tests, including tests of blood and other body fluids, various imaging modalities, and other specific tests in infants, children and adolescents.</td>
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<td>d</td>
<td>The ability to synthesize the data derived from the history, physical and laboratory assessments and formulate a problem-oriented approach to the infant’s, child’s or adolescent’s health problems.</td>
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<td>e</td>
<td>An approach to the common health problems of infants, children and adolescents including their treatment and ongoing management</td>
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<tr>
<td>1.4</td>
<td>Retrieve, analyze, and synthesize relevant and current data and literature, using information technologies and library resources, to supplement information provided in syllabus and seminars in order to address clinical paediatric problems.</td>
</tr>
<tr>
<td>1.5</td>
<td>Apply an approach based on evidence and clinical expertise integrated with family values to the diagnosis and management of common paediatric clinical problems.</td>
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</table>
**Core Clinical Presentations** | **Key Conditions**
--- | ---
Paediatric Health Supervision | Nutrition, Growth, Hypertension, Active living, Mental health, Development, Immunizations, Anticipatory guidance, Injury Prevention, Vision/hearing, Dental health, Discipline/parenting, Sleep issues, SIDS, Crying/colic, Sexual development/health, Adolescent (HEADDSSS), Social/home context
Newborn | Birth trauma, Depressed newborn, Prematurity, Respiratory distress, Sepsis, Hypothermia, Hypoglycemia, Dysmorphic features (T21, FAS, FASD), Congenital infections, SGA/LGA, Neonatal abstinence syndrome, Abnormal newborn screen, Abnormal exam (developmental dysplasia of the hip, undescended testes, ambiguous genitalia, absent red reflex), Vitamin K deficiency, Hypotonia
Neonatal Jaundice | Physiologic, Breastfeeding/Breastmilk, Biliary atresia, Hemolytic anemia, Kernicterus
Fever | UTI, Meningitis, Occult bacteremia/sepsis, Viral illness, Kawasaki disease
Dehydration | Mild/mod/severe, hypo/hypertnatremia, DKA
Respiratory Distress/Cough | Asthma, Croup, Bronchiolitis, Pneumonia, Pertussis, Epiglottitis, Tracheitis, CF, CHF, Anaphylaxis, Foreign Body
Developmental and Behavioural Problems | Global delay, Delay in 1 domain, Specific patterns (ASD, ADHD), School refusal, Common issues (temper tantrums, sleep problems)
Growth Problems | Tall stature, Short stature, FTT, Anorexia, Obesity
Inadequately Explained Injury | Physical abuse, Neglect, Sexual abuse, Domestic violence
Abdominal Pain | Constipation, Functional, IBD, Infection (gastro, UTI), Instussusception, HSP, Gyne/GU
Vomitting | GER/GERD, Pyloric stenosis, Malrotation/volvulus, Intussusception, Intestinal atresia, Gastro, Meningitis, Pylonephritis, Increased ICP
Diarrhea | Gastro, Celiac disease, HUS, IBD, Toddler's diarrhea, CF
Altered Level of Consciousness | Poisoning/intoxication, Seizure, Head injury, Meningoencephalitis, Hypoglycemia, Metabolic ds
Seizure/Paroxysmal Event | Febrile vs non-febrile, General vs focal, Status epilepticus, ALTE, Syncope, Breath-holding spell
Headache | Migraine, Brain tumour, Increased ICP, Concussion/trauma
Murmur | Innocent, CHD, Acyanotic (VSD, PDA, CoA)
Rash | Eczema, Viral exanthems, Diaper rashes, Seborrheic dermatitis, Impetigo, Cellulitis, Scarlet fever, Urticaria, Drug eruption, Scabies, Acne
Bruising and Bleeding | ITP, HSP, Haemophilia, Meningococcemia
Palor/Anemia | Iron deficiency, Haemoglobinopathies, Hemolysis, Leukemia
Lymphadenopathy | Reactive, Benign, Cervical adenitis, Mononucleosis, Leukemia/Lymphoma
Limp/Extremity Pain | Growing pains, Trauma, Osteomyelitis, Septic arthritis, JIA, Reactive arthritis (RF, post-infectious, transient synovitis), Legg-Calve-Perthes, SCFE, Osgood-Schlatter, Malignancy (bone tumour, leukemia)
Urinary Complaints (polyuria, frequency, dysuria, hematuria) | UTI/VUR, Post-infectious GN, lgA nephropathy, DM, Wilm's tumour, Enuresis
Edema | Nephritic/Nephrotic syndromes, Cow's milk protein allergy, Renal failure
Sore Ear | Otitis media, Otitis externa
Sore Throat/Sore Mouth | Pharyngitis, Peritonsillar abscess, Dental disease, Retropharyngeal abscess, Stomatitis, Thrush
Sore Eye/Red Eye | Periorbital cellulitis, Orbital cellulitis, Conjunctivitis
[Communicator/Doctor-Patient Relationship]
The medical graduate will be able to:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Communicate effectively with infants, children and adolescents, their families and the community, through verbal, written and other non-verbal means of communication, demonstrating an understanding of the influence of family, community, society and their values on the infant’s/child’s/adolescent’s health and respecting the differences in developmental stages, beliefs and backgrounds among patients and students.</td>
</tr>
<tr>
<td>2.2</td>
<td>Establish professional relationships with infants, children and adolescents, their families (when appropriate) and community that demonstrate the attitudes, professional behaviours and ethics appropriate for clinical paediatric practice, in relation to children, parents, health professionals, peers, others and self and respecting the confidentiality inherent in these relationships.</td>
</tr>
<tr>
<td>2.3</td>
<td>Deliver information to the child and adolescent and his/her family (as appropriate) in a humane manner, and in such a way that it is easily understood, encourages discussion and promotes the young person’s and family’s participation in decision-making keeping in mind the developmental evolution of young person’s capacity to consent.</td>
</tr>
<tr>
<td>2.4</td>
<td>Gather information, negotiate a common agenda, and develop and interpret a treatment plan, while considering the influence of factors such as the infant’s/child’s/adolescent’s age and gender, and the family’s and community’s ethnicity, cultural and spiritual values, socioeconomic background, medical conditions, and communication challenges.</td>
</tr>
<tr>
<td>2.5</td>
<td>Demonstrate the importance of cooperation and communication among health professionals in the care of the infant, child and adolescent so as to maximize the benefits to patient care and outcomes, and minimize the risk of errors.</td>
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</tbody>
</table>

[Collaborator]
The medical graduate will be able to:

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<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>3.1</td>
<td>Demonstrate an understanding of the role of others in providing optimal interdisciplinary care to infants, children, adolescents and their families in research and educational tasks.</td>
</tr>
<tr>
<td>3.2</td>
<td>Synthesize the data derived from the history, physical and laboratory assessments and formulate a problem-oriented approach to the infant’s, child’s or adolescent’s presenting problems, in collaboration with the youth, family and members of the interdisciplinary team.</td>
</tr>
<tr>
<td>3.3</td>
<td>Participate in interdisciplinary team discussions, demonstrating the ability to accept, consider and respect the opinions of the youth, the family and other team members, while contributing an appropriate level of expertise to the care of infants, children and adolescents.</td>
</tr>
</tbody>
</table>
(Paediatrics, continued)

[Manager]
The medical graduate will be able to:

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<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>4.1</td>
<td>Participate effectively in health care organizations, ranging from individual clinical practices to academic health sciences centres and the child health network, exerting a positive influence on clinical practice and policy-making in one's professional community.</td>
</tr>
<tr>
<td>4.2</td>
<td>Describe the governance, structure, financing, and operation of the health care system, its facilities and networks and how these influences patient care, research and educational activities at a local, provincial, regional, and national level.</td>
</tr>
<tr>
<td>4.3</td>
<td>Apply a broad base of information to the care of infants, children, adolescents and their families in ambulatory care, hospitals and other health care settings.</td>
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<tr>
<td>4.4</td>
<td>Demonstrate an awareness of the need for wise stewardship of available resources for child health care with a focus on preventive health care.</td>
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<tr>
<td>4.5</td>
<td>Participate actively in team building function by demonstrating the necessary attitudes, professional behaviours and ethics.</td>
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<tr>
<td>4.6</td>
<td>Apply population-based approaches to child health care and illness prevention as appropriate.</td>
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<tr>
<td>4.7</td>
<td>Participate in evaluation and outcome of patient care and educational programs.</td>
</tr>
<tr>
<td>4.8</td>
<td>Participate in innovative approaches to clinical child health care at an appropriate level of expertise.</td>
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</table>

[Health Advocate/Community Resources]
The medical graduate will be able to:

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<th>Objective</th>
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<tbody>
<tr>
<td>5.1</td>
<td>Apply the determinants of health and principles of disease prevention and behaviour change to child health care responsibilities and broader patient care initiatives based on an understanding of the normal growth and development of infants, children and adolescents and their common health problems.</td>
</tr>
<tr>
<td>5.2</td>
<td>Be aware of diverse characteristics and needs of different cultural groups and specific populations, i.e., immigrants and minority or marginalized groups</td>
</tr>
<tr>
<td>5.3</td>
<td>Respect diversity, be willing to work through systems, such as child welfare, collaborate with other members of the health care team, and accept appropriate responsibility for the health of infants, children, adolescents and their families.</td>
</tr>
<tr>
<td>5.4</td>
<td>Participate at the appropriate level of expertise in community activities directed at improving health of infants, children, adolescents and their families, utilizing the best evidence, effective teamwork and communication skills.</td>
</tr>
<tr>
<td>5.5</td>
<td>Demonstrate an understanding of infants, children and adolescents and their families and apply that understanding to achieve a physician/patient relationship that is likely to identify and implement individual health and disease management strategies on an individual basis.</td>
</tr>
<tr>
<td>5.6</td>
<td>Achieve a sufficient fund of knowledge and an ability to appraise the available knowledge critically so as to challenge the limitations of clinical orthodoxy or identify threats to population health and advocate for their amelioration in a reasoned manner.</td>
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</tbody>
</table>
[Scholar]
The medical graduate will be able to contribute to the following scholarly activities:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Research:</th>
<th>Education:</th>
<th>Creative Professional Activity:</th>
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<tbody>
<tr>
<td>6.1</td>
<td>Develop an awareness of how research questions are formulated and how protocols are elaborated to address them. Understand the unique aspects of research with infants, children and adolescents and the ethical issues it raises.</td>
<td>a. Demonstrate the ability to engage in life-long, self-directed learning and critical inquiry.</td>
<td>The medical graduate will be able to describe the importance of, and contribute to professional innovations, creative excellence, and exemplary professional practice. The graduate will also demonstrate leadership potential by participating in the development of professional practices in child health, such as practice guidelines or health policy development, and participation in professional organizations at the appropriate level of expertise.</td>
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<td>6.2</td>
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<td>b. Compare and contrast the diverse learning approaches of peers, patients and others, in order to interact and collaborate effectively.</td>
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<td>c. Assist in teaching others and facilitating learning where appropriate</td>
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<td>d. Understand the importance of being mentors to those less experienced members of the health care teams</td>
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[Professional]
The medical graduate will be able to:

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<thead>
<tr>
<th>Objective</th>
<th>Recognize and accept the need for self-care and personal development as necessary to fulfilling one’s professional obligations and leadership role.</th>
<th>Demonstrate altruism, honesty and integrity and respect in all interactions with infants, children, adolescents and their families, colleagues, and others with whom physicians must interact in their professional lives.</th>
<th>Demonstrate compassionate treatment of infants, children and adolescents and their families and respect for their privacy and dignity and beliefs</th>
<th>Be reliable and responsible in fulfilling obligations.</th>
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REQUIRED RESOURCES
2. Sickkids/UofT Paeds On-The-Go Handbook – available on the Portal and provided to students during course.

RECOMMENDED TEXTBOOKS/LEARNING RESOURCES
* Both of the above textbooks have condensed soft-cover versions (Essentials)

www.pupdoc.ca Educational resources to support the PUPDOC Curriculum
www.pedsinreview.org Pediatrics in review journal. Excellent review articles that are easy to understand
www.aap.org Website of American Academy of Pediatrics
www.comsep.org Website of Council on Medical School Education in Pediatrics. They have a video on their website on the pediatric physical exam under the “Multimedia Teaching Resources” section
www.pedscases.com Free interactive website created for medical students by medical students. Provides an opportunity for active self-directed learning in Paediatrics.
www.aboutkidshealth.ca Evidence-based, peer-reviewed information for parents regarding a wide variety of paediatric issues. Topics can be printed and distributed to families.
COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: PSYCHIATRY (6 weeks)

<table>
<thead>
<tr>
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COURSE OVERVIEW

Didactic teaching is centralized and occurs during the first three days of Week 1 of the rotation. All didactic teaching is held at a central location on or near the University campus and presented to the students from all sites for each rotation. Interviewing patients and/or standardized patients with anxiety, mood, psychosis, cognitive, and substance disorders with focus on symptomatology, diagnosis, and basic treatment principles is an integral component of the course.

The basic clinical experience with direct patient care responsibility will take place in a variety of settings including inpatient units, the clerk supportive psychotherapy clinic, ambulatory clinics, consultation liaison teams, emergency settings and psychotherapy clinic. Each clerk will be assigned a supervisor who will ensure that the clerk obtains the suitable clinical experiences necessary to fulfill the objectives. It is mandatory for clerks to keep up-to-date records through the Case Logs function on MedSIS to ensure clinical objectives are met.

All clerks will have exposure to psychiatric emergencies mostly by taking night and weekend on-call not exceeding 1 in 5, until 11 PM.

Clinical experience with children and families will take place during two half-days (per rotation) at each Academy or in a child psychiatry setting under the direct supervision of a child psychiatrist.
The following seminars will be held weekly at each hospital site:

1. An Interviewing Skills seminar designed to meet the interviewing skills objectives through practice with feedback.
2. A Personality Disorders course generally consisting of five sessions in which clerks have a chance to practice interviewing standardized patients. The course introduces diagnostic and interviewing skills related to difficult patients. Most sessions are conducted by residents in psychiatry.

NOTE: Students are responsible for covering all of the material taught centrally, the locally delivered Personality Disorders course, the course syllabi with specific objectives, and the required textbook (see below).

ASSESSMENT

1. Global Evaluation Form (GEF), MiniACE/CBD – 40%
   At mid rotation, each clerk will be given qualitative feedback regarding their progress to date in writing by their Primary Supervisors. At the end of the rotation, each clinical supervisor will also complete a standardized quantitative Global Evaluation through MedSIS for the Clerk he/she worked with. Clerks are also required to submit six Mini-ACE/CBD evaluation forms to their Primary Supervisors from six observed interviews they have had during their rotation. These forms are formative only, but collectively will contribute to the mark assigned on the Global Evaluation by the Primary Supervisor, completed online through MedSIS.

2. Clerkship Professionalism Evaluation Form – Credit/No Credit
   Clerks are evaluated on their professionalism through MedSIS. The Primary Supervisor will complete standardized Professionalism form for the clerk with whom he/she worked. Lapses such as delinquency, missed call, and unexplained absences will be documented and sent to the Undergraduate Medical Education office.

3. Narrative Reflective Competence – 10%
   The Narrative Medicine assignment will be handed in to the original Primary Supervisor the day after the written/OSCE exams in Week 6 so it can be marked and included in the final grade. It is worth 10% of the overall final grade, and it is a mandatory component of evaluation.

4. OSCE & Written Exam – 50%
   In Week 6, clerks will participate in a comprehensive examination that consists of a written exam (25%) and an Objective Structured Clinical Examination (OSCE) (25%).

   Clerks must pass each of the OSCE, the written exam, and the clinical assessment (Global Evaluation). Clerks who fail the rotation (i.e. receive a global rating of “Not Competent” on two OSCE stations or receive below 60% on either the OSCE or written exams or the Global Evaluation) will be presented to the Board of Examiners for consideration of remediation, which may include up to a four-week remediation rotation.

5. Case Log Requirements – Credit/No Credit
   Students must log all requirements for the Psychiatry clerkship in MedSIS to obtain credit.
(Psychiatry, continued)

For details, including grading regulations, see the Psychiatry webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/PSS_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Psychiatry, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES

GOALS: The Psychiatry Clerkship is designed to consolidate the knowledge, skills, and attitudes acquired in the Preclerkship and, relying heavily on clinical experience, develop clinical competence in approaching common and important presenting problems in psychiatry. The Psychiatry clerkship course follows the CanMEDS Guidelines through both didactic and clinical teaching during the six-week rotation.

A. GENERAL COMPETENCIES

By the end of the Psychiatry clerkship, the clinical clerk will be able to:

[Medical Expert/Skilled Clinical Decision Maker]
- Demonstrate the ability to assess and manage common psychiatric presentations, including assessment of suicidal and homicidal risk. (The relevant disorders are listed below under “Educational Objectives/Problem-based.”)
- Conduct a focused, relevant, empathic, and accurate clinical history. (Further details related to this are found below under “Educational Core Objectives/Skills”.)
- Conduct a relevant mental status examination including cognitive testing.
- Establish a working differential diagnosis.
- Outline a management plan that incorporates biological, psychological, and social investigations and interventions where appropriate.

[Communicator/Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families.
- Demonstrate a thorough and clear documentation and charting, with concise recording of pertinent findings.
- Demonstrate the ability to communicate and educate patients with mental illness and their families.
- Demonstrate the ability to present a clinical case in a clear, concise, and complete manner.

[Collaborator]
- Establish and maintain effective working relationships with colleagues and other health care professionals.
- Discuss the roles of the various providers of care and the role of allied health professionals.
- Demonstrate knowledge of community resources available to help patients with mental illness and their families if outpatient supports are needed.
- Respect the role of the patient’s primary care physician by soliciting input in the assessment, in the development of the care plan, and in follow-up.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

(Psychiatry, continued)

[Manager]
- Demonstrate appropriate and cost-effective use of investigations and treatments.
- Develop organizational skills and efficiency in managing patients.
- Develop an understanding of the factors contributing to resource issues in the care of patients with mental illness.

[Health Advocate/Community Resources]
- Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that may precipitate a mental health contact.
- Discuss the role of the psychiatrist in the health care system and how it relates to other hospital and community health services.
- Demonstrate an understanding of legal and ethical issues surrounding the care of patients with mental illness.

[Scholar]
- Access and critically appraise the literature relevant to psychiatric care, management, and treatment.
- Understand the many unique learning and teaching opportunities available in Psychiatry.

[Professional]
- Be respectful of interactions with patients and their families
- Recognize the legal and ethical issues inherent in interactions with patients
- Appreciate the cultural and social stigma towards psychiatric patients
- Demonstrate professionalism as per professionalism form
- Respect confidentiality in emergency and non-emergency settings.
- Be aware of deficiencies in knowledge or skills and implement the necessary steps to improve in these areas

B. EDUCATIONAL CORE OBJECTIVES:

I. Skills:
By the end of the Psychiatry clerkship rotation, the clinical clerk should be able to demonstrate basic proficiency in the following skills. Competencies to complete these skills may be acquired during clinical encounters, core lectures, interviewing skills seminar, personality disorders sessions, being on call, or on other rotations.

Interviewing Skills:
As the psychiatric interview is the foremost diagnostic and therapeutic tool, special emphasis will be placed on this skill. A clerk should be able to:

1. Assess the danger of a clinical situation and respond to reduce the danger to an acceptable level
2. Understand and use a variety of questioning techniques to elicit information (open-ended, closed ended) in an interview
3. Practise awareness of one’s own emotional responses to patients to further one’s understanding of a patient
4. Conduct an interview with a child and a family with the above goals
5. Conduct a brief focused interview in an interval of 10-15 minutes, characteristic of an assessment in family practice
Psychiatric Skills:
1. Assessment of capacity
2. Assessment of violence/agitation
3. Assessment of suicide risk
4. Legal certification forms
5. Mini mental status examination – MMSE and/or MOCA

II. Problem-based
By the end of the Psychiatry clerkship rotation, the clinical clerk should be able to demonstrate an approach to patients presenting with the following problems (including differential diagnosis, investigations and initial management):

- Mood Disorders
- Psychotic Disorders
- Personality Disorders
- Anxiety Disorders
- Neurocognitive Disorders
- Substance Use Disorders
- Eating Disorders
- Somatic Symptom Disorders
- Suicidal and/or homicidal risk
- Consideration for psychotherapy treatment
- Consideration for psychopharmacological treatment

TEXTBOOKS/LEARNING RESOURCES

Course Textbook:

Suggested Readings:
- Toronto Notes for Students, 2014.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

COURSE DESCRIPTIONS

Year 3 Core Clinical Rotation: SURGERY (8 weeks)

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COURSE OVERVIEW

The Surgical Clerkship is an eight-week rotation which is sub-divided into four sections.

1. All students commence the rotation with a one-week centralized seminar and surgical skills program called “A Crash Course in Surgery.” This takes place in the University of Toronto Surgical Skills Centre at Mount Sinai Hospital. It provides an excellent opportunity for orientation and introduction to fundamental skills and seminars.
2. Following the Crash Course, students then perform three sub-rotations: two two-week sub-rotations followed by one three-week rotation. Students have input into their choice of rotation specialty and the site Surgical Education offices always do their best to accommodate.
3. General Surgery is the lone mandatory sub-rotation. One of the three sub-rotations must include General Surgery.
Each student is assigned to a surgeon preceptor for each of their three sub-rotations. The student is expected to contribute to the admissions and daily patient care and to attend the operating room and the clinic/office of their preceptor or team.

On Call: The on-call schedule is one night in four for students. This provides the opportunity to see patients in the ER as well as taking call to the ward and OR, where appropriate. Please see the complete Department of Surgery Call Policy on the Surgical Clerkship website on the Portal (https://portal.utoronto.ca).

ASSESSMENT

- NBME Shelf Examination – multiple-choice format (33.3%)
- Performance-based Structured Oral Examination – 4 stations (33.3%)
- Clinical performance evaluation, based on an assessment of the student’s clinical work during the rotation (33.3%)
- Professionalism evaluation (Credit/No Credit)
- Case Log requirements (Credit/No Credit)

Note: A score of greater than 60% on each of the Clinical Performance Evaluation, the Structured Oral Exam, and the NBME Shelf Exam must be achieved in order to pass the rotation. Students must achieve credit in each component of the assessment in order to achieve credit in the course.

For details, including grading regulations, see the Surgery webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/SRG_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Surgery, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES

At the conclusion of the Surgical Clerkship, students should be able to:

[Medical Expert/Skilled Clinical Decision Maker]
- Describe the relevant aspects of common and/or life-threatening surgical illnesses.
- Provide an approach to the diagnosis of major presenting problems encountered in surgery.
- Understand appropriate use and interpretation of diagnostic tests relevant to surgical decision-making.
- Make use of evidence-based medicine (EBM) so they can better diagnose and manage patient problems.
- Make use of the basic science principles relevant to surgery, as learned during the Preclerkship and expanded on during Clerkship, in order to more rationally diagnose and manage the various factors contributing to the patient’s illness.
- Describe the properties of medical and surgical therapies, in terms of their indications, contraindications, mechanisms of action, side effects, and monitoring.
[Communicator/Doctor-Patient Relationship]
- Communicate effectively and empathetically with patients and their families.
- Demonstrate thorough and clear documentation and charting, with concise recording of pertinent positive and negative findings.
- Demonstrate the ability to obtain informed consent for surgical procedures.
- Demonstrate the ability to counsel and educate patients and families in the inpatient as well as outpatient environments.
- Provide clear discharge instructions for patients and ensure appropriate follow-up care.

[Collaborator]
- Establish and maintain effective working relationships with colleagues and other health care professionals including nurses, physiotherapists, social workers, and other allied health care workers.
- Demonstrate an understanding of the concept of triage and prioritization of care in management of multiple patients simultaneously.
- Demonstrate knowledge of community resources available to the surgical patients on an outpatient basis.
- Understand the critical role of the patient’s primary care physician.

[Manager]
- Demonstrate appropriate and cost-effective use of investigations including medical imaging and laboratory studies.
- Develop an understanding of the factors contributing to resource issues in the operating room and outpatient environments.

[Health Advocate/Community Resources]
- Demonstrate an awareness of the underlying psychosocial and socioeconomic problems that may complicate discharge from hospital following elective or emergent surgery.
- Discuss the role of the surgeon in the health care system and how it relates to other hospital and community health services.
- Demonstrate an understanding of legal and ethical issues surrounding surgical care.
- Identify opportunities for primary prevention in the outpatient environment and council patients accordingly.

[Scholar]
- Access and critically appraise the literature relevant to surgical care.
- Understand the many unique learning and teaching opportunities available on the outpatient and inpatient surgical service.

[Professional]
- Recognize and accept his or her limitations and know when to ask for help.
- Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.
- Be reliable and responsible in fulfilling obligations.
- Recognize situations where common medical errors may occur in the outpatient and inpatient environment.
B. EDUCATIONAL CORE OBJECTIVES
By the conclusion of the Surgical clerkship, students are expected to have had the following experiences:

Encounters
1. Acute abdomen
2. Post-op fever
3. Post-op electrolyte management
4. Post-op urine output management
5. Trauma
6. Tumour/ malignancy
7. Wound care

Procedures
1. Casting/ splinting (perform individually)
2. Chest tube insertion (observe procedure)
3. Laparotomy (perform with assistance/ assist)
4. Suturing/ knot tying (perform with assistance/ assist)
5. Wound closure/ dressing (perform with assistance/ assist)
COURSE OVERVIEW

UME Portfolio in third year – PFL 310Y – has been designed to facilitate students’ professional development through guided reflection, focused on all their activities in the clinical phase of the UME-MD journey and how they relate to the six “Intrinsic” (i.e. non-Medical Expert) CanMEDS roles of Collaborator, Communicator, Manager, Health Advocate, Scholar, and Professional.

This course has two main components: the “Process” component and the “Final Portfolio Submission” component.

Process Component
The Process Component of the course consists of one large-group introductory session, and seven mandatory small-group meetings throughout the academic year. The students are given protected time away from their rotations to attend the small-group meetings. Students will meet in small groups of up to seven or eight, with one resident (Junior Academy Scholar) and one faculty member (Academy Scholar) to support them in reflecting on their experiences in the clinical setting, and the resulting effects on their professional development.

Each meeting will have a theme. The first meeting develops the students’ ability to tell a story and decide upon its significance for the CanMEDS roles. The remaining meetings are each devoted to one of the six CanMEDS roles described above. For each meeting, students must bring a story of themselves in that role, which they present to their peers, followed by appreciative feedback and discussion. The purpose of the discussion is to help each student develop their reflections upon the story they told.

Small-group meetings take place in the Academies, with the capability for a limited number of students to connect from remote sites either by telephone or web connection when on a distant rotation. Students are expected to attend all meetings. Students unable to attend a meeting are expected to notify their Academy Scholar AND submit a Petition for Consideration for missing a mandatory academic event.

For the meeting schedule, please refer to the Portfolio course handbook or to the course portal.

Final Portfolio Submission

This course takes the view that committing a reflection to written or other recorded form encourages it to be more complete and critical, and enhances its meaning to the student. For this reason, students must develop their stories into reflections that express the meaning of the story to the student, and how they integrate their CanMEDS roles into their professional identity.
(Portfolio Year 3, continued)

By the end of the course, students will submit their final versions of their six reflections for final assessment. Each student’s Final Portfolio will contain six sections, each one a reflection centered on one of the CanMEDS roles discussed. Creation of these six sections constitutes the development of the student’s reflections to their greatest extent, in terms of the student’s analysis of the personal meaning of the experience described, and their personalized understanding of the CanMEDS role in light of that experience. Students submit their reflections throughout the year for feedback. If they are deemed satisfactory (see Assessment, below), then no further work on that section is required. If improvements are requested, the student must resubmit the section.

For the submission deadlines, please refer to the Portfolio course handbook or to the course portal.

ASSESSMENT

Students are assessed both for the Process Component and for the Final Portfolio Submission. Students must pass each component in order to achieve Credit for the entire Course. Each component is considered equal in importance.

Process Component

Students will be assessed by their Academy Scholar after each of the group meetings. A simple assessment rubric will provide feedback on students’ preparedness, story presentation, attentiveness to their colleagues, and feedback on others’ stories. Students must be rated as “Adequate” or “Superior” on all four dimensions, in at least five of the seven meetings, in order to pass the Process Component. Feedback on how to improve will be given for any areas marked “Insufficient.” Achievement of a pass on the Process Component will comprise 50% of the student’s standing for the entire course.

Final Portfolio Submission

The Final Portfolio is submitted electronically in stages. Each Portfolio is assessed anonymously by a different Academy Scholar and Junior Academy Scholar from those in the student’s Portfolio Group.

Satisfactory performance on each Portfolio Section requires:

1. A story of the student’s personal involvement with the role, based upon a real clinical experience;
   AND
2. Evidence of reflection on the meaning of the story to the student;
   AND
3. Evidence of a “personalized” integration of the CanMEDS role in the student’s story.

In order to achieve a pass on the Final Portfolio Submission, students must submit a total of six Portfolio Sections, and at least five of the six Sections must be rated Satisfactory.

Students receiving “Unsatisfactory” on any of their Sections will be able to improve their standing by acting on the feedback received, and showing their Academy Scholar that they have done so. The deadline for acting on the feedback is August 5, 2013. Students who have acted on their initial Sections’ feedback need not resubmit them in August.

Achievement of a pass on the Process Component will comprise 50% of the student’s standing for the entire course.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

(Portfolio Year 3, continued)

For more information on Assessment, please refer to the Portfolio course handbook. For grading regulations, see the Portfolio Year 3 webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/PFL_310Y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Portfolio Year 3, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES
GOAL: The goal of the course is to promote greater professional self-awareness, as students enter the clinical world, specifically related to the six “Intrinsic” (i.e. non-Medical Expert) CanMEDS roles of Collaborator, Communicator, Manager, Health Advocate, Scholar, and Professional, using the specific skill of reflection.

A. GENERAL OBJECTIVES:
At the end of this course, each student will:
- Be able to reflect on the personal meaning of a clinical experience, in terms of how it illustrates the student's developing professional identity;
- Demonstrate understanding of the CanMEDS roles, and how they relate to each other in clinical examples;
- Be able to describe their own personalized development in each of the CanMEDS roles, as illustrated by their own experiences;
- Be able to create reflective writing or other materials to demonstrate and document their professional development in the CanMEDS roles to faculty and peers;
- Provide appreciative and developmental feedback to peers on their reflections;
- Be able to analyze his/her own learning needs as they look ahead to further training, e.g. residency.

B. COMPETENCIES:
The student will:

[Professional]
- Display respectful and supportive behaviour towards the stories, and feelings, of their classmates within the Portfolio Group meetings.
- Safeguard the confidentiality of all discussions within Portfolio Groups, meaning that no information divulged there may be discussed or disclosed outside the meeting, except when creating a Final Portfolio, which shall itself be confidential (see below).
- Create reflective writing or other materials for the Final Portfolio that demonstrate respect for the privacy of patients, colleagues, and other individuals, while still telling an authentic story that is personally meaningful to the student.
- Be able to identify clinical experiences which illustrate aspects of professional behaviour, whether through observed lapses or through positive role modelling.
- Reflect on the impact of these experiences on the student’s understanding of himself/herself as a Professional.
[Communicator]
- Be able to convey a story of himself/herself in a clinical situation, related to the CanMEDS Role under discussion, clearly and with appropriate emphasis on its meaning.
- Be able to provide appreciative feedback to peers about their stories within the Portfolio Groups.
- Be able to develop a written reflection on their story which shows evidence of the personal meaning of the experience and its relation to one or more of the CanMEDS roles.
- Be able to identify clinical experiences in which communication was crucial to a positive or adverse outcome for a patient or team.
- Reflect on the impact of these experiences on the student’s understanding of himself/herself in the role of Communicator.

[Collaborator]
- Work within his/her Portfolio group to enable the participation of all members, and to enhance the climate for learning for the entire group.
- Be able to identify clinical experiences in which effective collaboration between members of a health care team was either instrumental in achieving a good patient outcome, or was deficient and contributed to a negative patient outcome.
- Reflect on the impact of these experiences on the student’s understanding of himself/herself in the role of Collaborator.

[Health Advocate]
- Identify situations where patient outcomes may have been less than optimal as a result of inequities and/or system issues, or where advocacy prevented such a suboptimal outcome.
- Reflect upon his/her personal role in advocating for patient care, including impact upon self, patients and their significant others, as well as other members of the interprofessional and health care teams.

[Manager]
- Critique aspects of personal practice, interprofessional teamwork or system change, based upon specific clinical experiences related to the Manager role.
- Reflect on how he/she has developed as a Manager in light of these experiences.

[Scholar]
- Develop and use reflection skills in the analysis of the personal meaning of the stories described, while creating their Portfolio Sections.
- Act on feedback to improve their Portfolio reflections as required.
- Identify a clinical example where aspects of self-directed learning, teaching others, appraising evidence, or developing new knowledge were important for improving practice or care.
- Reflect on how these clinical experiences have influenced the student’s conception of himself/herself as a Scholar.

TEXTBOOKS/LEARNING RESOURCES
There are no required reading materials for this course. Recommended readings and other resources are made available for students to assist them in developing their reflections. Exemplars of satisfactory reflections are provided to students.
COURSE DESCRIPTIONS

Year 3: INTEGRATED OSCE (iOSCE)

<table>
<thead>
<tr>
<th>Director</th>
<th>Chief Examiner</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Stacey Bernstein</td>
<td>Dr. Rajesh Gupta</td>
<td>Samantha Fortunato</td>
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<tr>
<td>416-946-5208</td>
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</tbody>
</table>

COURSE DESCRIPTION
The integrated OSCE is a transcripted course required for graduation with the following format:
1. Interim iOSCE: held after first 24 weeks of Year 3 Clerkship: 6 OSCE stations linked to the curriculum covered to date – first 24 week block of:
   - Family Medicine / Dermatology / Obstetrics & Gynaecology / Paediatrics / Psychiatry or
2. Final iOSCE: after 48 weeks of Year 3 Clerkship: ten OSCE stations – six stations linked to the previous 24 weeks of curriculum and four integrated stations reflecting the entire third-year curriculum

COURSE OBJECTIVES
The goals of the integrated Objective Structured Clinical Examination (OSCE) (iOSCE) are to:
1. assess the medical student's progress towards becoming integrated medical graduates ready for postgraduate training
2. identify students in academic difficulty not related to specific clinical domains e.g. communication skills

ASSESSMENT
a. Overview of Assessment

Students will be evaluated according to the following CanMEDS competencies:

[Medical Expert/Skilled Clinical Decision Maker]
- History taking and data collection: acquires chronologic, medically logical description of pertinent events; acquires information in sufficient breadth and depth to permit clear definition of patient’s problem(s)
- Physical examination: elicits physical findings in an efficient logical sequence and demonstrates appropriate technique, sensitive to patient’s comfort and modesty, explains actions to the patient
- Information synthesis and problem formulation: organizes pertinent data in a logical manner and synthesizes the data into an integrated concept that defines the problem; discriminates important from unimportant information and reaches a reasonable diagnosis based on sound clinical knowledge
- Diagnostic and management plan: able to generate diagnostic and therapeutic management plan

[Collaborator]
- Allied health professionals: understands and utilizes the expertise of other health care professionals
[Communicator]
- Counselling: explains rationale for test/treatment approach; counsels regarding management; considers risks and benefits; establishes rapport
- Verbal expression: demonstrates fluency in verbal communications e.g. grammar, vocabulary, tone, volume
- Non-verbal expression: demonstrates responsiveness; demonstrates appropriate non-verbal communications e.g. eye contact, gesture, posture, use of silence

[Professional/Ethical Behaviour]
- Responds to patient’s needs in a timely and respectful manner, demonstrating attitudes and professional behaviours appropriate to the clinical situation e.g. inappropriate draping, inappropriate touching, abusive communication

b. Details of Assessment:

Interim iOSCE
- Constitutes a formative evaluation
- Passing grade (meets expectations) = score of >3/5 overall and pass 4/6 stations
- If failed, students will be offered extra work to help them improve
- The score on this examination will be a component score (20%) of the overall iOSCE mark

Final iOSCE
- Constitutes a summative evaluation
- Passing grade (meets expectations) = score of >3/5 overall and pass 6/10 stations
- The scores on this examination will be a component score (80%) of the overall iOSCE mark

Remedial iOSCE
- Students not passing the final iOSCE will be offered remediation and will be required to perform to the required standard on a remedial examination to be held after the completion of Year 3 and prior to the end of Year 4

Final standing
- Marks from both the interim and final iOSCE will be used to calculate the final iOSCE grade

For details, including grading regulations, see the Integrated OSCE webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year3/Integrated_OSCE.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).
COURSE DESCRIPTIONS

Year 4: ELECTIVES

<table>
<thead>
<tr>
<th>Director</th>
<th>Administrator (Electives Officer)</th>
</tr>
</thead>
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<td>Eva Lagan</td>
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</tr>
</tbody>
</table>

COURSE OBJECTIVES

The goal of the Electives program in UME is to provide students with the opportunity to explore career possibilities, to gain experience in aspects of medicine beyond the core curriculum, and to study subjects in greater depth. Knowledge, skills, and attitudes are further developed in a clinical context selected by students.

Fourth-year students are expected to set up their individualized Elective experiences at the University of Toronto or at other recognized sites of practice, such as other medical schools across Canada as well as in northern and non-urban practices. Students may also undertake Global Health Electives in accordance with University of Toronto regulations.

The student and the supervisor are responsible for ensuring a clear, mutual understanding of the learning activities designed to meet the objectives of the Elective.

By the end of the Electives block, the student should have a greater depth of knowledge and appreciation for chosen specialties and the ways in which these specialties tie into their future career choices.

COURSE OVERVIEW

The Elective course spans a total of 14 weeks in duration, of which 12 weeks count towards curricular time and two weeks are designated as vacation. The UME Electives Office strongly encourages students to take the allotted vacation time during their Electives block. However, should a student choose to pursue 13 or 14 weeks of Elective time, they are required to register these additional weeks on the ROUTE system.

The minimum number of weeks for each Elective is two. There is no formal maximum number of weeks for an Elective; however an Elective greater than six weeks in duration would need to be discussed with the Electives Director. Electives of one-week duration will be considered in specific circumstance after discussion with the Electives Director.

In accordance with the AFMC guidelines for Electives, students are expected to complete Elective experiences in a minimum of three of the CaRMS first-level entry residency programs. The requirement for three disciplines may be achieved through any combination of Electives and the selective components of the Transition to Residency course.

For more information on CaRMS first-level entry programs, please visit the following site: https://www.carms.ca.
(Electives, continued)

ASSESSMENT

The National Clinical Skills Working Group of the Association of Faculties of Medicine of Canada (AFMC) describes a four-level scale for competencies.

Fourth-year medical students on Elective are expected to function at Level 4 with respect to the CanMEDS competencies of Medical Expert, Communicator, Collaborator, Health Advocate, Scholar, and Professional. It is acceptable for a student on Elective to function at Level 3 with respect to the Manager role, as the Elective may be in an area of medicine that is completely new to the student.

More information regarding the graded level of training can be found at:

http://clinicalskills.machealth.ca/

Students are evaluated by their supervisors in each Elective according to the CanMEDS competencies. Students who receive evaluations of Unsatisfactory or Below Expectations will be required to meet with the Electives Director and may be required to do extra work or remediation.

Students will also be evaluated for professionalism in each Elective experience. Failure to meet the professionalism standards may result in failure of the Elective.

For details, including grading regulations, see the Electives webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year4/electives.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).
COURSE DESCRIPTIONS

Year 4 Transition Course: TRANSITION TO RESIDENCY (TTR)

<table>
<thead>
<tr>
<th>Director</th>
<th>Administrator</th>
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<tbody>
<tr>
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<td>Ezhil Mohanraj</td>
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</tbody>
</table>

COURSE OVERVIEW

This course consists of the final 14 weeks of the MD training program, and is designed to bring together and build upon many of the concepts students have learned about functioning as doctors. The course has two main themes:

1. Understanding the health care needs individual members of diverse groups within the Canadian population, and
2. Learning to use the health care system to meet those needs.

There are three components to this course.

1. The two Central Weeks, one in December and one in February, contain both independent and classroom based learning activities about concepts such as complex care, poverty, health of Indigenous peoples, medical-legal and licensure issues, complementary medicine, fitness to drive, and a number of other topics. These topics are meant to build upon students’ basic knowledge of clinical practice from their Core clerkship rotations.

2. The Selectives are three clinical placements over nine weeks, and promote workplace-based learning, where students have increased (graded) responsibility under supervision. They allow the students to bring together many different areas of knowledge and skill in patient care, as they get ready for the increased responsibility of their PGY1 programs. Selectives will also serve as a resource for students to complete specific self-directed learning activities for course credit, in addition to an evaluation performed by their supervisor(s). Students must do at least one of the Selectives in a community setting, and at least one in either a Department of Medicine or Department of Surgery-sponsored selective. It is possible that a single Selective can satisfy both requirements. Students may use two of their Selectives to satisfy the graduation requirement for 3 CaRMS direct-entry electives in their UME program.

3. The Fusion period will bring the students back together for review of previously learned clinical material in preparation for the MCCQE Part 1.
THE UME CURRICULUM: Clerkship (Years 3 & 4)

(Transition to Residency, continued)

ASSESSMENT

Students MUST PASS all of the four components below. While the four components are weighted, as shown below, for the purpose of calculating overall course score, and the minimum course score to pass is 60%, students cannot compensate for poor performance on one component by better performance on another.

1. **Selectives** (Weight: 40%)
   
   In order to pass the Selectives,
   
   o Students must be successful in all three professionalism forms
   
   AND
   
   o Students must at least achieve a rating of MEETS EXPECTATIONS on all elements of all three clinical performance evaluation forms. (Items scored any lower will be scrutinized by the course director, and may lead to extra work.)

   AND

   o The three Selectives forms will be weighted according to the number of weeks for each Selective, and their scores averaged. The minimum average score to pass is 60%

2. **Health Equity Assignment** (Weight: 25%)
   
   o The minimum score to pass is 60%.

3. **Health Systems Assignment** (Weight: 25%)
   
   o The minimum score to pass is 60%.

4. **Central Weeks Quizzes and Case Assignments** (Weight: 10%)
   
   o Students must take all end-of-day quizzes in both Central Weeks. However, the scores in the quizzes are formative and will not count towards the mark in the course.

   o The score for the case assignment component is calculated as a simple average of all the case assignment scores. The minimum score to pass the case assignments is 60%.

For details, including grading regulations, see the Transition to Residency webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year4/ttr.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Transition to Residency, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.

COURSE OBJECTIVES

At the end of the Transition to Residency course, students will be able to:

[Medical Expert/Skilled Decision Maker]

- Describe and recognize the health issues experienced by the following groups of people:
  - Indigenous peoples of Canada
  - People with disabilities
  - People with occupational injury and disease
  - People from the LGBT community
  - People newly arrived in Canada (Immigrants and Refugees)
  - Elderly people
THE UME CURRICULUM: Clerkship (Years 3 & 4)

(Transition to Residency, continued)

- People living with addictions
- People at end of life
- People living in poverty
- People requiring complex community care
- Medical students and residents

- Describe commonly used herbal medications, their indications, efficacy, complications, and potential interactions with prescribed medications
- Describe the efficacy and use of homeopathy, acupuncture, naturopathy, and Mindfulness Based Stress Reduction alongside standard allopathic practice
- Identify common conditions affecting driving privileges, and describe the measures necessary to assess patients’ ability to drive who have these conditions
- Develop strategies for patients at end of life to intervene with appropriate palliative care
- Employ strategies to maintain their own health and wellness as they move into the world of postgraduate training.

[Communicator/Doctor-Patient Relationship]

- Describe an approach to communication with members of Indigenous communities about health care issues
- Use a strategy to inquire about patients’ use of non-standard treatments
- Employ a strategy to communicate both with providers and with patients about medical errors and associated harms
- Understand the communication needs of patients with physical disadvantages
- Demonstrate an approach to interviewing patients with various types of addictions
- Use an approach to interviewing patients with a variety of gender orientations
- Demonstrate an approach to communicating with patients about loss of driving privileges
- Demonstrate an approach to communication with patients and families at the end of life
- Understand an approach to communicating sensitively and appropriately with people who have varying culturally based understandings of health, illness, and health care.

[Collaborator]

- Discuss an approach to incorporating the recommendations of alternative or traditional practitioners into the care of their patients
- Describe the relationship between front line practitioners and public health professionals in the identification and management of emerging public health problems (e.g. exposures, epidemics)
- Practice effective interprofessional communication in response to, and in prevention of, medical error
- Incorporate the recommendations of rehabilitation professionals into the care of patients with physical disabilities
- Use the skills of a broad range of health care practitioners to improve the care of patients at end of life
- Employ best practices in transferring information between physicians, and with other professionals, at times of transfer of care, to maximize patient safety
- Understand and demonstrate an approach to interprofessional conflict over patient care issues
- Use the principles of negotiation in leadership and cooperative work with others.
[Health Advocate/Community Resources]
- Identify the specific needs of populations within their practices, and the varying needs of individuals within those populations
- Connect people to resources according to their needs, taking into account cultural, social, and personal preferences, and local factors influencing feasibility
- Demonstrate how they apply disease prevention principles in everyday clinical practice
- Demonstrate the appropriate use of government reports and forms to improve patients’ health, safety, and access to legally entitled benefits
- Address the barriers to care of the elderly
- Engage in practices within their institutional environment to improve patient safety
- Demonstrate the principles of physician advocacy specifically for patients of low socioeconomic status.
- Create a critical analysis of a real life health equity issue, and create recommendations for change

[Manager]
- Engage in constructive management with other professionals towards optimizing the complex system they work in
- Demonstrate an approach to efficiency in diverse clinical settings
- Understand the issues involved in managing the health human resources of Ontario
- Show critical analysis of a real life health systems issue, and create recommendations for change
- Show awareness of how management of personal time and stress can influence personal and professional well-being

[Scholar]
- Describe the idea of ‘evidence’ as it may or may not apply to traditional or alternative health care practices
- Describe how to use the published and ‘grey’ literature to understand emerging public health scenarios and problems
- Describe an approach to continuous self guided learning while in practice

[Professional]
- Describe their legal and professional obligations with regards to reporting patients with conditions impacting their ability to drive
- Describe their legal and professional obligations with regards to aiding patients entitled to financial support as a result of workplace or other injury
- Describe the common medical-legal issues which are seen in residency, including best practices to avoid medical-legal difficulty
- Demonstrate professional behaviour in all health care environments, with regard to comportment, responsibility for completing tasks assigned, reporting errors and omissions, due regard for patients’ and colleagues’ well being, and other aspects of professionalism
- Describe an approach to the balancing of professional obligations and personal wellness in maintaining a sustainable work life in residency.

LEARNING MATERIALS
Required and recommended learning materials will be provided to students throughout the course.
COURSE DESCRIPTIONS

Year 4: PORTFOLIO

<table>
<thead>
<tr>
<th>Director</th>
<th>Administrator</th>
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<tbody>
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</table>

COURSE OVERVIEW
UME Portfolio in fourth year, PFL 410Y, takes the introductory experiences of the third-year Portfolio Course and builds upon them to help students assess, discuss, and reflect on their overall evolution into newly graduating physicians.

This course has two main components: the “Process” component and the “Final Portfolio Submission” component.

Process Component
The Process Component of the course consists of three mandatory small group meetings scheduled around other organized central teaching during the academic year. Students will meet in small groups of up to seven or eight, with one resident (Junior Academy Scholar) and one faculty member (Academy Scholar) to support them in reflecting on their experiences in the clinical setting, and the resulting effects on their professional development. Students will continue with the same group of peers that they worked with in third year, and for the most part will work with the same Academy Scholars.

Each of the three meetings will have a theme. Students are asked to prepare for the meetings by developing a story of themselves in a clinical situation, which depicts the theme of the meeting. Small-group meetings will take place in the Academies. Students are expected to attend all meetings. Students unable to attend a meeting are expected to notify their Academy Scholar AND submit a Petition for Consideration for missing a mandatory academic event.

For the meeting schedule, please refer to the Portfolio course handbook or to the course portal.

Final Portfolio Submission
This course takes the view that committing a reflection to written or other recorded form encourages it to be more complete and critical, and enhances its meaning for the student.

By the end of the course, students will submit their final versions of their reflections for final assessment. Each student’s portfolio will contain three sections, each one a reflection centered on one of the meeting themes discussed. Creation of these three sections constitutes the development of the student’s reflections to their greatest extent, in terms of the student’s analysis of the personal meaning of the experience described, and their personalized understanding of their evolving professional role in light of that experience. Students will submit their reflections throughout the year for feedback. If they are deemed satisfactory (see Assessment below), then no further work on that section is required. If improvements are requested, the student must resubmit the section.
The Portfolio section themes are as follows:

First section theme: “Where I Have Been”
Second section theme: “Where I Am Now”
Final section theme: “Where I Am Going”

For the submission deadlines, please refer to the Portfolio course handbook or to the course portal.

ASSESSMENT
Students are assessed both for the Process Component and for the Final Portfolio Submission. Students must pass each component in order to achieve Credit for the entire course. Each component is considered equal in importance.

Process Component
Students will be assessed by their Academy Scholar after each of the group meetings. A simple assessment rubric will provide feedback on students’ preparedness, story presentation, attentiveness to their colleagues, and feedback on others’ stories. Students must be rated as “Adequate” or “Superior” on all four dimensions, in at least two of the three meetings, in order to pass the Process Component. Feedback on how to improve will be given for any areas marked “Insufficient”. Achievement of a pass on the Process Component will have equal status with their result in the Final Portfolio Submission.

Final Portfolio Submission
The Final Portfolio will be submitted electronically in stages. Each Portfolio will be assessed anonymously by a different Academy Scholar and Junior Academy Scholar from those in the student’s Portfolio Group.

Satisfactory assessment for each Portfolio Section requires evidence that the student showed:

1. Critical reflection on the meaning of the story to them; AND
2. Analysis of the personal relevance of the pertinent theme for the story as told.

In order to achieve a pass on the Final Portfolio Submission, at least two of the three submitted Sections must be rated “Satisfactory.” Students receiving “Unsatisfactory” on any of their initial two Sections will be able to improve their standing by acting on the feedback received, and showing their Academy Scholar that they have done so.

Students will be offered the opportunity, on a voluntary basis, to select one of their Reflections from either third or fourth year Portfolio for publication in a text for the incoming first-year and third-year classes.

For details, including grading regulations, see the Portfolio Year 4 webpage on the MD website (http://www.md.utoronto.ca/program/clerkship/year4/pfl_410y.htm), the course website on the U of T portal (http://portal.utoronto.ca – registered users only), and the program policies related to examination and assessment (http://www.md.utoronto.ca/students/acad_prof/examevalpromo.htm).

NB: In order to receive credit for Portfolio Year 4, students must also complete the required evaluations of teachers and of the course, as specified in the course outline, in conformity with the Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME.
(Portfolio Year 4, continued)

COURSE OBJECTIVES

Goal: The goal of the course is to build upon students’ work in PFL310Y, in that they will use critical reflection to assess their progress as professionals in the final year of their undergraduate medical education, and to forecast their needs as they enter postgraduate training, with regards to the complexities of the CanMEDS roles.

A. General Objectives: At the end of this course, the student will:
- Be able to reflect critically on their professional trajectory over their undergraduate medical education.
- Demonstrate fluency with the CanMEDS roles, in particular the ways in which they inter-relate and overlap.
- Be able to describe their ongoing personalization and enactment of the CanMEDS roles, as illustrated by recent clinical experiences.
- Be able to write clearly about their global professional development.
- Provide appreciative and developmental feedback to peers on their reflections.
- Forecast their future needs for development within their planned postgraduate and practice careers.
- Contribute their perspective on medical training to the newest members of the incoming class.

B. Competencies:

The student will:

[Professional]
- Display respectful and supportive behaviour towards the stories, and feelings, of their classmates within the Portfolio Group meetings.
- Safeguard the confidentiality of all discussions within Portfolio Groups, meaning that no information divulged there may be discussed or disclosed outside the meeting, except when creating a Final Portfolio, which shall itself be confidential (see below).
- Create reflective writing or other materials for the Final Portfolio that demonstrate respect for the privacy of patients, colleagues, and other individuals, while still telling an authentic story that is personally meaningful to the student.
- Be able to critique his/her own development as a Professional.
- Be able to forecast his/her learning needs as a Professional.

[Communicator]
- Convey a story of himself/herself in a clinical situation that relates to the topic under discussion. The story will be conveyed clearly and with appropriate emphasis on its meaning, in both verbal form and written (or otherwise recorded) form.
- Provide appreciative feedback to peers in reflection upon the stories presented within the Portfolio Groups.
- Be able to critique his/her own development as a Communicator.
- Be able to forecast his/her learning needs as a Communicator.

[Collaborator]
- Work well with peers and promote participation of all members to enhance the climate for learning for the entire group.
- Be able to critique his/her own development as a Collaborator.
- Be able to forecast his/her learning needs as a Collaborator.
(Portfolio Year 4, continued)

[Health Advocate]
- Be able to critique his/her own development as a Health Advocate.
- Be able to forecast his/her learning needs as a Health Advocate.

[Manager]
- Be able to critique his/her own development as a Manager.
- Be able to forecast his/her learning needs as a Manager.

[Scholar]
- Develop and use critical reflection skills in the analysis of the importance of the stories described, while creating their Portfolio Sections (see below).
- Act on feedback to improve their Portfolio as required.
- Reflect on how they can use their experiences to guide or mentor more junior learners.
- Be able to critique his/her own development as a Scholar.
- Be able to forecast his/her learning needs as a Scholar.

TEXTBOOKS/LEARNING RESOURCES
There are no required reading materials for this course. Recommended readings and other resources will be made available for students to assist them in developing their reflections. Exemplars of Satisfactory reflections will be provided to students.
Learning Modalities

The following descriptions capture the major types of learning modality employed in the UME curriculum. They are presented in roughly chronological order as they are employed over the course of the program.

LECTURES

Lectures delivered to the entire class are a core activity in the Preclerkship curriculum. There are generally between ten and twelve hours of lectures per week during both Year 1 and Year 2. Each lecture is scheduled for 50 minutes, beginning at ten minutes after the hour and concluding on the hour.

Outside of the Preclerkship, lectures are also included in some clinical clerkship rotations. In this case, the lecture is given multiple times throughout the year to each group of students on a given rotation.

Typically, the individual responsible for delivering a lecture is also responsible for preparing the lecture materials. The course director or other faculty leader in the course should provide direction to the lecturer on the general content and expectations of the session.

Most lecturers use PowerPoint to present their lecture materials. In the Preclerkship lecture theatres, a digital “document camera” is also available, and can be used in the same way as an overhead projector. Lecture materials must be submitted to the course director or administrator at least ten business days beforehand to allow time for technical testing, online posting, and printing (if applicable).

Every lecturer must include a declaration of potential conflicts of interest due to commercial or professional interests. Declarations of no conflict should also be made. UME requires that these declarations be included as the second slide in any PowerPoint presentation.

All lectures are digitally recorded using video-capture and are posted online on the secure portal for later review by students, provided permission is granted by the lecturer. The slides used during each lecture are included in the posted materials.

Videoconferencing is used throughout the curriculum. Students at both the St. George (Toronto) and UTM (Mississauga) campuses view and participate interactively in lectures. Approximately 20% of Preclerkship lectures feature a live lecturer in Mississauga, linked by video to the Medical Sciences Building (MSB) on the St. George campus, while in the remainder of lectures, the lecturer is located at the MSB.

SEMINARS (PRECLERKSHIP & CLERKSHIP)

These are case-based sessions delivered by content experts to groups varying in size from ten to thirty students in the Preclerkship, or as low as two or three students in the Clerkship. Seminars are characterized by a significant emphasis on the approach to clinical problems. During seminars, students are encouraged to answer questions about the problems. They are also given the opportunity to ask questions about material covered in other parts of the specific course. Seminar materials for the students and additional information in the form of a confidential tutor guide are typically prepared by the course committee or an appropriate teacher, and provided to all seminar leaders to ensure a consistent student experience.
CPPH-1 and DOCH-2 TUTORIALS

In the CPPH-1 course, these sessions address a variety of issues related to community health, and are co-led by a physician and an allied health professional. In DOCH-2, the tutorials address core research methods as applied to student projects, and are led by a faculty or resident researcher.

FIELD VISITS DURING CPPH-1 and DOCH-2

Major learning opportunities in CPPH-1 involve students taking part in field visits to city schools, on accompanied home care visits to the clients of Community Care Access Centres (CCACs), and to a variety of community-based health service agencies. These visits allow students to observe and reflect on population health, on the social and physical determinants of health, and to gain a perspective on how community-based initiatives can improve the health of populations. In the second-year course, students select a community-based or community-focused agency or other health care unit and collaborate with them to conduct a research project aimed at reviewing and improving some aspect of the agency’s/unit’s work.

GROSS ANATOMY LABORATORIES

Gross anatomy instruction is a core component of the first-year curriculum. Students take part in approximately 39 gross anatomy dissection laboratories in the Structure & Function course, in groups of eight. Four groups of eight are assigned to a single laboratory, and they are taught by a demonstrator from the Division of Anatomy. In addition to teaching anatomy, the dissection component of STF provides students with an early opportunity for collaborative group work and peer teaching, since students are frequently expected to divide the dissection tasks and then present their findings to other members of the group.

NEW CURRICULUM MODEL – PHASE I (STF)

A case-based integrative approach will be introduced during weeks 11 to 13 of the STF course. Basic principles of thoracic anatomy, cardiovascular and respiratory physiology will be studied in the context of patients with hypertension, chronic obstructive pulmonary disease, and congestive heart failure. Content will be integrated throughout the module with concurrent ASCM-1 and CPPH-1 sessions. The approach will include a combination of online resources for fundamental anatomical and physiological content, summary lectures, labs, and small group sessions led by residents in Family Medicine and by faculty members from a variety of clinical departments. Students will be introduced to concepts of reflective practice, integrated learning, and the use of formative evaluation to direct learning in a mid-module reflective practice session. There will be compulsory weekly formative evaluations. The summative assessment of the content from weeks 11 to 13 will be included in the examinations of week 16.

Prior to a typical week in the case-based curriculum, each student will be provided with links to sources of fundamental information required for the following weeks. Students are expected to review this material prior to the start of the week. The lectures, small group sessions, and formative assessments will assume that students have reviewed the online content.

PROBLEM-BASED LEARNING (PBL)

PBL tutorials are a significant part of the Metabolism and Nutrition (MNU) and Brain and Behaviour (BRB) courses in Year 1, and the Mechanisms, Manifestations and Management of Disease (MMMD) course in Year 2. PBL tutorials are delivered in groups of six to nine students, and are facilitated by a faculty tutor. Each PBL tutorial centres around a fictional clinical case designed to stimulate student learning on the topic of the week in the course.

Groups meet twice for each case. The purpose of the first session is to introduce the case and define the learning issues. At this first tutorial, the case is distributed to the students “one page at a time” in order to simulate the process of real-life data-gathering. As each page is distributed, the students define what they
understand about the case, their hypotheses about diagnosis and management, and their learning requirements to better understand the case. In so doing, they generate a set of learning objectives in the form of questions. The “homework” after the first session is then to research these questions on their own (or in groups). At the second tutorial, the students share with their peers and their tutor what they have learned since the first session, and in particular how they went about trying to answer the questions: what sources they used, how they found them, and the strengths and drawbacks of each.

Throughout the PBL tutorial process, emphasis is placed on both the “Medical Expert” and also other categories of objectives, in order to encourage students to appreciate the variety of roles physicians need to play and the range of psychosocial contributors to illness. They also consider ethical and organizational aspects of clinical practice.

PBL cases are developed and refined centrally, and all tutors are provided with both the learning materials to be given to the students and a confidential set of tutor materials that are used to prompt discussion and ensure that there is general uniformity among the groups with regard to the learning objectives that are attained by the end of the second tutorial. Where possible, PBL tutors are assigned to cases whose content is relatively close to their clinical domain of interest.

CLINICAL SKILLS INSTRUCTION IN THE PRECLERKSHIP (ASCM)

For one half-day per week throughout the first and second years of the program, in the ASCM-1 and ASCM-2 courses, students learn the clinical skills of interviewing, history-taking, and physical examination, as well as how to interpret the data in a diagnostic formulation, and then document and present it. Instruction takes place in groups of five to six students, with one tutor (or occasionally two tutors) per group. The tutors are responsible for teaching the basic clinical skills to the students, who often initially practice the skills on each other or sometimes on “standardized patients.” The students are assigned particular tasks in each tutorial, and the tutors are responsible for observing the students’ performance and correcting any deficits. The key learning activity of each tutorial involves students interviewing and examining patients. They receive feedback from their tutors throughout the courses, based on both direct observation and submitted written work. For more details, please see the course descriptions under Program ➔ Preclerkship.

FAMILY MEDICINE CLINICAL EXPERIENCES IN FMLE

In the second-year Family Medicine Longitudinal Experience (FMLE) course, students attend six half-day family medicine clinics in the community, observe the family doctor, and practice the history-taking and physical examination skills that they have acquired in ASCM. Placements are one-on-one, which enables students to spend time with their preceptor’s patients during clinic and to receive focused feedback. For details, please see the course description under Program ➔ Preclerkship ➔ FMLE.

CLINICAL SUPERVISION IN THE CLERKSHIP

Students in Years 3 and 4 spend the majority of their time in clinical settings, under the supervision of experienced physicians from a variety of disciplines. Supervision of clerks entails a number of activities, including observing their interactions with patients, demonstrating new skills to them, discussing all issues related to patient care, hearing reports from the student, appraising his/her level of knowledge and clinical abilities, and serving as an example and mentor in the provision of care. Individual rotations will naturally focus on teaching skills that are particularly relevant to their specific domain. Constant formative feedback to the student is paramount at this stage of their training, to ensure that they progress as expected.
All seven CanMEDS roles take on new meaning for the student who is assuming clinical responsibilities for the first time, and supervisors should ensure that they are familiar with the expectations in this framework for the program as a whole and for the specific course in which they are teaching.

In cases where residents, allied health professionals, or others are also involved in clinical clerk supervision, the primary faculty supervisor holds overall responsibility for the education and well-being of the student, and should ensure that the other team members understand all expectations related to the student.

**PORTFOLIO TUTORIALS**
These take place on seven occasions during the third year Clerkship and three times in fourth year. They are led by a faculty member “Academy Scholar” and a senior resident “Junior Academy Scholar,” and involve students in groups of approximately eight sharing accounts of their experiences during their Clerkship in relation to the “Intrinsic” (i.e. non-Medical Expert) CanMEDS roles. Students discuss and reflect on these experiences and provide feedback to each other, guided by the Academy Scholars. For details, please see the Portfolio course description. In 2013-14, the Portfolio is being introduced in Year 1 as well, as part of ASCM-1 (see course description).

**SIMULATION and WEB-BASED LEARNING**
Simulation is employed in several settings during the undergraduate program, and includes a variety of technologies including computer models, mannequins, online cases, standardized patients, etc. Simulation allows students to learn a variety of skills effectively and receive structured feedback prior to patient contact. Simulation also provides opportunities for students to tackle clinical tasks that they would not otherwise see.

Web-based learning in the program includes the “virtual microscope laboratories” in Structure & Function (http://histology.med.utoronto.ca – username and password are provided to students). Other examples include CLIPP cases in Paediatrics and IHI modules in Transition to Clerkship. Web-based exercises are generally completed independently, although class time may be set aside for students to work on the exercises and/or seek assistance with them.

**INDEPENDENT LEARNING**
An essential category of educational modalities is independent learning or self-study. Time is reserved for this each week during the Preclerkship. Students often use these timeslots to arrange “shadowing” opportunities (see Enriching Educational Experiences), participate in service learning, or pursue other interests. Otherwise, this time can be used to study their course material, complete written assignments, and prepare for upcoming sessions. A variety of resources in print and online are provided to students for study, including recorded lectures, and they receive instruction in the use of these resources during each of the first three years of the program.

During the Clerkship, the amount of independent learning time varies from rotation to rotation, but UME policy places restrictions on the number of hours students can be assigned to clinical and didactic activities, in order to ensure that they have adequate time for study and personal matters.
Grading System & Assessment of Students

Many teachers have assessment responsibilities, and it is important to understand both the purpose of the assessment and the expectations for student competence. If you are assigned to assess one or more students and have any questions about the requirements, please contact the course director.

TRANSCRIPTING PRACTICE

All courses in all four years of the MD program at the University of Toronto are transcripted Credit/No Credit (CR/NC), which is commonly referred to as “Pass/Fail” at other institutions. This policy was introduced beginning with the 2009-10 academic year. Up to 2008-09, all courses with the exception of the first-year clinical skills course, ASCM-1, had been transcripted as Honours/Pass/Fail (H/P/F).

This change is congruent with our competency-based curriculum and approaches to student assessment. It is also in line with the trend in grading policy across Canada.

Our shift from an Honours/Pass/Fail system to Credit/No Credit came about thanks in large part to a concerted student effort facilitated by the Faculty. In response to feedback about the H/P/F system, the leadership of Undergraduate Medical Education (UME) invited the student body to conduct a formal dialogue on grading policy. Following a public debate, student townhall meetings, position papers, podcasts, and other strategies, students voted overwhelmingly in a referendum in 2008 to replace H/P/F with CR/NC. The Undergraduate Medical Education Curriculum Committee (UMECC) unanimously agreed to support the students’ stance, and after review and acceptance by Faculty Council’s Education Committee, the policy change was granted final approval by Faculty Council in March 2009.

A note about numerical results:

Individual assessment components (e.g. exams) may be given a numerical mark, which is shared with the student. As component marks, these results will never appear on transcripts or other documentation provided by UME to external individuals or organizations.

Furthermore, UME will calculate numerical grades for each course for the purpose of determining the recipients of academic awards and identifying students whose performance is below expected standards and who may therefore require either extra work, remediation, or repetition of a course or year. These confidential numerical final grades will never appear on transcripts or other documentation, but will be reserved exclusively for internal use.

According to UME policy, individual teachers are also prohibited from disclosing students’ numerical marks or evaluation results in reference letters or other documentation.

What information about student grades is sent to CARMS when students apply for postgraduate training programs?

UME sends three kinds of information:

1. The transcript of course grades, indicating whether the student received “Credit” or “No credit” for each course in the first three years of the MD program. Individual components are not listed.

2. The Medical Student Performance Record (MSPR, also known as the “Dean’s Letter”), which provides a summary of the student’s ratings in each of the competencies for each of the clerkship rotations of two weeks’ lengths or greater, based on their final clinical evaluation form. (See Clinical Performance Evaluations below on p. 185 for details.)

3. A statement that the student has met the medical school’s expectations regarding professional behaviour.
GRADING REGULATIONS IN UME

Each UME course assesses students on at least two occasions, as required by University policy. The methods of assessment used in the various courses are described below under “Assessment Modalities.” Course directors are responsible for selecting both appropriate assessment modalities to best measure how students perform in relation to the program and course objectives, and appropriate criteria for students at this level of training.

As described in the Transcripting section above, many assessments receive a numerical mark while others are simply denoted Credit or Non-Credit. For numerical assessments, 60% is generally a passing grade. In most courses, all assessments must be passed in order to receive credit in the course. Details and exceptions are provided in the official course descriptions on the UME website (www.md.utoronto.ca/program).

Furthermore, students must demonstrate satisfactory professional behaviours, as described under Professionalism of UME Students. In the clinical clerkships, they must also achieve satisfactory results on each competency on the clinical evaluation and complete all required encounters and procedures.

Outcomes of Course Assessments: The Standards for Grading and Promotion of Undergraduate Medical Students and a summary of the Guidelines for the Assessment of Undergraduate Medical Trainees in Academic Difficulty are available under Key Policies, Statements, & Guidelines; the Standards for the Requirement of Extra Work in the Preclerkship is available on the UME website (www.md.utoronto.ca/policies.htm). Briefly, there are three possible outcomes in relation to a student’s status at the conclusion of a course:

- A “clear pass”: the student demonstrates satisfactory performance on every assessment, scores at least 60% in the course as a whole (calculated based on the numeric assessments), and meets all other specific requirements of the course.
  - Credit is obtained in the course.

- “Borderline” performance: the student demonstrates performance on one or more components that does not meet the standards of the course, and/or is generally weak (typically 60-70% overall)
  - Credit is temporarily withheld.
  - Course director assigns the student extra work (additional study and a written assignment or new exam) in the area(s) of weakness.
  - If the extra work is completed satisfactorily, the original marks are permitted to stand and credit is obtained in the course.

- A “clear failure”: the student’s performance on one or more assessments is sufficiently low that the student’s calculated grade in the course is below 60% and/or other specific requirements of the course are not met.
  - Credit is temporarily withheld.
  - Student is brought forward to the Board of Examiners, who will typically require the student to complete formal remediation.
  - If the remediation is completed satisfactorily, the course mark is raised to 60% and credit is obtained in the course.

Board of Examiners: All academic programs in the Faculty of Medicine have a Board of Examiners, a standing committee of Faculty Council. The UME Board of Examiners consists of 13 members, including two students. The Board of Examiners is responsible for approving all course grades, and makes the ultimate decisions about student promotion, requirements to do remedial work, and dismissal from the program, e.g. for repeated failures of an entire year or egregious lapses in professionalism. Students have the right to appeal decisions made against them by the Board of Examiners.
Grading Regulations in UME, continued

Criteria for graduation: In order to graduate from the program, students must achieve a standing of “Credit” in every course, based on the requirements of the course. They must also have satisfactory professionalism evaluations.

ASSESSMENT MODALITIES

The following descriptions capture the major types of assessment employed in the UME curriculum.

Multiple-choice examinations:
Examinations featuring multiple-choice questions are used extensively throughout the program, most prominently in the Preclerkship block courses to verify students’ knowledge of the course content, but also in the Clerkship and other Preclerkship courses. These questions are typically written by a group of teachers with content expertise, and marked by computer.

Short-answer questions:
These are generally used in combination with multiple-choice questions on written examinations. They require the student to demonstrate a thorough understanding of the topic at hand and an ability to reason through a problem. These questions are used in many Preclerkship and Clerkship courses; they are usually composed and marked by teachers with specific content expertise.

Written assignments:
Written assignments range in scope and purpose across the program, from an original research paper developed over the course of an entire year (DOCH-2) to case reports (ASCM-1 and ASCM-2), a team-based problem-solving assignment (Manager theme), a continuous patient profile (Psychiatry rotation), reflections on the student’s personal experiences in clinical settings (Portfolio), and a number of others. While the specific objectives of these assignments vary, they generally do involve an assessment of the student’s ability to communicate effectively in writing, including presenting their findings or argument in a logical, well-organized manner. Creation of the assignments usually rests with the course committees. Responsibility for marking is determined on a course-by-course basis.

Oral presentations:
These are a key component of small-group learning in the Preclerkship, in particular in the ASCM courses (as case reports) in the CPPH course, in which they relate to the students’ experiences in community field visits or their research projects in DOCH-2. Students also make presentations to their teachers and classmates in other settings such as Portfolio sessions and PBL (problem-based learning) tutorials in the Preclerkship block courses, although these activities are not always graded. Oral presentations are generally marked by the student’s tutor, using criteria established by the course committee.
(Assessment Modalities, continued)

Clinical oral examinations:

Oral exams are a component of many clinical clerkships rotations. Generally, the student will interact with a selected patient (or “Standardized Patient,” i.e. an actor) for a period of time, obtaining the history and physical examination, and present this to the examiner(s). The student is then asked questions about the case and other pertinent details, based on the course or assessment objectives. Clinical oral examinations are designed as a summative assessment of a student’s acquisition of the required competencies of the rotation. The specific expectations are set by the course committees, and marking is conducted by the student’s tutor or supervising faculty member (not residents).

OSCEs (Objective Structured Clinical Examinations):

OSCEs are station-based clinical skills examinations in which students rotate through a series of rooms, and in each one are required to simulate a real clinical encounter with a Standardized Patient (an actor playing a patient) who is assigned a particular case, while being observed by a faculty examiner. The student is expected to complete specific tasks and, towards the end of each station, may be asked a small number of questions by the examiner. Students are given a global rating on each OSCE station, and examiners may also be asked to complete a checklist documenting the student’s performance on all aspects of the station (for instance, their skills on certain manoeuvres, their communication with the patient, etc.). OSCEs are considered to be more reliable than simple clinical oral examinations because they present each student with identical cases, and because the number of stations translates into assessment of a broader array of tasks and scenarios.

NB: OSCEs are conducted in the ASCM courses in the Preclerkship. In the Clerkship, an Integrated OSCE is conducted for all clinical rotations at the midpoint and end of Year 3. (See Integrated OSCE) The Psychiatry rotation also runs a separate OSCE, and the Medicine rotation conducts a “Structured Clinical Examination,” which is a similar assessment exercise. In all cases, stations are carefully developed by committee. Examiners may be recruited from the existing teaching pool in a course and/or at the Departmental level, and are given orientation prior to each exam.

Professionalism evaluations:

Student professionalism is assessed in all small-group and clinical activities. In each course, students are required to demonstrate satisfactory professionalism in order to receive credit. The evaluation forms are completed on MedSIS, and prompt the tutor or supervisor to record any lapses in professionalism that the student has made. A small number of minor lapses are considered a normal part of a student’s development, but a larger number of lapses, patterns of repeated lapses across courses, or more serious incidents are carefully reviewed by the UME program.

After a teacher has completed a scheduled professionalism evaluation, the student will receive an automated e-mail at the appropriate time from medsis.server@utoronto.ca with instructions to log in and review the evaluation. See Professionalism of UME Students for details.
(Assessment Modalities, continued)

Clinical performance evaluations:

These are one of the principal methods of assessment in every clinical clerkship. The assessment is captured in all the courses using a secure online form known as the Clinical Skills Evaluation or “ward form.” The ward forms in all clinical clerkships feature a standard set of “competencies” under the seven CanMEDS categories. Each competency is assessed on a scale from Unsatisfactory to Outstanding. In some courses, particularly those in which students will encounter a number of different supervisors, the student’s preceptor each day is responsible for completing a “daily encounter card” on paper, and these are then submitted to the site director and summarized at the middle or end of the rotation using the ward form. In other courses in which a student has a more continuous experience with a single supervisor, the daily encounter cards are not used, and the supervisor himself/herself is typically responsible for completing the online ward form. After a supervisor has completed a Clinical Skills Evaluation, the student will receive an automated e-mail from medsis.server@utoronto.ca with instructions to log in, review the evaluation, and sign off on the evaluation.

See the next pages for a sample “ward form.”

NB: In all rotations of two weeks or more, students receive a mid-rotation evaluation for formative feedback only, i.e. to give them a sense of how they are performing, so that adjustments can be made in the second half of the rotation. Although this mid-rotation evaluation does not contribute to the student’s grade, it is a mandatory aspect of these courses. A mid-rotation meeting is also generally scheduled for students to meet with their supervisor or site director to review their progress towards completion of the mandatory clinical encounters and procedures for that course.
## Clerkship Ward/Clinical Skills Evaluation

**Medical Expert/Skilled Clinician**

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<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
<th>N/A</th>
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<tr>
<td><strong>Knowledge (Basic Science and Clinical)</strong></td>
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<td>Significant gaps in knowledge base lead to unsafe practice or inability to function in department.</td>
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<td>Has some understanding of the neuroscience, syndrome presentations and treatment of major mental illnesses. Unable to apply consistently theoretical knowledge to the assessment and management of patients.</td>
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<tr>
<td>Able to apply theoretical knowledge to the assessment and management of patients.</td>
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<td>Meets Expectations PLUS: Demonstrates substantial knowledge of a wide variety of psychiatric, neurocognitive and medical conditions and a comprehensive understanding of the assessment and treatment of patients.</td>
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<td><strong>History Taking</strong></td>
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<td>Unable to obtain a logical history for most cases. Often fails to perform a thorough safety assessment.</td>
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<td>Inconsistently complete, orderly and systematic. Some essential diagnostic questions are not addressed. Performs an adequate safety assessment.</td>
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<td>Meets Expectations PLUS: Explores co-morbid diagnoses and to refine differential diagnostic presentation.</td>
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<td><strong>Physical Examination</strong></td>
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<td>Fails to appreciate relevance of investigative tests to psychiatric problem. Fails to identify the tests necessary for safe treatment.</td>
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<td>Inconsistently interprets medical evidence and basic psychiatric parameters relevant to the diagnostic analysis.</td>
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<td>Meets Expectations PLUS: Applies psychopharmacological knowledge to clinical scales to assessment and monitoring of patient's progress.</td>
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<td><strong>Diagnostic Test Interpretation</strong></td>
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<td>Fails to integrate relevant test results together with diagnostic possibilities.</td>
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<tr>
<td>Inconsistently interprets medical evidence and basic psychiatric parameters relevant to the diagnostic analysis.</td>
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<td>Meets Expectations PLUS: Incorporates knowledge of differential diagnoses.</td>
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<td><strong>Problem Formulation and Management Plan (Clinical Judgment)</strong></td>
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<td>Any One of: Cannot apply clinical data to generate differential diagnosis. Frequently fails to identify patient at risk. Fails to investigate medical causes and symptoms.</td>
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<td>Consistently addresses issues of safety. Consistently considers common medical issues, underlying psychiatric presentations. Differential diagnosis incomplete but key diagnostic possibilities.</td>
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<td>Consistently addresses issues of safety. Consistently considers common medical issues, underlying psychiatric presentations. Consistently provides complete differential diagnoses. Able to provide an approach to narrowing the differential</td>
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<td>Meets Expectations PLUS: Demonstrates proficiency in developing a differential diagnosis. Consistently suggests appropriate treatment plans.</td>
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<td><strong>Technical and Procedural Skills</strong></td>
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<td>Frequently suggests inappropriate treatment plans.</td>
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<td>Inconsistent consideration of patient values or specific clinical circumstances when considering research evidence.</td>
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<td>Consistently considers clinical circumstances and patient values when considering research evidence.</td>
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<td>Meets Expectations PLUS: Demonstrates ability to appreciate impact of patient values and clinical circumstances when considering and interpreting research evidence.</td>
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**SAMPLE WARD FORM**

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Updates and details available at www.md.utoronto.ca
### Communicator/Doctor-Patient Relationship

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
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- Consistently disregards views of family or team members. Report is inaccurate or incomplete. Consistently fails to recognize own response to patient.
- Frequently works well with others. Usually is courteous and empathetic with patient, family, or health team member. Often able to address own response to patient.
- Establishes good rapport with patients. Maintains control of interviews. Performs an adequate history assessment.
- Meets expectations PLUS: maintains intra-personal and interpersonal skills. Is able to adapt to patients. Effective uses ability to probe sensitive areas with sensitivity.

### Written Records

- Disorganized, confusing, or incomplete records. Impossible to track course of patient's problem and treatment. Uses imprecise or nonprofessional language.
- Good PLUS: Emphasis of key changes in patient's status. Written records contain articulate treatment plan communicated in narrative.

### Oral Reports

- Disorganized, inaccurate or excessively detailed oral presentations. MSE grossly inaccurate or incomplete.
- Inconsistently complete, organized, and relatively poor presentation. MSE is incompletely satisfactory and complete.
- Consistently complete, accurate, and organized presentations. MSE is accurate and reflective of patient's presentation.
- Good PLUS: Level of detail in presentations is consistent with complexity of case.

### Patient Education

- Provides inaccurate information, overstates or underestimates patient's situation, and/or does not take into account where appropriate, to patients and their families.
- Inconsistently addresses questions and/or does not offer psychoeducation consistently.
- Consistently addresses patient or patient's needs in an appropriate manner. Re-directs questions to appropriate staff. Offers psychoeducation where appropriate.
- Meets expectations PLUS: anticipates patient's educational needs, demonstrates high degree of sensitivity to patient's cultural/ethnic needs.

### Collaborator

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
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<tbody>
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</tbody>
</table>

- Consistently works well with all team members. Interacts in a courteous manner. Occasionally unable to communicate needs or requests to other team members.
- Consistently works well with all team members. Interacts in a courteous manner. Occasionally unable to communicate needs or requests to other team members.
- As in MEETS EXPECTATIONS plus: Collaborates with other team members.

### Provision of Patient Care in Collaboration with All Health Care Providers

- Usually fails to consult with other providers on a regular basis. Makes inappropriate referrals but is unaware of resources or the need for consultation.
- Generally makes appropriate referrals but is unaware of patients' or health care providers needs or resources to support patients.
- As in MEETS EXPECTATIONS plus: Collaborates with other team members to develop a comprehensive care plan.

### Manager

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
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</table>

- Describes a range of knowledge and skills.
- Provides a very limited range of knowledge and skills.
- Provides a comprehensive range of knowledge and skills.
- Provides a comprehensive range of knowledge and skills.

### Awareness of and Appropriate Use of Healthcare Resources

- Describes a range of knowledge and skills.
- Provides a very limited range of knowledge and skills.
- Provides a comprehensive range of knowledge and skills.
- Provides a comprehensive range of knowledge and skills.

### Updates and Details

Updates and details available at www.md.utoronto.ca
## THE UME CURRICULUM: Grading System & Assessment of Students

### Health Advocate

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
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</table>

#### Recognition of Important Determinants of Health and Principles of Disease Prevention
- **Unsatisfactory**: Fails to identify or disregards relevant determinants of health and preventative practices.
- **Below Expectations**: Usually identifies major determinants of health relevant to patient care.
- **Meets Expectations**: Consistently uses the biopsychosocial model and identifies relevant determinants of health and preventative practice when considering patient care.
- **Exceeds Expectations**: As in VENTS expectations plus appreciates impact of determinants of health on long-term course of illness.
- **Outstanding**: As in EXCEEDS expectations plus patient management plans address preventative needs and key determinants of health.

#### Patient Advocacy
- **Unsatisfactory**: Demonstrates poor awareness of role of physician in advocating for patient needs in and out of hospital.
- **Below Expectations**: Inconsistent identification of potential areas for advocacy on patient management.
- **Meets Expectations**: Routinely participates in liaison with community resources.
- **Exceeds Expectations**: As in VENTS plus takes an active interest in informing themselves of the roles of all team members in patient advocacy.

#### Scholar

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
<th>N/A</th>
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</table>

#### Self-Directed Learning
- **Unsatisfactory**: Demonstrates inattentive or no awareness of learning needs; rarely pursues knowledge or skills beyond assigned reading and learning events.
- **Below Expectations**: Usually requires prompting to identify learning needs; occasionally pursues needed knowledge and skills beyond assigned reading and learning events.
- **Meets Expectations**: Usually identifies learning needs; occasionally pursues knowledge or skills beyond assigned reading and learning events.
- **Exceeds Expectations**: As above plus actively and consistently identifies learning needs independently; consistently pursues needed knowledge and skills.

#### Contribution to Rounds, Seminars and Other Learning Events
- **Unsatisfactory**: Often misses scheduled learning events; or demonstrates no preparation; or participates in a haphazard manner.
- **Below Expectations**: Attends most but not all scheduled learning events; or demonstrates little preparation; or participates in a haphazard manner.
- **Meets Expectations**: Attends all scheduled learning events; usually participates and demonstrates knowledge.
- **Exceeds Expectations**: As above plus contributes significantly to discussions.

### COMMENTS

**Professionalism Form Completed?**

- **Yes**
- **No**

**Strengths:**

[Blank]

**Suggestions for improvement:**

[Blank]

**Mid-Term Rotation Evaluation Completed?**

- **Yes**
- **No**

**I have reviewed the student’s T-Res reports (Form 064) with them**

- **Yes**
- **No**

**Comments:**

[Blank]

[Save] [Submit]
Professionalism of UME Students

PROFESSIONALISM OVERVIEW
Being a professional is of course one of the key attributes of being a physician, and this is reflected by the prominence of the role of professional in the UME goals and objectives (see UME Goals and Objectives).

In order to assist students in their development as future professionals, UME provides students with abundant instruction and feedback, both formal and informal, about professionalism. Formal professionalism instruction is described earlier in this handbook under Curriculum ➔ Themes & Competencies ➔ Ethics & Professionalism. This section deals with expectations for students’ professional behaviour.

In all teaching and learning settings where teachers are in a position to make meaningful observations about students’ professional behaviour (including all small group settings such as ASCM tutorials, PBL tutorials, and CPPH-1 tutorials, and all clerkship rotations), supervising faculty members complete professionalism evaluation forms. This assessment exercise provides an opportunity for teachers to point out to students occasions when they fell short of expectations in their professional behaviour and also to indicate when they performed exceptionally well. Instances where faculty perceive students to require feedback are recorded as either:

- “minor lapses,” where students fall short of expectations to only a minor degree,
- “major lapses,” where the deficit is quite significant, or
- “critical incidents,” which occur rarely, but are very important as they signify a situation where a student has put a patient or someone else at significant risk because of their behaviour

These terms are described in greater detail below, under “Frequently Asked Questions About Professionalism for UME Students,” questions 8 and 9.

Ongoing professionalism assessment is useful to students for formative reasons (i.e., to provide them with feedback about areas for them to work on in order to ensure they meet expectations in future). It is also crucial to UME, since it allows the program’s leadership to monitor whether individual students are exhibiting a pattern of unprofessional behaviour, possibly across multiple courses or multiple learning contexts. In such a case, intervention such as remediation in professional behaviour may be required.
FREQUENTLY ASKED QUESTIONS ABOUT PROFESSIONALISM FOR UME STUDENTS

1. How is professionalism evaluated in the Undergraduate Medical Education program at the Faculty of Medicine, University of Toronto?

a) Who completes the forms?
Professionalism evaluation forms are completed online by faculty. In the Preclerkship, professionalism forms are completed by teachers who have had significant contact with students in small group settings. This includes tutors in the ASCM-1 and ASCM-2 courses, gross anatomy demonstrators, problem-based learning tutors, and tutors in in Community Population and Public Health and Determinants of Community Health. In the Clerkship, forms are generally completed by the site supervisor for each rotation.

b) How are the professionalism forms completed?
Copies of the actual forms used are found elsewhere in this handbook. They evaluate several elements that contribute to professionalism. For each element, the faculty member can indicate that there were no lapses identified, that one or two minor lapses occurred, or that there were three or more minor lapses or a major lapse. Faculty members must provide comments that describe the lapses, if they indicate a minor or major lapse has occurred. At the bottom of the form, there is space for faculty members to indicate if there are any “areas of praise” and/or “areas of concern”.

c) Are the professionalism forms monitored?
By having the evaluations online, the UME program has the opportunity to monitor students’ professionalism over time. This gives us the ability to identify a pattern of minor lapses and allows us to respond promptly, in the hope of preventing a more significant problem.

d) What happens if a student has several lapses noted?
When three or more evaluations with minor lapses are recorded, and the evaluations are approved and locked by course directors, a graded educational response begins:

- First response: E-mail from the Preclerkship or Clerkship Director to acknowledge identification of professionalism learning issues and offer of assistance
- Second response: With continued minor lapses, students must attend a mandatory appointment with the Preclerkship or Clerkship Director
- Third Response: With continued minor lapses OR with a first major lapse, a formal coaching program in professionalism is instituted
- Fourth response: With continued lapses, a meeting with the Vice-Dean Undergraduate Education, and consideration of referral to the Board of Examiners
- Fifth response: Referral to Board of Examiners and consideration of a permanent note on transcript or “Dean’s letter” (Medical Student Performance Record), and other potential consequence.

2. Can anyone other than faculty members fill in a professionalism evaluation form?
Because students have significant contact with medical education administrative staff, these staff members may also fill in a form if they feel a student has significant learning issues related to professional behaviour. Forms can also be completed on behalf of community preceptors such as CCAC staff.
(Frequently Asked Questions, continued)

3. When the professionalism evaluation forms are completed and there is a tick for a lapse in an area, does that tick box show up on a student’s transcript or ‘Dean’s Letter’?
No. The evaluation forms are mainly to be used for education and thus faculty will indicate lapses in order to identify areas that require improvement. All lapses will first be reviewed by the course director. The course director will ensure that clear comments are present for minor lapses, that sufficient evidence is presented for major lapses, and that the student has been notified. The course director when satisfied will approve and lock the evaluations. When a consistent pattern of minor lapse occurs over courses, the Preclerkship and Clerkship Directors are notified. They too have the ability to change the record if they have any concerns. If students persist with learning issues that do not respond to coaching, this eventually will lead to an assessment by the Vice-Dean Undergraduate Medical Education. The Vice-Dean will present to the Board of Examiners for advice on what to record on the student’s transcript.

Information on professional misconduct appears on the student’s transcript only if designated by the Board of Examiners and a comment on professionalism will only be put on the “Dean’s letter” (Medical Student Performance Record) by the Vice-Dean. Hence evidence of lapses will be reviewed at least four times before any recordings can be put on the Dean’s letter or transcript and students have multiple opportunities to state their version of events before any such recording would occur.

4. What support is available to students with professionalism lapses?
Students who have had professionalism learning issues identified find this a stressful experience. As future professionals, they may feel quite threatened as if this is an attack on their character. The professionalism evaluation is intended to be educational AND to identify serious concerns. The Associate Dean, Health Professions Student Affairs is available to help students to identify potential mitigating factors with their behaviour: illness, stress, family concerns among others, and can help to develop a plan to deal with these issues. The Associate Dean, Health Professions Student Affairs or their designate will be involved for students’ support and will not be involved in any further evaluation process. Students will also be invited to submit their version of events to be considered. When the student’s case is reviewed, consideration will be made to any systemic issues that may have influenced the student’s behaviour and any such factors will then be addressed by the UME program. If deemed necessary, a formal coaching program in professionalism will be offered so that the student is able to learn from the experience.

5. When the professionalism evaluation forms are completed, where are they stored and who has access to them?
The completed professionalism forms are considered confidential academic material and are thus handled in the same way as records of other academic marks. They only appear on the academic transcript or Dean’s letter after the process outlined in question 3.

6. Why are professionalism forms filled out on all students, and not just on those who have lapses? Would it not be more efficient to complete forms only when a lapse occurs?
The forms are primarily meant to be for educating students on proper professional conduct. Completing the forms provides an opportunity for faculty and students to discuss the student’s behaviour and make recommendations for improvement. Completing the forms on an ‘exception’ basis would lose this educational process and focus solely on the punitive aspects of this process.
7. What is the difference between a “major” and a “minor” lapse?
The differentiation is context-specific and may vary from situation to situation. The main contextual issues are
the student’s underlying intention and motivation, and the resulting impact on others, including the patient, the
student’s colleagues, the community of practice and the student themselves.

A minor lapse is one that was committed inadvertently and/or did not cause any substantial harm. We recognize
that we are all human and do make mistakes. The vast majority of mistakes are minor and if addressed properly
can lead to improved professional conduct. A confirmed pattern of repeated minor lapses will trigger a staged
educational response.

A major lapse is one when there is evidence of full knowledge that this action was not right and/or the lapse
does cause harm. In such a case, the course director will follow up with the faculty member and student
involved. They will be responsible for approving and locking the evaluation form, which may include changes if
appropriate. A confirmed major lapse will trigger a staged educational response. Faculty should initially classify
the lapse as being ‘major’ or ‘minor’ based on that person’s perception of the event. Comments to direct
learning or document major lapses must be provided. Decisions on major versus minor may change over time
(be evolutionary) as the faculty reach consensus on these finer definitions of major versus minor.

8. What is a critical incident?
Critical events, as defined by the Task Force on Professionalism, are listed below. Any of these events require
that faculty take immediate action in reporting these breaches to the course director as soon as possible.
Faculty should also ensure patient and student safety at all times.

Critical incidents of unprofessional behaviour
- Referring to oneself as, or holding oneself to be, more qualified than one is
- Participating in a conflict of interest
- Theft of drugs
- Violation of the criminal code
- Failure to be available while on call
- Failure to respect a patient’s rights
- Breach of confidentiality
- Failure to provide transfer of responsibility for patient care
- Failure to keep proper medical records
- Being disrespectful to patients and other professional staff
- Falsification of medical records
- Assaulting a patient
- Sexual impropriety with a patient
- Being under the influence of alcohol or drugs while participating in patient care or on call
- Any other conduct unbecoming of a practicing physician
### Clerkship Professionalism Evaluation Form

**Question about the form or process?**

**Altruism**

<table>
<thead>
<tr>
<th></th>
<th>Meets professional expectations</th>
<th>Observed 1 or 2 minor lapses of professional behaviour</th>
<th>Observed 1 major lapse or 3 or more minor lapses of professional behaviour</th>
<th>Was not in a position to observe professionalism?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates sensitivity to patients' and others' needs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Takes time and effort to explain information to patients and others</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Takes time and effort to comfort the sick patient</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Listens with empathy to patients' concerns</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Gives priority to patients' interests</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Shows respect for patients' confidentiality</td>
<td>○</td>
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</table>

**Duty: Reliability and Responsibility**

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<thead>
<tr>
<th></th>
<th>Meets professional expectations</th>
<th>Observed 1 or 2 minor lapses of professional behaviour</th>
<th>Observed 1 major lapse or 3 or more minor lapses of professional behaviour</th>
<th>Was not in a position to observe professionalism?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely completion of assigned tasks</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Fulfills obligations</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Takes on appropriate share of team work</td>
<td>○</td>
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<tr>
<td>Fulfills call duties</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Reports accurately and fully on patient care activities</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Always ensures transfer of responsibility for patient care</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Informs supervisor/team when mistakes occur</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Informs supervisor/team when faced with a conflict of interest</td>
<td>○</td>
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**Excellence: Self Improvement and Adaptability**

<table>
<thead>
<tr>
<th></th>
<th>Meets professional expectations</th>
<th>Observed 1 or 2 minor lapses of professional behaviour</th>
<th>Observed 1 major lapse or 3 or more minor lapses of professional behaviour</th>
<th>Was not in a position to observe professionalism?</th>
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<tbody>
<tr>
<td>Accepts constructive feedback</td>
<td>○</td>
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<td>○</td>
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</tr>
<tr>
<td>Recognizes own limits and seeks appropriate help</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Incorporates feedback to make changes in behaviour</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Comes prepared to academic and clinical encounters</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Prioritizes rounds, seminars and other learning events appropriately</td>
<td>○</td>
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</table>

**Respect for Others: Relationships with Students, Faculty & Staff**

<table>
<thead>
<tr>
<th></th>
<th>Meets professional expectations</th>
<th>Observed 1 or 2 minor lapses of professional behaviour</th>
<th>Observed 1 major lapse or 3 or more minor lapses of professional behaviour</th>
<th>Was not in a position to observe professionalism?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains appropriate boundaries in work and learning situations</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Relates well to fellow students in a learning environment</td>
<td>○</td>
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</tr>
<tr>
<td>Relates well to faculty in a learning environment</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
<tr>
<td>Relates well to other health care professionals in a learning environment</td>
<td>○</td>
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</table>
For more information on professionalism assessment, see http://www.md.utoronto.ca/students/acad_prof/professionalbehaviourstudents/Professional_Assessment.htm.
Getting More Involved

There are a number of ways to become more active in the UME program, whatever your current level of participation. Several of these opportunities are described below.

TEACHING

The major types of teaching opportunities for prospective UME teachers are outlined under The UME Curriculum → Learning Modalities. Faculty members who are interested in teaching medical students are invited to contact the following individuals, depending on the kind of teaching they are interested in:

<table>
<thead>
<tr>
<th>Type of teaching role</th>
<th>Who to contact</th>
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<tbody>
<tr>
<td><strong>PRECLERKSHIP TEACHING</strong></td>
<td></td>
</tr>
<tr>
<td>Preclerkship small group leader (ASCM-1 tutor, ASCM-2 tutor, problem-based learning tutor, CPPH-1 tutorial group leader)</td>
<td>Academy Director associated with teacher's hospital/community</td>
</tr>
<tr>
<td>DOCH-2 research project supervisor</td>
<td>Academy Director associated with teacher's hospital/community</td>
</tr>
<tr>
<td>DOCH-2 research methods tutor or U of T research ethics panel member</td>
<td>DOCH-2 course director</td>
</tr>
<tr>
<td>Preclerkship seminar leader or lecturer in teacher’s specific area of basic science or clinical expertise</td>
<td>Preclerkship course director</td>
</tr>
<tr>
<td>Preclerkship Day of the Doctor. Physician Shadowing in Year 1 and 2</td>
<td>Academy Director associated with teacher's hospital/community</td>
</tr>
<tr>
<td>Family physician supervisor for individual (1:1) Preclerkship student placements (FMLE)</td>
<td>FMLE course director</td>
</tr>
<tr>
<td><strong>CLERKSHIP TEACHING</strong></td>
<td></td>
</tr>
<tr>
<td>Seminar leader or lecturer during clinical clerkship rotation</td>
<td>Clerkship course director</td>
</tr>
<tr>
<td>Clinical clerk supervisor (in ambulatory clinic and/or in-patient setting)</td>
<td>Clerkship site director for specific clinical clerkship rotations (see The UME Curriculum → Clerkship → Course Descriptions, beginning here)</td>
</tr>
<tr>
<td>Portfolio group facilitator</td>
<td>Portfolio Coordinator</td>
</tr>
<tr>
<td>Clerkship elective supervisor – see next page</td>
<td>Clerkship Electives Officer</td>
</tr>
<tr>
<td>Transition to Residency (TTR) selective supervisor</td>
<td>TTR Coordinator</td>
</tr>
</tbody>
</table>

**CLINICAL ELECTIVE AND SELECTIVE SUPERVISION**

In addition to teaching in the core clerkships, faculty members can accept elective or selective students for clinical experiences lasting two weeks or more. The objectives may be determined by the faculty member or in dialogue between the student and the faculty member. Students on elective or selective are in their final year of the program. For more information, please contact Dr. Seetha Radhakrishnan, Electives Director, at seetha.radhakrishnan@sickkids.ca. For more information, see: http://www.md.utoronto.ca/teachersandstaff/Undergraduate_Medical_Electives.htm
SERVING AS A YEAR 3 INTEGRATED OSCE EXAMINER

During the third-year clerkship, students are required to complete two integrated OSCE (iOSCE) examinations. The first takes place midway through the academic year in March, and the second at the end of the Clerkship year in August. The exam covers clinical skills pertinent to all of the clinical disciplines the students encounter during the Clerkship, and students must pass the iOSCE to complete their medical studies. Serving as an iOSCE examiner is therefore critically important to the students’ education, and a very good opportunity for teachers to understand the level of clinical competence achieved by the students.

Faculty members interested in participating in the iOSCE should contact the course director for the clinical clerkship rotation in their University Department. (Clerkship course director contact information)

ENRICHING EDUCATIONAL EXPERIENCES (EEE) PRECEPTORSHIPS

The EEE Program refers to a clinical experience that is not part of the medical students’ formal core curriculum. This includes, but is not limited to, shadowing, observerships, and preceptorships undertaken by first- and second-year students. The goal of the EEE Program is to help students with career exploration as well as to bring relevance to their Preclerkship learning.

It is expected that all clinical experiences undertaken outside the curriculum by a student in any year of the program, either with a supervisor in the database or any other faculty member, be logged on the EEE Program website through the portal before the activity begins. Through the EEE Program website, students can access important information about insurance coverage, understand how such activities are to be organized, obtain a copy of the guidelines that govern EEE activities, and record reflections. The site also contains a growing database of supervisors who are interested in taking students.

Participation in the EEE program is an excellent option for faculty members who are unable to commit to core teaching but would like to be involved in the growth, development, and education of our future physicians. Supervisors should familiarize themselves with the EEE guidelines and insurance coverage.

Any faculty members with questions about the program or who wish to join the database are welcome to contact Dr. Jon Novick, Career Exploration Faculty Lead, at jon.novick@utoronto.ca.

For additional information, see: http://www.md.utoronto.ca/teachersandstaff/Undergraduate_Medical_Electives.htm.

CAREER MENTORSHIP AND EDUCATION

During the MD program, students not only acquire the knowledge and skills required for the practice of medicine, but also engage in an ongoing process of career exploration. Faculty members can play a critical role in this process through various activities including mentorship, career talks, and special programs offered by some clinical departments in the Faculty of Medicine. To learn more about the options available to you, please contact Dr. Leslie Nickell, Associate Dean Health Professions Student Affairs, at leslie.nickell@utoronto.ca, the Academy Director associated with your hospital (see p. 30 for Academy contact information), Dr. Jon Novick, Career Exploration Faculty Lead, at jon.novick@utoronto.ca, or the course director/undergraduate program director of your Faculty of Medicine Department (see the Clerkship contact information).
COURSE COMMITTEES
Every course in the UME program has a course committee which is responsible for the design, implementation, and evaluation of the course. The committee generally consists of the course director, administrative staff, student representatives, and several faculty members. The faculty members on the committee are usually those responsible for a significant teaching unit in the course and/or for one of the sites where learning takes place during the course. Teachers who are already involved in a course and wish to explore the possibility of contributing further to the course’s organization are encouraged to contact the course director (see Preclerkship contact information or Clerkship contact information).

LEADERSHIP ROLES
There are many leadership roles in the UME program, including being a course director, a site director within a course, or an organizer of a major segment or unit of a course. Teachers, particularly those already involved in a course, are encouraged to discuss leadership opportunities with either the relevant course director or the Preclerkship or Clerkship director (see Preclerkship contact information or Clerkship contact information).

ADMISSIONS FILE REVIEW AND INTERVIEWS
Every year, large numbers of faculty members contribute their time and experience to the MD admissions process, helping to determine which of the thousands of applicants will be granted an interview and, of those, who will be offered a seat in the next first-year class. Faculty members who are interested in participating in admissions are encouraged to contact the Office of Admissions & Awards at medicine.admiss@utoronto.ca.

RESEARCH SUPERVISION
University of Toronto medical students have many different research opportunities both during the regular curriculum and at other times, notably the two summers of the Preclerkship.

Research Undertaken as Part of the Curriculum:
DOCH-2 research project
In the Determinants of Community Health-2 (DOCH-2) course, each student develops a research project addressing a community health issue over the course of the entire school year. These projects are generally conducted under the supervision of a community public health agency or a faculty member with a research interest in a community health topic, with further research assistance provided by experts arranged by each Academy. Faculty members interested in finding out more about this teaching opportunity should contact the DOCH-2 course director and/or the Academy director associated with their hospital.
(Research Supervision, continued)

Research Outside the Curriculum:
The major UME program that supports funded research activity for medical students is called the “Comprehensive Research Experience for Medical Students” (CREMS). CREMS is meant to be a unique research program in Canada that allows interested U of T medical students to gain extracurricular research experience in any field in various structured programs without interrupting their medical studies. See http://www.md.utoronto.ca/program/research/crems/faculty.htm.

There are six main programs, five of which involve University of Toronto faculty:

1. CREMS Research Scholar Program
A 20-month longitudinal program that runs from January of the student’s first year in the MD program to the end of August in the summer between second and third year, with full-time research during the summers. Student funding is divided equally between the CREMS program and the research supervisor. Faculty are encouraged to submit applications early so they can be posted online. See http://www.md.utoronto.ca/program/research/crems/faculty/researchscholar.htm for more information and the application process.

2. CREMS Summer Program
A full-time 10-12-week summer research program between first- and second-year or between second- and third-year. Student funding is divided equally between the CREMS program and the research supervisor. See http://www.md.utoronto.ca/program/research/crems/faculty/summerresearch.htm for more information and the application process.

3. MAA CREMS International Health Summer Research Program
A 10-12-week international summer research program in which students participate in research related to important health issues in developing nations, conducted under the auspices of the on-going international work of a U of T faculty member. The program is run in partnership with the Medical Alumni Association, which provides the majority of the funding for this program. For more information, see: http://www.md.utoronto.ca/program/research/crems/students/international.htm.

4. UofT-Technion (Israel) Medical Student Summer Research Exchange Program
A 10-12-week summer research exchange program with the Ruth & Bruce Rappaport Faculty of Medicine at the Technion Institute of Technology to provide summer research experience for U of T medical students in Israel and, in exchange, have an Israeli student come to the U of T for research experience. For more information, see: http://www.md.utoronto.ca/program/research/crems/students/exchange.htm.

5. MAA-CREMS Research in the Humanities and Social Sciences
This 10-12 week summer program is for students who have a keen interest in the humanities or social sciences directly related to the field of medicine. Two students are selected each year with a preference for one student to do a project related to the history of medicine. Faculty do not have to be within the Faculty of Medicine. For more information see: http://www.md.utoronto.ca/program/research/crems/students/HSS.htm.

The objectives of all of the CREMS programs are to allow medical students to explore and gain valuable research experiences, to prepare medical students for a career as a physician with a good research foundation and understanding of biomedical research, and to engage and encourage students to consider a career as a clinical scientist.
In addition to CREMS, many faculty members supervise medical student research organized through their hospital research institutes or similar organizations. Interested faculty members should contact their research institute administration for information on any programs that they support.

Faculty who are interested in either supervising medical student research through the CREMS program or in publicizing a non-CREMS research opportunity to medical students should contact the program director at crems.programs@utoronto.ca.
E-Resources & IT Services Used in UME

The UME program employs a number of different online resources. Each plays an important role in the program, for both teachers and students. Please take a few minutes to familiarize yourself with all of them.

UME WEBSITE

http://www.md.utoronto.ca

This is the public website for the UME program, and has been designed to meet the needs of several specific user groups: students, teachers, course directors, and applicants. Full descriptions of all aspects of the program and the resources that are available to students and teachers are described on the site. In addition, all UME policies are posted, as well as links to other important information maintained by the Faculty of Medicine, the University of Toronto, and outside organizations.

The website also has several new features including a “Red Button” to provide advice to students in emergency or crisis situations, an incident report form for students to report distressing events that they experience or witness, and an interactive absence tool for students (and interested teachers). Teachers should be familiar with the existence of these resources. The latest version of this Teacher Handbook is also posted on the website, under the “Teachers and Staff” menu.

UTORid

All University of Toronto faculty members and trainees (including residents) are entitled to have a “UTORid,” the unique username for a variety of online services including the Portal, the University of Toronto Library system, University of Toronto e-mail, and WiFi access across the campus on the UofT network.

UTORids are typically eight characters long and take the first part (or all) of your last name, usually followed by the first letters of your first name and/or random numbers. E.g., singh516, leungden, etc.

Most faculty members are assigned a UTORid upon appointment, but may not have activated it. Trainees are assigned a UTORid at the time of registration. If you do not know your UTORid or do not believe you have one, please contact:

- The business officer of your University Department, if you are a faculty member
- The administrator of your program, if you are a postgraduate trainee or graduate student
- The Help Desk of the Discovery Commons, the IT department of the Faculty of Medicine (416-978-8504 or discovery.commons@utoronto.ca), if you are a faculty member.
- The course administrator of the course in which you teach (if you are not a faculty member, postgraduate trainee, or graduate student)

A note about security: Once you have logged into one UTORid-based one online service (e.g. the Portal), you will remain logged in for other services as long as you keep at least one browser window open on your computer. To end your secure session (i.e. to log out), you must close all browser windows.
UofT WIFI

Networks: UofT, eduroam (login: UTORid and password)

There are two wireless networks available on campus, including “UofT” and “eduroam”:

- The UofT wireless network is intended for day-to-day usage. It supports wireless b, g, and n, and does not require a browser-based login each time you connect. For devices capable of wireless n, it is faster and has increased range.
- The eduroam network at U of T is intended for visiting scholars from other participating eduroam institutions. Likewise, U of T faculty and students can log into eduroam at other universities using their U of T credentials.

Before you can access the UofT network, you will need to register your UTORid by using the verify tool. This must be done even if your UTORid is working for other services. To verify, use this link:

https://www.utorid.utoronto.ca/cgi-bin/utorid/verify.pl

There will be a short delay between verifying and being able to access UofT. Please note that the device will be configured with the UTORid and password that was used to set it up, and it is therefore not recommended for shared computers or devices.

For help with using the UofT WiFi network, call the Information Commons helpdesk at 416-978-HELP (4357_ or visit: http://help.ic.utoronto.ca/category/20/wireless-access-utorcwn.html.

PORTAL

http://portal.utoronto.ca (login: UTORid and password)

The Portal (powered by an application called Blackboard®) is a secure website used across the University as a hub for course websites, including those in UME courses. Login is via UTORid (see above). Unlike the UME website (see above), the Portal is designed for internal use only. At a minimum, all UME courses post their materials on the Portal, and many courses use other features such as announcements as well.

Every UME teacher is expected to have access to the Portal websites of the courses in which they participate. This access should be given to you automatically, but you may need to provide your UTORid to the course administrator. If you log into the Portal (http://portal.utoronto.ca) and do not find that a given course in which you teach is listed, please contact the course administrator. Please make full use of your Portal access to retrieve course information, lecture materials, seminar notes, etc.
UNIVERSITY OF TORONTO LIBRARIES

http://www.library.utoronto.ca  (login: UTORid and password, or library card barcode and password)

The University of Toronto library system has one of the most comprehensive collections of both print and online resources in the world. The Gerstein Science Information Centre is of particular importance in health sciences education. Online resources for Gerstein and the other U of T libraries are accessible to all members of the University of Toronto via their UTORid.

MEDICAL STUDENT INFORMATION SYSTEM (MedSIS)

http://medsis.utoronto.ca  (login: unique 4 or 5-digit user ID and password)

MedSIS is the secure online system that UME uses to record and calculate student assessments by teachers in all courses, obtain student feedback on their teachers and courses, maintain student registration information, and perform course scheduling in all Preclerkship and some Clerkship courses.

Teachers who are assigned to complete an online student evaluation form on MedSIS will receive an automated e-mail at the appropriate time from medsis.server@utoronto.ca with instructions on logging in and completing the form. Follow-up reminder e-mails will be sent if the form(s) remain incomplete.

If you receive a prompt to use MedSIS and have never logged in before, go to the MedSIS website (http://medsis.utoronto.ca), click “Login to MedSIS,” and then click “Forgot your password?” Enter the same e-mail address at which you received the prompt, and your userid and temporary password will immediately be sent to you by e-mail. For security, when you next log into the system, please change your password.

In addition to completing student evaluations on MedSIS, teachers can also:

- update their contact and appointment information
- see their teaching schedule (all Preclerkship courses and didactic sessions in some Clerkship courses), and sync this schedule to other electronic calendars
- review their TES reports (select courses – check with your course administrator for details)

If you need assistance with any of the functionality within MedSIS, you can contact:

<table>
<thead>
<tr>
<th>MedSIS Help Desk:</th>
<th><a href="mailto:medsis@knowledge4you.com">medsis@knowledge4you.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Support by Knowledge4You, the company that developed MedSIS; can assist with all aspects of the software</td>
<td>905-947-9924 x223</td>
</tr>
<tr>
<td>UME Evaluations Project Coordinator / Data Analyst:</td>
<td><a href="mailto:medsis.ume@utoronto.ca">medsis.ume@utoronto.ca</a></td>
</tr>
<tr>
<td>In-house UME MedSIS support can provide orientation and training</td>
<td>416-946-7040</td>
</tr>
</tbody>
</table>
CASE LOGS

All Year 3 clinical clerks are required to log the required encounters and procedures defined in each rotation, using an online system called “Case Logs.” Completion of the list of requirements is necessary to obtain credit in each course.

Individual clinical preceptors or supervisors are not required to use Case Logs directly, but do make use of student logs to identify and remedy gaps in each student’s experiences. Be aware that students may be keeping track of their encounters and procedures using handheld devices, a computer on the ward, or even on paper for later entry into Case Logs. They may also request particular experiences in order to fulfill their requirements.

Supervisors who are assigned to complete mid-rotation feedback and evaluations of students have a particular responsibility with regard to clinical logs. As part of mid-rotation feedback, these supervisors must meet with the student, who will present their (in progress) Case Log Report. The supervisor and the student are expected to discuss the encounters and procedures logged to date, and the plan for completion of any that are still outstanding in the second half of the rotation.

At the end of the rotation, students submit a final Case Log Report to either their site director or course director. It is expected that all required experiences will be complete by this point, but if gaps remain, the course director will facilitate completion by providing appropriate clinical experiences or virtual cases for the student.

UME CURRICULUM MAP (CMap)

http://cmap.med.utoronto.ca (login: UTORid and password)

All teaching and learning sessions across the four-year UME curriculum are captured in an online system known as the Curriculum Map (CMap). This reference tool is accessible to UME teachers, students, and curriculum planners, and is intended to support all aspects of the design and implementation of the curriculum. Each session (lecture, seminar, PBL case, etc.) is captured and categorized according to the following dimensions:

- Location in the program (year, course, week)
- Keywords (at various levels of coverage)
- UME program objectives supported by the activity
- Medical Council of Canada clinical presentations
- LCME “integrative topics” (traditionally under-represented topics, often outside of traditional domains)

The CMAP records for many sessions, particularly lectures in the Preclerkship block courses, are linked to the full PowerPoint slide presentation delivered in the session. This feature enables teachers and others to review entire sessions of interest.

The map can be searched either by keyword or by one of the “learning parameters” listed above. For example, a user may perform a keyword search on the term “asthma,” a UME objective search for Objective 5.1 (describing the determinants of community health), an MCC presentation search on “chest pain,” etc. An eight-minute tutorial (entitled “How to use CMap”) is provided on the website.
To access CMap, users must login using their UTORid. This tool is available only to members of the Faculty of Medicine community. To access the PowerPoint slides, users must separately log in to the U of T portal: https://portal.utoronto.ca/

**ELECTIVES CATALOGUE AND REGISTRATION SYSTEM**

*Catalogue: [http://medsis.utoronto.ca/electives/](http://medsis.utoronto.ca/electives/)*
*Registration system (ROUTE on MedSIS): [https://medsis.med.utoronto.ca/](https://medsis.med.utoronto.ca/)*
*Visiting Elective Programs: [http://www.md.utoronto.ca/students/visiting.htm](http://www.md.utoronto.ca/students/visiting.htm)*

A large catalogue of elective experiences offered by University of Toronto faculty members is maintained by the Electives Office and made available to University of Toronto students at the first link above. Students are also free to arrange electives outside the catalogue by contacting faculty members directly.

The ROUTE registration system which is currently used by U of T students to propose and register electives will migrate to MedSIS and have the new name of ROUTE on MedSIS (see second link above) for electives that will be undertaken from fall 2014 onwards. A similar system is used by visiting electives students from other medical schools. When a U of T student proposes an elective with a particular supervisor, a notification is sent by e-mail to the designated contact (coordinator and/or supervisor) with a request to review. The supervisor or coordinator then enters the system using the information provided in the e-mail to accept the elective, suggest changes to the student, or decline the request. Notification of this decision is sent to the student. A similar process is followed for visiting electives.

All elective proposals accepted by the supervisor/contact are then reviewed by the Electives Office to ensure that the elective will meet the requirements of the program, and notification of the outcome is sent to the student and the supervisor/contact.

For changes to the catalogue or questions about using ROUTE on MedSIS for electives by U of T students, please contact the Electives Officer, Eva Lagan, at eva.lagan@utoronto.ca. For questions about electives for visiting students from Canadian and US medical schools, please contact Visiting Canadian and US Electives Officer, Sheila Binns, at sheila.binns@utoronto.ca. For questions about electives for visiting students from international (non-US) medical schools, please contact Visiting International Electives Coordinator, Sue Romulo, at medicine.intelective@utoronto.ca.

**E-LEARNING**

In various courses in both the Preclerkship and Clerkship, interactive online resources are used to complement more traditional learning methods. For example, students have an opportunity to learn through simulated microscope labs (e.g. STF), detailed clinical case scenarios (Paediatrics), and modules on patient safety (TTC).

Individual teachers do not generally need to make use of these resources (although the practice in specific courses may vary). Nonetheless, it can be useful to be aware of what materials students are using to deepen or complement their learning. While in some courses, e-learning resources are provided as an optional study aid, in many cases, they constitute mandatory content and/or assessments that all students must complete. (See the course descriptions in this handbook and further details on the individual portal sites for each course.)

Questions about course-specific online resources can be directed to the course director or course administrator.
Information on Videoconferencing in the Classroom

All Preclerkship (first- and second-year) lectures in the University of Toronto’s MD program are videoconferenced between the Medical Sciences building on the St. George campus and the Terrence Donnelly Health Sciences Complex on the University of Toronto Mississauga campus. In addition, recordings are made of every lecture in the Preclerkship (both video and presentation materials), and are then posted online for student access.

Videoconferencing is also being used increasingly for seminars in both the Preclerkship and Clerkship.

Full support is provided by the Discovery Commons in the Faculty of Medicine. See: http://lecturesupport.med.utoronto.ca for more information.

LECTURE PRESENTATION GUIDELINES FOR VIDEOCONFERENCING

With the opening of the Mississauga Academy of Medicine and the program to videoconference lectures between the St. George and the Mississauga campuses, new standards for presentations have been implemented in order to provide an equivalent education to all students, regardless of their location. Below are some guidelines for creating presentations for videoconferenced lectures, as well as established best practices for presenting.

Rules about Laptops and Software

- Ensure that your presentation file is sent or uploaded 10 business days before the lecture takes place to allow adequate time for necessary testing and formatting. Use UTMedfiles.ca, the file upload application for U of T Medicine, to upload your presentations and any associated files.
- You must use the teaching station PC or the document camera to present your lecture. Use of laptops or other devices during the videoconferenced lecture is not supported.
- If you use a Mac, you may create your presentation in Powerpoint for the Mac or in Keynote; if you create in Keynote, technicians will convert it to a Powerpoint or Quicktime file and test it on the presentation computer in the lecture room before your lecture.

Content standards

- All lecturers must disclose any potential conflicts of interest that they may have with commercial products, research findings, etc. mentioned in their presentation, on their second slide (after the title slide). See Procedure for Disclosure of Potential Commercial or Professional Conflicts of Interest by UME Teachers under Key Policies, Statements & Guidelines → On Teaching & Assessing Students.
- Videoconferencing reduces the amount of material that can be covered in lecture, so plan for 40-45 minutes of material instead of 50 minutes.
- Do not change the content of your presentation after submitting it for publication and posting; the submitted presentation will be used for your lecture.

Intellectual Property

- It is the responsibility of lecturers to ensure that their presentations follow the guidelines set by the University and the Canadian government regarding intellectual property.
- Go to www.teaching.utoronto.ca → Essential Information for details on the regulations.
THE UME TEACHING EXPERIENCE: Videoconferencing in the Classroom

(Lecture Presentation Guidelines for Videoconferencing, continued)

Formatting standards:
- Use a 24-28 point for text.
- Use basic fonts like Arial, Tahoma or Verdana. Avoid cursive fonts.
- Avoid animations and page transitions beyond straight cuts.
- Don’t reduce font size to fit information in; start a new slide instead.
- Rule of thumb: max 6 lines of text per slide, max 6 words per line of text
- Make sure your text doesn’t run to the edge of the slide as it may get cut off during projection.

For more details on each standard, information on interactive lecturing through the use of “clickers,” and to download Powerpoint templates, conflict of interest slides, and more, please see 'Presentation Standards' at: http://lecturesupport.med.utoronto.ca

LECTURER SUPPORT FOR VIDEOCONFERENCING
The technical support team provides technical assistance and training for lectures, and also schedules, configures, and monitors every lecture from a nearby control room, allowing lecturers and students to focus on teaching and learning. Contact discovery.commons@utoronto.ca to schedule a training session on the equipment.

BEFORE the Lecture:
Contact the Discovery Commons Service Desk, Monday to Friday, 8am to 5pm.
416-978-8504
Email: discovery.commons@utoronto.ca

DURING the Lecture:
All lectures are monitored by two professional videoconferencing technicians, and most technical problems will be addressed before you even notice them. For immediate assistance just before or during a lecture, either:
- use the support intercom on the Teaching Station
- address the videoconferencing technicians by speaking into the presenter’s podium microphone or the lapel microphone
- call the Discovery Commons Videoconferencing Hotline: 416-978-0007

If you contact technical support during a lecture, you will be talking to a live technician, and a technical support person can be in the room within one minute, if required.

AFTER the Lecture:
To provide feedback on your experience with lecture videoconferencing, contact the Discovery Commons Audio-Visual Technology Team Lead, Janet Koecher (416-946-3285 / janet.koecher@utoronto.ca).

SEMINAR PRESENTATION GUIDELINES FOR VIDEOCONFERENCING
A videoconferenced seminar is much like any other seminar that you would conduct: students gather and you lead the seminar in a focused discussion with or without a presentation, such as PowerPoint. The main differences with a videoconferenced seminar are that your students are in multiple locations and you have a layer of technology between yourself and some of the students. There are a number of things that you can do in preparation for and during the seminar to ensure a successful experience for all participants. Go to: http://lecturesupport.med.utoronto.ca/seminars for more information.
Opportunities & Resources for Faculty Development

“Faculty development” includes activities aimed at enhancing teachers' abilities to provide high quality teaching, assessment, and feedback to learners. This can include large-group, lecture-type presentations, small-group workshops with opportunities to practice, and printed and web-based materials that teachers study at their own pace, among other formats.

There are four major ways in which UME teachers can access faculty development:

CENTRE FOR FACULTY DEVELOPMENT (CFD)

The CFD is an “extra-departmental unit” of the Faculty of Medicine, in partnership with and located at St. Michael’s Hospital. For more information, please see: http://www.cfd.med.utoronto.ca.

The CFD provides a range of faculty development programs:

(a) **Best Practice in Education Rounds (B.P.E.R.)** These are monthly accredited group learning activities as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. Rounds are open to all who are interested. Registration IS NOT required. The sessions are held live at St. Michael’s, videoconferenced to twelve hospital sites, and also accessible via webcast. In addition, they are recorded and posted on the CFD website. For details see: http://cfd.utoronto.ca/teaching/programs

(b) **Individual workshops on a variety of topics** are offered throughout the academic year. These workshops are devoted to the enhancement of teaching and educator skills, and promote career development and scholarship in education. Each workshop is free to faculty in the Faculty of Medicine, University of Toronto. Registration is required. Workshops meet the accreditation criteria of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. For details see: http://cfd.utoronto.ca/teaching/programs

(c) **Stepping Stones**. This is a 40-hour certificate program for those faculty interested in an in-depth immersion in teacher training and a look at educational roles. The program fee is $650 for faculty in the Faculty of Medicine, and registration is required. Some University Departments may subsidize participation in this program.

The Stepping Stones program is intended to provide participants with the knowledge of evidence-based strategies and the theoretical basis for clinical teaching, new skills in teaching and in critical appraisal of health professional education literature, an interest in implementing change in clinical teaching, ideas for introducing scholarship into teaching, and the ability to develop a strategy for their own career development plan.

The program consists of a minimum of 26 hours of CFD workshops over the course of two years, and participation in at least seven out of nine monthly Stepping Stones journal club sessions on teaching and learning theory.

For details see: http://cfd.utoronto.ca/teaching/programs
(d) **Education scholars Program (ESP):** This is a two-year leadership development program for educators of health professional students, and consists of weekly in-class work, as well as independent work. The core themes are scholarship and curriculum design, education leadership, teaching excellence, and faculty development. The goal of the ESP is to support and enable the success of health professional and health science faculty in their many roles as educators.

Individuals in the clinical, community health, basic science, and rehabilitation departments in the Faculty of Medicine and a select number of individuals in other health disciplines, e.g. Nursing, Psychology, Social Work, Pharmacy, Dentistry, Theology, etc. are eligible to participate. Tuition fees and protected time are approximately $6,000 per year for two years. Some University Departments may subsidize participation in this program. The program is eligible for up to four course credits in the Master's in Community Health Science – Health Professions Teaching Education at the University of Toronto.

For further information about the ESP, see: http://cfd.utoronto.ca/teaching/programs.

(e) **Accessible Resource for Teaching (ART):** The CFD has created the Accessible Resource for Teaching online learning tool to provide additional ways for individuals and groups to participate in faculty development. The goal of ART is to bring faculty development to the teaching practice through the use of short, focused modules. Each module addresses a particular teaching and learning topic that can be applied in the teaching context and practice. Each module of the program incorporates teaching videos, reflection questions, and resources, and is designed to be completed within about 15 minutes, or can be used within a longer session as a faculty development resource.

**Topics include:**
- Providing effective feedback
- Small-group facilitation
- Digital professionalism and privacy
- Effective role modelling
- Diversity

with more to come. For more information and to register, see: http://cfd.utoronto.ca/teaching/programs.

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**FACULTY DEVELOPMENT ORGANIZED BY INDIVIDUAL DEPARTMENTS**

Individual departments offer a spectrum of faculty development programs, ranging from workshops to longer-term programs. For details, please contact your Department’s Vice-Chair Education or equivalent.
FACULTY DEVELOPMENT PROVIDED BY INDIVIDUAL UME COURSES

Some individual courses offer various faculty development activities. For the clinical clerkship rotations, these may be combined with Departmental offerings, while in the Preclerkship, these activities may be organized separately:

- Workshop for ASCM-1 and ASCM-2 tutors, offered at the Academies
- Workshops on tutoring Problem-Based Learning (PBL), offered twice per year
- Workshops and other supportive activities on being a DOCH-2 research advisor

For details about these and other opportunities, please contact the relevant course director.

FACULTY DEVELOPMENT AT THE MISSISSAUGA ACADEMY OF MEDICINE

The Mississauga Academy of Medicine is spearheading major efforts to provide faculty development for the many new teachers in Mississauga. The Faculty Development Program at the Mississauga Academy of Medicine offers a variety of opportunities to help medical educators prepare for their teaching roles in the Preclerkship and Clerkship environments.

Support for Preclerkship Teaching: These faculty development sessions are designed to support medical educators to teach as tutors or seminar leaders in each course offered through the Mississauga Academy of Medicine. These sessions offer general course orientation and teaching skills development to support the Preclerkship medical curriculum. All medical educators are welcome to attend.

Support for Clerkship Teaching: These faculty development sessions are uniquely designed to support medical educators teaching in the Clerkship environment and to enhance teaching skills required to deliver the Clerkship medical curriculum in the hospital and community setting.

Additional Learning Opportunities:

General Teaching Skills Development: These sessions focus on the foundational knowledge and skills required by educators to create learning-centered environments and specialty knowledge (pedagogical or practice-based) required to deliver the curriculum. Topics include: Understanding your learner; Giving Feedback; Medical Informatics at the bedside; Teaching and Learning Professional Behaviour; and more.

General Orientation Series: These sessions focus on various aspects of the Faculty of Medicine and its programs. They include key components of the curriculum, student assessment, policies and procedures, professionalism, admissions, services offered by Office of the Health Professions Student Affairs, and faculty appointments and promotions.

Leadership Development Series: These sessions are designed for medical education leaders and for those interested in developing their leadership skills. Sessions include a variety of general orientation topics relevant to medical education and leadership competencies.

Large Group Symposia: These sessions are offered for all medical educators with the aim of creating a broader academic community in Mississauga. Each symposium presents a variety of general medical education topics and offers opportunities to attend teaching skills workshops.
Individual Consultations: The Faculty Development Director offers medical educators one-on-one consultations (confidential, if desired) to support any aspect of their medical teaching-related activities. The Director can work with teachers to complete a Teaching Skills Learning Assessment, designed to help them identify a professional development plan, and to help them select which faculty development activities are most relevant for them. If the teacher is unable to attend any Faculty Development Program sessions, the Faculty Development staff are happy to review the materials with the teacher.

For more information please visit the Faculty Development Program website (http://mamfd.med.utoronto.ca/) or contact us directly:

Faculty Development Director: Jana Bajcar Ed.D
Phone: 905-569-4769 E-mail: jana.bajcar@trilliumhealthpartners.ca

Faculty Development Administrative Assistant: Lori Innes
Phone: 905-569-4504 E-mail: lori.innes@utoronto.ca
Education and Teaching Awards

Education and teaching awards are granted each year in recognition of individual teachers’ excellent contributions across the medical education spectrum. Internal awards are granted at the Department, Academy, Program and Faculty levels; and external awards are offered by the University of Toronto and various provincial and national agencies.

For information about Departmental, Academy, and Program awards, please visit each unit’s webpage.

Faculty-wide awards are granted in the following areas:
- Undergraduate Medical Education
- Undergraduate Teaching in the Life Sciences
- Integrated Medical Education (Community Teaching Awards)
- Graduate Education
- Postgraduate Education
- Continuing Education and Professional Development

To learn more about education and teaching awards in the Faculty of Medicine, please visit:
http://www.medicine.utoronto.ca/faculty-staff/faculty-medicine-teaching-awards

In addition to internal and external awards, this page includes information about the Education and Teaching Awards Committee, the annual Education Achievement Celebration, the Centre for Teaching Support and Innovation and the Centre for Faculty Development.

For additional information about internal awards, please visit: http://www.medicine.utoronto.ca/faculty-staff/awards-internal-teaching-awards; for external awards, please visit:
http://www.medicine.utoronto.ca/faculty-staff/awards-external-teaching-awards

Please contact the Education and Teaching Awards Coordinator for the Faculty of Medicine at edudeans@utoronto.ca for any further information.

Please note that for many of these awards, student support is a requirement for nomination.
Undergraduate Medical Education
KEY POLICIES, STATEMENTS, & GUIDELINES
A Note about Policy

There are many policies and other official statements required to provide an organizational framework for the management of an institution as complex as a medical school.

The key policies relevant to the student experience are gathered in the following pages.

While in-depth knowledge of all relevant policies is not reasonable to expect, students do need to be aware:

(a) that some policies pertaining to student safety, rights, and responsibilities are important to read
(b) that policies on other topics listed below do exist, and
(c) of where to locate them if and when a situation arises that requires familiarity with their content.

These policies and many others are also all readily available on the UME website at:

http://www.md.utoronto.ca/policies.htm

Note that some of the longer policies – e.g., the protocol related to student workplace injury and the protocol for students to report mistreatment and unprofessionalism – are summarized in a flowchart that is reproduced here and available for viewing and downloading from the UME website. Every statement, standard, procedure, and other guiding document formally adopted by a committee of the Undergraduate Medical Education program will be made available on the website of the program. Furthermore, every such document will be actively disseminated at least once a year to relevant individuals, who may include course directors, Academy Directors, students, administrative staff, teachers at large (including those who are not faculty members), and others, depending on the contents of the document. Dissemination may be conducted centrally or at the course-, department-, or site-level, as appropriate.

Should an individual or a group have reservations regarding a statement, standard, procedure, or other guiding document, they must submit their concern in writing to the Vice-Dean UME, who will review the submission and make a decision as to whether it should go before the committee that was responsible for the adoption and implementation of the document. The Vice-Dean UME may, at his/her discretion, temporarily waive the provisions of the document for the complainants for a period not to exceed three months pending review by the appropriate committee, but the document will continue to hold force in general. Should the committee uphold the document, the waiver will cease.

In addition, all statements, standards, procedures, and other guiding documents adopted by UME will be reviewed and re-approved every four years or less by the responsible committee. Review by other relevant committees may also be warranted. The posted version of every document must display the date of initial adoption and the date of the most recent review and re-approval.

This process is intended to help ensure that UME is guided by principles that are:

• current,
• relevant,
• reflective of the goals and mission of both the program and the Faculty of Medicine, and
• well-understood by the students, teachers, staff, and program administrators who together constitute the Undergraduate Medical Education community.
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For more information on this topic, see The UME Curriculum ➔ Grading System & Assessment of Students.
Statement on the general responsibilities of UME teachers

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 12 September 2011
Date of last review: 12 September 2011
Date of next scheduled review: 12 September 2015

The Undergraduate Medical Education program and its students benefit tremendously from the many teachers who contribute to its courses in a variety of capacities. This Statement seeks to articulate the general expectations placed upon teachers to ensure an optimal teaching and learning experience.

GENERAL PREPARATION
Teachers are expected to prepare for their duties in UME by reviewing all materials (including course content, course and program objectives, relevant policies, etc.) that they are sent or directed to read by the course director or the course director’s delegate.

KNOWLEDGE OF THE CURRICULAR CONTEXT
All teachers, but especially those who create course content, are expected to familiarize themselves with the curricular context in which their teaching is situated. To do so, teachers have access to two key tools:

1. For in-course content, teachers should access the course website on the University of Toronto portal, at http://portal.utoronto.ca. *
2. For program-wide content relevant to the subject of their teaching, teachers should access the online Curriculum Map (CMAP) at http://cmap.med.utoronto.ca.
   * The Curriculum Map can be searched by a variety of parameters including keyword, Medical Council of Canada Presentation, UME objective, etc.

*Note: To access both of these sites, teachers must be “enrolled” by providing their UTORID (University of Toronto unique identifier) to the course administrative staff. All faculty members and learners (e.g. residents) at the University of Toronto are entitled to have a UTORID; for clarity, this is the same username that is used to log onto University of Toronto e-mail. Teachers who do not have a UTORID should contact their departmental business officer or the course administrative staff for direction on how to proceed. Arrangements for guest accounts can also be made for instructors who do not hold an appointment at the University.

DEVELOPMENT OF COURSE CONTENT
Teachers who are responsible for creating content (e.g. lecture notes, examination questions, etc.) are required to submit their slides or other materials in electronic format to the course director and/or course administrative staff (as requested) no fewer than ten working days before the scheduled date of the session (or the first date, if the
session is to be offered on multiple occasions); course directors may impose an earlier deadline as they deem appropriate. The ten-day deadline is enforced to ensure that there is adequate time to arrange for videoconferencing, printing, and online posting of the materials. Failure to meet this deadline may seriously impact the successful delivery of the teaching session.

APPROPRIATE SUPERVISION AND ROLE-MODELLING
Teachers of all types in UME do not merely transmit knowledge to students. Rather, and equally importantly, they also guide students on their path towards professional practice. It is therefore essential for teachers to recognize the responsibilities incumbent upon them as supervisors and role models in all settings and educational situations. For clinical faculty, many of these responsibilities are set out in the Faculty of Medicine’s Standards of Professional Behaviour for Medical Clinical Faculty and in the College of Physicians and Surgeons of Ontario’s Professional Responsibilities in Undergraduate Medical Education, among other guiding documents.

STUDENT ASSESSMENT
The UME program places great value on providing students with reliable and valid assessments for purposes of both feedback to the student and decisions about whether students have achieved competency. UME teachers play a critical role in these assessment activities. For clarity, these activities include:

- completing evaluation forms or daily encounter cards,
- marking written assignments or oral reports,
- marking examination papers or portions thereof,
- providing formal mid-rotation feedback (including review of students’ logging reports),
- participating in OSCEs or other clinical examinations, and
- any other such activities.

In some circumstances, ad hoc assessments may also be requested by the course director, for instance, in cases of concern about a student.

All teachers who are assigned assessment responsibilities are expected to discharge these duties promptly, conscientiously, and in the format requested. UME policy requires that all assessment outcomes be shared with students within a maximum of four weeks, but a much shorter timeframe is generally expected. Course directors may impose an earlier deadline depending on the nature of the assessment or other factors.

RECORDING STUDENT ABSENCES
Teachers who lead sessions that have been deemed mandatory by the program or the course must maintain a complete record of student absences, and submit this record to the course director at the conclusion of the course or block of teaching.

TIMELY COMMUNICATION REGARDING CONCERNS ABOUT STUDENTS OR OTHER ISSUES
Individual teachers, particularly those involved in one-on-one or small-group educational activities, are generally best placed to identify concerns about student performance and conduct; they are also well-placed to evaluate other aspects of the educational experience, such as the appropriateness of the content or delivery method, the learning environment, etc. Consequently, timely communication from teachers to course directors or site directors is essential to the delivery of the UME curriculum when concerns of any kind arise.

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1 See Standards for timely completion of student assessment and release of marks.
2 See the Regulations for student attendance and guidelines for approved absences from mandatory activities in UME.
Policy on Scheduling of Classes and Examinations and Other Accommodations for Religious Observances

Approved by Governing Council
29 June 2005
www.governingcouncil.utoronto.ca/policies

Preamble
The University of Toronto welcomes and includes students, staff and faculty from a broadly diverse range of communities and backgrounds. The University community comprises one of the most diverse campus populations anywhere. Students, staff and faculty have a wide range of backgrounds, cultural traditions and spiritual beliefs. With reference to the University’s commitment to human rights as articulated in the Statement on Human Rights and in accordance with the accommodation principles of the Ontario Human Rights Code, this policy is concerned with accommodations for students with respect to observances of religious holy days.

Policy
It is the policy of the University of Toronto to arrange reasonable accommodation of the needs of students who observe religious holy days other than those already accommodated by ordinary scheduling and statutory holidays.

Students have a responsibility to alert members of the teaching staff in a timely fashion to upcoming religious observances and anticipated absences. Instructors will make every reasonable effort to avoid scheduling tests, examinations or other compulsory activities at these times. If compulsory activities are unavoidable, every reasonable opportunity should be given to these students to make up work that they miss, particularly in courses involving laboratory work. When the scheduling of tests or examinations cannot be avoided, students should be informed of the procedure to be followed to arrange to write at an alternate time.

It is most important that no student be seriously disadvantaged because of her or his religious observances. However, in the scheduling of academic and other activities, it is also important to ensure that the accommodation of one group does not seriously disadvantage other groups within the University community.

On an annual basis, the Office of the Vice-President & Provost shall publish information concerning the anticipated dates of a number of holy days over the subsequent two academic years. While every reasonable effort should be made to provide accommodation, the publishing of these dates should not necessarily be interpreted to mean that no important academic activities can be scheduled on these dates.

This policy shall be applied in a manner which is consistent with normally applicable academic requirements and standards.

Responsibility
Administrative responsibility for this policy is assigned to the Vice-President & Provost.
Procedure for disclosure of potential commercial or professional conflicts of interest by UME teachers

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 3 August 2011
Date of last review: 3 August 2011
Date of next scheduled review: 3 August 2015

Procedure:

All teachers in the UME Program must disclose any actual, perceived, or potential conflicts of interest.

1. This includes:
   a. those delivering content in lectures, symposia, seminars, and PBL tutorials.
   b. those preparing or determining content such as course directors, planners, and members of curriculum committees.

2. The disclosure by teachers must be included in print or on-line materials and mentioned at the beginning of each session.
   a. If slides are used, the second slide should contain the disclosure information.

3. Potential conflicts of course directors or planners should be declared in the overall course description and publically available.

4. In less formal settings such as clinical teaching at the bedside, in the operating room or procedure room, or in ambulatory settings, it is not practical to disclose potential conflicts at the outset of every encounter. However, teachers should be mindful of situations in which the impartiality of their statements could be questioned and disclose any potential conflict of interest in such cases to the students under their supervision.

5. For advice on how to approach these situations, teachers are encouraged to speak with the course director(s) of the courses in which they participate.

This procedure is consistent with the guidelines articulated in the Report of the Task Force on Relations with Industry and the Private Sector (“TRIPS,” January 2011), but also recognizes the potential for non-industry-related conflicts of interest.

It is the responsibility of course directors or other faculty members who coordinate teacher recruitment (e.g. week managers or site directors) to make this procedure known to all teachers.

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1 The TRIPS report identifies relevant conflicts of interest as including but not being limited to: partnerships, shareholdings, receipt of consultation fees, membership on advisory boards or speakers’ bureaus, and funding for research.
Procedure for conflicts of clinical and educational roles

Approved by: Undergraduate Medical Education Executive Committee

Date of original adoption: 17 May 2011

Date of last review: 17 May 2011

Date of next scheduled review: 17 May 2015

PREAMBLE:

Many teachers in the Faculty of Medicine are also practising clinicians, creating the potential for a conflict of professional roles to arise:

- First, a Faculty of Medicine teacher may be assigned to teach or assess a medical student previously cared for or currently being seen as a patient.
- Second, a Faculty of Medicine teacher may be asked to provide care to a current or former student.

Both kinds of situations must be carefully managed, particularly if the care is of a “sensitive” nature as defined below, or if the care is provided in the context of an ongoing clinical relationship.

(1) If a medical student comes under the supervision of a teacher who is currently treating or has previously treated that student for a sensitive health concern, or who is their primary care physician or specialist consultant for ongoing regular care, a conflict of professional roles between the teacher’s clinical and educational responsibilities arises.

(NB: “Supervision” is defined here to include any small group didactic teaching or teaching of clerks in a clinical setting, but does not include large group lectures.

“Sensitive health concerns” include but are not limited to mental health conditions and conditions that are sexual in nature; the threshold for sensitivity is recognized to be an individual decision, which should fully consider reasonable expectations of the patient.)

In such a situation, the teacher must not participate in the assessment of the student in question, either directly or indirectly (e.g., by providing feedback to the site director of a clinical rotation). It is also preferable that the student be scheduled for alternative supervision, if possible without disrupting the educational experience of the student in question and other students in the course, and without drawing any unnecessary attention to either the student or teacher.

Responsibility and procedure:

Both the teacher and the student are individually responsible for reporting the potential conflict of professional roles to the appropriate UME leader of their choosing; this may include the course director, the student’s Academy Director, the Precertification or Clerkship Director, and/or the Associate Dean, Health Professions Student Affairs. Once either party contacts any of the above individuals, that individual will make arrangements to remove the student from the teacher’s supervision or at a minimum to ensure that assessment is conducted exclusively by other faculty members with no input from that teacher.
Students who make a report shall disclose that the conflict pertains to the teacher’s clinical role, but shall not be required to disclose the nature of the health care they received. Teachers who make a report need disclose only that a conflict of interest has arisen without making explicit that it pertains to their clinical role; this provision has been included in recognition of physician teachers’ primary responsibility to uphold patient confidentiality.

If it is the student who reports the conflict, the teacher in question will not be informed of the reason for the change unless it proves necessary, and only then after student consent is provided. If it is the teacher who reports the conflict, the student will be informed of institutional policies around conflicts of interest and the reason for the transfer of supervision.

If additional faculty or staff need to be involved in order to transfer the student to another supervisor, explanations are to be provided to them on a need-to-know basis only, with the minimum amount of information required.

**Special provision regarding senior teachers/leaders in curriculum:**

When the faculty member in question is in a unique senior position, as, for example, a course director, Preclerkship Director, or Clerkship Director, it will generally not be possible to remove that individual entirely from the oversight and involvement of a student who is a former or current patient. Instead, it is expected that the senior teacher/leader in curriculum report their potential conflict of professional roles to the Vice-Dean UME as soon as they become aware that a former or current patient is enrolled in a course under their jurisdiction.

Upon such notification, the Vice-Dean UME will take measures to ensure that any “extra attention” that may subsequently need to be paid to the student in question (e.g., for academic difficulty, professionalism concerns, or petitions for consideration) is handled by a suitable alternate. The curriculum leader in conflict may be involved only insofar as this is deemed necessary to ensure consistent treatment of all students. The involvement of the alternate will be duly documented. It is not required that the student be advised that an alternate has been put in place unless their performance or behaviour necessitates “extra attention” as defined above; nevertheless, depending on the circumstances, the Vice-Dean at his/her discretion may notify the student of the arrangement from the outset.

(2) If a student is supervised, tutored, or mentored in a formal or informal capacity by a teacher, then an educational relationship is established. Consequently, a conflict of professional roles would arise if a teacher accepted a request to provide health care services or clinical advice to such students during the period of the educational relationship. If a student requests such advice or assistance, he or she should be advised to seek care from their family physician or other appropriate health care provider (except in cases of an emergent/urgent nature).

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1 It should be noted that such “senior teachers” or “leaders in curriculum” do not generally participate in direct assessment of students; rather, they typically make judgements about the overall performance and behaviour of students based on feedback from others, and these decisions are normally made by a group rather than by the senior teacher alone. Consequently, the situations in which a risk of unequal treatment would arise are more limited than they would be for a person involved in direct teaching and assessment.
Alternatively, if a teacher wishes to accept the request to provide care to a student, the teacher must inform the appropriate UME leader\(^2\) prior to commencing care. The provisions and procedure in Section 1 of this policy will then apply. For clarity, teachers should never encourage students to confide personal health-related concerns to them.\(^3\)

With regard to the provision of medical services or advice after the educational relationship has come to an end, teachers are strongly urged to exercise caution and familiarize themselves with the relevant professional regulations; they should also bear in mind the possibility that the educational relationship may be renewed at a later date.

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\(^2\) An appropriate UME leader may include the course director, the student’s Academy Director, the Preclerkship or Clerkship Director, and/or the Associate Dean, Health Professions Student Affairs.

\(^3\) Students may be referred to the Associate Dean, Health Professions Student Affairs, or their Academy Director for assistance in accessing appropriate resources. Online information on health care resources is maintained by the Office of Health Professions Student Affairs.
Principles governing the use of personal information in Undergraduate Medical Education

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 20 September 2011
Date of last review: 20 September 2011
Date of next scheduled review: 20 September 2015

In fulfilling their responsibilities, Undergraduate Medical Education (UME) leaders, staff, and teachers necessarily have access to information regarding academic and/or personal details of UME students and teachers. For example, depending on their particular role, UME leaders, staff members, or teachers may have knowledge of student marks and assessments, reports on student conduct and professionalism, and information on health or family concerns that have affected studies. They may also receive information about teachers such as teaching evaluations and reports about conduct. Such information is inherently sensitive and should be used only for its intended purpose.

In order to safeguard information about students and teachers, and prevent it from being used for unauthorized purposes, the UME program has established the following two principles:

1. Non-disclosure of information
   Personal information about individual students or teachers must not be disclosed to those outside of UME, nor to individuals within UME, who do not have the authority to access this data. The only exceptions are when the disclosure is required by official UME business, by University policy, or by law.

   Official UME business is that activity which is conducted by offices of the UME program as part of their mandate. An example of this is when the Office of the Faculty Registrar issues transcripts and Medical Student Performance Records (MSPRs) to the Canadian Residency Match Service (CaRMS).

   Sharing of individual student grades or assessment results by individuals with other institutions outside UME or with residency selection committees, both verbally or in writing, does not constitute official UME business, and is therefore strictly prohibited.

   Specifically:
   - Letters of reference or external award nominations written by UME leaders or teachers for students must not contain grades or assessment results. Letters of reference for use in the CaRMS match must not report course grades or quote clinical assessments. It should be noted that UME routinely issues to CaRMS for all students, both official transcripts which indicate whether credit has been obtained in a particular course, and official Medical School Performance Records (MSPR) which indicate clinical competencies attained on clerkship rotations.

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For this document, Undergraduate Medical Education leaders are defined as the Vice-Dean, UME Associate Deans, Academy Directors, the Preclerkship and Clerkship Directors, course directors, and thematic faculty leads.
Letters of reference or external award nominations written by UME leaders for teachers must not contain Teaching Effectiveness Scores or student comments retrieved from evaluation forms without the specific consent of the teacher.

Individuals aware of inappropriate disclosure of information outside of UME should inform the Vice-Dean UME as soon as possible.

2. Separation of UME leadership roles from other decision-making positions

The UME program wishes to avoid conflict of roles that could lead to unintentional misuse of sensitive, personal information.

UME leaders maybe in a conflict of leadership roles if in addition to their UME role they also hold other decision-making or advisory positions vis-à-vis UME students within the UME portfolio or external to it.

Examples:

A. A conflict would arise if a UME leader were also:
   i. a member of a Resident Selection Committee
   ii. a member of the UME Board of Examiners (unless specified ex officio)
   iii. a member of the Faculty of Medicine Board of Undergraduate Medical Assessors (unless specified ex officio)
   iv. a member of the Faculty of Medicine Appeals Committee
   v. a member of the Governing Council Academic Appeals Committee

B. Because of the potential for conflict, a person should not be both:
   i. an Academy Director and a course director
   ii. an Associate Dean and a course director

(The preceding are examples only and not a complete list of possible conflicts.)

All potential conflicts must be declared as soon as known to the Vice-Dean UME, and also, if pertaining to resident selection, the Vice-Dean PGME/Associate Dean PGME (Admissions)\(^2\), who will determine the appropriate course of action. Every attempt should be made to avoid assuming or continuing in a role that constitutes a conflict of interest as defined above, and the individual in conflict may be required to step down from one of the conflicting positions. In those instances where a conflict cannot be avoided (e.g. in very small residency programs), the individual must declare the conflict of interest to the participants in the relevant process and refrain from disclosing confidential information in contravention of the principles outlined in this document. Those responsible for overseeing resident selection processes (e.g., selection committee chairs) must ensure that potential conflicts are managed appropriately and that inappropriately disclosed information is not included in selection decisions.

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\(^2\) Conflicts may also arise if UME leaders participate in file review or interviews for resident selection. If in doubt, declare the potential conflict and seek advice from senior leaders in both UME and PGME.

\(^3\) If the Vice-Dean is perceived to have a conflict of roles, this conflict should be discussed with the Dean of the Faculty of Medicine, who will determine the course of action to follow.
Standards for course hours and student self-study time in the Preclerkship

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: [21 June 2011]
Date of last review: [21 June 2011]
Date of next scheduled review: [21 June 2015]

The Undergraduate Medical Education program respects the importance of enabling students to achieve an appropriate balance between their academic responsibilities, independent learning time, and personal lives. To this end, the following standards have been adopted.

The number of scheduled teaching hours (lectures, seminars, laboratory sessions, and small-group learning activities) by the Faculty in a week of the Preclerkship is not to exceed 32. A week is defined as Monday through Friday, excluding holidays; there are no required educational activities on Saturdays and Sundays.

In addition, across each entire year of the Preclerkship there will be a maximum of 30 hours of mandatory but flexibly scheduled curriculum experiences. Mandatory but flexibly scheduled curriculum experiences include Family Medicine Longitudinal Experience encounters, Inter-Professional Education electives, etc.

Over the course of each year of the Preclerkship, there shall be a minimum total of 36 unscheduled half-day blocks, i.e., an average of one half-day block of unscheduled time per week. In addition, these half-day blocks shall be complemented by other periods of unscheduled time to ensure an average of at least eight hours in total per week. The daily lunch hour (which is usually held from 12 to 1 PM) is not included in this unscheduled time.

Moreover:

- The maximum number of scheduled teaching hours in a day shall be seven, and this maximum shall be attained no more than two days per week. On all other days, the maximum number of scheduled teaching hours shall be six.
- There must be no more than three hours of lectures scheduled consecutively.
- There should be no more than four hours of lectures in a day.
- In circumstances where the curricular framework requires additional lecture time, a maximum of four consecutive hours of lecture or six hours of lectures in one day may be permitted only with prior approval from the Preclerkship Director. Extra consideration should be given on such occasions to employing engaging and interactive large-group formats.

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1 An unscheduled half-day block is a period of time that will typically extend until 12 PM (“all morning”) or begin at 1 PM (“all afternoon”) on a given day. Lengthy unscheduled periods that fall between scheduled teaching activities do not constitute unscheduled half-day blocks. For example, if there is scheduled teaching from 9 AM to 11 AM and then more scheduled teaching from 4 PM to 5 PM, the unscheduled period between 11 AM and 4 PM will not be considered an unscheduled half-day block for the purposes of these Standards, but will be recognized as four hours of unscheduled time (with a fifth hour for lunch).
KEY POLICIES, STATEMENTS, & GUIDELINES:
On Teaching & Assessing Students

Exceptions can be made for unusual circumstances (e.g., to recover a session that was cancelled on short notice due to University closure, unforeseen lecturer unavailability, etc.), but strict adherence to this policy is otherwise expected.

Course directors, insofar as they are responsible for designing and implementing their courses, hold primary responsibility for ensuring compliance with these Standards. Course directors of courses that run synchronously are expected to work collaboratively to ensure that total scheduled teaching hours do not exceed the limits specified above.

Course directors are encouraged to be mindful of students’ increased need for self-study time immediately prior to examinations, and to arrange the schedule of sessions in their courses accordingly.

Concerns from students, teachers, or administrative staff members regarding breaches of these Standards should be brought to the attention of the course director in the first instance. If the response is unsatisfactory or if a pattern of breaches emerges, the matter should be raised with the Preclerkship Director for review and redress.
Standards for call duty and student workload in the Clerkship

Approved by: Undergraduate Medical Education Executive Committee

Date of original adoption: 17 May 2011
Date of last review: 15 January 2013
Date of next scheduled review: 17 May 2015

The maximum on-call frequency in all clinical clerkship courses is one night in four averaged across the entire rotation duration. Clerks must not be scheduled for call duty the evening before an examination or on the last day of a six- or eight-week block (usually a Sunday), nor on the Fridays before (a) the December holiday period, (b) the CaRMS interview period, (c) the March Break, and (d) the last rotation of the academic session.

After being available for service in-hospital for twenty-four consecutive hours, clerks must be relieved of all service and educational duties until the commencement of the next working day, after ensuring adequate handover of patient care responsibilities. Such handover shall not exceed two hours, for a total of twenty-six consecutive hours in the hospital.

For rotations that include an on-call requirement that extends into the evening but is not overnight and where students are expected back to work the following day, the on-call period must end by 11:00 pm.

Students shall not be asked or expected to exceed the limits specified above under any circumstances.

If a course or the Clerkship as a whole has designated certain educational activities as mandatory, then students must be relieved of their duties at midnight of the preceding day. Alternatively, such mandatory educational activities can be scheduled first-thing in the morning to enable post-call students to attend within their twenty-six hour limit.

If a student is not on call or on shift, he/she shall not work on a weekend day.

Across the duration of a rotation, the average number of hours per day that a student spends in total in required clinical and didactic experiences shall not exceed 12, excluding days on which the student is on-call or post-call.

A medical student who is pregnant will not be required to participate in on-call duty after 31 weeks’ gestation unless agreed to otherwise by the medical student.

It is the responsibility of every site director for each clerkship course to actively monitor adherence to all aspects of this policy and to intervene immediately if any are breached.

Concerns from students, teachers, or administrative staff members regarding breaches of the policy should be brought to the attention of the site director in the first instance. If the response is unsatisfactory or if a pattern of breaches emerges, the matter should next be raised with the course director for review and possible redress. If continued non-compliance occurs at one or multiple sites after the course director has intervened, the issue should be reported to the Clerkship Director and relevant University Department Chair for immediate response.
Required clinical experiences in the core clerkship rotations: Responsibilities of students, faculty, and UME curriculum leaders

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 12 September 2011
Date of last review: 12 September 2011
Date of next scheduled review: 12 September 2015

A. Principles
   1. Educational value
      a. The logging of clinical procedures and encounters in core clerkship rotations has important educational value for students, teachers, and course directors:
      b. Students benefit from logging because it allows them to confirm that they have in fact encountered all of the core problems and performed all of the core procedures that the program has deemed essential for completion of the MD degree.
      c. Every participant in the Clerkship education process benefits from logging because it allows the program to confirm that all clinical sites provide equivalent experiences and that all students meet the minimum expectations with regard to patients seen and procedures performed.

   2. Real patients
      Undergraduate Medical Education emphasizes the importance of student interaction with real patients as part of their acquisition of all categories of program competencies (i.e. the CanMEDS roles). For this reason, the required encounters and procedures lists are designed to be achievable exclusively through experiences with real patients. However, simulated experiences may be permitted in some cases to remedy gaps, as described below.

   3. Course component
      Logging of clinical encounters and procedures is a mandatory, Credit/Non-credit component of every core clerkship rotation. A student will not receive credit in a course until such time as the list is completed.

   4. Academic integrity and professionalism
      The principle of academic integrity applies to logging just as it applies to all other course components. Therefore, any falsification of data will be considered a major lapse of professionalism and may also be subject to other disciplinary action according to University policy.

B. Description of the course lists of required encounters and procedures
   Every core clerkship course maintains and publishes a list of required encounters and procedures. These lists are reviewed annually by each course and updated as required, with central oversight by the Clerkship Director.
The lists are publicized on the course websites on the Portal, on the online logging software T-Res (www.t-res.net), and on the T-Res Pocket Card distributed to students. At the start of each rotation, students are expected to familiarize themselves with the list of required encounters and procedures for that course, including the required number of each encounter and procedure and the level of student involvement required, as described below.

1. **Encounters**
   Encounters are defined as meaningful involvement in a patient’s care. For example, taking a history, performing relevant physical examination manoeuvres, and taking part in discussion of investigation and management would be considered an encounter.

2. **Procedures**
   Procedures have a pre-specified level of minimum involvement that must be achieved in order to be logged. These expectations are clearly articulated as part of the list of required procedures. The levels are:
   a. The student observed the procedure.
   b. The student performed the procedure with assistance or assisted someone else.
   c. The student performed the procedure independently.

3. **Number**
   In most but not all cases, only one encounter or procedure per item listed is required.

   Students are not expected to log every patient, but must meet the requirements for logging (including quantity) specified by each course.

4. **Settings**
   The expected setting for each procedure and encounter is generally implicit, given that the lists are course-based and courses typically have specific settings. In cases where more specificity is required, it is included in the name of the procedure or encounter.

C. **Process for reporting and review**
   1. **Mid-rotation**
      As part of the formal mid-rotation feedback conversation, it is mandatory for students to review *T-Res Report 062 (Trainee Encounters and Procedures Count Summary)* with their preceptor/site-supervisor, except in the case of courses with duration of one week or less. (Courses of one week or less are deemed too short to require mid-rotation meetings.) It is the students’ responsibility to present the report to their preceptor/site supervisor.

      Students are expected to have a dialogue with their preceptor/supervisor regarding the report. This portion of the mid-rotation feedback conversation has two main purposes:
      - to discuss the key learning points of the experiences that have been logged by the students to date
      - to establish a plan for subsequent clinical experiences to remedy any gaps in order to complete all the required encounters and procedures by the end of the rotation.

      **Note:** In some courses, a form will be completed jointly by the student and preceptor documenting this discussion.
2. **End-of-rotation**
   At the end of the rotation, it is mandatory for the student to submit a completed T-Res Report 064 (*Encounter and Procedure Goal Completion Summary*) to the course director or designate (e.g. the site supervisor) in order to receive Credit for the logging component of the course. A checkmark at the bottom of the column of encounters and procedures indicates completion.

3. **Reminders**
   Students will receive centrally-generated e-mail reminders to review Report 062 (mid-rotation report) and to hand in Report 064 (end-of-rotation report).

4. **Incomplete requirements**
   As stated in the Principles, the expectation is that the required clinical encounters and procedures are preferentially experienced through interaction with real patients. Some encounters and procedures will be identified in each course as “Must be real” because they are critical common patient encounters that cannot be adequately replaced by simulation. Even for other required encounters and procedures, simulations should only be used to remedy gaps, such as when a given experience with a real patient is unavailable (e.g., in the case of seasonal illness or certain less common presentations).

   In the event of an incomplete Report 064, students will be required to work with the course director expeditiously to make an action plan, with follow-up from the course director, to remedy any remaining gaps. Upon completion of Report 064, Credit for the component will be awarded. Note: All gaps in all courses must be completed within six weeks of the end of the Year III clerkship in order for all clerkship courses to be considered complete with credit earned.

5. **Central monitoring**
   The Clerkship Director will monitor overall completion rates in every course at regular intervals to identify any trends of concern requiring action.

   Individual students who are persistently unable to complete the required lists in multiple courses may be considered to exhibit academic difficulty, in which case the appropriate interventions will be applied. (See the *Guidelines for the Assessment of Undergraduate Medical Trainees in Academic Difficulty – Clerkship.*)
Standards for mid-rotation feedback in core clinical clerkship courses

Approved by: Undergraduate Medical Education Executive Committee

Date of original adoption: [15 November 2011]
Date of last review: [15 November 2011]
Date of next scheduled review: [15 November 2015]

In all core clinical clerkship courses of four weeks or longer, every student must receive both verbal and written formal, formative mid-rotation feedback from a faculty supervisor. Courses shorter than four weeks are encouraged to provide such feedback where feasible. Courses with distinct sub-rotations of different sites and/or different services should preferably provide mid-rotation feedback at the mid-point of each sub-rotation, but may instead provide this feedback at the mid-point of the rotation as a whole.

Formative mid-rotation feedback refers to a description of the skills and knowledge a student has demonstrated to date, with an emphasis on the student’s strengths and areas requiring further improvement before the end of the rotation (or sub-rotation). Mid-rotation feedback includes a review of the student’s log of clinical experiences\(^1\), i.e. the quantity and breadth of their experiences, but it must also incorporate consideration of the quality of the student’s experiences and performance with regard to all seven categories of competency (Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional). Narrative assessment is an essential component of mid-rotation feedback\(^2\), although a quantitative assessment (e.g. through answering questions on a rating scale) may also be employed at the discretion of a course director.

Above all, in preparing their feedback, supervisors should bear in mind that the primary audience is the student himself/herself and that the primary purpose of the feedback is to assist the student in achieving the objectives of the course; it is not used in any way to determine the student’s outcome in the course or program.

Formal mid-rotation feedback means that the feedback encounter should be conducted privately and at a time mutually agreed upon in advance by the student and supervisor. A summary of the feedback must be recorded on a form supplied by the course administration, and submitted to both the student and the course director; this process may be performed on paper or electronically (through MedSIS).

Course directors are responsible for actively monitoring that mid-rotation feedback is provided to every student on each rotation and at each site, and for taking immediate action should they become aware that this has not occurred. Course directors are also expected to seek information from students on the quality of the feedback they receive at mid-rotation, to ensure that the feedback is fulfilling its aim.

\(^1\) See the Required clinical experiences in the core clerkship rotations: Responsibilities of students, faculty, and UME curriculum leaders.

\(^2\) See the Expectations for the provision of narrative feedback to students in UME.
Standards for timely completion of student assessment and release of marks

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 19 April 2011
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Date of next scheduled review: 19 April 2015

In every course in the UME program, each student component assessment (evaluation forms, examination results, etc.) must be released to the students within four weeks of the completion of the activity to be assessed. Individual adherence to this deadline is to be monitored by the course director. Regardless of whether the course director elects to delegate this task to an administrative assistant, the overall responsibility for compliance remains with the course director.

The final grade in each course is to be recorded within MedSIS and must be made available to students no later than six weeks following the end of the course/rotation. Earlier notification is encouraged. In exceptional circumstances, an individual student’s assessments and/or final course grade may be delayed; in this situation, the student must be notified of the reasons for delay. Under no circumstances should the release of assessments or grades to an entire class or group of students be delayed beyond the timeframes named above.

Students must be advised of sub-standard performance as soon as this information is available, and well in advance of the deadlines noted above.

Teachers or course directors who persistently fail to meet the four-week assessment deadline and/or six-week final grade deadline will be brought to the attention of their Department Chair and/or the Vice-Dean UME by the Registrar, the Preclerkship Director, and/or the Clerkship Director.
Expectations for the provision of narrative feedback to students in UME

Approved by: Undergraduate Medical Education Executive Committee
Date of original adoption: 3 August 2011
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Date of next scheduled review: 3 August 2015

The UME program places great emphasis on the provision of feedback to students to support their learning. This includes numerical feedback (see Standards for the disclosure of component marks and final grades to students) and also narrative feedback, in both written and verbal forms.

A narrative description of a student’s performance should be included in every course or curricular theme. In particular, any series of small-group or one-on-one learning experiences should culminate in narrative feedback from the teacher(s). Such feedback may or may not be accompanied by a formal assessment, as deemed most appropriate for the course.

Course directors and thematic faculty leads are expected to review written descriptions and comments they receive about each student’s performance. They are also expected to take every opportunity to share written narrative feedback with students in cases where this does not occur automatically (i.e. when it is not provided verbally or on an evaluation form that the student is able to access).
Standards for grading and promotion of undergraduate medical students

Approved by: Undergraduate Medical Education Executive Committee
Date of original adoption: [10 February 2012]
Date of last review: [10 February 2012]
Date of next scheduled review: [10 February 2016]

These Standards serve as an adjunct to the University of Toronto Grading Practices Policy and describe the practices of the Undergraduate Medical Education program with regard to determining the standing of every enrolled student. They are in full accordance with the Terms of Reference of the Board of Examiners of the Undergraduate Medical Program, and are complemented by the UME program’s Guidelines for the Assessment of Undergraduate Medical Trainees in Academic Difficulty (Preclerkship and Clerkship versions).

1. Authority of the Board of Examiners: All decisions related to an undergraduate medical student’s standing are ultimately made by the Board of Examiners of the Undergraduate Medical Education program, a standing committee of the Council of the Faculty of Medicine. To inform these decisions, the Board of Examiners receives recommendations from the Preclerkship and Clerkship Director and/or individual course directors.

2. Component marks and course grades: Component marks and course grades are normally released through the Medical Student Information System (MedSIS), but may also be released through other means (e.g., e-mail).
   a. Component marks: Component marks are not subject to any formal approval, but rather serve as the basis for decisions about overall course standing.
   b. Provisional (unofficial) course grades: Course grades communicated through MedSIS or e-mail constitute an unofficial record. Provisional course grades in MedSIS are subsequently recommended to the Board of Examiners. (See Sections 7 and 8.)
   c. Official course grades: Upon approval of the Board of Examiners, course grades are loaded into the Repository of Student Information (ROSI), which is the official record and is used by the University to generate official transcripts. In the event that the Board of Examiners makes a change to a student’s final standing in a course, the change will be made in MedSIS as well.

3. Standards of achievement on individual components, other than professionalism: With the exception of professionalism, it is the responsibility of each course committee to define satisfactory completion of each component of their course. Specifically:
a. **Assessment tools and methods:** With the exception of professionalism evaluations, course committees are responsible for establishing the assessment tools (examinations, assessments, etc.) to be used in the course, subject to periodic review by the Examination & Student Assessment Committee (ESAC) and/or the UME Curriculum Evaluation Committee (UMECEC). Changes to assessment methods must be brought to the attention of the Preclerkship or Clerkship Director, as per the Guidelines and protocol for making curricular changes.

b. **Definition of a “clear pass”:** For every marked component in a course, course committees are responsible for defining the numerical threshold above which a student’s performance on that component will be considered unequivocally satisfactory (a “clear pass”) and for establishing assessment tools to measure achievement of this threshold. In many courses, this threshold is 70%. Components on which a “clear pass” is achieved will be recorded as “CR” (“Credit”) in MedSIS.

c. **Definition of a “clear failure”:** On numerically marked (scored) components of every course in the UME program, 60% is the universal threshold below which a student’s performance is deemed unsatisfactory (a “clear failure”). Course committees are responsible for defining what constitutes performance above and below this threshold and establishing suitable assessment tools accordingly. Components on which a “clear failure” is achieved will be recorded as “NC” (“No Credit”) in MedSIS, unless extra work is assigned, in which case an interim standing of “CON” (“Conditioned”) on the component will be recorded. (See Section 7c for details.)

d. **Definition of “borderline performance”:** Numerical marks for individual components that fall at or above 60% and below the “clear pass” threshold established by the course are deemed borderline. Borderline components will be recorded as “CR” (“Credit”) in MedSIS, unless extra work is assigned, in which case an interim standing of “CON” (“Conditioned”) on the component will be recorded. (See Section 7c for details.)

e. **Definition of an “incomplete” component:** Course committees are responsible for selecting any mandatory non-marked components they deem appropriate for the course, subject to periodic review by ESAC and/or the UMECEC. (These include, for example, required encounters and procedures in the core clinical clerkship courses.) An interim standing of “INC” (“Incomplete”) will be recorded in MedSIS for any such component that is not submitted or completed to the minimum standard established by the course committee. (See Section 7d for details.)

f. **Communication to students:** Course committees are responsible for articulating all of the elements above in a course outline provided to students no later than the first day of the course.

4. **Definition and application of extra work:** Borderline performance on a component or in a course, as well as marginal failure of a component, may lead to the assignment of “extra work,” which is a short program of additional study, assignments, and/or clinical experience to ensure that the student has met the standards of the course. Course committees are responsible for establishing standards of extra work. Extra work is assigned to a student at the discretion of the course director, in consultation with the Preclerkship/Clerkship Director; if the student’s deficit is significant, a further assessment (e.g. a repeat examination) may be required by the course director and Preclerkship/Clerkship Director as part of the extra work to confirm the student’s improvement. If a program of extra work is successfully completed, the original mark achieved on the component/in the course will be allowed to stand. In the event that a program of extra work is not successfully completed, see Section 8b below.
5. **Standards of conduct in professionalism:** Satisfactory professional behaviour is a requirement to achieve credit in every course, and assessment of professionalism is included in every course.

   a. **Standards of achievement and assessment tools:** In contrast to other components, both the standards of achievement in professionalism and the tools to assess students’ professional performance are not the responsibility of course committees, but are instead established by the Professionalism Committee, subject to periodic review by the UMECEC. The standards are described in the *Guidelines for Assessment of Undergraduate Medical Trainees* (Preclerkship and Clerkship versions).

   b. **Responsibilities related to students with identified weakness in professionalism:** A student who is identified as exhibiting significant weakness in this area, either through routine professionalism evaluations or through other reports of concerning conduct, may be raised before the Board of Examiners by the Preclerkship/Clerkship Director, the course director of the course during which the incident occurred, the Faculty Lead for Ethics & Professionalism, and/or the Associate Dean Equity & Professionalism. Extra work and remediation in professionalism are normally assigned and conducted under the supervision of the Faculty Lead for Ethics & Professionalism and/or the Associate Dean Equity & Professionalism.

6. **Standards of achievement in a course as a whole:**

   a. **Determination of achievement:** It is the responsibility of each course committee to define satisfactory completion of their course as a whole. Specifically:

      i. **Relative weight of components:** Course committees are responsible for assigning the relative weight of each numerically-marked component that contributes to the calculation of the final course grade. As per the *University Grading Practices Policy*, no single component may be assigned a weight of more than 80% of the overall course grade.

      ii. **Additional expectations for marked components:** A component’s weight notwithstanding, course committees may establish additional expectations for marked components. For example, in a given course, there may be a requirement to achieve 60% on each written exam, in addition to an average overall grade of 60% in the course.

      iii. **Mandatory non-marked components:** By their nature, mandatory non-marked components are required in order to complete the course.

      iv. **Professionalism:** See Section 5 above.

   b. **Communication to students:** Course committees are responsible for articulating all of the elements above in a course outline provided to students no later than the first day of the course.

7. **Meaning of provisional course grades in MedSIS:** Provisional course grades differ in some respects from the final grades awarded by the Board of Examiners. Specifically:

   a. **CR (Credit)** is used to denote that all requirements in the course have been met. This is the grade that will be recommended to the Board of Examiners, barring the availability of new information that calls into question the student’s successful performance in the course. (See Section 8.)
b. **NC (No Credit)** is used to denote that a student has not been successful in completing the course due to any of the reasons in Section 6a. The recommendation to the Board of Examiners will depend on the student’s history of academic difficulty\(^1\), as described in Section 8 below. If formal remediation is assigned by the Board of Examiners, an interim notation of CON will then replace NC (see below).

c. **CON (Conditioned)** is used to denote that a student has been assigned extra work or formal remediation that is pending completion. CON is an interim, internal notation that does not appear on official documentation. The recommendation to the Board of Examiners will depend on the successful completion of the extra work or formal remediation, and on the student’s history of academic difficulty\(^1\) as described in Section 8 below.

d. **INC (Incomplete)** is used to denote that a student has not completed/submitted certain requirements of the course (marked or non-marked) without making arrangements with the course director. Depending on the extent of the delay, even if the student eventually completes the missing requirements, they may still be brought to the Board of Examiners for professionalism concerns in the course. INC is primarily an interim, internal notation that does not typically appear on official documentation. The recommendation to the Board of Examiners will depend on the student’s history of academic difficulty\(^1\) as described in Section 8 below.

e. **IPR (In Progress)** is used to denote that a student has not completed/submitted certain requirements in the course, as arranged with the course director. As an example, this may include a deferred examination or assignment due to illness. Upon completion of the requirements, the component mark(s) will be recorded in MedSIS and the (unofficial) course grade will be calculated and recorded, subject to approval by the Board of Examiners. IPR is primarily an interim, internal notation that does not typically appear on official documentation, as deferred components must generally be completed before the start of the next academic year.

f. **NGA (No Grade Available)** is used to denote that a mark or assessment has not been received for a student for reasons unrelated to the student himself/herself. As an example, this may include delayed submission of an evaluation form by the student’s supervisor. The UME program takes such situations very seriously, and the course director is responsible for remediating the matter as quickly as possible. Upon receipt of the missing mark or assessment, the component mark will be recorded and the (unofficial) course grade will be calculated and recorded, subject to approval of the Board of Examiners. A student will never be penalized for incomplete course results due to factors outside their control.

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\(^1\) Clear failure of a component, clear failure of a course, borderline performance in a course, and failure to perform satisfactorily on an unmarked component (including professionalism) all constitute “academic difficulty.” This is a comprehensive term used to refer to all students who demonstrate weakness in some aspect of the program. It must be noted, however, that each of the situations that comprise academic difficulty is handled differently and may lead to different outcomes, as described in Section 8 and, in more detail, in the *Guidelines for Assessment of Undergraduate Medical Trainees* (Preclerkship and Clerkship versions).
8. **Principles governing recommendations to the Board of Examiners:** The Preclerkship and Clerkship director, individual course directors, the Faculty Lead for Ethics & Professionalism, and the Associate Dean Equity & Professionalism will be guided by the following principles in making their recommendations to the Board of Examiners:

   a. **Successful completion of a course:** A grade of “Credit (CR)” in a course will be recommended to the Board of Examiners if a student:
      
      i. has achieved an overall numerical grade of 70% or higher in the course, AND
      
      ii. has performed satisfactorily on any non-marked components in that course (including but not limited to professionalism and logging of clinical experiences in courses where this is relevant), AND
      
      iii. has met all additional expectations for marked components that are established by the course, as described in Section 6a(ii).

   b. **Remediation:** A program of formal remediation will normally be recommended to the Board of Examiners if a student:
      
      i. has not achieved a numerical grade of 60% in a course, OR
      
      ii. has not performed satisfactorily on any non-marked components of the course (including but not limited to professionalism and logging of clinical experiences in courses where this is relevant) by the time of the Board’s meeting, OR
      
      iii. has not achieved a satisfactory score (as established in advance) on any extra work assigned at the discretion of the course director in response to borderline performance, as described in Section 4.

   For further details about remediation, please see the *Guidelines for Assessment of Undergraduate Medical Trainees in Academic Difficulty* (Preclerkship and Clerkship versions). If a remedial program is imposed by the Board of Examiners, credit in the course will not be assigned unless and until the remedial program is successfully completed. If the remedial program is successfully completed, the student will be assigned a new grade of 60% and CR in the course, subject to the approval of the Board.

   c. **Borderline performance in a course:** Either a grade of “Credit (CR)” in a course or a program of formal remediation may be recommended to the Board of Examiners, at the discretion and in the best judgement of the Preclerkship/Clerkship Director or course director, if a student
      
      i. has achieved an overall numerical grade in the course that is greater than or equal to 60% but less than 70%, OR
      
      ii. has achieved an overall numerical grade of 70% or higher BUT has not met all additional expectations for marked components established by the course as described in Section 6a(ii), by the time of the Board’s meeting.

   The Preclerkship/Clerkship Director or course director should be guided in their recommendation by a consideration of all assessments of the student’s performance in the course (including any trend over time), the student’s performance on any extra work assigned, any available evidence of specific areas of weakness in skills or knowledge, and their experience regarding the relative importance of various aspects of the course.
d. **Failure of a year and repetition of one or more courses:** Re-registration in the same level of the program and repetition of one or more courses in that level will normally be recommended to the Board of Examiners if a student has “failed the year,” meaning that he/she:

   i. has not achieved a satisfactory score (as established in advance) on a shorter program of formal remediation previously imposed by the Board of Examiners, OR

   ii. has not achieved credit in two or more courses in the same level of the program, as confirmed by the Board of Examiners.

   At the discretion of the Preclerkship/Clerkship Director and/or course director(s), a recommendation may be made for a student to repeat all of the courses in the academic year in question or only the course(s) in which he/she experienced academic difficulty.¹

e. **Dismissal:** Dismissal from the program will normally be recommended to the Board of Examiners if a student:

   i. has not achieved credit in one or more courses on his/her second attempt (“failed repetition”), as confirmed by the Board of Examiners, OR

   ii. has failed a year (as defined above) on two separate occasions over the course of the program, as confirmed by the Board of Examiners.

f. **Promotion:** Promotion to the next level of the program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit in every course in Year 1, 2, or 3 of the program, as confirmed by the Board of Examiners.

g. **Graduation:** Graduation at the next Convocation of the UME program will be recommended to the Board of Examiners if a student has been deemed to have successfully achieved credit in every course in Year 4 of the program, including a minimum of 12 weeks of approved and assessed elective time, as confirmed by the Board of Examiners.

9. **Deviations from normal practice:** Throughout these Standards, where the word “normally” is used in relation to recommendations to the Board of Examiners, the Preclerkship and Clerkship Director, individual course directors, the Faculty Lead for Ethics & Professionalism, and the Associate Dean Equity & Professionalism may choose to deviate from the recommendation that is indicated. In such a case, the person making the recommendation must provide rationale to the Board of Examiners for this deviation, and the Board of Examiners will take both the recommendation and the rationale under consideration.

10. **Appeals:** Students have recourse to the Appeals Committee, a standing committee of the Council of the Faculty of Medicine, to contest any adverse decision made by the Board of Examiners.
PERFORMANCE BELOW EXPECTATIONS

Categories of weak performance that may be grounds for failing to achieve credit in a course, rotation or integrated OSCE, and/or a need for extra work and remediation:

In order to achieve credit in a course, a rotation or an integrated OSCE, a student must demonstrate satisfactory performance in each of three separate, though related, domains:

1. They must achieve a satisfactory minimum overall grade in the course (60% or higher).

2. They must also satisfactorily complete those particular components that are specified by each individual course as being required for credit in the course

3. They must also demonstrate appropriate professional behaviour. While a small number of minor lapses of professional behaviour is acceptable, a large number of minor lapses or a major lapse will trigger a process that can lead to the student failing to achieve credit in the course.

If a student falls significantly short of the expected standards in one or both of these domains, they will be reported to the Board of Examiners by the Preclerkship/Clerkship Director.

Remediation

A student will automatically be reported to the Board of Examiners if they receive a grade below 60% overall in any course or if they are not successful in completing a required program of extra work in a course (as described below). A student may also be reported to the Board of Examiners because of weakness in multiple courses or because of major lapses or a significant number of minor lapses in professionalism.

The Board may determine that the student should in fact receive credit for the course after review of comprehensive information about the student’s performance. In this situation the referral to the Board of Examiners will remain on the student’s file.
If the Board determines that the student should receive a grade of "No credit" (failure) in the course due to the reported concerns with their performance, the student will normally be required to complete remediation and reexamination.

If the Board of Examiners determines that remediation is appropriate, the course director in consultation with the appropriate course committee/faculty/academy director, and subject to the approval of the Board of Examiners, will design a course of remedial work and determine the level of performance expected in supplemental evaluation(s) such that students may meet the standard for successful completion of the course. Specific activities deemed likely to be helpful to the student, e.g. educational testing, exam-taking skills classes, and further work in areas of weakness, may be required at the discretion of the Board of Examiners.

The student will be required to meet with the Preclerkship/Clerkship Director. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners in the event that their performance is being reviewed by the Board. The student may be required to meet with the Associate Dean, Health Professions Student Affairs, for the purpose of exploring reasons for performance below expectations and potential supports needed.

The timing of the remediation will be determined in consultation with the course director, course committee, Academy Director, Preclerkship/Clerkship Director, and student. The duration of the remediation will be dependent on the specific course in which the failure to achieve credit occurred. In the Clerkship, elective time is usually required for remediation. If so, the remediation must occur within the first six weeks of the elective period and the student must make-up any outstanding elective time prior to graduation.

If the student successfully completes the remedial program, the course director will recommend to the Board of Examiners that the student be granted Credit for the course and that the mark be raised to 60%. The Board of Examiners will make the final determination regarding successful completion of the remediation.

Extra work

- For borderline performance, e.g. a mark less than 70% or a mark that is two standard deviations or more below the class mean in one or more of the components of a course, rotation or integrated OSCE, or as determined for the specific course, rotation or OSCE

Even if a student achieves a grade of 60% or higher in a course as a whole and has had satisfactory professional behaviour, they may still be required to carry out extra work in that course, rotation, or skill set relevant to the OSCE, which may include assessment. This decision will be based on criteria specified for the particular course, rotation, or OSCE. These students are considered “borderline.”

The course director and relevant faculty will be responsible for the design and content of extra work and the level of performance which will be expected of the student so that they can meet the standard for successful completion of the course. The Preclerkship/Clerkship Director and Preclerkship/Clerkship Committee will be informed of any proposed additional educational experience and assessment. The student may be required to meet with the Preclerkship/Clerkship Director at the discretion or the request of the course director.

This educational experience and assessment must be successfully completed prior to the student being permitted to start the next year of their undergraduate medical education program, or being permitted to graduate. Upon successful completion of the educational experience and assessment, the original grade will be allowed to stand.
The course director will not normally inform the Board of Examiners of such students unless the student does not achieve an acceptable level of performance in the extra work and assessment that is implemented by the course director. If that is the case, the course director will inform the Preclerkship/Clerkship Committee, and the student will be required to meet with the Preclerkship/Clerkship Director and, if necessary, with the Associate Dean, Health Professions Student Affairs. In such a case, the Board of Examiners will be informed of the situation and will make the final determination regarding the need for formal remediation.

• For borderline academic performance in two or more courses

Weaknesses in two or more courses, rotations, or the OSCE, that by themselves might not be deemed to merit a grade of “no credit” in any one of them, may still lead to a student being required to carry out extra work and/or being reported to the Board of Examiners under the procedures specified below.

The Preclerkship/Clerkship Director will identify such students and request a meeting to determine whether the student should meet with the Associate Dean, Health Professions Student Affairs, and if specific educational activities and evaluation are required beyond or in place of the extra work assigned by the relevant course directors.

The course director will inform the Board of Examiners of such students. If the student does not achieve an acceptable level of performance on the extra work and assessment assigned by the course directors of the courses in question and/or by the Preclerkship/Clerkship Committee, the Board of Examiners will make the final determination regarding a formal remediation program. The student will be informed that they have the opportunity to respond to allegations of academic difficulty, especially if related to professionalism. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners in the event that their performance is being reviewed by the Board.

• For a major lapse in professionalism

The course director will meet with any student who exhibits a major lapse and confirm that such lapses have occurred. The student will then be required to meet with the Preclerkship/Clerkship Director to discuss issues identified and the student viewpoint, with input from faculty members and course director(s) as appropriate. If the major lapse is confirmed, the student will also be required to meet with the Associate Dean, Health Professions Student Affairs. The student will be discussed at the Preclerkship/Clerkship Committee in camera discussion of Students in Academic Difficulty. A plan for extra work in professionalism will be determined.

If the Preclerkship/Clerkship Director has determined that the Vice-Dean, Undergraduate Medical Education, should be informed of the situation, the Vice-Dean will then determine whether to inform the Board of Examiners, which will make the final determination regarding the need for formal remediation

• For multiple minor lapses in professionalism

The course director will meet with any student who exhibits three or more minor lapses in professionalism and confirm that such lapses have occurred. The student will then be invited to meet with the Preclerkship/Clerkship Director to discuss issues identified and the student viewpoint. The purpose of the meeting is educational. Referral to the Associate Dean for Health Professions Student Affairs will be offered.
If there are further minor lapses of professionalism beyond the initial three lapses, then the student will be required to meet with the Preclerkship/Clerkship Director. Referral to the Associate Dean for Health Professions Student Affairs will again be offered, and the student will be discussed at the Preclerkship/Clerkship Committee in camera discussion of Students in Academic Difficulty. A plan for extra work in professionalism will be determined.

If minor lapses continue to be identified, and are confirmed by the course director, then the student will be considered to have the equivalent of a Major Lapse in professionalism, and the procedures described above regarding a major lapse in professionalism will be followed.

COMMUNICATION REGARDING STUDENT PERFORMANCE

a) Communication to the Preclerkship/Clerkship Director from the course director regarding student performance should take place in a timely fashion, within two weeks of the time of an assessment that triggers the concern or within two weeks of the end of the course, whichever is earlier.

b) Communication between course directors, course officials, and Academy directors regarding a student’s performance, including concerns about professionalism, may take place at UME leadership meetings (e.g. Preclerkship/Clerkship Committee, Academy Directors meeting, etc.) at the discretion of the Preclerkship/Clerkship Director or upon instruction from the Board of Examiners.

c) The student should be informed of such communications in a timely manner.

d) The student should have the opportunity to respond to allegations of academic difficulty, especially if related to professionalism. The student must be fully informed of their rights, including their right to provide a written submission to the Board of Examiners in the event that their performance is being reviewed by the Board.

e) In the event that program modifications are proposed:

   i. Every effort must be made by course directors, Academy directors, and other faculty to ensure a confidential process and an environment of positive expectation among those responsible for the supplemental supervision, teaching, and evaluation.

   ii. If appropriate, the student should be involved in planning program modifications.
Essential Skills and Abilities Required for the Study of Medicine

Approved by the Council of Ontario Faculties of Medicine (COFM)
November 2003

The Ontario Faculties of Medicine are responsible to society to provide a program of study so that graduates have the knowledge, skills, professional behaviours and attitudes necessary to enter the supervised practice of medicine in Canada. Graduates must be able to diagnose and manage health problems and provide comprehensive, compassionate care to their patients. For this reason, students in the MD program must possess the cognitive, communication, sensory, motor, and social skills necessary to interview, examine, and counsel patients, and competently complete certain technical procedures in a reasonable time while ensuring patient safety.

In addition to obtaining an MD degree, and completing an accredited residency training program, an individual must pass the licensure examinations of the Medical Council of Canada (MCC) in order to practice medicine. Prospective candidates should be aware that, cognitive, physical examination, management skills, communication skills, and professional behaviours are all evaluated in timed simulations of patient encounters.

All students must have the required skills and abilities described in the Section on Technical Standards. All individuals are expected to review this document to assess their ability to meet these standards. This policy does not preclude individuals with disabilities. Students who anticipate requiring disability-related accommodation are responsible for notifying the medical school.

Because of the comprehensive, additive and integrative nature of the curriculum, students are expected to complete the MD degree within three or four years. Students with a disability may be granted an extension of time within which to complete the MD program. These requests are considered on a case-by-case basis. All other requests for a leave of absence are discussed in a separate policy.
Technical Standards for Students in the MD Program

A candidate for the MD degree must demonstrate the following abilities:

Observation

A student must be able to participate in learning situations that require skills in observation. In particular, a student must be able to accurately observe a patient and acquire visual, auditory and tactile information.

Communication

A student must be able to speak, to hear and to observe patients in order to effectively and efficiently elicit information, describe mood, activity and posture and perceive non-verbal communication. A student must be able to communicate effectively and sensitively with patients, families and any member of the health care team. A student must also be able to summarize coherently a patient’s condition and management plan verbally and in writing.

Motor

A student must demonstrate sufficient motor function to safely perform a physical examination on a patient, including palpation, auscultation and percussion. The examination must be done independently and in a timely fashion. A student must be able to use common diagnostic aids or instruments either directly or in an adaptive form (e.g. sphygmomanometer, stethoscope, otoscope and ophthalmoscope). A student must be able to execute motor movements reasonably required to provide general and emergency medical care to patients

Intellectual-Conceptual, Integrative and Quantitative Abilities

A student must demonstrate the cognitive skills and memory necessary to measure, calculate, and reason in order to analyze, integrate and synthesize information. In addition, the student must be able to comprehend dimensional and spatial relationships. All of these problem-solving activities must be done in a timely fashion.
Behavioural and Social Attributes

A student must consistently demonstrate the emotional health required for full utilization of her/his intellectual abilities. The application of good judgment, and the prompt completion of all responsibilities attendant to the diagnosis and care of patients is necessary. The development of mature, sensitive and effective relationships with patients, families and other members of the health care team are also required. The student must be able to tolerate the physical, emotional, and mental demands of the program and function effectively under stress. Adaptability to changing environments and the ability to function in the face of uncertainties that are inherent in the care of patients are both necessary.

Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that physicians must demonstrate and are expected qualities of students.

Students with Disabilities

Disability is defined by Section 10 (1) of the Ontario Human Rights Code.

The Ontario Faculties of Medicine (COFM) are committed to facilitating the integration of students with disabilities into the University community. Each student with a disability is entitled to reasonable accommodation that will assist her/him to meet the standards. Reasonable accommodation will be made to facilitate student’s progress. However, such accommodation cannot compromise patient safety and well-being. Reasonable accommodation may require members of the University community to exercise creativity and flexibility in responding to the needs of students with disabilities while maintaining the academic and technical standards. The student with a disability must be able to demonstrate the knowledge and perform the necessary skills independently. There are a few circumstances in which an intermediary may be appropriate. However, no disability can be accommodated if the intermediary has to provide cognitive support, substitute for cognitive skills, perform a physical examination and/or in any way supplement clinical judgment. The appropriateness of an intermediary will be assessed on a case-by-case basis.

This policy acknowledges that central to the success of a student with a disability in completing the MD program is her/his responsibility to demonstrate self-reliance and to identify needs requiring accommodation in a timely fashion.
On Student Responsibilities, Behaviour, & Professionalism

NOTE: See the last page of this handbook for information on what to do in case of a concern about student conduct.

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Summary (see www.md.utoronto.ca/policies.htm for full text version)

Regulations for student attendance and guidelines for approved absences from mandatory activities in UME

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 20 September 2011
Date of last review: 20 September 2011
Date of next scheduled review: 20 September 2015
A. Attendance

A high rate of attendance is key to the success of medical students, given the competency-based, experiential nature of medical training and the central role played by highly interactive small-group modes of instruction at the University of Toronto. At the same time, the Undergraduate Medical Education program recognizes that medical students are adult learners who should be given the flexibility and freedom to make judgements regarding their own learning needs.

To balance these competing interests, UME has adopted the following regulations on attendance:

Preclerkship:
- All lectures and other large-group (whole class) sessions are optional except when otherwise specified by the course director or thematic faculty lead
- All seminars are optional except when otherwise specified by the course director or thematic faculty lead
- All PBL tutorials, ASCM tutorials, and DOCH tutorials are mandatory
- All DOCH community visits (to schools, CCACs, and agencies) are mandatory
- All FMLE sessions are mandatory
- All core IPE sessions are mandatory
- Certain gross anatomy and neuroanatomy laboratory sessions are mandatory, as specified by the course director
- All scheduled assessments\(^1\) are mandatory
- Attendance at other types of session is left to the discretion of the course director or thematic faculty lead. Students should assume that sessions not included in this list are mandatory unless they are advised otherwise.

Clerkship:
- All clinical activities are mandatory
- All core IPE sessions are mandatory
- All Portfolio sessions are mandatory
- All local (site-specific) didactic teaching sessions are mandatory except when otherwise specified by the course director
- All central didactic teaching sessions are optional except when otherwise specified by the course director
- Non-UME-specific sessions (such as Grand Rounds) may be mandatory or optional, at the discretion of the course director
- All scheduled assessments\(^1\) are mandatory
- Attendance at other types of session may be mandatory or optional, at the discretion of the course director. Students should assume that sessions not included in this list are mandatory unless they are advised otherwise.

\(^1\) Scheduled assessments include but are not limited to written and oral examinations, presentations, OSCEs, and sessions during which students are expected to submit work for assessment.
Students who fail to attend a mandatory session for a foreseeable reason may be deemed to have committed a lapse in professionalism, unless prior approval is granted by the supervising teacher, course director, or Preclerkship/Clerkship Director as appropriate (see section D). Students who fail to attend a mandatory session for an urgent/emergent reason and do not subsequently provide adequate notification and explanation to the program within a reasonable time frame may also be deemed to have committed a lapse in professionalism. Finally, students who choose to disregard the decision of a UME leader or teacher regarding a request for absence from a mandatory session may also be deemed to have committed a lapse in professionalism.

As described in sections B-E below, in addition to correspondence with the appropriate UME leader, students may be required to submit a Petition for Consideration for Absence to the Office of the Registrar before a planned absence or within five business days of an unplanned absence; supporting documentation may also be requested.

Mandatory sessions are so designated because of the inherent value in their modality of instruction. It is therefore considered detrimental to a student’s education to miss an excessive number of such sessions. For this reason, whenever an absence from a mandatory session occurs, whether it was pre-approved or not, the student’s tutor or other supervisor is required to record the absence. A list of all absences must be submitted by each teacher to the course director/thematic faculty lead at the end of the course or rotation (or earlier, upon request). (See Appendix for sample Record of Absences form.) Teachers who are uncertain whether to approve a request for absence at any point are encouraged to contact the course director for advice.

In all cases of both mandatory and non-mandatory sessions, students are responsible for knowing the content covered in a session, regardless of whether they attend or not. To enhance student learning, UME produces video or audio recordings of the majority of large-group sessions and makes these recordings available online. However, students are advised that this feature of the program is a privilege and not a right; hence, the non-recording of a session due to technical or any other reasons will not alter students’ responsibility for demonstrating knowledge of the content from that session.

Furthermore, for any absences, but especially those affecting experiential learning such as clinical placements, students may be required by the course director, site director, and/or Preclerkship/Clerkship Director to make up the time that was missed, whether the absence was pre-approved or not.

B. Reasons for Absences

UME recognizes that special circumstances may warrant a student’s absence from a mandatory activity, and will accommodate reasonable requests from students that demonstrate respect for the following principles:

- equitable treatment of oneself in relation to other students
- recognition and fulfillment of one’s academic responsibilities
- awareness of the factors contributing to one’s well-being
- sound judgement with regard to one’s abilities and limitations
- respect for all aspects of the UME program and all members of the UME community

These principles do not apply solely to requests for absence; rather, they underpin a healthy, productive, and professional medical student experience, and students are therefore encouraged to be mindful of all of them on an ongoing basis throughout the program.
Planned Absences

When a special circumstance that may warrant an absence is anticipated, UME requires that students notify the relevant individual as soon as they become aware of it (see section D). In addition, depending on the type or duration of the absence or the number of prior absences, students may also be required to file a Petition for Consideration for Absence with the Office of the Registrar, possibly accompanied by supporting documentation, as described in section D.

Students should not assume that approval will be granted for an absence, and are strongly advised not to commit to any plans before receiving confirmation of approval from the program. UME will take into consideration all relevant factors in determining whether to grant approval for an absence, including but not limited to:

- the reason for the absence,
- the type of mandatory sessions to be missed, and their relative importance or uniqueness in the course(s)
- the number of mandatory sessions to be missed, and their relative importance or uniqueness in the course(s)
- the student’s academic performance to date and the anticipated impact of the absence on his/her studies, and
- the student’s professional performance to date.

Petitions for Consideration for Absence become part of the student’s permanent record, and may be referred to in making future decisions regarding requested absences or other relevant matters. In the case of highly sensitive reasons for the absence (for example, medical or family matters), students are not required to provide full details of the situation on the Petition for Consideration for Absence, but may be requested to provide information and/or supporting documentation to the Associate Dean Health Professions Student Affairs in order for the petition to be appropriately adjudicated.

The following information serves as a guideline to students, administrators, and faculty in UME regarding reasons for planned absences. UME reserves the right to deviate from these guidelines as it deems appropriate in individual cases.

The full policy describes the handling and typical outcome of the following types of planned absence. Please see www.md.utoronto.ca/policies for details.

1. Obsrance of a holiday in the student’s faith
2. Health care appointment
3. Attendance at the funeral or memorial service of a loved one
4. Presentation at an academic conference
5. Invited participation in an organized athletics event or other competition
6. Active participation in a major personal celebration or event
7. Attendance at a UME committee meeting (as a member or as a guest)
8. Appointment with another course director or UME leader
9. Attendance (without presentation) at an academic conference
10. Attendance (without participation as a competitor, coach, or referee/judge/etc.) at a competition
11. Vacation
12. Other reasons
Unplanned Absences

While some absences from mandatory sessions may be anticipated, in other cases, the absence arises due to unforeseen and often emergent circumstances.

In such a situation, UME recognizes the right of each student to determine the best course of action based on his/her unique knowledge of and perspective on the situation. This course of action may include a decision to miss one or more mandatory sessions.

UME is committed to fostering a supportive, compassionate environment at the heart of which is the conviction that student well-being is intimately connected to student success. Nevertheless, it must be recognized that a student’s right to decide to miss mandatory sessions is inherently accompanied by his/her responsibility to accept and address any consequences of the decision with regard to his/her studies.

If the student chooses to be absent from one or more mandatory sessions, he or she should endeavour to contact the appropriate individual(s) in UME (see part D, above) as soon as possible after attending to the immediate needs arising from the situation; students are also expected to send an e-mail in such situations to urgentcommunication.ume@utoronto.ca, an e-mail address which is monitored by the Office of the Registrar. The notified UME leader or teacher will advise the student of the options that are available and on whether any documentation and/or a Petition for Consideration for Absence are required. In the event that the student believes that an extended absence of three or more days may be required, he/she should convey this to the Preclerkship/Clerkship Director and/or the Associate Dean Health Professions Student Affairs, so that appropriate options can be explored.

As noted above, Petitions for Consideration for Absence become part of the student’s permanent record, and may be referred to in making future decisions regarding requested absences or other relevant matters. In the case of highly sensitive reasons for the absence (for example, health or family matters), students are not required to provide full details of the situation on the Petition for Consideration for Absence, but may be requested to provide information and/or supporting documentation to the Associate Dean Health Professions Student Affairs in order for the petition to be appropriately adjudicated.

The following information serves as a guideline to students, administrators, and faculty in UME regarding reasons for unplanned absences:

The full policy describes the handling and typical outcome of the following types of unplanned absence. Please see www.md.utoronto.ca/policies for details.

1. Illness or injury of the student
2. Serious problem affecting a close family member or other loved one
3. Personal crisis
4. Travel or transportation problems
5. Other reasons
C. Leaves of absence

A leave of absence constitutes an official, temporary withdrawal from studies, and is recorded on the student’s transcript.

Note: Leaves of absence from the Doctor of Medicine Program are not normally granted. Given the highly structured nature of the UME curriculum, leaves of absence can have a significant effect on a student’s academic progress, and should not be contemplated lightly.

There are two types of leave: (1) for personal reasons and (2) for academic enrichment.

Personal leaves of absence
Leaves of absence requested for extraordinary and serious personal reasons will be considered on a case-by-case basis by the Associate Dean HPSA, possibly in consultation with other UME leaders. Full disclosure of the reasons for the request is expected, and supporting documentation will be required.

Leaves of absence for academic enrichment
Under exceptional circumstances, a leave of absence may be granted for an academic year to a student with an excellent academic record with no identified weaknesses.

Such a leave will be granted for either one or two full academic years. Once a leave is granted, no extension will be permitted.

Students who are considering an application for leave of absence for academic enrichment must meet with the Associate Dean HPSA to discuss academic and career implications. They must also meet with the Registrar to discuss matters relating to access to financial assistance and transcripting of their academic record.

Students must submit an application for a leave of absence for academic enrichment to the Vice-Dean UME no later than February 1 of the year they wish their leave to begin. As part of their application, students must include a clearly set-out plan and articulated objectives for the proposed leave.

If the requested leave of absence for academic enrichment is granted by the Vice-Dean UME, the Associate Dean HPSA will write a Letter of Approval which summarizes the conditions under which the leave was granted and the expected re-entry date. This letter will be copied to the student’s record, the Preclerkship/Clerkship Director (as appropriate), and the relevant Academy Director.

Students who are granted a leave of absence for academic enrichment must meet with the Associate Dean HPSA prior to their leave in order to discuss their re-entry.

Re-entry into the UME program following a leave of absence
Students who are granted a leave are not registered as medical students for the duration of the leave. When they re-enter the program, they will be subject to the current fee schedule.

Credit is retained for all courses that had been fully completed prior to the leave. Students returning from a leave are generally subject to the current curriculum, although certain modifications may be made to reflect any major curricular changes introduced during their absence.
Students who are on leave, whether for personal reasons or academic enrichment, are expected to contact the Associate Dean HPSA at least two months before their intended return to the UME program so that preparations for their re-entry can commence.

All students who are preparing to return from a leave of absence are required to undergo a clinical skills assessment, and may also be required to participate in supplemental clinical skills training to ensure their academic success and the well-being of patients.

**D. Notifications and approvals**

In the case of any absence from a mandatory session, UME must be notified. Planned absences require prior approval; unplanned absences require timely and satisfactory explanation. The individual whom the student is expected to consult regarding their absence varies depending on the type and number of sessions missed as indicated below.

Note: A “session” is defined as a unit of teaching activity, such as a single PBL tutorial, a half-day clinic in the Clerkship, an FMLE session, a Portfolio session, a local Clerkship seminar, a written exam, an OSCE, etc.

To reiterate: Whenever an absence from a mandatory session occurs, whether it was pre-approved or not, the student’s tutor or other supervisor is required to record the absence. A list of all absences must be submitted by each teacher to the course director/thematic faculty lead at the end of the course or rotation (or earlier, upon request). (See Appendix for sample Record of Absences.) Teachers who are uncertain whether to approve a request for absence at any point are encouraged to contact the course director for advice.

Furthermore, a list of all absences from scheduled assessments must be submitted by each course director to the Preclerkship/Clerkship Director at the end of the course or rotation (or earlier, upon request). Course directors who are uncertain whether to approve a request for an absence at any point are encouraged to contact the Preclerkship/Clerkship Director for advice.

In addition, for all absences from scheduled assessments and certain other absences, a Petition for Consideration for Absence must be submitted by the student as early as possible. All submitted Petitions for Consideration for Absence are retained in the student’s permanent record, whether the absence was granted or not.

The guidelines on the following pages indicate who should be notified in the case of planned and unplanned absences. In addition to those individuals who are specified, others including the student’s Academy Director, the Associate Dean Health Professions Student Affairs, the Faculty Registrar, etc. may be involved in the notification and decision-making process.

Following any necessary consultation, the relevant course director(s), site director(s), and/or the Preclerkship/Clerkship Director will determine the appropriate response to the request or notification. They will also specify at their discretion any extra measures that the student will be required to take as a result, such as making up missed educational activities, etc.

The full policy describes how students may receive approval for absences, depending on the kind of activity they have missed or will miss (i.e. an assessment or not), the duration of the absence, and their past record of absences. The details are provided in the full policy at www.md.utoronto.ca/policies.
A summary is provided below:

- Absences affecting scheduled assessments (e.g., exams, OSCEs, presentations, etc.)
  - 1st absence from an assessment worth less than 15%: Approved by the course director (Preclerkship) or site director (Clerkship)
  - 1st absence from an assessment worth 15% or more: Approved by the Preclerkship/Clerkship Director and the course director
  - 2nd or subsequent absence from an assessment (in one or more courses): Approved by the Preclerkship/Clerkship Director and the course director(s)

- Absences affecting mandatory non-assessment activities (e.g. clinics, PBL tutorials, etc.)
  - 1st absence: Approved by supervisor
  - 2nd absence: Approved by the course director (Preclerkship) or site director (Clerkship), plus the supervisor
  - 3rd or subsequent absence: Approved by the course director, plus the supervisor
  - Continuous absence of 3 or more days: Approved by the Preclerkship/Clerkship Director in the case of conferences or competitions; approved by the Associate Dean Health Professions Student Affairs in all other cases
Regulations for student attendance and guidelines for approved absences from mandatory activities in UME

Appendix A: PETITION FOR CONSIDERATION FOR ABSENCE FORM

[Image of the petition form]

Page 9 of 10 of this summary version – for full text, please see www.md.utoronto.ca/policies.htm.
### Regulations for student attendance and guidelines for approved absences from mandatory activities in UME

**Appendix B: RECORD OF ABSENCES**

Course: ________________________________________

Supervisor/Tutor/Teacher: ____________________________ Type of session: ____________________________

First date of instructional period: ____________________ Last date of instructional period: ____________________

#### Absences

(Please record in chronological order. Add rows as required)

<table>
<thead>
<tr>
<th>Date of absence</th>
<th>Name of student</th>
<th>Type of session that was missed (in particular, indicate whether there was an assessment component)</th>
<th>Choose one of the following:</th>
<th>Reason given by student (if any)</th>
<th>Comments (if any)</th>
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<td>o No explanation, approval, or notification provided (&quot;NONE&quot;)</td>
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</table>
Standards of Professional Practice Behaviour for All Health Professional Students

Approved by Governing Council
17 June 2008
www.governingcouncil.utoronto.ca/policies

Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:

(a) Faculty of Dentistry;
(b) Faculty of Medicine;
(c) Lawrence S. Bloomberg Faculty of Nursing;
(d) Leslie Dan Faculty of Pharmacy;
(e) Faculty of Physical Education and Health;
(f) Factor-Inwentash Faculty of Social Work;
(g) Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counselling Psychology for Psychology Specialists; Counselling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that he/she shall adhere to these Standards. These Standards apply to students in practice-related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto.

Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.
Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.

**Standards of Professional Behaviour and Ethical Performance**

All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of his or her health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skilful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
7. Demonstrating the following qualities in the provision of care:
   a. empathy and compassion for patients/clients and their families and caregivers;
   b. concern for the needs of the patient/client and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment;
   c. (c) concern for the psycho-social aspects of the patient’s/client’s illness/problem;
   d. assessment and consideration of a patient’s/client’s motivation and physical and mental capacity when arranging for appropriate services;
   e. respect for, and ability to work harmoniously with, instructors, peers, and other health professionals;
   f. respect for, and ability to work harmoniously with, the patient/client and all those involved in the promotion of his/her wellbeing;
   g. recognition of the importance of self-assessment and of continuing education;
   h. willingness to teach others in the same speciality and in other health professionals;
   i. understanding of the appropriate requirements for involvement of patients/clients and their families in research;
   j. awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems;
   k. awareness of the effects that differences in gender, sexual orientation, and cultural and social background may have on the care we provide;
   l. respect for confidentiality of all patient/client information; and,
   m. ability to establish appropriate boundaries in relationships with patients/clients and with health professionals being supervised;
These Standards articulate the minimum expected behaviour and ethical performance; however, a student should always strive for exemplary ethical and professional behaviour.

A student will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:

8. Misrepresenting or misleading anyone as to his or her qualifications or role
9. Providing treatment without supervision or authorization
10. Misusing or misrepresenting his/her institutional or professional affiliation
11. Stealing or misappropriating or misusing drugs, equipment, or other property
13. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team
14. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected
15. Being unavailable while on call or on duty
16. Failing to respect patients’/clients’ rights and dignity
17. Falsifying patient/client records
18. Committing sexual impropriety with a patient/client
19. Committing any act that could reasonably be construed as mental or physical abuse
20. Behaving in a way that is unbecoming of a practising professional in his or her respective health profession or that is in violation of relevant and applicable Canadian law, including violation of the Canadian Criminal Code.

Assessment of Professional Behaviour and Ethical Performance

The Faculties value the professional behaviour and ethical performance of their students and assessment of that behaviour and performance will form part of the academic assessment of health professions students in accordance with the Grading Practices Policy of the University of Toronto. Professional behaviour and ethical performance will be assessed in all rotations/fieldwork/practicum placements. These assessments will be timely in relation to the end of rotation/fieldwork placement/practicum and will be communicated to the student.

Each Health Science Faculty will have specific guidelines related to these Standards that provide further elaboration with respect to their Faculty-specific behavioural standards and ethical performance, assessment of such standards and relevant procedures.

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1 Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of administrative staff or other hospital staff should be aware that obligations outlined in the Provost’s Memorandum on Conflict of Interest and Close Personal Relations pertain to these Standards.

http://www.provost.utoronto.ca/policy/relations.htm
Breaches of these Standards or of Faculty-specific guidelines related to these Standards are serious academic matters and represent failure to meet the academic standards of the relevant health profession program. Poor performance with respect to professional or ethical behaviour may result in a performance assessment which includes a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from a program or a combination of these. In the case of suspension or dismissal from a program, the suspension or dismissal may be recorded on the student’s academic record and transcript with a statement that these Standards have been breached.

With respect to undergraduate students, appeals against decisions under this policy may be made according to the guidelines for such appeals within the relevant Faculty.

In the case of graduate students, the procedures for academic appeals established in the School of Graduate Studies shall apply. Recommendation to terminate registration in a graduate program must be approved by the School of Graduate Studies. Decisions to terminate registration in a graduate program may be appealed directly to the School of Graduate Studies Graduate Academic Appeals Board (GAAB) in accordance with its practises and procedures.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption to the program or the training site or a health and safety risk to other students, members of the University community, or patient/clients, the Dean of the Faculty responsible for the program or course is authorized to impose such interim conditions upon the student, including removal from the training site, as the Dean may consider appropriate.

In urgent situations, such as those involving serious threats or violent behaviour, a student may be removed from the University in accordance with the procedures set out in the Student Code of Conduct.
Guidelines for Ethics & Professionalism In Healthcare Professional Clinical Training and Teaching

Faculty of Medicine / Hospital-University Education Committee (HUEC)
8 August 2003

Preamble

All affiliated institutions of the University of Toronto have in their mission statements the facilitating of education of healthcare professional trainees. Students, at all levels of experience, encounter learning opportunities in a wide variety of clinical settings. It is the aim of the University and its teaching institutions to provide healthcare professional trainees and clinical faculty or supervising clinicians with a welcoming learning environment and strong positive role models for professional behaviour and professional practice. In doing so, the following guidelines for the conduct of clinical teaching in the clinical environments are suggested for use across the affiliated teaching institutions. Teaching is not only defined as ‘specific acts’ but includes all activities when someone in training is providing care to patients on a day-to-day basis.

Purpose

This document is intended to provide guidance for all healthcare professional trainees and the clinical faculty or supervising clinicians in determining their rights and responsibilities when participating in clinical education.

University healthcare professional trainees and clinical faculty or supervising clinicians participating in clinical teaching at designated affiliated teaching locations (e.g. hospitals and community settings) must adhere to the Regulated Health Professions Act (RHPA) and the Health Care Consent Act (HCCA), the policies and procedures outlined by the host institutions and the policies and procedures of the University. In addition, each trainee and clinical faculty or supervising clinicians should make use of any ethical guidelines provided by their professional college or organization.

The University, the Affiliated Teaching Institutions, the Clinical faculty or supervising clinicians and the Healthcare Professional Trainees are committed to their roles in:

A. Teaching and Learning and:
   1. To the education and training of all healthcare professional trainees.
   2. To excellence in patient care, teaching and research.
   3. Agree that clinical teaching is an essential component in the development of healthcare professional trainees.
4. Agree to attempt to clearly, effectively and appropriately communicate to patients that the affiliated teaching institution(s) is a learning environment(s) and therefore healthcare professional trainees are concurrently involved in both patient care and learning.

5. Agree that it is the responsibility of the clinical faculty or supervising clinician to provide not only instruction in clinical reasoning and technical skills, but also to exemplify ethical behaviour and to act as a role model to trainees for ethical practice. This includes maintaining confidentiality and affording patient dignity and respect, being open to questions trainees may have pertaining to what constitutes ethical practice and a commitment to the highest standards of ethical conduct in teaching activities, including integrity and honesty.

B. Supervision and Communication:
   1. Agree that the information regarding the role and training of healthcare professionals is a vital part of the mission of the affiliated teaching institutions and that this fact should be shared with patients by means of appropriate signage and by communication with professional healthcare providers and/or administrative staff. Patient consent for care and exchange of information should be sought at the first appropriate opportunity.
   2. Agree that patient’s consent to treatment in a clinical teaching setting should be obtained as soon as appropriately possible after an explanation of this setting and discussion of the patient’s concerns have taken place. Patients must be informed as to who is responsible for their care. The patient’s right to refuse treatment under such circumstances must be respected.
   3. Agree that the responsibility for the supervision of healthcare professional trainees lies with the clinical faculty or supervising clinician. Details of the responsibility and dispute resolution procedures are to be found in the documents specific for each clinical group. Relevant documents are appended to these guidelines.
   4. Agree that the clinical faculty or supervising clinician is responsible for the ongoing evaluation of the healthcare professional trainee’s competence in order to determine the degree of supervision that the healthcare professional trainee requires and the degree of delegation of controlled acts that the healthcare professional trainee is able to accept.
   5. Agree that regular and appropriate exchange of information between a healthcare professional trainee and clinical faculty or supervising clinician is essential for the healthcare professional trainee’s learning experience and for the optimum care of the patient.
   6. Agree that healthcare professional trainees are required to document patient care information and interventions and are required to notify the clinical faculty or supervising clinician of his/her actions in a timely fashion.
   7. Agree that the clinical faculty or supervising clinician is responsible for receiving healthcare professional trainee’s communications on patient care activities, validating the trainee’s findings in an appropriate fashion.

C. Informed Consent:
   1. Agree that patient information is invaluable for the education of healthcare professional trainees.
   2. Agree that healthcare professional trainees will have access to patient information and that patients will be informed that trainees have access to the patient’s information.
   3. Agree that patient consent should be obtained for participation in teaching activities that are purely educational in nature (e.g. teaching sessions with healthcare professional trainees, bringing patients into seminars, lectures, etc.) and that patients have the right to refuse to participate in such activities.
4. Agree that patients have the right to refuse the use of their information for educational conferences and seminars when the identity of the patient is provided.

5. Agree to ensure that the relevant faculties, programs, teaching institutions and the relevant governing bodies will define the profession-specific invasive procedures that require a patient’s written consent prior to a healthcare professional trainee’s participation in the defined invasive procedure.

D. Protecting Patient Confidentiality:

1. Agree that clinical faculty or supervising clinicians and healthcare professional trainees are required to maintain the confidentiality of patient information including written, verbal and electronic information at all times.

E. Managing Ethical Concerns:

1. Agree that the expectation is that most ethical or difficult situations in the teaching institutions will be discussed in a collegial atmosphere that normally exists in healthcare professional interactions and be satisfactorily resolved at the teaching or clinical interface.

2. Agree that the clinical faculty or supervising clinician must provide the healthcare professional trainee with an opportunity to discuss an ethical or difficult situation and that all healthcare professional trainees and the clinical faculty or supervising clinicians will have access to alternative avenues to resolve misunderstandings and differences of opinion.

3. Agree that a healthcare professional trainee has the right to refuse to participate in patient care or clinical teaching if the trainee has ethical concerns about the activities, is concerned regarding their own competency, lack of knowledge, lack of understanding of the duties/tasks/responsibilities or believes there is a lack of explanation or supervision.

4. Agree that the clinical faculty or supervising clinician is responsible to accept the trainee’s refusal to participate in patient care activities or clinical teaching, for ethical reasons.

5. Agree that in situations when a healthcare professional trainee expresses concern about ethical issues, refuses to participate in patient care activities or clinical teaching based on reasonable ethical grounds, or seeks consultation on an ethical issue, there will be no repercussions to the trainee.

6. Agree that healthcare professional trainees and clinical faculty or supervising clinicians have the right to consultation with a bioethicist, clinical ethics consultant or other individuals specifically trained in the management of ethical issues. Each institution should have policies and procedures to facilitate these consultations.

7. Agree that procedures will be implemented for healthcare professional trainees and clinical faculty/supervising clinicians to report ethical concerns. These procedures may proceed through usual academic or hospital service routes for dispute resolution or through the institutional committee (described in E8).

8. Agree that each affiliated institution will identify a committee to receive unresolved ethical issues, adjudicate them as necessary and report to all parties involved. Committees will consist of an institutional bioethicist or his/her delegate, and institutional VP Education or his/her delegate and at least one other member.

9. Agree that information will be available to ensure that healthcare professional trainees and clinical faculty or supervising clinicians are aware of the procedures available to them to address ethical concerns and/or other issues by performing periodic audits of ethical issues brought forward for dispute resolution as in E8.
Guidelines for Appropriate Use of the Internet, Electronic Networking and other Media

Based on the Guidelines for Appropriate Use of the Internet, Electronic Networking, and other Media [in Postgraduate Medical Education], as approved by HUEC, June 2008

Faculty of Medicine Hospital University Education Committee (HUEC)
June 2008

These Guidelines apply to all medical trainees registered at the Faculty of Medicine at the University of Toronto, including undergraduate and postgraduate students, fellows, clinical research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, e-mail, posting to public media sites, mailing lists and video-sites.

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology but trainees need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for medical trainees and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The University of Toronto is committed to maintaining respect for the core values of freedom of speech and academic freedom.¹

Postgraduate trainees are reminded that they must meet multiple obligations in their capacity as university students, as members of the profession and College of Physicians and Surgeons of Ontario, and as employees of hospitals and other institutions. These obligations extend to the use of the Internet at any time – whether in a private or public forum.

Undergraduate medical students are reminded that they must meet multiple obligations in their capacity as university students and as future members of the profession. These obligations extend to the use of the Internet at any time – whether in a private or public forum.

These Guidelines were developed by reference to existing standards and policies as set out in the Regulated Health Professions Act, the Medicine Act and Regulations, CPSO The Practice Guide: Medical Professionalism and College Policies, September 2007, the Standards of Professional Behaviour for Medical Undergraduate and Postgraduate Students of the University of Toronto, Faculty of Medicine [the Standards] and the Policy on Appropriate Use of Information and Communication Technology.

Medical trainees are also subject to the Personal Health Information and Privacy Act as “health information custodians” of “personal health information” about individuals.

General Guidelines for Safe Internet Use:
These Guidelines are based on several foundational principles as follows:
- The importance of privacy and confidentiality to the development of trust between physician and patient,
- Respect for colleagues and co-workers in an inter-professional environment,
- The tone and content of electronic conversations should remain professional.
- Bloggers are personally responsible for the content of their blogs.
- Assume that published material on the Web is permanent, and
- All involved in health care have an obligation to maintain the privacy and security of patient records under The Personal Health Information Protection Act [PHIPA], which defines a record as: “information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise.”

a) Posting Information about Patients
Never post personal health information about an individual patient.

Personal health information has been defined in the PHIPA as any information about an individual in oral or recorded form, where the information “identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.”

These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Trainees should ensure that anonymised descriptions do not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described.

Exceptions that would be considered appropriate use of the Internet: It is appropriate to post:

1. With the express consent of the patient or substitute decision-maker.
2. Within secure internal hospital networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution.
3. Within specific secure course-based environments that have been set up by the University of Toronto and that are password-protected or have otherwise been made secure. Even within these course-based environments, participants should:
   1. adopt practices to “anonymise” individuals;
   2. ensure there are no patient identifiers associated with presentation materials; and
   3. use objective rather than subjective language to describe patient behaviour. For these purposes, all events involving an individual patient should be described as objectively as possible, i.e., describe a hostile person by simply stating the facts, such as what the person said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
4. Entirely fictionalized accounts that are so labelled.

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2 Personal Health Information Protection Act, S.O. 2004 C. 3, s. 2.
3 Personal Health Information Protection Act, S.O. 2004, C. 3 s. 4.
4 Faculty, instructors and postgraduate trainees are reminded that portable devices are not necessarily secure, and that confidential patient information should not be removed from the hospital.
5 Faculty and instructors are reminded that they must use a secure environment provided by the University.
b) Posting Information about Colleagues and Co-Workers
Respect for the privacy rights of colleagues and co-workers is important in an interprofessional working environment. If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission – preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behaviour.

Such comments may also breach the University’s codes of behaviour regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment.6

c) Professional Communication with Colleagues and Co-Workers
Respect for colleagues and co-workers is important in an inter-professional working environment. Addressing colleagues and co-workers in a manner that is insulting, abusive or demeaning is unprofessional behaviour.

Such communication may also breach the University’s codes of behaviour regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment.7

d) Posting Information Concerning Hospitals or other Institutions
Comply with the current hospital or institutional policies with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads.

Medical trainees must not represent or imply that they are expressing the opinion of the organization. Be aware of the need for a hospital, other institution and the university to maintain the public trust. Consult with the appropriate resources such as the Public Relations Department of the hospital, Postgraduate or Undergraduate Medical Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

e) Offering Medical Advice
Do not misrepresent your qualifications.

Postgraduate trainees are reminded that the terms of their registration with the College of Physicians and Surgeons of Ontario limits the provision of medical advice within the context of the teaching environment. Provision of medical advice by postgraduate medical trainees outside of this context is inconsistent with the terms of educational registration.

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f) **Academic Integrity extends to the appropriate use of the Internet**

The University of Toronto's Code of Behaviour on Academic Matters contains provisions on academic dishonesty and misconduct. These provisions may be breached by sharing examination questions, attributing work of others to oneself, collaborating on work where specifically instructed not to do so, etc.

**Penalties for inappropriate use of the Internet**

The penalties for inappropriate use of the Internet include:

- Remediation, dismissal or failure to promote by the Faculty of Medicine, University of Toronto.
- Prosecution or a lawsuit for damages for a contravention of the PHIPA.
- A finding of professional misconduct by the College of Physicians and Surgeons of Ontario.

**Enforcement**

All professionals have a collective professional duty to assure appropriate behaviour, particularly in matters of privacy and confidentiality.

A person who has reason to believe that another person has contravened these guidelines should approach his/her immediate supervisor/program director for advice. If the issue is inadequately addressed, he/she may complain in writing to the appropriate Vice-Dean Medical Education or to the College of Physicians and Surgeons of Ontario through designated processes. Complaints about breaches of privacy may be filed with the Information and Privacy Commissioner/Ontario.

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8 http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/Code+of+Behaviour+on+Academic+Matters.pdf See Code s. Bi for the list of academic offences, Appendix A s. 2(d) for the definition of "academic work" and s. 2(p) for the definition of "plagiarism" for the purpose of the Code.

**References:**

- **College of Physician and Surgeons of Ontario**
  - CPSO Physician Behaviour in the Professional Environment #4-07, November 2007: www.cpso.on.ca/Policies/behavior.htm
  - CPSO Confidentiality of Personal Health Information #8-05, November 2005:
    - http://www.cpso.on.ca/Policies/confidentiality.htm

- **University of Toronto**
  - University of Toronto Standards of Professional Practice Behaviour for Health Professional Students: http://www.facmed.utoronto.ca/Assets/ume/registrar/Standards+of+Professional+Practice+Behaviour.pdf?method=1
  - Policies on on-line harassment: http://www.enough.utoronto.ca/policies.htm
  - Appropriate Use of Information and Communication Technology: http://www.provost.utoronto.ca/policy/use.htm
  - Code of Behaviour on Academic Matters:
  - Personal Health Information Protection Act:
    - http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm#BK3
  - Information and Privacy Commissioner/Ontario: http://www.ipc.on.ca/
Summary (see www.governingcouncil.utoronto.ca/policies for full text version)

**Code of Behaviour on Academic Matters**

Approved by Governing Council 1 June 1995
www.governingcouncil.utoronto.ca/policies

The concern of the Code of Behaviour on Academic Matters is with the responsibilities of all parties to the integrity of the teaching and learning relationship.

**Offences**
The University and its members have a responsibility to ensure that a climate which might encourage, or conditions which might enable, cheating, misrepresentation or unfairness not be tolerated. Wherever in this Code an offence is described as depending on "knowing", the offence shall likewise be deemed to have been committed if the person ought reasonably to have known.

1. It shall be an offence for a student knowingly:
   (a) to forge or in any other way alter or falsify any document or evidence required by the University, or to utter, circulate or make use of any such forged, altered or falsified document, whether the record be in print or electronic form;
   (b) to use or possess an unauthorized aid or aids or obtain unauthorized assistance in any academic examination or term test or in connection with any other form of academic work;
   (c) to personate another person, or to have another person personate, at any academic examination or term test or in connection with any other form of academic work;
   (d) to represent as one’s own any idea or expression of an idea or work of another in any academic examination or term test or in connection with any other form of academic work, i.e. to commit plagiarism
   (e) to submit, without the knowledge and approval of the instructor to whom it is submitted, any academic work for which credit has previously been obtained or is being sought in another course or program of study in the University or elsewhere;
   (f) to submit any academic work containing a purported statement of fact or reference to a source which has been concocted.

2. It shall be an offence for a faculty member knowingly:
   (a) to approve any of the previously described offences;
   (b) to evaluate an application for admission or transfer to a course or program of study by reference to any criterion that is not academically justified;
   (c) to evaluate academic work by a student by reference to any criterion that does not relate to its merit,
   (d) to the time within which it is to be submitted or to the manner in which it is to be performed.
3. It shall be an offence for a faculty member and student alike knowingly:
   (a) to forge or in any other way alter or falsify any academic record, or to utter, circulate or make use of any such forged, altered or falsified record, whether the record be in print or electronic form;
   (b) to engage in any form of cheating, academic dishonesty or misconduct, fraud or misrepresentation not herein otherwise described, in order to obtain academic credit or other academic advantage of any kind.

4. A graduate of the University may be charged with any of the above offences committed knowingly while he or she was an active student, when, in the opinion of the Provost, the offence, if detected, would have resulted in a sanction sufficiently severe that the degree would not have been granted at the time that it was.

Parties to Offences

Every member is a party to an offence under this Code who knowingly actually commits it; does or omits to do anything for the purpose of aiding or assisting another member to commit the offence; abets, counsels, procures or conspires with another member to commit or be a party to an offence.

Procedures in Cases Involving Students

The procedures for handling charges of academic offences involving students reflect the gravity with which the University views such offences. Students are ensured the right of appeal which represent the University's commitment to fairness and the cause of justice.

Divisional Procedures

1. Instructor's duties: Where an instructor has reasonable grounds to believe that an academic offence has been committed by a student, the instructor shall inform the student immediately, and invite the student to discuss the matter.

2. Instructor's report to the department chair: If after such discussion, the instructor believes that an academic offence has been committed, the instructor shall make a report of the matter to the department chair or through the department chair to the dean. The dean or the department chair shall notify the student in writing accordingly, and afford the student an opportunity for discussion of the matter.

3. Imposition of sanction: If the student admits the alleged offence, the dean or the department chair may either impose the sanction(s) that he or she considers appropriate or refer the matter to the dean or Provost.

4. Student may refer matter: If the student is dissatisfied with a sanction imposed, the student may refer the matter to the dean or Provost, for consideration.

5. Referral of matter to Tribunal: If the student does not admit the alleged offence, the dean may request that the Provost lay a charge against the student. If the Provost agrees to lay a charge, the case shall then proceed to the Trial Division of the Tribunal.

Divisional Sanctions

One or more of the following sanctions may be imposed by the dean where a student admits to the commission of an alleged offence:
KEY POLICIES, STATEMENTS, & GUIDELINES:
On Student Responsibilities, Behaviour, & Professionalism

(a) an oral and/or written reprimand;
(b) an oral and/or written reprimand and, with the permission of the instructor, the resubmission of the piece of academic work in respect of which the offence was committed, for evaluation. Such a sanction shall be imposed only for minor offences and where the student has committed no previous offence;
(c) assignment of a grade of zero or a failure for the piece of academic work in respect of which the offence was committed;
(d) assignment of a penalty in the form of a reduction of the final grade in the course in respect of which the offence was committed;
(e) denial of privileges to use any facility of the University, including library and computer facilities;
(f) a monetary fine to cover the costs of replacing damaged property or misused supplies in respect of which the offence was committed;
(g) assignment of a grade of zero or a failure for the course in respect of which the offence was committed;
(h) suspension from attendance in a course or courses, a program, an academic division or unit, or the University for a period of not more than twelve months. Where a student has not completed a course or courses in respect of which an offence has not been committed, withdrawal from the course or courses without academic penalty shall be allowed.

The dean shall have the power to record any sanction imposed on the student's academic record and transcript for such length of time as he or she considers appropriate. However, the sanctions of suspension or a notation specifying academic misconduct as the reason for a grade of zero for a course shall normally be recorded for a period of five years.

Tribunal Procedures

1. Laying of charge: A prosecution for an alleged academic offence shall be instituted by the laying of a charge by the Provost against the accused. This is done when the student does not admit guilt; when the sanction desired is beyond the power of the dean to impose; when the student has been found guilty of a previous offence; or when the student is being accused simultaneously of two or more different offences involving more than one incident.

2. Consultation: No charge shall be laid except with the agreement of the dean concerned and of the Provost, after consultation between the Provost and the Discipline Counsel.

3. Onus and standard of proof: The onus of proof shall be on the prosecutor, who must show on clear and convincing evidence that the accused has committed the alleged offence.

4. Not compellable to testify: The accused shall not be compelled to testify at his or her hearing.

Tribunal Sanctions

One or more of the following sanctions may be imposed by the Tribunal upon the conviction of any student:

(a) an oral and/or written reprimand;
(b) an oral and/or written reprimand and, with the permission of the instructor, the resubmission of the piece of academic work in respect of which the offence was committed, for evaluation. Such a sanction shall be imposed only for minor offences and where the student has committed no previous offence;
(c) assignment of a grade of zero or a failure for the piece of academic work in respect of which the offence was committed;
(d) assignment of a penalty in the form of a reduction of the final grade in the course in respect of which the offence was committed;
(e) denial of privileges to use any facility of the University, including library and computer facilities;
(f) a monetary fine to cover the costs of replacing damaged property or misused supplies in respect of which the offence was committed;
(g) assignment of a grade of zero or a failure for any completed or uncompleted course or courses in respect of which any offence was committed;
(h) suspension from attendance in a course or courses, a program, an academic unit or division, or the University for such a period of time up to five years as may be determined by the Tribunal. Where a student has not completed a course or courses in respect of which an offence has not been committed, withdrawal from the course or courses without academic penalty shall be allowed;

(i) recommendation of expulsion from the University. The Tribunal has power only to recommend that such a penalty be imposed. In any such case, the recommendation shall be made by the Tribunal to the President for a recommendation by him or her to the Governing Council. Expulsion shall mean that the student shall be denied any further registration at the University in any program, and his or her academic record and transcript shall record this sanction permanently. Where a student has not completed a course or courses in respect of which an offence has not been committed, withdrawal from the course or courses without academic penalty shall be allowed. If a recommendation for expulsion is not adopted, the Governing Council shall have the power to impose such lesser penalty as it sees fit.

(j) Recommendation to the Governing Council for
   i. cancellation, recall or suspension of one or more degrees, diplomas or certificates obtained by any graduate; or
   ii. cancellation of academic standing or academic credits obtained by any former student who, while enrolled, committed any offence which if detected before the granting of the degree, diploma, certificate, standing or credits would, in the judgement of the Tribunal, have resulted in a conviction and the application of a sanction sufficiently severe that the degree, diploma, certificate, standing, credits or marks would not have been granted.

*Recording sanction:* The hearing panel shall have the power to order that any sanction imposed by the Tribunal be recorded on the students academic record and transcript for such length of time as the panel considers appropriate.

**Procedures in Cases involving Faculty Members**

*Divisional Procedures*

Divisional and Tribunal procedures for faculty members charged with academic offences, and the sanctions and appeal procedures for those convicted, resemble - with appropriate modifications - procedures and sanctions in force for students, with this signal exception: grounds and procedures for terminating employment of tenured faculty are those set forth in the Policy and Procedures on Academic Appointments, as amended from time to time.
1. **Department chair’s duties:** Where a student or a faculty member or a member of the administrative staff has reason to believe that an academic offence has been committed by a faculty member, he or she shall so inform the chair of the department or academic unit in which the faculty member holds a primary appointment. The department chair shall inform the faculty member immediately and invite the faculty member to discuss the matter.

2. **Department chair’s report to dean:** If after such discussion the department chair believes that an academic offence has been committed, the department chair shall make a report of the matter in writing to the dean.

3. **Dean’s meeting with faculty member:** The dean shall immediately notify the faculty member in writing accordingly, and afford the faculty member an opportunity for discussion of the matter.

4. **Imposition of sanction:** If the faculty member admits the alleged offence, the dean may impose sanctions that are within the power and authority of the dean.

5. **Faculty member may refer matter and complainant may refer matter:** If the faculty member is dissatisfied with a sanction imposed, the faculty member may refer the matter to the dean or the Provost for consideration. If the complainant is dissatisfied with a decision of the department chair or the dean, the complainant may refer the matter to the dean or Provost for consideration.

### Divisional Sanctions

One or more of the following sanctions may be imposed by the dean where a faculty member admits the commission of an alleged offence:

(a) an oral and/or written reprimand

(b) assignment by the dean of administrative sanctions.

### Tribunal Sanctions

One or more of the following sanctions may be imposed by the Tribunal upon the conviction of any faculty member:

(a) an oral and/or written reprimand;

(b) recommendation to the President for the application of administrative sanctions;

(c) recommendation to the President for dismissal, or, in the case of a tenured faculty member, for the appointment of a committee under the Policy and Procedures on Academic Appointments, as amended from time to time, to consider dismissal. The Tribunal has power only to recommend that such a penalty be imposed. If a recommendation for dismissal is not adopted, the Governing Council or the President, as the case may be, shall have power to impose such lesser penalty as is deemed fit.

### Appeals

An appeal to the Discipline Appeals Board may be taken in the following cases, only:

(a) by the accused, from a conviction at trial, upon a question which is not one of fact alone;

(b) by the Provost, from an acquittal at trial, upon a question which is not one of fact alone;

(c) by the accused or the Provost, from a sanction imposed at trial.
On Teacher Behaviour & Student Well-Being

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- Code of Behaviour on Academic Matters (Summary) ......................................................... 268
  - NB: Applies to both teachers and students
Protocol for incidents of medical student workplace injury and exposure to infectious disease in clinical settings

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 22 September 2011
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Date of next scheduled review: 22 September 2015

Overview
The University of Toronto Undergraduate Medical Education program is committed to promoting medical student safety and to facilitating appropriate support for students who become injured or potentially exposed to infectious disease in the course of their studies or training. The clinical sites affiliated with the University of Toronto are likewise committed to risk reduction among medical students and to the timely and effective management of incidents of medical student injury or potential exposure that occur on their premises. The Academy base hospitals play a special role in providing follow-up care to students of that Academy who incur such an injury or potential exposure at another site. Together, the UME program, the Academies, and all the clinical affiliates ensure that medical students receive the assistance they require in the aftermath of an injury or potential exposure to infectious disease.

This Protocol defines the roles and responsibilities of every party involved in the handling of incidents of injury and potential exposure, and is divided into three parts:

Part A: Financial responsibility

Part B: Administrative responsibilities

Part C: Detailed protocol
   a. Flowchart
   b. Responsibilities of students
   c. Responsibilities of supervising physicians
   d. Responsibilities of health professionals who provide initial care
   e. Responsibilities of follow-up health care providers
   f. Responsibilities of Academy Directors
   g. Responsibilities of U of T WSIB Administrator
   h. Responsibilities of Associate Dean Health Professions Student Affairs
Part A: Financial responsibility

The Ministry of Training, Colleges and Universities ensures that any UME students who are injured or exposed to an environmental or infectious hazard while participating in required clinical training as part of the program (including transcripted electives) are eligible for coverage of claims at no cost to the students. This coverage is provided by either the Workplace Safety and Insurance Board (WSIB) or ACE INA (a private insurer), depending on whether the site of the incident is a participant in a WSIB program or not. Students who incur an injury or exposure while participating in an activity that is not part of the required clinical training of the UME program are not eligible to submit a claim to the WSIB or ACE INA.

In addition, all UME students at the University of Toronto are strongly encouraged to purchase disability insurance in every year of the program. Through this insurance, costs that are incurred due to incidents that occur during activities other than required clinical training may be covered. Furthermore, private disability insurance may in some cases provide additional and/or broader financial support for incidents that are also covered by the WSIB. Students are encouraged to educate themselves about their disability insurance options to determine the plan and provider that best meet their needs.

All costs stemming from injury or exposure to infectious disease that are not borne by the WSIB or private insurance shall be borne by the student.

Part B: Administrative responsibilities

A claim to the Workplace Safety and Insurance Board (WSIB) or ACE INA should be made in all cases in which post-exposure prophylaxis (PEP) has been initiated or whenever other costs are incurred by the site of initial treatment, the site of follow-up treatment, and/or the student, following an incident that occurred in the course of required clinical training.

A claim may also be warranted in other situations where medical treatment or modified duties are required. The WSIB Administrator at the University of Toronto can provide advice if there is uncertainty as to whether to proceed with paperwork.

Note: The Ministry of Training, Colleges, and Universities may incur a fine for claims submitted to the WSIB later than three business days after the incident. Timeliness is therefore essential.

The responsibility to complete documentation in support of a claim rests with a variety of parties. The student’s Academy Director is responsible for liaising with all parties to ensure timely completion of the documentation and to facilitate communication among the parties as necessary.
For clarity, the following documentation is typically required from each party:

- **The student:**
  - After receiving treatment and ensuring an appropriate incident report form or equivalent (as per Section d(1)) has been completed, the student should inform his/her Academy Director of the incident.
  - Documentation may be requested directly by the WSIB after the claim (if any) has been submitted by the University of Toronto WSIB Administrator; there is not generally any documentation for the student to complete beforehand.

- **Faculty Registrar:**
  - Written confirmation that the student’s injury or exposure occurred during the course of a legitimate, unpaid placement that represented part of the student’s academic program.
  - A copy of the affected student’s signed Student Declaration of Understanding regarding WSIB and private insurance coverage through the MTCU.
  - A copy of the MTCU Letter of Authorization to Represent Employer, with the top portion completed by the Registrar on behalf of the University.

- **Representative at the site of the incident:**
  - The bottom half of the MTCU Letter of Authorization to Represent Employer obtained from the Faculty Registrar (see above).
  - For sites with WSIB coverage: a U of T Accident Report Form, if none was completed at the time of the incident. The University will make this form available to all affiliated sites.
  - For sites without WSIB coverage: an ACE INA Accident Report Form. The University will make this form available to all affiliated sites.

- **Occupational Health staff or other representative at the site(s) of treatment:**
  - All records related to the incident and the treatment provided to the student.

- **WSIB Administrator at the University of Toronto:**
  - Consolidated submission.

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1. If the incident did not occur during required clinical training as part of the UME program, then the student is not eligible to make a claim to the WSIB or ACE INA. However, compensation may be sought through the student’s disability insurance provider.

2. If an incident occurs at an Academy hospital, the Academy Director himself/herself may act as the representative of the hospital for the purposes of incident documentation, if this is deemed appropriate by the hospital leadership.
Part C: Detailed protocol

a. Flowchart

**MEDICAL STUDENT** experiences an injury in a clinical setting

**Immediate Response:**
- STUDENT ... informs SUPERVISOR
- SUPERVISOR ... arranges for sample testing in cases of potential exposure to infectious disease (e.g. needle-stick)
- contacts Academy Director, course director, or site director if student is incapacitated (e.g. major injury)

**0-2 Hours After Accident:**
- STUDENT ... accesses emergency care as follows, depending on their location:
  - **If Accident Occurs in an Affiliated Hospital**
    - STUDENT ... is considered to have suffered a "workplace injury"
    - goes to OCC Health (or equivalent) in the hospital
    - outside business hours, follow the hospital's after-hours protocol
    - presents badge to intake staff
    - HEALTH CARE PROVIDER ... completes workplace incident report
    - gives copy of all reports to STUDENT
  - **If Accident Occurs in the Community/Outside GTA:**
    - STUDENT ... goes to the Emergency Department of the nearest hospital
    - informs the health care providers that they are a U of T medical student
    - asks for a workplace incident report to be completed, or a suitable alternative
    - asks for copies of any completed incident report

**0-3 Days After Accident:**
- STUDENT ... follows treatment regimen prescribed by initial care provider (e.g. PEP in the case of potential exposure)
- liaises with SUPERVISOR regarding whether sample was obtained from patient (in cases of potential exposure)
- SUPERVISOR ... informs their ACADEMY DIRECTOR of the accident
- ACADEMY DIRECTOR ... opens confidential file on the accident (even if follow-up is not required)
- ... assesses STUDENT's non-medical needs
- ... confirms with STUDENT that an appropriate referral has been obtained (if relevant)
  - if not, makes arrangements for this to occur with OCC HEALTH UNIT OR OTHER SERVICE
  - ensures that contact with U of T WSIB Administrator has been made re. possible claim
  - ensures coordination and distribution of paperwork for claim (if relevant)
  - coordinates submission of paperwork for claim to U of T WSIB Administrator (if relevant)
  - NB: Paperwork may be needed from FACULTY REGISTRAR, OCC HEALTH UNIT, HOSPITAL SENIOR ADMINISTRATOR, STUDENT, etc.
  - may contact ASSOCIATE DEAN HPSA if additional student support is needed

**Subsequently:**
- STUDENT ... attends follow-up referral and care as arranged
- complies with instructions from WSIB or other insurer regarding documentation required
- FOLLOW-UP CARE PROVIDER ... liaises with site of the accident/site of initial care regarding need and/or outcome of sample testing, initial treatment prescribed, etc.
- ACADEMY DIRECTOR ... maintains contact with student regarding emerging or unresolved concerns
- ASSOCIATE DEAN HPSA ... coordinates support for student as requested

**Tracking:**
- ACADEMY DIRECTOR ... records incident for statistical tracking
- ... reports the incident (in non-identifying way) to the ACADEMY DIRECTORS' CTTEE
- ALL ACADEMY DIRECTORS ... collaborate on Annual Report on Student Injury in Clinical Settings

**Institutional Response:**
- ALL ACADEMY DIRECTORS ... develop recommendations as warranted related to student injury and exposure
- VICE-DEAN UME ... reviews Annual Report on Student Injury in Clinical Settings
- ... responds to any concerns highlighted in report by introducing appropriate measures

**In the Event that the Exposure Leads to a Confirmed Infection:**
- STUDENT ... is required to report infection to ASSOC DEAN HPSA or ACAD DIRECTOR
- this is for patient safety
- ACADEMY DIRECTOR ... shares information with ASSOC DEAN HPSA
- ASSOC DEAN HPSA ... refers case to EXPERT PANEL ON INFECTION CONTROL
- EXPERT PANEL ON INFECTION CONTROL ... responds as per Infectious Diseases and Occupational Health for Applicants to and Trainees of the Faculty of Medicine Academic Programs

22 September 2011
b. Responsibilities of STUDENTS who are injured or potentially exposed to infectious disease in a clinical setting

i. Immediately following the incident, the student is expected to:
   (1) Inform his/her supervising physician or other teacher of the incident to ensure that patient care can be transferred as appropriate.
   (2) Request that steps be taken to seek consent from the patient to draw a sample, in the case of potential exposure to infectious disease (e.g. a needle-stick injury)
   (3) Seek immediate treatment (within a maximum of two hours) from one of the following:
      a. The Occupational Health Unit (or site-specific equivalent) if one is present where the incident occurred, and it is during office hours.
      b. The site’s off-hours substitute for the Occupational Health Unit (or equivalent) if the incident occurred outside of office hours.
      c. The local Emergency Department if the incident occurred somewhere in the community.
   (4) Inform the health care provider who attends to the incident of his/her status as a medical student at the University of Toronto. If the incident has occurred in a hospital setting, the student should present his/her identification badge.
   (5) Request that a workplace incident report be filled. If the incident has occurred in the community and care is sought at a local Emergency Department where a workplace incident report may not be available, an alternative document indicating the nature of the incident and the medical treatment that was administered should be completed
   (6) Obtain a copy of all incident reports and other paperwork.

ii. Subsequent to receiving initial treatment, the student is expected to:
   (1) Report any incident of injury or exposure to his/her Academy Director as soon as possible, regardless of where the incident took place.
   (2) Follow the course of treatment prescribed by the site of initial care, if any.
   (3) Obtain follow-up care and/or support, as arranged by Academy Director.
   (4) Follow the course of treatment (if any) prescribed by the designated treatment site’s Occupational Health Unit.
   (5) Comply in a timely manner with any requests to fill out paperwork related to the incident from the Academy Director, the Occupational Health Unit, the U of T WSIB Administrator, the WSIB or ACE INA (the private insurer used for certain clinical training sites), the MTCU, or others.

3 Students should be informed of this at the commencement of each rotation. In some cases, this will be defined as the Emergency Department.
(6) If necessary, make appropriate arrangements with course directors, the Preclerkship/Clerkship Director, and/or the Associate Dean HPSA for special accommodations, absences, or other matters arising from the incident.

iii. In the event that treatment is unsuccessful and the student contracts an infectious disease, he/she is expected to:

(1) Share this information confidentially with either his/her Academy Director or the Associate Dean Health Professions Student Affairs, who will arrange for the Expert Panel on Infection Control to convene. The Panel will determine what measures must be enacted to safeguard patients’ well-being, as per the Policy on Infectious Diseases and Occupational Health for Applicants to and Trainees of the Faculty of Medicine Academic Programs.

Note: Information on the student’s status and health will be shared strictly on a need-to-know basis.
c. Responsibilities of SUPERVISING PHYSICIANS or other teachers when a student under their supervision is injured or potentially exposed to infectious disease in a clinical setting.

Immediately following the incident, the supervising physician is expected to:

(1) Assist the student in accessing immediate care as necessary. The site-specific workplace injury protocol should be applied.

(2) Facilitate the obtaining of consent for samples to be drawn from the patient, in cases of potential exposure to infectious disease.

(3) (If the student is unable to speak for himself/herself)
   a. Describe the incident to the health professionals who provide initial care to the student.
   b. Inform the health professionals who provide initial care to the student that he/she is a medical student from the University of Toronto.
   c. Contact at least one of the student’s Academy Director, course director, or site director to inform them of the incident.
d. Responsibilities of HEALTH PROFESSIONALS WHO PROVIDE IMMEDIATE TREATMENT to medical students who experience an injury or potential exposure to infectious disease

The health professionals who provide immediate treatment to a medical student who has experienced an injury or potential exposure to infectious disease are expected to:

(1) Complete AT LEAST one of:
   a. A local institutional incident report form,
   b. The U of T Accident Report Form for students
   c. The Physician’s First Report (“Form 8”)
   d. An alternative record of the incident and the treatment administered, only if the other documents named above are not available

(2) Provide a copy of all such forms and other documentation to the student.

(3) (If the immediate treatment is provided at the site of the incident, and that site is an affiliate of the University of Toronto)
   a. Report the incident to the Academy Director (if applicable) or other senior official of the hospital with designated oversight of undergraduate medical trainees.

(4) (If arrangements are made for follow-up care to be provided elsewhere)
   a. Provide the service or consultant designated for follow-up care with sufficient details regarding the student’s initial treatment and also, in the case of a potential exposure to infectious disease, non-identifying information regarding the health status and risk factors of the patient or other individual(s) involved in the incident.

(5) Instruct staff to provide a copy of all incident records to the University of Toronto WSIB Administrator and/or the student’s Academy Director if requested in support of an insurance claim.
e. Responsibilities of the FOLLOW-UP HEALTH CARE PROVIDER

The Academy Director will ensure that the student is connected with appropriate follow-up care. The health care provider designated to provide that care is expected to:

(1) Liaise with the providers of initial care, if different, to ensure that information relevant to the case is appropriately shared. Relevant information includes details of the student’s initial treatment, in the case of a potential exposure to infectious disease, non-identifying information regarding the health status and risk factors of the patient or other individual(s) involved in the incident.

(2) Contact the student to update him/her on the need for follow-up.

(3) Initiate and/or continue whatever treatment is deemed to be necessary.

(4) Complete any paperwork requested by the Academy Director, the Vice-President Education, the U of T WSIB Administrator, or others, in keeping with the Affiliation Agreement and the WSIB Agreement between the hospital and the University.
f. Responsibilities of ACADEMY DIRECTORS, in the event of a student in their Academy incurring an injury or potential exposure to infectious disease in a clinical setting.

Note: In order to ensure immediate responsiveness to student injury or potential exposure to infectious disease, every Academy Director is responsible for maintaining an up-to-date, site-specific protocol for handling various types of such incident, as appropriate for their Academy. This protocol must include a means by which students can be readily referred for timely follow-up care with an appropriate clinician.

i. Upon being notified that a student of the Academy has been injured or potentially exposed to infectious disease, the Academy Director is expected to:

1. Make contact with the student to assess his/her needs.
2. If relevant, confirm with the student that the appropriate health care provider for follow-up care and administration of the case have been arranged.
3. If relevant, and if the student indicates that follow-up care and administration of the case have not been arranged, liaise with the Academy base hospital’s Occupational Health Unit or other appropriate service to ensure that this is done.
4. Liaise with the Associate Dean Health Professions Student Affairs to advise him/her of any additional support required for the student arising from the incident (e.g., counselling, special accommodations, advocacy, etc.)
5. Ensure that all required paperwork is completed and submitted by liaising with the appropriate parties, including Occupational Health Units and the U of T WSIB Administrator, as required. (See Part B of this Protocol for details.)
6. Follow-up with the student periodically to ensure that he/she receives a response regarding the claim (if applicable), to offer assistance with additional paperwork that may be required, and to verify that his/her needs arising from the incident have been met.

ii. In the event that treatment is unsuccessful and the student informs the Academy Director that he/she has contracted an infectious disease, the Academy Director is expected to:

1. Meet with the student to assess his/her needs.
2. Contact the Associate Dean Health Professions Student Affairs, who will inform the Chair of the Expert Panel on Infection Control.

    Note: Information on the student’s status and health must be shared strictly on a need-to-know basis.
iii. To ensure that the University and Hospital comply with expectations regarding tracking and analysis of incidents of medical student injury, the Academy Director is expected to:

(1) Maintain a complete record of every incident of injury or potential exposure to infectious disease involving a medical student from their Academy, with details minimally including:
   a. the type of incident
   b. the site of the incident
   c. the student’s immediate supervisor on the rotation at the time of the incident
   d. the activity in which the student was engaged at the time of the incident
   e. the follow-up that was received
   f. the documents that were submitted and to whom
   g. the student’s level of study and the course

(2) Report incidents as they arise through the regular Academy Directors’ Committee meetings.

(3) As a Committee, produce an annual consolidated student injury and exposure report for the Vice-Dean UME and the UME Executive Committee using data collected by the four Academies and data from the U of T WSIB Administrator, indicating overall frequency of incidents, distribution of incidents across sites and other parameters (courses, activities, etc.), follow-up received, and longitudinal trends.

(4) Propose recommendations as warranted to reduce the number or severity of incidents, or to improve the response that students receive.
g. Responsibilities of the WSIB ADMINISTRATOR at the University of Toronto, with respect to incidents of medical student injury or potential exposure to infectious disease

i. Upon being notified that a medical student has been injured or potentially exposed to infectious disease, the WSIB administrator is expected to:

(1) Confirm the required documentation with the Academy Director.
(2) Review the documentation that is submitted regarding the incident.
(3) Follow-up with the relevant individuals regarding any additional paperwork that is required.
(4) Submit the completed documentation to either the WSIB or ACE INA as appropriate.
(5) Inform the Academy Director and the student that the claim has been submitted.

ii. To ensure that the University complies with expectations regarding tracking and analysis of incidents of medical student injury, the WSIB Administrator is expected to:

(1) Maintain a complete record of every incident involving a medical student that is reported to the WSIB administrative office at the University of Toronto, with details minimally including:
   a. the type of incident
   b. the site of the incident (the Academy hospital, other hospital, non-hospital)
   c. the date and details of the claim
   d. the recipient of the claim (WSIB or ACE INA)
(2) Provide data for an annual student injury and exposure report to the Associate Dean Health Professions Student Affairs.
(3) Perform other tracking functions as required by the University, legislation, etc.
h. Responsibilities of the Associate Dean Health Professions Student Affairs

i. If contacted by an Academy Director or a student himself/herself regarding an injury or potential exposure to infectious disease, the Associate Dean Health Professions Student Affairs is expected to:

(1) Meet with the student to determine if there are any gaps in their required or desired follow-up (medical, administrative, or well-being-related).

(2) Advocate for the student if appropriate follow-up is not forthcoming in a reasonable timeframe.

(3) Follow-up with the student periodically regarding the status of the claim and any newly arising support they require.

(4) Liaise with the Academy Director, other UME leaders, and/or others to develop solutions to problems arising from the incident.

ii. In the event that treatment is unsuccessful and the student or the student’s Academy Director informs the Associate Dean Health Professions Student Affairs that he/she has contracted an infectious disease, the Associate Dean is expected to:

(1) Meet with the student to assess his/her needs.

(2) Contact the Chair of the Expert Panel on Infection Control. The Chair will determine whether the Panel should convene. If so, the Panel will determine what measures must be enacted to safeguard patients’ well-being, as per the Policy on Infectious Diseases and Occupational Health for Applicants to and Trainees of the Faculty of Medicine Academic Programs.

Note: Information on the student’s status and health must be shared strictly on a need-to-know basis.
**Guidelines Regarding Infectious Diseases and Occupational Health for Applicants to and Learners of the Faculty of Medicine Academic Programs**

Lead Writer: Expert Panel for Infection Control, Faculty of Medicine  
Approved by: Faculty of Medicine, Faculty Council  
Date of original adoption: March 3, 1997 (Faculty Council)  
Date of revision: February 11, 2013  
Date of next scheduled review: February 11, 2017

1. **JURISDICTION:**

This document applies to applicants to and all learners with patient contact within the Faculty of Medicine in the following programs:

- Undergraduate Medicine (MD program)  
- Occupational Science and Occupational Therapy  
- Physical Therapy  
- Speech Language Pathology  
- Physician Assistant  
- Medical Radiation Sciences  
- Postgraduate Medical Residents  
- Postgraduate Clinical Fellows

Exceptions regarding applicability, procedures, or reporting for each type of learner, if any, will be noted below.

2. **INTRODUCTION:**

This document is evidence-based, developed and reviewed by an expert panel on behalf of the Faculty of Medicine. The document closely complies with the current OHA/OMA Communicable Disease Surveillance Protocols on infectious disease and occupational health; however, students should follow practices as per their assigned training sites.

This document is distinct from the Faculty of Medicine programs’ Immunization Requirements, which are based on the Council of Ontario Faculties of Medicine (COFM) Immunization Policy. The COFM policy complies with the current OHA/OMA Communicable Disease Surveillance Protocols, which include immunization recommendations, and learners must fulfill these requirements before beginning a clinical placement. Please refer to specific program or divisional offices (Undergraduate Medicine, Rehabilitation sector, etc.) for forms and form completion procedures/deadlines regarding submission of immunization data.
Applicants to and students of the MD program must ensure compliance with the Undergraduate Education: Council of Ontario Faculties of Medicine (COFM) Blood Borne Pathogen Policy, to which this document also adheres.

3. PURPOSE:

This document is intended to minimize the risk and impact of infectious diseases that may pose a threat to learners and those with whom they may come into contact. It is intended to address education requirements on methods of prevention, outline procedures for care and treatment after exposure, and outline the effects of infectious and environmental disease or disability on learning activities.

4. SCOPE AND RESPONSIBILITY:

These Guidelines refer to a “responsible party” for all matters related to reporting of situations involving applicants and learners with infectious disease. The “responsible party” in each program of the Faculty of Medicine has been designated as follows:

The implementation of this document for applicants to and learners in the Undergraduate Medicine program is the responsibility of the Associate Dean, Health Professions Student Affairs.

The implementation of this document for applicants to and learners in Occupational Science and Occupational Therapy, Physical Therapy, Speech Language Pathology, and Medical Radiation Sciences is the responsibility of the respective Departmental Chairs.

The implementation of this document for applicants to and learners in the Physician Assistant Program is the responsibility of the program’s Medical Director.

The implementation of this document for applicants to and learners in the graduate programs of the Faculty of Medicine is the responsibility of the Departmental Chairs in consultation with the Vice-Dean, Graduate Affairs.

The implementation of this document for Postgraduate Medical Residents and Postgraduate Clinical Fellows, and for applicants to these positions, is the responsibility of the Vice-Dean, Postgraduate Medical Education.

These individuals are responsible for informing the Faculty of Medicine Expert Panel on Infection Control of any known/diagnosed positive TB, Hepatitis B, Hepatitis C, or HIV screening tests that are brought to their attention by learners in or applicants to their program(s).

5. DISSEMINATION OF INFORMATION:

Learners will be informed of this document through both oral and written notification upon admission and at the beginning of each academic/programmatic year. Applicants will be informed of this document through written admissions materials (online or in print).
6. GUIDELINES:

6.1. GUIDELINES for APPLICANTS TO ALL UNDERGRADUATE, GRADUATE, AND POSTGRADUATE EDUCATION PROGRAMS IN THE FACULTY OF MEDICINE:

1. The Faculty of Medicine will inform potential applicants that, if they are admitted into the program to which they are applying:
   a. they may be required to take part in the care of patients with various infectious diseases including Hepatitis, TB, and HIV/AIDS, during their studies;
   b. they will be trained in methods of preventing spread of infection to themselves, to other patients and other health care providers (including Routine Practices and hand hygiene);
   c. there is a risk that they may contract an infection during the course of their studies;
   d. they have a responsibility to prevent the spread of infection to others;
   e. they will be required to comply with the immunization requirements of the specific program to which they have applied within the Faculty of Medicine;
   f. if they have or contract an infectious disease (see examples in Section 7), they will be permitted to pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or to others;
   g. they will be required to comply with the OMA/OHA Communicable Disease Surveillance Protocols that were developed in compliance with Regulation 965, Section 4, under the Public Hospitals Act. This regulation requires each hospital to have by-laws that establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital.
   h. they may be required to give body fluid specimens if they are exposed to or contract certain diseases while working in health facilities.

2. The Faculty of Medicine requires successful applicants and learners to undergo TB and Hepatitis B testing, but does not require testing for Hepatitis C and HIV.

3. Applicants with known/diagnosed active tuberculosis (TB), Hepatitis B, Hepatitis C, or HIV infection are required, upon acceptance, to inform the responsible party (as outlined in Section 4) of their condition. The diagnosis of any infectious disease in an applicant or learner shall remain confidential within a strict “need to know” environment.
4. All applicants to Undergraduate Medical Education, Postgraduate Medical Education, graduate programs, Occupational Science and Occupational Therapy, Physical Therapy, Speech-Language Pathology, Medical Radiation Sciences, or the Physician Assistant Professional Degree program with a known/diagnosed Hepatitis B, Hepatitis C, HIV or active tuberculosis infection will be reviewed by the University of Toronto Faculty of Medicine Expert Panel on Infection Control, which will provide the relevant Preclerkship or Clerkship Director, Academy Director, Program Director, Graduate Coordinator, Clinical Coordinator, Fieldwork Coordinator or Medical Director with recommendations regarding necessary curriculum/rotation adjustments.

5. As information on infectious diseases is a mandatory disclosure item on a learner’s application to the College of Physicians and Surgeons of Ontario (CPSO), the Faculty of Medicine may provide information and/or updates to the College regarding a learner’s immunization/infectious disease status and any recommendation regarding the learner from the Expert Panel on Infection Control.

6.2. GUIDELINES for LEARNERS IN ALL UNDERGRADUATE, GRADUATE, AND POSTGRADUATE EDUCATION PROGRAMS IN THE FACULTY OF MEDICINE:

1. The Faculty of Medicine will inform enrolled learners that:
   a. they may be required to take part in the care of patients with various infectious diseases including Hepatitis, TB, and HIV/AIDS, during their studies;
   b. they will be trained in methods of preventing spread of infection to themselves, to other patients and other health care providers (including Routine Practices and hand hygiene);
   c. there is a risk that they may contract an infection during the course of their studies;
   d. they have a responsibility to prevent the spread of infection to others;
   e. they are required to comply with the immunization requirements of their program in the Faculty of Medicine;
   f. if they have or contract an infectious disease at any point prior to or during their program (see examples in Section 7), they will be permitted to pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or to others;
   g. they are required to comply with the OMA/OHA Communicable Disease Surveillance Protocols that were developed in compliance with Regulation 965, Section 4, under the Public Hospitals Act. This regulation requires each hospital to have by-laws that establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital.
h. they may be required to give body fluid specimens if they are exposed to or contract certain diseases while working in health facilities.

2. The Faculty of Medicine requires learners to undergo tuberculosis (TB) and Hepatitis B testing, but does not require testing for Hepatitis C and HIV.

3. Learners with a known/diagnosed infection for any of active tuberculosis, Hepatitis B, Hepatitis C, or HIV are required to inform the responsible party (as outlined in 4) of their condition immediately. The diagnosis of any infectious disease in a learner shall remain confidential within a strict “need to know” environment.

4. All learners in Undergraduate Medical Education, Postgraduate Medical Education, graduate programs, Occupational Science and Occupational Therapy, Physical Therapy, Speech Language Pathology, Medical Radiation Sciences, or the Physician Assistant Professional Degree program with a known/diagnosed Hepatitis B, Hepatitis C, HIV or active tuberculosis infection will be reviewed by the University of Toronto, Faculty of Medicine Expert Panel on Infection Control, which will provide the relevant Preclerkship or Clerkship Coordinator, Academy Director, Program Director, Graduate Coordinator, Clinical Coordinator, Fieldwork Coordinator or Medical Director with recommendations regarding necessary curriculum/rotation adjustments.

5. As information on infectious diseases is a mandatory disclosure item on a learner’s application to the College of Physicians and Surgeons of Ontario (CPSO), the Faculty of Medicine will provide advice to the learner recommending required disclosure of information to the College regarding his/her immunization/infectious disease status.

6.3. GUIDELINES for LEARNERS WITH AN INFECTIOUS DISEASE:

1. The learner must comply with the infectious diseases surveillance protocols adhered to by the Faculty of Medicine and its affiliated training sites, provide body fluid specimens as requested, and agree to be monitored by an infection control specialist, with regular reporting, if required.

2. All learners are expected to be in a state of health such that they may participate in their academic and clinical programs, including patient care, without posing a risk to themselves or to others. Learners with an infectious disease may pursue their studies only insofar as their continued involvement does not pose a health or safety hazard to themselves or others. Such a health or safety hazard, if protracted, may preclude them from participation in certain aspects of clinical work essential to the satisfactory completion of their program of study.

3. Learners who have symptoms of an acute illness that is likely infectious in etiology should not attend in the teaching site until their symptoms have improved; this includes but is not limited to fever, “colds”, cough, sore throat, vomiting, diarrhea, rashes, and conjunctivitis. Learners who are absent from mandatory educational activities due to illness should notify their program in accordance with the program-specific attendance/absence guidelines/policies.
4. The diagnosis of any infectious disease in a learner shall remain confidential within a strict “need to know” environment.

6.4. GUIDELINES regarding LEARNERS’ PARTICIPATION IN CARE OF PATIENTS WITH INFECTIOUS DISEASES:

1. Learners are required to participate in the care of all patients assigned to them, including patients with infectious diseases, to a level commensurate with their level of training. Such participation is necessary for the learner's education as well as for satisfactory completion of academic and clinical training requirements.

2. All learners are expected to understand and adhere to infection control policies, including the principles of Routine Practices and hand hygiene, when participating in the examination and care of all patients, regardless of the diagnosis or known health status of the patient.

3. Learners are responsible for conducting themselves in a manner that is consistent with the health and safety of themselves and others, and shall be given appropriate training to do so. Learners who fail to meet these responsibilities may, depending on the circumstances, face sanctions under the provisions of the University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students.

6.5. GUIDING PRINCIPLES regarding LEARNERS WHO ARE EXPOSED TO AN INFECTIOUS DISEASE OR OTHER ADVERSE EXPOSURE IN THE COURSE OF THEIR TRAINING:

1. The Faculty of Medicine requires that all educational programs have published documents outlining the course of action to be taken for learners who incur an injury or other medically-related incident, including an incident that may have placed them at risk of acquiring an infectious disease, during the performance of activities as a part of their educational program. Any such document must provide a course of action to promote both the emotional and physical wellbeing of the learner.

2. Learners are expected to comply with the published documents in 6.5.1. Note: Under the UE:COFM Blood Borne Pathogen Policy Undergraduate Medical Education learners (MD students) are ethically obligated to know their serological status.

3. Learners who develop markers of an infectious disease are required, as per 6.2.2, to inform the responsible party in their educational program of their status. The case will be then be handled as described in 6.2.3.
6.6. GUIDELINES on LEARNERS WHO ARE EXPOSED TO AN INFECTIOUS DISEASE OR ADVERSE EXPOSURE DURING THE TIME PERIOD OF TRAINING OUTSIDE TRAINING ACTIVITIES:

1. Note: Under the UE:COFM Blood Borne Pathogen Policy, Undergraduate Medical Education learners (MD students) are ethically obligated to know their serological status. Learners who may suspect they may have become infected with any of the infectious diseases included in Section 7 should seek medical attention.

2. Learners who develop markers of an infectious disease are required, as per 6.2.2, to inform the responsible party in their educational program of their status. The case will then be handled as described in 6.2.3.

6.7. GUIDELINES on CO-RESPONSIBILITY WITH TEACHING SITES:

The Faculty of Medicine and its teaching sites are jointly responsible for ensuring that learners are adequately instructed in infection control. This will include the following:

1. The Faculty will provide to learners in all educational programs an introductory program on Routine Practices, hand hygiene, and other core competencies of infection control and occupational health, and will inform learners of their responsibilities with respect to infection control and occupational health.

2. All Ontario hospitals are required to comply with the Communicable Diseases Surveillance Protocols for Ontario hospitals developed under the Public Hospital Act, Regulation 965. Compliance with these Protocols requires the hospitals to provide instruction in infection control precautions and occupational health to learners.

7. SPECIFIC INFECTIOUS DISEASES INCLUDED IN THIS DOCUMENT but not limited to:

Blood-borne pathogens:
HIV/Hepatitis B, C

Enteric pathogens:
Salmonella / Shigella / Campylobacter / E-coli 0:157/ Norovirus/Rotavirus,

Other:
Influenza / Meningococcal disease / Measles / Mumps / Rubella / Tuberculosis / Varicella / Pertussis/ Hepatitis A/Adenovirus Conjunctivitis
On Teacher Behaviour & Student Well-Being

Graduate learners who do not have patient contact in their roles, while excluded from these guidelines must comply with existing protocols: graduate learners based on-campus comply with the regulations as set out by the University of Toronto’s Office of Environmental Health and Safety and graduate learners based off-campus comply with the protocols of the institute in which they work.

The Expert Panel on Infection Control is advisory to the Dean, Faculty of Medicine. The Panel addresses matters pertaining to health professional students and learners in all Faculty of Medicine Programs and provides advice in all matters relating to the “Guidelines Regarding Infectious Diseases and Occupational Health for Applicants to and Learners of the Faculty of Medicine Academic Programs”

Communicable Diseases Surveillance Protocols:

COFM Immunization Policy, November 2010:

UE:COFM Blood Borne Pathogen Policy:

Standards of Professional Practice Behaviour for all Health Professional Students, June 2008

Guidelines approved:
UME Executive – January 17, 2012
HUEC – January 25, 2012
UPAR – February 23, 2012
Medical Radiation Sciences – March 2012
PGMEAC – April 27, 2012
Graduate Affairs – May 23, 2012
Physician Assistant Program – July 16, 2012
Faculty Council, Education Committee – September 20, 2012
Faculty Council, February 11, 2013
Protocol for UME students to report mistreatment and other kinds of unprofessional behaviour

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: 21 September 2011
Date of last review: 21 September 2011
Date of next scheduled review: 21 September 2015

Important: This protocol is NOT for emergency use.

Students concerned about impending harm to themselves or others should call 911 or seek immediate assistance from onsite security or other authorities. The student is asked to make a subsequent report as described in this protocol, only after safety is ensured.

Undergraduate Medical Education (UME) places the utmost importance on the safety and well-being of students, and their ability to learn in an environment of professionalism, collegiality, and respect.

All members of the UME community have a joint responsibility to protect the integrity of the learning environment and a right to appropriate treatment and to appropriate response when the environment is compromised. This protocol specifically addresses mechanisms for students to report harm to themselves or other students, and to report other unprofessional behaviour that they believe has had a negative effect on the learning environment.

Note: The University of Toronto has set out a number of policies and procedures that detail the recourse available for specific breaches of the expected standards of the learning environment. The purpose of this protocol is to supplement the University’s documents where gaps exist, and to make explicit how harmful incidents should be reported by students and how they will be tracked. This protocol does not supersede powers and procedures set out in other policies of the University, the Faculty of Medicine, or hospitals. Where an existing University or Faculty policy applies, the procedure described in that document will be followed. Likewise, if a University or Faculty office or a clinical institution has jurisdiction in a given situation, its authority will be respected.

A. DEFINITIONS

i. Harmful incident

UME defines a harmful incident broadly as an incident in which one person’s behaviour or actions cause harm to UME students or the UME community. Harmful incidents fall into two categories:

- “Incidents of student mistreatment”
  are incidents in which someone in the UME learning environment harms a student in some manner, including physically, sexually, or emotionally. Any incidents involving harm to another person necessarily entail harm to the learning environment as well.
- "Other incidents of unprofessionalism"
  are incidents in which the inappropriate conduct of a member of the UME community compromises the learning environment. (This may include mistreatment of someone other than a student.) A student who witnesses or experiences an incident of unprofessional behaviour and is considering making a report should first determine whether he or she considers the incident to be minor or major:
  o Minor incidents of unprofessionalism are single, apparently isolated events that are troubling to the student who witnesses or experiences them, but for which a formal report may seem unwarranted.
  o Major incidents of unprofessionalism are those behaviours and actions that are either repeated or so severe as to have a significant negative effect on the learning environment. Major incidents are sufficiently troubling to the student who witnesses or experiences them that they warrant formal reporting.

It is recognized that interpretations of harm will differ. Students unsure about whether a report is warranted should seek advice as described below.

ii. Unacceptable conduct leading to harmful incidents

For the purposes of this protocol, UME recognizes as harmful all of the behaviours and actions that are deemed unacceptable under one or more of:
- the Ontario Human Rights Code,
- the Canadian Charter of Rights and Freedoms,
- policies of the University of Toronto
  o Code of Behaviour on Academic Matters (applies to students and teachers)
  o Code of Student Conduct (applies to students)
  o Human Resources Guideline on Civil Conduct (applies to faculty and staff)
  o Policy with Respect to Workplace Harassment (applies to faculty and staff)
  o Policy with Respect to Workplace Violence (applies to faculty and staff)
  o Sexual Harassment: Policy and Procedures (applies to students, faculty, and staff)
  o Standards of Professional Practice Behaviour for all Health Professional Students (applies to students)
  o Statement on Prohibited Discrimination and Discriminatory Harassment (applies to students, faculty, and staff)
- policies of the Faculty of Medicine
  o Guidelines for Ethics & Professionalism in Healthcare Professional Clinical Training and Teaching (applies to students and teachers)
  o Standards of Professional Behaviour for Medical Clinical Faculty (applies to clinical faculty)
- policies of the College of Physicians and Surgeons of Ontario,
  o Physician Behaviour in the Professional Environment (applies to registered MDs)
  o Professional Responsibilities in Postgraduate Medical Education (applies to registered MDs)
  o Professional Responsibilities in Undergraduate Medical Education (applies to registered MDs)
- policies of hospitals and research institutes affiliated with the University of Toronto.
  o Consult the policies on conduct of the appropriate affiliated hospital or research institute.

Wherever such behaviours or actions deemed unacceptable by one or more of the sources listed above take place in the context of the UME learning environment or between members of the UME community, a report should be made as described in this protocol.

Note: A report of any of the behaviours named in the documents above is a serious accusation against another individual or a group of individuals, and UME will give serious weight to any such accusation. Making a false, frivolous, vexatious, or malicious report will be considered as a professional lapse and the usual procedures used by UME for lapses in professionalism will be pursued.
iii. Designated UME Leaders

The term “Designated UME Leader” is used in this protocol to refer to individuals who are officially designated to receive reports of harmful incidents from students. They are as follows:

- For incidents of student mistreatment: the Associate Dean Health Professions Students Affairs
- For other incidents of major unprofessional behaviour: the Academy Directors, Preclerkship Director, Clerkship Director, Faculty Lead for Ethics & Professionalism, course directors, counsellors of the Office of Health Professions Student Affairs, Associate Dean Health Professions Student Affairs, and Associate Dean Equity & Professionalism

B. PRINCIPLES

This protocol is governed by two principles as follows:

**Principle 1 – multiple reporting options**

Students should have multiple options to report information about harmful incidents in the learning environment to individuals with the authority to assist the student and/or take corrective action. Such reporting need not be direct in all instances. (For example, a student may report an incident to an individual who does not have the authority to take corrective action, but who can convey the information to another individual who does have such authority.)

However, students should recognize that not all such options are equally effective. For this reason, this protocol clearly identifies the preferred reporting mechanisms adopted by UME.

**Principle 2 – confidentiality**

Confidentiality will be upheld regardless of how or to whom the report is made.

Except as may be required by law or University policy, any detailed communication about the report (including the reporting student’s identity) will only be made with the express consent of the student and only as necessary to provide assistance or care to the student, or to pursue an investigation or remedial action. Students must recognize that in most instances, at least some communication with another individual will be necessary to allow appropriate steps to be taken.

Although there is an option for anonymous reporting of harmful incidents, anonymous reports cannot usually be investigated or acted upon. Students are strongly encouraged to make reports that are not anonymous.

All reports may be included in statistical analyses of aggregate data, and these analyses may be shared at the discretion of the UME leadership. All identifying information will be purged from the analyses for the protection of the reporting student and any other individuals involved in the incident.

C. UME LEADERS WHO ARE DESIGNATED TO RECEIVE REPORTS OF HARMFUL INCIDENTS FROM STUDENTS

i. Incidents of student mistreatment

If any person harms a student, including physically, sexually, or emotionally, students have the option to make a report of the incident to any UME teacher, leader, or administrative staff member of their choice. However, to ensure that such reports are dealt with effectively, particularly if safety or well-being are at risk, UME recommends that students report incidents of harm to themselves or other students to the Associate Dean, Health Professions Student Affairs (HPSA).
ii. Incidents of major unprofessionalism (other than student mistreatment)

This section describes whom to contact when a student witnesses unprofessional behaviour committed by a member of the UME community that does not constitute student mistreatment, but does compromise the learning environment. (For clarity, this category of unprofessional behaviour includes mistreatment of individuals other than students, including residents, faculty members, patients, administrative staff, other health professionals, etc.)

Major incidents of unprofessional behaviour are typically very severe or repeated, and have a significant negative effect on the learning environment. Major incidents are sufficiently troubling to the student who witnesses or experiences them that they warrant formal reporting.

As with incidents of student mistreatment, a student has the option to make a report of an incident of unprofessional behaviour to any UME teacher, leader, or administrative staff member, according to personal comfort and preference.

However, students should recognize that not all UME teachers, leaders, or staff members are equally well placed to provide assistance or other support in response to an incident of unprofessional behaviour, nor are they all equally capable of acting on the report to effectively address the particular incident or the system as a whole.

Students should report a major incident of unprofessionalism to an individual with a suitable level of authority and knowledge of the context to address the situation appropriately. UME therefore recommends that major incidents of unprofessionalism be reported to ONE of the following individuals. All of these “Designated UME Leaders” may assist with reports of unprofessional behaviour in any context, but suggested reasons for choosing one individual over another are indicated:

- The student’s Academy Director or the Academy Director at the site of the incident (especially if the incident occurs in a hospital environment)
- The course director (especially if the incident occurs in a non-hospital environment)
- The Preclerkship or Clerkship Director, as appropriate (especially if the incident involves a course director or an unresolved pattern of conduct)
- The Faculty Lead for Ethics & Professionalism
- Counsellors in the Office of Health Professions Student Affairs
- The Associate Dean Health Professions Student Affairs
- The Associate Dean Equity & Professionalism

Note: If a student chooses to report an incident of unprofessionalism to an individual not listed above, then that individual is strongly advised to obtain permission from the student who made the report to share the information with one or more of the UME leaders in the list as dictated by the situation.

iii. Incidents of minor unprofessionalism

Minor incidents of unprofessionalism are typically single, apparently isolated events that are troubling to the student who witnesses or experiences them, but for which a formal report may seem unwarranted.
Whenever possible, the student is instead encouraged to discuss the situation directly with the person whose behaviour seemed unprofessional. This approach recognizes the role of collegial conversation in the UME community, and emphasizes the principle of addressing problems locally wherever possible. In addition, students may wish to approach another trusted UME teacher, leader, or administrative staff member for advice.

If for any reason the student does not feel comfortable engaging in such a discussion, or if the result of such a discussion is not satisfactory, then the student can follow the reporting procedure described under “Incidents of major unprofessionalism.”

Student may always report incidents on a teacher’s evaluation form or a course evaluation form. Note: While every effort is made to review evaluation forms in a timely manner, students should not assume that action will be taken quickly on the basis of a course evaluation.

2 UME leaders include the Vice-Dean, the Associate Deans, the Academy Directors, the Preclerkship and Clerkship Directors, the course directors, the thematic faculty leads, and the Faculty Registrar.

D. PROCEDURE FOR STUDENTS TO REPORT A HARMFUL INCIDENT TO A DESIGNATED UME LEADER

Important: This protocol is NOT for emergency use. Students concerned about impending harm to themselves or others should call 911 or seek immediate assistance from onsite security or other authorities. The student is asked to make a subsequent report as described in this protocol, only after safety is ensured.

i. Incident Report Form

In order to provide students with a convenient, effective, and secure means to make a report of a harmful incident, an electronic “Incident Report Form” (IRF) has been created and is available online, with links from the Blackboard Portal, MedSIS, and the “Red Button” on the UME website.

Students are strongly encouraged to register their reports of student mistreatment or major unprofessionalism through the IRF. The IRF generates reports for exclusive review by the Designated UME Leader to whom it is submitted; no one else has access to these reports, and any sharing of the information in the reports (outside of the system) is governed by the principle of confidentiality.

Other individuals to whom a report is made are encouraged to suggest that the student to also complete an IRF online to ensure that all appropriate follow-up takes place.

ii. Other reporting options

All Designated UME Leaders will also accept reports of harmful incidents through more traditional communication, such as e-mail, telephone, and in-person communication.

However, as described in the next section, since the IRF facilitates tracking of harmful incidents, students should be aware that even if they use another reporting option, they may be asked to complete an IRF. Alternatively, the Designated UME Leader may complete an IRF on the reporting student’s behalf. (Recording incidents through the IRF is mandatory in cases of student mistreatment.)
E. PROCEDURE FOR DESIGNATED UME LEADERS FOLLOWING SUBMISSION OF A REPORT BY A STUDENT

(1) All Incident Report Forms or written reports will be personally reviewed as soon as possible by the Designated UME Leader who receives it, and always within seven days.

NOTE:
   a. Reports submitted in writing (including e-mail) should be clearly dated and labelled “Confidential report for the attention of Dr. ____” to ensure priority review
   b. If the Designated UME Leader is away for a period exceeding seven days, the person responsible for assuming his/her duties may review the report.

(2) The Designated UME Leader will contact the student who made the report to:
   a. ascertain the reporting student’s well-being and interest in receiving support.
   b. clarify the details of the incident as reported.
   c. discuss the severity of the incident. In some instances, the student and Designated UME Leader may conclude that the incident does not in fact require any further follow-up.
   d. provide the student with information about University and Faculty policies, and what procedures arising from those policies will guide the response.
   e. determine the student’s willingness for other specific individuals to be made aware of the incident in order to address the situation. (These individuals must be identified to the student.)
   f. determine the student’s interest in proceeding with an investigation into the incident.

The Designated UME Leader will keep a summary of the discussion on file; a copy will be provided to the student on request.

If the student did not use the IRF, the Designated UME Leader may complete an Incident Report Form himself/herself after the meeting to facilitate tracking and follow-up. The student will be provided with a copy of the IRF

Note: For instances of student mistreatment, recording of the report via IRF is mandatory, either by the reporting student or by the Associate Dean HPSA.

(3) The Designated UME Leader will consult with individuals in relevant positions as needed and will act as the student’s liaison with the other offices or individuals who become involved in the case. All such individuals will be bound to strict confidentiality regarding all aspects of the case, including the identity of the reporting student, except where required by law.

If the results of the investigation of the incident support the pursuit of a resolution mechanism (e.g. formal or informal mediation, tribunal, etc.), a decision will generally be made jointly by the student, the Designated UME Leader, and the other involved offices or leaders.

Note: In egregious cases of inappropriate treatment, UME, the Faculty of Medicine, and the University of Toronto reserve the right to pursue an investigation and recourse without the participation or consent of the reporting student.

(4) A reporting student has the right at any time to withdraw from further participation in any investigation or other action based on the report. The investigation or action may continue without the participation of the student, depending on established policy, the recommendations of experts, the existence of related reports, and other contributing factors. If a student declines further participation, he or she will forgo the right to be informed of subsequent developments in the case.
The student retains all rights to supportive follow-up independent of his or her participation in an investigation or action, but similarly has the right to request that the Designated UME Leader cease monitoring or facilitating supportive follow-up (e.g., counselling or medical care).

(5) The Designated UME Leader will maintain a complete and confidential record of each case. He or she will also inform the Vice-Dean UME and the Associate Dean Equity & Professionalism (E&P) of any updates on new or previously received reports on a regular basis. The Designated UME Leader will also supply to the Associate Dean E&P a summary of each report on an annual basis or as requested. This summary will include such details as the Associate Dean E&P may request, including but not limited to type of location, the categories of individuals involved (preclerkship students, clinical clerks, faculty, residents, etc.), and the nature of the incident.

F. PROCEDURE FOR ANY OTHER INDIVIDUALS WHO RECEIVE A REPORT OF A HARMFUL INCIDENT FROM A STUDENT

If a student chooses to report an incident of mistreatment or major unprofessionalism to an individual in UME other than a Designated UME Leader (see “Definitions” section), the individual receiving the report (the “report recipient”) has certain responsibilities:

(1) They must make the student aware of this protocol.

(2) They must clearly inform the student of any limitations on their authority or ability to respond.

(3) They must inform the student that the preferred approach to dealing with incidents of student mistreatment is to contact a Designated UME Leader. This approach helps ensure that the student has access to suitable support, that the applicable University, Faculty, and hospital policies are followed, that investigations or other actions can be undertaken, and that UME is able to monitor the learning environment effectively.

If the student agrees to the involvement of a Designated UME Leader, there are three options:

- Preferably, the student can fill out an Incident Report Form online.
- The student can contact a Designated UME Leader directly as described above.
- The report recipient can contact a Designated UME Leader on behalf of the student. In this situation, the report recipient must be absolutely clear on the information that he or she is permitted to share with Designated UME Leader, and on the student’s expectations with regard to direct follow-up from that individual.

(4) For the protection of all involved, including the report recipient himself or herself, the report recipient must obtain the student’s permission regarding the sharing of any potentially identifying information.

An individual who receives a report of student mistreatment is expected to make a secure, personal record of the report, regardless of whether the reporting student wishes to pursue any action or not. This record is for personal reference only and must be kept strictly confidential, unless the student in question provides express permission for its contents to be shared, or unless required by law.

Note: UME teachers, administrative staff members, and leaders should be aware that although a student may make a “report” to them in an apparently informal or offhand manner (e.g., in the course of regular conversation), by the very nature of these individuals’ status vis-à-vis the University and its medical students, it is generally safest to assume that in fact the report was intended to be a formal notification. In case of doubt, an individual who is made aware of an incident by a student should clarify the student’s intentions in raising the issue with them.
In general, individuals who receive a report regarding significant incidents of unprofessional behaviour – and especially student mistreatment – are advised not to attempt or agree to provide assistance to that student, or to intercede in such an incident by making contact with anyone, without the assistance of a Designated UME Leader.

Special note regarding reports made in the context of an educational experience

There are certain occasions in the UME curriculum, such as the Portfolio group sessions, during which students share personal experiences related to their training, with the expectation that the information that is shared will be kept confidential.

Teachers who learn of an incident of inappropriate treatment in the course of a curricular session of this type are encouraged to privately and discreetly approach the student who described the incident, to make sure the student has received appropriate support and is aware of options available to them to report such an incident. Students should be informed that describing the incident in a confidential classroom setting cannot be considered a report, and no action can be taken based on what was said in class. If the student wishes to pursue the matter, then the procedure described above should be followed.

G. TRACKING, ANALYZING, AND ADDRESSING TRENDS IN HARMFUL INCIDENTS

i. Individual responsibility

All UME leaders, whether “designated” or otherwise, are expected to monitor the number and content of the reports that they receive, and to look for emerging trends. Such trends should be brought to the immediate confidential attention of the Associate Dean Equity & Professionalism (E&P) and the Vice-Dean UME. The Associate Dean E&P and/or the Vice-Dean UME will then determine what steps may be required and will implement measures as appropriate (see below).

In particular, the Associate Dean Health Professions Student Affairs, as the sole designated recipient of reports on mistreatment of students, will regularly review the statistical reports available through the Incident Report Form (IRF) system, and provide a regular update to the Associate Dean E&P and the Vice-Dean UME.

At least once per year, or as directed by the Associate Dean E&P, every UME leader shall submit a summary of the harmful incident reports that they have received during that timeframe to the Associate Dean E&P (see Institutional Responsibility, below).

ii. Institutional responsibility

The Associate Dean Equity & Professionalism (E&P) holds primary responsibility for the tracking of reports of all types of harmful incidents in the medical student learning environment. The Vice-Dean UME and the Associate Dean E&P are jointly responsible for actively addressing concerning rates or trends of harmful incidents through the UME portfolio and in collaboration with partners such as the clinical affiliates, the University Departments, the decanal team, and others.

At least once per year, the Associate Dean E&P will produce a report for the attention of the Vice-Dean UME summarizing the harmful incidents that have been recorded in the UME learning environment. The data will be conveyed in aggregate only and in such a way that no individuals involved in the incidents are identifiable. The report should indicate the number and variety of incidents reported, identify sites or groups of sites of concern, summarize the status (student, faculty, residents, administrative staff) of both persons making complaints and those about whom complaints were made, and summarize overall disposition of reports. The Vice-Dean UME is responsible for determining the appropriate breadth of dissemination of the Associate Dean’s reports of harmful incidents.
U of T MEDICAL STUDENT PROCEDURE TO REPORT INCIDENTS OF CONCERN

If you have experienced or witnessed a faculty member, other student, resident, other learner, health professional, or administrative staff member do something that was disturbing to you.

FIRST: Attend to your immediate health and safety, and that of anyone else who was affected. For contacts and advice, click the “Red Button” in the Portal or in MedSIS, or go to www.md.utoronto.ca/redbutton.htm. In an emergency, activate Emergency Services at your location or call 911.

NEXT: We encourage you to follow-up on the incident as suggested below.

If your predominant concern that...

...you believe that the learning climate has been harmed or compromised (possibly including harm to someone other than a student)?

*Incident of unprofessional behaviour*

Do you believe the incident was...

...of major concern?

...of minor concern?

Please make a report using the Incident Report Form* or email** to one of the following UME leaders:
- the Academy Director (especially if the incident occurred at an Academy site)
- the course director (especially if the incident occurred at a non-Academy site)
- the Fredericksen or Clerkship Director (if the incident involves a course director or unresolved pattern)

Or, for all types of situation:
- the Associate Dean, Equity & Professionalism
- the Associate Dean, Health Professions Student Affairs
- the Faculty Lead, Ethics & Professionalism
- the counsellors of the Office of Health Professions Student Affairs

If required by law or University/Hospital policy, and/or to address the situation you encountered, your report may be shared, on a strict need-to-know basis. Your privacy will be respected.

*The Incident Report Form is accessible via the Red Button: www.md.utoronto.ca/redbutton.htm. **For contacts, see www.md.utoronto.ca/contacts.

WILL ANYTHING CHANGE IN THE LONG-RUN? Incidents reported through this process will be collated by the Associate Dean, Equity & Professionalism, omitting information that identifies you, the reporter. They will be recorded for statistical analysis to allow the Faculty of Medicine to monitor the health of the learning environment and make targeted changes over time for the benefit of students and other members of the Faculty community.

CAN I SPEAK TO SOMEONE ELSE INSTEAD OF THE PEOPLE LISTED HERE? Yes, you can choose to make a report to an individual involved in UME who is not listed here. However, in such a case, the recipient of the report is strongly advised to help redirect you to a UME leader as listed in the flowchart. (For details, see the Protocol for UME students to report mistreatment and other kinds of unprofessional behaviour.) This is for your protection and theirs. Many situations involving harmful behaviour are complicated and require detailed knowledge of policies, procedures, and resources.

WHAT WILL UME DO TO HELP ME OR TO RESOLVE THE ISSUE? If you make a report to a UME leader identified here, he/she will provide guidance to you, offer you access to resources and services as appropriate, consult University and/or Hospital policies (as relevant) to determine the appropriate steps to be taken, and, if warranted, set in motion a formal investigation process. You should be aware that in most instances, problems cannot be fully addressed by one person alone. Therefore, the person you make the report to will probably enlist the involvement of others, with your permission.
Appendix B: Incident Report Form

(access via the Red Button ➔ incidents involving threats, mistreatment, or unprofessionalism)

**UME Student Incident Report Form**

In an emergency, call 911 or seek assistance from security or police.

This form should be used to report incidents for follow-up and tracking purposes. Your report will be reviewed within 7 days.

The Incident Report Form is a confidential online tool designed to allow medical students at the University of Toronto to report concerning events that they have either experienced or witnessed in the UME learning environment or the UME community. It is for reporting and follow-up, NOT FOR EMERGENCIES.

Learn about when you should use this form and what will happen next...

WHAT THIS FORM IS FOR:
Use the form to register a complaint or concern about any serious incident in which you believe a medical student was harmed physically, sexually, or emotionally OR any serious act of unprofessionalism that you feel has had a significant negative impact on the learning environment, perhaps due to its severity or repetition. The person who caused the incident could be a faculty member, staff member, resident, another student or learner, or someone else in the UME community.

WHAT THIS FORM IS NOT FOR:
Please do not use this form to report a minor incident of unprofessionalism. Minor incidents are typically single, apparently isolated events that are troubling to you, yet do not interfere you as having a significant impact on the learning environment. If you are comfortable doing so, please instead discuss the situation directly with the person whose behavior seemed unprofessional. This approach recognizes the role of collegial conversation in the UME community, and emphasizes the principle of addressing problems locally whenever possible. You may also wish to approach another trusted UME teacher, teacher, or administrative staff member for advice.

WHAT WILL HAPPEN AFTER THE FORM IS SUBMITTED:
The Protocol for UME Students to Report Misconduct and Other Kinds of Unprofessional Behaviour describes the process in detail. A summary and a link to the full policy are provided at [http://www.md.utoronto.ca/policies/investigateaccounts.htm](http://www.md.utoronto.ca/policies/investigateaccounts.htm) (see the link in the lower left.

Inappropriate behavior, including mistreatment and unprofessionalism, is defined in policies available at: [http://www.md.utoronto.ca/studentstudenthealth/healthrights.htm](http://www.md.utoronto.ca/studentstudenthealth/healthrights.htm)

**SECTION 1 OF 3: DETAILS OF THE INCIDENT**

(A) DATE OF INCIDENT

Year Month Day

If the incident occurred on multiple dates, please indicate the most recent.

(B) LOCATION OF INCIDENT

- University Location
  - None
  - St George campus
  - UTM campus

- Hospital Location
  - None
  - Baycrest
  - Centre for Addiction & Mental Health (CAMH)

- Other Location
  - None
  - Parent/Doctor's office
  - IMF site
  - Other educational setting

(C) DESCRIPTION OF INCIDENT

Please include as many details as you recall, such as:
- Names of all those individuals involved EXCEPT PATIENTS
- Precise location (e.g. the ward or room number)
- Nature of the incident
- Whether you experienced the incident yourself or witnessed someone else experiencing it
- Cursivation during which the incident occurred (if applicable)

Incident reports must be made truthfully and in good faith. Making a false, frivolous, vexatious, or malicious report may be considered a professional lapse.
### Appendix B: Incident Report Form, continued

#### Section 2 of 3: Reporting the Incident

While recognizing that there may be circumstances in which you wish to remain anonymous, UME strongly encourages you to share your identity in this report.

**Anonymity is not the same as confidentiality. Your report will be kept strictly confidential whether you remain anonymous or not, unless disclosure is required by law or by University policy.**

- **Learn about why we prefer to know your identity:**
  1. According to University policy, we are severely limited in our capacity to investigate and act upon anonymous reports against members of the University community.
  2. If you remain anonymous, we will be unable to provide assistance to you or others affected by the incident.
  3. Anonymous reports will be kept on file and used in compiling statistical data on the program, but in all likelihood will not result in direct action.

- **Learn about who will see this report:**
  
  When you submit a report, the following protections are in place:
  1. Notification will be sent electronically to the Designated UME Leader you select below.
  2. Other UME leaders, faculty, administrative staff members, and students will not have direct access to it. (The Associate Dean Equity & Professionalism and technical staff will have access to non-identifying information only for statistical and quality assurance purposes.)
  3. In the event that appropriate follow-up necessitates the involvement of other individuals, the Designated UME Leader you have selected will share this report and your identity only on an as-needed basis and only with your express consent, unless required by law or by University policy.

#### Anonymity and Confidentiality

Given the explanation above, do you wish to remain anonymous or share your identity?

- **Share my identity.**
- **Remain anonymous.**

#### Section 3 of 3: Prepare to Submit the Report

Option: If you wish to receive a copy of this report for your own records, enter your email address below.

This field is not visible to the report recipient. You can choose to remain anonymous but still receive a copy of the report.

When you select "Submit" below, the report notification will be sent electronically to the Designated UME Leader. It will be reviewed within 7 days. Please check your report carefully before clicking "Submit."

If you have provided your name and contact information, the report recipient will contact you to discuss the incident further.

By clicking "Submit", you are confirming that this report is truthful and made in good faith.
Standards of Professional Behaviour for Medical Clinical Faculty

Approved by the Council of the Faculty of Medicine (Faculty Council)
22 June 2009

Introduction
Patients, colleagues, and the public at large have long had high expectations for the professional behaviour of physicians. To assist learners to meet this expectation in our undergraduate and postgraduate medical education programs, in 1995 the Faculty of Medicine established standards of professional behaviour for students and residents. These have recently been replaced by the new University of Toronto Standards of Professional Practice Behaviour for Health Professional Students. (2008)¹

As students and residents learn what it is to be a professional, the examples set by their teachers, the clinical faculty with whom they work in daily patient care, are important influences. What they see in their role models, part of the so-called “informal” or “hidden” curriculum, is just as or even more important than the formal curricular sessions on professionalism.

These standards articulate our shared expectations for the high standard of behaviour that is already exemplified by the majority of our clinical faculty. They apply to Medical Clinical Faculty appointed under the University of Toronto’s Policy for Clinical Faculty.²

Nothing in these standards limits the academic freedom of clinical faculty. The Policy for Clinical Faculty defines academic freedom as:

“the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the University and society at large….. Academic freedom does not require neutrality on the part of the individual nor does it preclude commitment on the part of the individual. Rather, academic freedom makes such commitment possible” ³

“All clinical faculty remain subject to the applicable ethical and clinical guidelines or standards, laws and regulations governing the practice of medicine and the site-specific relevant site’s policies or by-laws” ⁴

¹ University of Toronto Standards of Professional Practice Behaviour for Health Professional Students. http://www.pgm.e.utoronto.ca/Assets/Policies/Professional+Practice+Behaviour.pdf
² University of Toronto Policy for Clinical Faculty http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/Policy+for+Clinical+Faculty.pdf
³ University of Toronto Governing Council: Policy for Clinical Faculty at 7.
⁴ University of Toronto Governing Council: Policy for Clinical Faculty at 8.
These standards do not replace or limit the legal and ethical standards established by professional or regulatory bodies, by relevant clinical settings, or by other applicable University standards, policies and procedures.

These standards may be used as one relevant factor in the assessment and evaluation of clinical faculty.

SECTION 1

Clinical faculty should demonstrate and effectively model high standards of professionalism, including a commitment to excellence and fair and ethical dealings with others in carrying out their professional duties. The following illustrate some of the behaviours and characteristics that clinical faculty strive to achieve:

1. Maintain a high standard of practice & seek excellence (self-assessment, life-long learning)
2. Demonstrate honesty, integrity, empathy, humility, and compassion
3. Show concern for patients and their physical and psychosocial well-being; exhibit altruism
4. Be a role model for relationships with patients and their families in the clinical and community setting, with participants and their families in the research setting, and with learners.
   4.1 Act with courtesy and respect
   4.2 Recognize & observe boundaries
   4.3 Communicate effectively, provide appropriate information, and endeavour to answer questions.
   4.4 Respect privacy and maintain confidentiality
   4.5 Maintain an acceptable standard of appearance and hygiene
5. Be collegial in relations with others: physicians; other health-care professionals and staff; and students & residents
6. Be sensitive to and accepting of diversity in patients, team members, and learners. Diversity includes, but is not limited to: age; disability; sex and gender; sexual orientation; race, colour, ethnicity, nationality or ancestry; culture & religion; family or marital status; socioeconomic status; and political affiliation.
7. Recognize, disclose, and manage competing interests (Conflicts of Interest) such as financial interest; research interest; career advancement, and other personal interests.
8. Be a role model in maintaining personal life balance, health, and well-being
9. Contribute to meeting the collective responsibilities of the profession.
   9.1 Practise in a socially responsible manner, considering and advocating for the needs of the patient, the community and any vulnerable populations in the physician’s practice.
   9.2 Be supportive of colleagues in achieving and maintaining good standards of practice and appropriate professional behaviour.
10. Demonstrate insight into own behaviour and seek to improve when not meeting standards of behaviour, including acknowledging error.

Faculty members will recognize that their conduct beyond the clinical and educational setting and after hours, such as in interviews, school visits, and community groups, may also reflect on their role in the university.

Professional conduct extends to use of the internet and electronic communication in all settings. Useful guidance may be found in the postgraduate document Guidelines for Appropriate Use of the Internet, Electronic Networking and Other Media, 2008 http://www.pgme.utoronto.ca/Assets/Policies/Guidelines+Internet.pdf
SECTION 2

Clinical faculty members will not engage in actions inconsistent with the appropriate standards of professional behaviour and ethical performance, including but not limited to the following conduct:

1. Creation of a hostile environment
   1.1 Failure to work collaboratively in patient care
   1.2 Intemperate language: rudeness, profanity, insults, demeaning remarks, verbal abuse or intimidation
   1.3 Inappropriate remarks or jokes about race, gender, sexual orientation, physical appearance, disabilities, or economic and educational status.
   1.4 Bullying
   1.5 Recurring outbursts of anger: shouting; throwing or breaking objects
   1.6 Violence & threats of violence
   1.7 Inhibiting others from carrying out their appropriate duties
   1.8 Disparaging public remarks about the character or patient care of another physician or health professional.

2. Intimidation & Harassment:
   2.1 Use of ridicule in the work environment or as an instructional technique
   2.2 Inappropriate assignment of duties to influence behaviour or as a “punishment”
   2.3 Denying appropriate opportunities for learning and experience
   2.4 Inhibiting learners from providing appropriate feedback and evaluation of teachers and experiences
   2.5 Interfering with the reporting of improper conduct
   2.6 Sexual harassment or impropriety

3. Discrimination:
   3.1 Making distinctions based on criteria irrelevant to the decision in question, particularly those protected under the Ontario Human Rights Code: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, or disability.

4. Failure to identify, disclose, and manage conflicts of interest
   4.1 Conflicts are commonly recognized in financial matters but may also arise over research interests, and career advancement
   4.2 Conflicts may also arise and must be declared when there is or has been a close personal relationship including a family, romantic or sexual relationship
      4.2.1 between teachers and learners
      4.2.1.1 University policy does not prohibit romantic or sexual relationships between teachers and learners but does regulate the conflict of interest that inevitably results from such a relationship.

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6 University of Toronto Policy and Procedures: Sexual Harassment http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/sexual.pdf
7 see University of Toronto Policies: Conflict of Interest and Close Personal Relations http://www.provost.utoronto.ca/policy/relations.htm
8 ibid
4.2.1.2 The faculty member must disclose the conflict to the person to whom the faculty member reports (Department Head, Chair, or Dean.) The declaration is confidential and need only be that a conflict exists, not the details of the relationship. The appropriate administrator will take steps necessary to separate the interests of the faculty member and the learner.

4.2.1.3 Both the faculty member and the learner are prohibited from evaluating each other both during and after the term of the relationship. The faculty member is prohibited from exercising direct or indirect influence over decisions which affect the learner.

4.2.1.4 between faculty members or faculty members and staff, for example, when promotion and tenure or salaries are considered.

4.2.1.4.1 Close personal relationships between faculty members or between faculty and staff may also raise conflicts of interest and require disclosure and separation of interests. Both persons in the personal relationship should declare the existence of a conflict as described above.

5. Inappropriate relationships with industry
   5.1 allowing commercial or self-interests to
       5.1.1 compromise professional autonomy and independence, or
       5.1.2 have an undue influence on patient care, the teaching/learning environment, or research integrity

6. Violation of boundaries
   6.1 Inappropriate relationships with patients (e.g., sexual or financial)
   6.2 Inappropriate touching in the workplace
   6.3 Failure to respect appropriate boundaries with learners

7. Repeated failure to be available for scheduled duty, including teaching
8. Chronic lateness
9. Reporting for work when unable to perform required duties, for example:
   9.1 impaired function due to the use or abuse of substances such as alcohol or drugs.
   9.2 when physician illness prevents safe patient care

10. Failure to fulfill academic obligations (e.g., inadequate supervision, being unavailable to learners, or failure to hand in evaluations in a timely fashion)
11. Failure to complete professional obligations such as required clinical records and reports in a timely fashion.
12. Failure to cooperate with investigation and management of alleged breaches of professional conduct.

RESEARCH MISCONDUCT

Standards of behaviour in research are described in the following university documents:

- Policy on Ethical Conduct in Research (1991)
  http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/Policy+on+Ethical+Conduct+in+Research.pdf
- Framework to Address Allegations of Research Misconduct (27 Nov 2006)
SECTION 3 REPORTING OF PROBLEMS AND INITIAL RESPONSE

The Faculty of Medicine will emphasize development of behaviour consistent with these standards. Each member of the Clinical Faculty should strive to demonstrate the positive behaviours and encourage them in colleagues. Collectively, physicians have an obligation to patients and society to strive for a level of behaviour consistent with these standards; this is the basis of self-regulation.

When breaches of these standards are observed in the behaviour of a colleague, the first step should be to approach that colleague and discuss the situation with the goal of ending the inappropriate behaviour. If such a conversation is inappropriate, in the circumstances, or cannot take place or is ineffective, the problem should be reported to the hospital department/division chief or the university department chair, depending on the nature of the issue.

Students or residents with concerns about the behaviour of a clinical faculty member should bring them to the course or program director or, in a clinical institution, to the site director, VP Education or equivalent. Students or residents should be assured protection from retribution or reprisals.

Confidentiality must be maintained, including by the complainant, to the extent possible consistent with thorough and fair investigation of all allegations of breaches of these standards and in the management of proven breaches. Only those who need to be involved to investigate or give information should be informed. This does not mean anonymity for those who bring complaints: fairness demands that a physician asked to respond must know the identity of the complainant. An exception will be for information found in regular anonymous teacher and rotation evaluations.

Reports of breaches of these standards must be made in good faith. Bringing a frivolous or vexatious complaint is itself a breach of professional conduct.

Where concerns are reported, the physician to whom the concerns relate must be given an appropriate opportunity by the Department Chief or Chair to respond before action is taken. At this level the goal should remain internal resolution of the problem; use of conflict resolution strategies as appropriate is recommended.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption or a health and safety risk to patients, students, or members of the University or hospital community, the Dean has authority to impose such interim conditions upon the faculty member as the Dean considers appropriate. Similar authority resides with the Chief of Staff or equivalent in clinical institutions.

Clinical faculty should be aware of circumstances when they have an obligation to report under the regulations of the College of Physicians and Surgeons of Ontario (CPSO).

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9 See the CPSO Guidebook for Managing Disruptive Physician Behaviour
See Also Policy on Mandatory Reporting (note this Policy may change in 2009)
http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/mandatoryreporting.pdf

SECTION 4 BREACHES OF THESE STANDARDS:
Remediation
If no other authority with jurisdiction compels otherwise (e.g., the law, a regulatory body or University policy or regulation), the initial approach to all but the most serious breaches will be effort to remediate the behaviour of the clinical faculty member.

Jurisdiction
The university and the hospitals jointly hold responsibility regarding these standards. Each institution will follow its own detailed protocols for the investigation and management of behavioural misconduct.

- If breaches are alleged to have occurred in the clinical setting or apply to actions in the jurisdiction of hospitals, such as clinical care or record keeping, the hospital should take the lead in responding to the problem, usually through hospital departmental chiefs. If allegations related to a hospital come to the attention of a university official, the hospital administration must be notified through the VP Medical Affairs, Chief of Staff, or equivalent officer.
- The university should take the lead in responding if the breach is in the classroom or university research laboratory or concerns primarily the relation of faculty to learners.
- Respecting the confidentiality of the faculty member, the university and the hospital will inform the other jurisdiction as appropriate. This will include information that there has been a complaint, its management and the outcome or resolution of the matter.
- When there is doubt about jurisdiction, advice should be sought from the office of the Vice Dean, Clinical Affairs or the Associate Dean, Equity and Professionalism.

Discipline
If a breach is determined to have occurred, remedial responses may include such discipline as is within the powers of the hospital and the University, whichever has jurisdiction.

The Policy for Clinical Faculty and its Procedures Manual state that Full Time Clinical Faculty appointments may only be terminated for cause. Professional misconduct is listed among the examples of cause that may lead to termination. Conduct described in section 2 of these standards may be interpreted as professional misconduct.

(See University of Toronto Faculty of Medicine Procedures Manual for Policy for Clinical Faculty, 23 July 2008, Section 2.X. Section 3 deals with Procedures for dealing with disputes.
http://www.facmed.utoronto.ca/Assets/staff/Procedures+Manual+for+Policy+for+clinical+Faculty.pdf?method=1)

10 Parallels will be found in Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies
http://www.utoronto.ca/sho/healthcareprotocols.html

11 An example complaints procedure is also given in Appendix C, page 32, of the CPSO Guidebook for the Managing Disruptive Physician Behaviour, cited above.

12 The following questions, modified from the sexual harassment protocol above, may be helpful:
1. Which institution(s) have the authority, capacity and responsibility for supervision and management of the person(s) accused of a breach of professional behaviour?
2. Which institution(s) have obligations to or liabilities in respect of the person(s) complaining of the breach of professional behaviour?
who do not hold an appointment in an affiliated institution, may lead to the severance of the teaching relationship.

SECTION 5 ASSOCIATED AND INCORPORATED POLICIES, CODES, AND GUIDELINES

- Nothing in this document should be interpreted to mean that it replaces any existing policy or regulations of the University of Toronto.

- Existence of this policy does not provide protection from criminal prosecution or civil action.

- Clinical faculty must also comply with University and Faculty policies and regulations. In particular, the reader is directed to:
  
  - Code of Behaviour on Academic Matters (June 1, 1995)  
    http://www.utoronto.ca/govcncl/pap/policies/behaveac.html
  - Policy on Conflict of Interest — Academic Staff  
  - Conflict of Interest and Close Personal Relations http://www.provost.utoronto.ca/policy/relations.htm
  - Policy and Procedures: Sexual Harassment  
    http://www.governingcouncil.utoronto.ca/Assets/Policies/PDF/sexual.pdf

- Clinical faculty should refer to University approved guidelines such as
  
  - Faculty/Affiliated Institutions Guidelines for Ethics and Professionalism in Healthcare
  - Professional Clinical Training and Teaching.  
    http://www.facmed.utoronto.ca/Assets/about/guidelines.pdf?method=1
  - Postgraduate Medicine Guidelines Addressing Intimidation and Harassment [in] The  
    Education and Learning Environment at UT-PGME April 21, 2006
    http://www.pgme.utoronto.ca/policies/iah.htm
  - Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions  
    http://www.facmed.utoronto.ca/Research/ethicspolicy/harass.htm

- All Clinical Faculty must meet the expectations of their regulatory body and professional college(s) and abide by law and by their hospital by-laws, regulations and policies.
  

- Clinical Faculty should comply with the Canadian Medical Association (CMA) Code of Ethics and other related CMA policies. http://policybase.cma.ca/PolicyPDF/PD04-06.pdf
Introduction

The delivery of undergraduate medical education in Ontario has significantly evolved over time. Today education occurs in a variety of environments – teaching sites are not limited to traditional teaching hospitals but also extend to community settings such as community hospitals, interdisciplinary clinics, and physicians’ private practices. Also, education relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of physician practice; rather, care is delivered through multidisciplinary teams. This collaborative, team-based approach promotes optimal health care for patients and learning opportunities for students.

As part of the training endeavour, medical students need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, behaviours, attitudes and judgment required for future practice. This occurs through a process of graduated responsibility, whereby students are expected to assume increased responsibility as they acquire greater competence. For this to occur safely, supervisors must assess the competencies of the students they are supervising on an ongoing basis.

During the educational process, students will also gain an understanding of the values of the profession, as well as their individual duties to the patient, collective duties to the public, and duties to themselves and colleagues. These are all essential components of medical professionalism. Students cultivate attitudes and behaviours about professionalism through observing their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care but also to interact with colleagues, patients, patients’ families or their representatives, students, and other staff in a professional manner. This is consistent with the College’s expectations of all physicians regardless of practice circumstances.

An understanding of the responsibilities and expectations placed on supervisors is essential for ensuring
patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the undergraduate environment, supervisors are expected to be familiar with other applicable College policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting, Consent to Medical Treatment, Disclosure of Harm, and Medical Records.

Supervisors should also encourage medical students to become familiar with the above-named policies, this policy, as well as any applicable medical school policies, guidelines and statements relevant to undergraduate medical education.

**Purpose**

The purpose of this policy is to clarify the roles and responsibilities of most responsible physicians (MRPs) and supervisors of medical students, thereby optimizing the education of medical students and ensuring the safety and proper care of patients in educational settings. Ultimately, the goal is to ensure quality professionals and the best possible patient outcomes. This policy focuses on professional responsibilities related to the following aspects of undergraduate medical education:

1. Designation of Most Responsible Physician
2. Identification of Medical Students
3. Supervision and Education of Medical Students
4. Professional Relationships
5. Reporting Responsibilities
6. Patient Care in the Undergraduate Educational Environment

**Scope**

This policy applies to all physicians who supervise undergraduate medical students for educational experiences that fall both within and outside of an Ontario undergraduate medical education program.

**Definitions**

Undergraduate medical students (“medical students”) are students enrolled in an undergraduate medical education program in any jurisdiction. They are not members of the College of Physicians and Surgeons of Ontario.¹

The most responsible physician (“MRP”) is the physician who has final accountability for the medical care of the patient, whether or not a student is involved in the clinical encounter.

Supervisors are physicians who have taken on the responsibility to guide, observe, and assess the educational activities of medical students. The supervisor of a medical student involved in the care of a patient may or may not be the most responsible physician for that patient. Residents or fellows often serve in the role of supervisors but do not act as the most responsible physician for patient care.
1. Safe, quality patient care must always take priority over the educational endeavour.
2. Proper education optimizes patient care, as well as the educational experience.
3. The autonomy and personal dignity of students and patients must be respected.
4. Allowing students to have insight into the decision-making process enables an optimal educational experience.
5. Professionalism, which includes demonstration of compassion, service, altruism, and trustworthiness, is essential in all interactions in the educational environment in order to provide the best quality care to patients.\(^4\)

**Policy**

1. **Designation of Most Responsible Physician**

   As there are multiple health-care professionals involved in patient care, one physician must always be designated the most responsible physician for every patient to ensure continuity of care and appropriate monitoring. The MRP and/or the supervisor are responsible for ensuring that patients are given the name of the MRP, along with an explanation that the MRP is responsible for directing and managing their care.\(^5\)

2. **Identification of Medical Students**

   Medical students will be involved in observation and interaction with patients from the start of their undergraduate medical education. The supervisor and/or MRP are responsible for ensuring that the educational status of medical students and nature of their role are made clear to the patient, the patient’s family, and members of the health-care team as early as possible during the educational process. Students must be introduced as medical students and it should be made clear to patients that they are not physicians. An explanation could be provided that the student is a member of the health/clinical care team and the experience forms an important part of their undergraduate medical education program. Where appropriate, medical students may introduce themselves to patients instead of relying on a supervisor and/or MRP to make a formal introduction.

3. **Supervision and Education of Medical Students**

   The supervisor and/or MRP must provide appropriate supervision. This includes:
   a. determining the medical student’s willingness and competency or capacity to participate in the clinical care of patients, as a learning experience;
   b. closely observing interactions between the medical student and the patient to assess:
      i. the medical student’s performance, capabilities and educational needs,
      ii. whether the medical student has the requisite competence (knowledge, skill and judgment) to safely participate in a patient’s care without compromising that care, and
      iii. whether the medical student demonstrates the necessary competencies and expertise to interact with patients without the supervisor being present in the room;
   c. meeting at appropriate intervals with the medical student to discuss their assessments;
d. ensuring that the medical student only engages in acts based on previously agreed-upon arrangements with the MRP;

e. reviewing, providing feedback and countersigning documentation by a medical student of a patient’s history, physical examination, diagnosis, and progress notes as soon as possible;

f. managing and documenting patient care, regardless of the level of involvement of medical students; and

g. counter-signing all orders concerning investigation or treatment of a patient, written under the supervision or direction of a physician. Prescriptions, telephone or other transmitted orders may be transcribed by the medical student, but must be countersigned.

In addition, appropriate supervision and education requires clear communication between the MRP and supervisor in order to ensure the best possible care for the patient.

Supervision of Medical Students for Educational Experiences not Part of an Ontario Undergraduate Medical Education Program

Physicians are occasionally asked to supervise medical students who are either not on an approved rotation from an Ontario medical school or are from another jurisdiction. In addition to fulfilling the obligations set out elsewhere in this policy, physicians who choose to supervise medical students for educational experiences not part of an Ontario undergraduate medical education program must also:

- be familiar with the Delegation of Controlled Acts policy;
- obtain evidence that the student is enrolled in and in good standing at an undergraduate medical education program at an acceptable medical school;
- ensure that the student has liability protection that provides coverage for the educational experience;
- ensure that the student has personal health coverage in Ontario;
- ensure that they have liability protection for that student to be in the office; and
- ensure that the student has up-to-date immunizations.

In addition, physicians who do not have experience supervising medical students or are unable to fulfill the expectations outlined above should limit the activities of the medical student to the observation of clinical care only. While it is laudable for physicians to assist students in acquiring the experience they need for future practice, patient safety must prevail in all situations.

4. Professional Relationships

Physicians must demonstrate professional behaviour in their interactions with each other, as well as with students, patients, other trainees, colleagues from other health professions, and support staff. Displaying appropriate behaviour and providing an ethical and compassionate model of patient care is particularly important for the MRP and supervisor, as students often gain knowledge and develop attitudes about professionalism through role modeling. MRPs and supervisors have a duty to lead by example and to translate into action those principles of professionalism taught to students during the undergraduate didactic curriculum.

The MRP and supervisor must be mindful of the power differential in their relationship with the student.
Also, they should not allow any personal relationships to interfere with the student’s education, supervision, or evaluation. Any relationship which pre-dates or develops during the educational phase between the MRP or supervisor and the medical student (e.g., family, clinical care, dating, business, friendship, etc.), must be disclosed to the appropriate responsible member of faculty (such as the department or division head or undergraduate program director). The appropriate faculty member would need to decide whether alternate arrangements for supervision and evaluation of the student are warranted and, if necessary, make these arrangements.\textsuperscript{10}

Moreover, the undergraduate medical education environment should be safe, and free of harassment, discrimination and intimidation. Any form of behaviour that interferes with, or is likely to interfere with, quality health care delivery or quality medical education is considered “disruptive behaviour.” This includes the use of inappropriate words, actions, or inactions that interfere with a physician’s ability to function well with others.\textsuperscript{11} Failure to display professional behaviour may also interfere with students’ education. Physicians, in any setting, are expected to display professional behaviour at all times.

5. Reporting Responsibilities

Physicians involved in the education of medical students are expected to report to the medical school and, if applicable, to the health-care institution when a medical student exhibits behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the student fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour.\textsuperscript{12}

Similarly, educational institutions should provide a safe, supportive environment that allows medical students to make a report if they believe their supervisor and/or the MRP exhibits any behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the supervisor and/or MRP fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour. The College expects that students will not face intimidation or academic penalties for reporting such behaviours.

6. Consent and the Educational Nature of the Undergraduate Environment

The MRP and/or supervisor are responsible for communicating to patients that patient care in teaching hospitals and other affiliated sites where education occurs relies on a team-based approach, i.e., care is provided by multiple health-care professionals, including students.\textsuperscript{13}

Student involvement in patient care will vary according to the student’s stage in the undergraduate medical education program as well as their individual level of competency. Student-patient interaction may be limited to observation alone, while students who develop and demonstrate competencies may be actively involved in patient care, including performance of procedures. While patient consent\textsuperscript{14} is necessary for treatment in any setting, there are circumstances unique to the undergraduate environment, which require additional consideration:
a. **Significant Component of Procedure Performed Independently by Student:**
   In the rare situation where a significant component, or all, of a medical procedure is to be performed by a student and the MRP and/or supervisor is not physically present in the room, the patient must be made aware of this fact and, where possible, express consent must be obtained. Express consent is directly given, either orally or in writing.

b. **Investigations and Procedures Performed Solely for Educational Purposes:**
   An investigation or procedure is defined as solely “educational” when it is unrelated to or unnecessary for patient care or treatment. An explanation of the educational purpose behind the proposed investigation or procedure must be provided to the patient and his or her express consent must be obtained. This must occur whether or not the patient will be conscious during the examination. If express consent cannot be obtained, e.g., the patient is unconscious, then the examination cannot be performed. The most responsible physician and/or supervisor should be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.¹⁵

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**Endnotes**

1. Supervisors should be aware of the MD program requirements set out in the “Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree” prepared by the Liaison Committee on Medical Education, as well as university and hospital policies and procedures relating to professionalism, e.g., Codes of Conduct.
2. Supervision may include, but is not limited to the guidance, teaching, observation, and assessment of undergraduate medical students.
3. Students are able to participate in the delivery of health care through a provision in the *Regulated Health Professions Act, 1991*, which permits them to carry out controlled acts “under the supervision or direction of a member of the profession,” i.e., a clinical teacher or supervisor. Medical students are not independent practitioners or specialists. They are pursuing both program and individual objectives in a graded fashion under the supervision of the undergraduate medical education program. While some students hold “Affiliate Status” with the College, they are not licensed to practise medicine in Ontario, and are not members of the College.
5. The MRP is ultimately responsible for disclosure of harm to a patient or his or her substitute decision-maker, even if the harm is sustained as a result of an action or inaction on the part of the medical student.
6. Ontario medical students sometimes seek rotations outside of their undergraduate medical education program for added educational experience.
7. The College’s Delegation of Controlled Acts policy applies to any physician who supervises:
   1. an Ontario medical student completing an extra rotation that is not part of their MD program, and
   2. a student from outside Ontario completing an Ontario educational experience where the student will be performing controlled acts.
8. For the purposes of this policy, an “acceptable medical school” is a medical school that is accredited by the Committee on Accreditation of Canadian Medical Schools or by the Liaison Committee on Medical Education of the United States of America, or is listed in either the World Health Organization’s Directory of Medical Schools: http://www.who.int/hrh/wdms/en/, or the Foundation of Advancement of International Medical Education and Research’s (FAIMER’s) International Medical Education Directory (IMED): https://imed.faimer.org/.

9. Please refer to the Council of Ontario Faculties of Medicine’s Immunization policy which is available on the websites of the Ontario medical schools, for more information.

10. Physicians should also be aware of university policies and procedures on these issues.

11. For more information, please refer to the College policy on Physician Behaviour in the Professional Environment, as well as the Guidebook for Managing Disruptive Physician Behaviour.

12. This obligation equally extends to physicians who supervise medical students from other jurisdictions. They are required to report these behaviours to the medical student’s school.

13. Typically, a hospital would have signage notifying patients that it is a teaching institution. However, physicians in private offices and clinics need to explicitly communicate this information.

14. Obtaining informed consent includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. For more information, please refer to the College policy on Consent to Medical Treatment and also, the Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A.

15. For more information, please refer to the joint policy statement “Pelvic Examinations by Medical Students” dated September 2010 prepared by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Ethics Committee and the Association of Professors of Obstetrics and Gynaecology of Canada (APOG).
Statement on Prohibited Discrimination and Discriminatory Harassment

Approved by Governing Council
31 March 1994
www.governingcouncil.utoronto.ca/policies

Purpose
2. The University aspires to achieve an environment free of prohibited discrimination and harassment and to ensure respect for the core values of freedom of speech, academic freedom and freedom of research. The purpose of this Statement is to promote a greater awareness of the rights and responsibilities entailed by these aspirations and to describe the manner in which the University deals with prohibited physical and verbal harassment (apart from harassment based on sex or on sexual orientation, which are dealt with in Policy and Procedures: Sexual Harassment).

The approach taken in the Statement is to reiterate the University's commitment to the rights of freedom from prohibited discrimination and harassment and to the rights of freedom of expression and inquiry, to recognize that the task of implementing and respecting those values within the unique environment of the University is a delicate one that precludes the use of blunt instruments, and to describe the responsibilities of various members of the University community and the institutional arrangements available to fulfill the commitment to a working and learning environment free from prohibited discrimination and harassment.

Foundation Documents
3. The University of Toronto Statement on Prohibited Discrimination and Discriminatory Harassment is based upon the principles set out in the following foundation documents:
   a. The University of Toronto Statement of Institutional Purpose
   b. The University of Toronto Statement on Human Rights
   c. The Ontario Human Rights Code
   d. The University of Toronto Statement on Freedom of Speech
   e. The University of Toronto Employment Equity Policy

Discrimination and Harassment
4. In its Statement of Institutional Purpose the University affirms its dedication "to fostering an academic community in which the learning and scholarship of every member may flourish, with vigilant protection for individual human rights, and a resolute commitment to the principle of equal opportunity, equity and justice." This principle is further explained in the University's Statement on Human Rights which states that the University acts within its purview to prevent or remedy discrimination or harassment on the basis of race, gender, sexual orientation, age, disability, ancestry, place of origin, colour, ethnic origin, citizenship, creed, marital status, family status, receipt of public assistance or record of offence.
5. The Ontario *Human Rights Code* provides that employees have a right to

freedom from harassment in the workplace by the employer or agent of the
employer or by another employee because of race, ancestry, place of origin, colour,
ethnic origin, citizenship, creed, age, record of offences, marital status, family
status or handicap.

The *Human Rights Code* further provides that occupants of accommodation have a right to

freedom from harassment by the landlord or agent of the landlord or by an
occupant of the same building because of race, ancestry, place of origin, colour,
ethnic origin, citizenship, creed, age, marital status, family status, handicap or the
receipt of public assistance.

6. Under the *Human Rights Code*, harassment is defined as "engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome." As well as being expressly prohibited as indicated above, such conduct may constitute discrimination when based on prohibited grounds.

7. In addition, the *Human Rights Code* provides that:

Every person has a right to equal treatment with respect to services, goods and
facilities, without discrimination because of race, ancestry, place of origin, colour,
ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family
status, or handicap.

This provision has been interpreted to include the provision of education to students.

The *Human Rights Code* further requires that employees of the University be accorded equal treatment
without discrimination on prohibited grounds, as well as according the right to equal treatment with respect
to the occupancy of accommodation without such discrimination. Discrimination against employees on the
basis of record of offences, and in respect of accommodation on the basis of receipt of public assistance is
also prohibited.

8. According to the Human Rights Commission, offensive or threatening comments or behaviour which create a
"poisoned environment" in the workplace or in the provision of services or accommodation, whether or not
amounting to harassment, may violate the right to equal treatment without discrimination.

9. Accordingly, the University of Toronto and all members of its community are both morally and legally
bound to foster a learning and working environment free from prohibited discrimination and harassment.

**Freedom of Speech Academic, Freedom and Freedom of Research**

10. The University's commitment to a learning and working environment free from prohibited discrimination and
harassment must take account of what the University of Toronto's *Statement of Institutional Purpose* has
defined as "the most crucial of all human rights" within the unique context of the university, "the rights of
freedom of speech, academic freedom and freedom of research". The *Statement of Institutional Purpose* also
affirms that
these rights (of freedom of speech, academic freedom and freedom of research) are meaningless unless they entail the right to raise deeply disturbing questions and provocative challenges to the cherished beliefs of society at large and of the university itself.

11. These rights are further explained in the University's State on Freedom of Speech.

Reconciling Competing Rights

12. The task of respecting the rights of freedom from prohibited discrimination and harassment together with freedom of expression and inquiry is difficult and complex, and raises issues which lie at the very core of the University's purpose and mission. Attempts to formulate a comprehensive code of conduct which defines precisely what is permitted and what is forbidden are impractical because of the difficulty of anticipating the range of possible conflicts and determining in advance the proper balance.

13. The University aspires to achieve an appropriate balance between these rights in order to maximize the capacity of every individual to flourish to the fullest extent possible. A detailed code or policy runs the serious risk of giving one right or value undue emphasis or priority, and thereby inhibiting and interfering with the ability of the University to live up to its highest aspirations.

Responsibilities of Individuals

13. It is the responsibility of every member of the University community, including visitors and persons on campus in the conduct of University business to adhere to University policies and to support and promote its aim of creating a climate of understanding and mutual respect for the dignity and rights of each individual. It is the responsibility of every member of the University community to respect both the rights of freedom of expression, academic freedom and freedom of research, and the University's institutional commitment and obligation to provide a learning and working environment free from prohibited discrimination and harassment.

Responsibilities of Academic and Non-academic Administrators and Supervisors

14. The University confers particular responsibilities upon its administrators and supervisors to implement University policies and to work diligently within their departments or divisions towards fulfilling the University's institutional commitment to provide a learning and working environment free of prohibited discrimination and harassment. This includes the responsibility to foster a non-discriminatory environment, to inform those under their authority of their responsibilities to avoid prohibited behaviour, to monitor activities within their jurisdiction, and to deal effectively with reports of prohibited conduct.

The Race Relations Office

15. In furtherance of its commitment to a learning and working environment free from prohibited discrimination and harassment, the University has established a Race Relations Office. The mandate of the Race Relations Officer is to provide the President and other members of the University community with advice and assistance in fostering the principles of equal opportunity and equity.

Responsibilities of Student Leaders and Organizations

16. While student leaders and organizations are not given specific institutional powers with respect to the implementation of University policies, they are encouraged to adopt policies and practices which will enhance the capacity of the University to provide a learning and working environment free of prohibited discrimination and harassment. In particular,
a. newspapers publishing on the campuses of the University of Toronto are encouraged to develop a voluntary University of Toronto press council similar to the Ontario Press Council
b. college and residence student organizations are encouraged to promote an awareness of anti-discrimination and harassment policies and to review their activities in light of University policy.

Information and Education

17. The University, through the offices of the Provost, the Race Relations Office, the Sexual Harassment Office, the Office of the Vice-President Human Resources, the Equity Issues Advisory Group and the Student Affairs Office, has a responsibility actively to foster a learning and working environment free of prohibited discrimination and harassment by providing all members of the University community with access to appropriate information regarding the University's policies in this regard. In particular, the University has the responsibility to:

a. inform and remind administrators and supervisors of their responsibilities, provide supervisors and academic administrators with appropriate training, advice and information to fulfill their responsibilities, and
b. make available appropriate written materials to all members of the University community describing the University's policies regarding prohibited discrimination and harassment and the University's institutional arrangements for ensuring respect for such policies.

Complaints

18. Complaints of harassment based on sex or sexual orientation should in all cases be referred to the Sexual Harassment Office in accordance with the Policy and Procedures: Sexual Harassment.

As with any violation of University policy, complaints of discriminatory or harassing behaviour should, in the first instance, be directed to the administrative officer or supervisor responsible for the department or division in which the incident is alleged to have occurred. Complainants may also seek the advice and assistance of the Sexual Harassment Office in the case of harassment on the grounds of family or marital status, or the Race Relations Office in the case of harassment on the grounds of race, ancestry, place of origin, colour, ethnic origin, citizenship or creed. General advice about dealing with complaints of harassment may be sought from the Equity Issues Advisory Group, who may refer them to the appropriate office or assist directly in dealing with complaints of harassment based on age, handicap, receipt of public assistance or other grounds.

Administrative officers to whom concerns of harassment based on sex or sexual orientation are addressed should refer the complainant to the Sexual Harassment Officer. In the case of concerns based on other grounds, they are encouraged to seek the advice of the Convenor of the Equity Issues Advisory Group, the Sexual Harassment (for concerns based on family or marital status) or Race Relations office as the case may be and to make appropriate but discrete inquiries, take appropriate action if warranted, and report as appropriate on the disposition of the matter to the person who has referred the matter to her or him.

The Sexual Harassment Office, the Race Relations Office and the Convenor of the Equity Issues Advisory Group may also be asked to mediate any dispute should the complainant so wish. In dealing with incidents raised under this policy, administrative officers or supervisors shall act in accordance with the existing and applicable academic, administrative or disciplinary policies or procedures. Should a complaint result in adverse consequences for the person complained of, existing channels for questioning that decision will be available to that person. A complainant who is not satisfied with the handling of a complaint by the administrative officer responsible may pursue the matter with the person to whom that administrative officer reports or pursue the matter in accordance with the existing and applicable academic, administrative or disciplinary policies or procedures.
Members of the University community retain the right to bring a complaint directly to the Ontario Human Rights Commission in accordance with the provisions of the Ontario Human Rights Code.

19. Persons may seek enforcement of this policy without reprisal or threat of reprisal by any person acting on behalf of the University for so doing.

20. To better enable the University community, including the University's officers, to fulfill effectively its commitment to a learning and working environment free from prohibited discrimination and harassment, the Equity Issues Advisory Group shall make annual reports, through the President, to Governing Council assessing the efficacy of these policies.

April 1, 1994
SUMMARY (see www.governingcouncil.utoronto.ca/policies for full text version)

Policy and Procedures: Sexual Harassment

Approved by Governing Council
25 November 1997
www.governingcouncil.utoronto.ca/policies

University policy

Sexual harassment jeopardises the rights of staff, students and faculty and will not be tolerated in the University of Toronto. University policy is based on the Ontario Human Rights Code. It provides a definition of unacceptable conduct; a procedure for making formal complaints; and a range of remedial and disciplinary measures, up to and including expulsion or dismissal.

What is sexual harassment?

Sexual harassment is unwanted sexual attention, or an undue focus on a person's sex or sexual orientation. Under the Human Rights Code it is a form of unlawful discrimination.

University Policy defines sexual harassment as any unwanted emphasis on the sex or sexual orientation of another person, or any unwelcome pressure for sex. It is conduct which creates an intimidating, hostile or offensive working or learning environment, and which a reasonable person would realise was unacceptable.

It may include:

- suggestive comments or gestures
- sexual innuendo or banter
- leering
- remarks about looks, dress or lifestyle
- pressure for dates
- homophobic insult
- verbal abuse
- intrusive physical behaviour or contact

where any of these conducts is unwelcome.

Some instances of sexual harassment are very clear, and are intentionally demeaning or discriminatory; others are ambiguous, and may result from thoughtlessness or incomprehension. The Policy requires people to treat one another courteously, fairly, and with respect for individual values and preferences.
Homophobia

The Sexual Harassment Policy covers harassment directed at people because of their sexual orientation, actual or perceived. For example, if you are harassed because you are a lesbian or a gay man, you can use the Policy to seek a remedy.

Sexual harassment is not:

- consensual sexual interaction
- physical affection between friends
- mutual flirtation, joking or teasing
- general statements of opinion or belief

Teacher/student relationships

Faculty members are sometimes accused of sexual harassment by their students. The following comments address some of the issues that arise.

Conflict of interest

Faculty members who become romantically or sexually involved with a student they teach are in a conflict of interest. University policy on conflict of interest requires that in any circumstance where your personal and professional interests overlap you must declare the conflict to your own supervisor, who will arrange for someone else to evaluate that student's work. This is to safeguard the right of all your students to fair and unbiased treatment.

Faculty members should also be aware that sexual invitations or suggestions to their students leave them open to allegations of sexual harassment. Members of faculty have authority over students, and thus any intimate overture can readily be interpreted as coercive.

Professional conduct

A faculty member's relation with students is a professional one and as such many personal comments or questions (about looks, personal life, sex life, etc.) are improper and potentially damaging. Remarks which focus on the sex or sexual orientation of individuals can constitute sexual harassment. If you are unsure of the appropriateness of your comments, or your audience reacts negatively, you should probably desist.

Similarly, you should give careful consideration to your physical conduct with students. Many of us touch one another in conversation, or greet friends and colleagues with a hug. This is fine when the recipient is familiar to us and we are peers, but it may not be fine with your students. Because of the possible overtones of such gestures, you should ask yourself how they might be understood. Is my conduct acceptable to this student? How do I know? Am I certain the student would tell me otherwise?

Academic freedom

The University protects the freedom of staff and students to engage in critical thinking, writing, speech and research. University members are entitled to espouse and express controversial views without penalty. Verbal conduct is actionable under the Sexual Harassment Policy only if it exceeds the bounds of academic freedom and freedom of expression as these are understood in the University.
RESPONSIBILITIES OF SUPERVISORS & MANAGERS

People in positions of supervisory authority have particular responsibilities under the Sexual Harassment Policy: to communicate the requirements of the law; to prevent harassment in the working or learning environment; to intervene and stop harassing conduct if it occurs; and to refer concerns to the Sexual Harassment Office. If you supervise Teaching Assistants or other non-academic staff you must be familiar with the University policies which govern labour relations. TAs are represented by CUPE 3902, and their collective agreement contains a specific clause on sexual harassment. This means a TA can use the grievance procedure to make a complaint about sexual harassment at work. Many other University staff are covered by other collective agreements, or by administrative staff policies. The Sexual Harassment Office can provide you with detailed information about the pertinent procedures.

If you know that a colleague is involved in a sexual harassment case you should be careful not to discuss the matter or interfere. The complaint process is confidential and you are bound by this.

THE SEXUAL HARASSMENT OFFICE AT THE UNIVERSITY OF TORONTO

The role of this office is to provide information and assistance to all members of the University of Toronto community - staff, students, and faculty. The Sexual Harassment Officer offers counsel to both people involved in a complaint, makes referrals to appropriate University or community resources, explains the detail of the formal complaint process, provides mediation, and administers formal complaints. If you decide not to make a formal complaint, the Sexual Harassment Officer can suggest other ways to resolve a situation.

WHEN YOU CONTACT THE OFFICE:

- You can make an appointment to meet the Officer, or you can discuss the matter on the phone.
- You can bring a support person or representative to any meetings.
- You can obtain a copy of the Policy and other resource materials.
- You can get information about how the complaint process works.
- Contact with the office is confidential, and the Officer is non-partisan.
- The complaint process is also confidential, and if you want to make a formal complaint you must maintain confidentiality. This requirement covers all those involved in a formal complaint.
- The complainant decides whether to go forward with a complaint, not the Officer.

MAKING A FORMAL COMPLAINT

All formal complaints under the University of Toronto Sexual Harassment Policy are made through the Sexual Harassment Officer, and they must be made within six months of the events, or in exceptional circumstances twelve months.

The complaint must be made in writing, and signed. The person whose conduct is being complained about, the respondent, is contacted by the Officer, and will receive a copy of the complaint.

If a student whom you teach or supervise makes a complaint about you, either you or the student can request that the Office make arrangements for someone else to evaluate the student's work.
The Policy lays out three stages for resolving complaints:

**Stage 1:** Both parties take part in individual discussions with the Sexual Harassment Officer. They may also meet, in the Office, to discuss the matter with each other and the Officer. They may agree on a resolution at this stage.

**Stage 2:** A mediator is appointed in consultation with the parties. The mediator assists the parties in further discussion and in formulating terms and agreements.

If there is no resolution at this stage, the complainant may request a Formal Hearing. The complaint is referred to the Vice-President, who may then refer it to the University Hearing Board.

**Stage 3:** The complaint is heard by the University Hearing Board, which is composed of student, staff and faculty members. The Board hears evidence, rules on the complaint, and, where appropriate, imposes sanctions.

The decision of this Board may be appealed to the Appeals Board, whose decision is final.

Complainants may opt for a mediation-only procedure if they prefer a more informal approach.

**Reprisals:**

The Policy prohibits any form of retaliation against people who use its complaint procedures or who are witnesses to a complaint. Retaliation can form the basis of a further complaint and will attract additional sanctions.

**Other proceedings:**

In some circumstances you may decide to pursue a complaint through the Human Rights Commission or other legal action. The Office can provide information about alternative procedures. You cannot use the University Policy and another procedure at the same time.

A complete copy of the Sexual Harassment Policy and Procedures can be obtained from the Sexual Harassment Office, at 40 Sussex Avenue. The office is open during business hours and at other times by arrangement. The Officer visits the Scarborough and Mississauga campuses on a regular basis and by appointment.
On Support & Feedback for Teachers

- Responsibility of Course Directors in the Orientation of UME Teachers, Statement on the 330
- Importance of Faculty Development for UME Teachers, Statement on the 331
- Value and Use of Student Feedback in UME, Statement on the 332
- Student Completion of Teacher and Course Evaluations in UME, Principles and Expectations for 333
- Timely Release of Feedback to Teachers and their Department Chairs in UME Courses, Standards for 335
Statement on the responsibility of course directors in the orientation of UME teachers

Approved by: Undergraduate Medical Education Curriculum Committee
Date of original adoption: [21 June 2011]
Date of last review: [21 June 2011]
Date of next scheduled review: [21 June 2015]

Course directors or their recruitment designates (e.g. site coordinators, Academy Directors, week managers, etc.) are responsible for ensuring regular communication with all teachers in their respective courses, including residents and allied health professionals if applicable.

At least once per academic year, the leadership of every course must:

- make known to each teacher:
  - the overall UME program objectives,
  - the specific course objectives, and
  - the objectives pertinent to the specific teaching sessions or activities delivered by that teacher;
- provide to each teacher the relevant course content or syllabus excerpt that is to be covered in that teacher’s session, unless responsibility for preparing the content to be delivered lies with the teacher himself/herself (e.g. as a lecturer);
- facilitate all teachers’ access to related course content, e.g., by drawing their attention to the course website on the portal, informing them of how to use the curriculum map, etc.;
- clearly articulate expectations with regard to student supervision
- describe each teacher’s role in assessment and the standards of competency that apply in the course;
- provide teachers with the essential policies and procedures relevant to the course and/or their teaching role, and inform them of where to access other policies applicable to UME;
- provide contact information in case of questions, concerns, or emergencies;
- provide information on accessing faculty development opportunities; and
- otherwise ensure that teachers are functionally integrated into the delivery of the academic program.

Course directors must also maintain a complete and up-to-date roster of teachers, including residents and allied health professionals if applicable. This roster and its amendments should be provided to the individual(s) responsible for maintaining user access to course websites on the portal. The roster may also be used by UME for purposes including preceptor payment, reporting on course outcomes, etc.

The UME leadership will assist course directors in upholding the principles in this Statement by maintaining and disseminating lists of policies, facilitating MedSIS training and improvement in relevant areas, and supporting other reasonable measures suggested by course directors themselves or others.
Statement on the importance of faculty development for UME teachers

Approved by: Undergraduate Medical Education Executive Committee
Date of original adoption: [21 June 2011]
Date of last review: [21 June 2011]
Date of next scheduled review: [21 June 2015]

Faculty development can be defined as “a broad range of activities that institutions use to renew or assist faculty, supervisors, preceptors, field instructors, clinical educators, and status appointees in their roles. These activities are designed to improve an individual’s knowledge and skills in areas considered essential to their performance as teachers, educators, administrators, leaders, and/or researchers.”

It is of the utmost importance to the UME program to have teachers who are well-prepared for their teaching tasks, across the whole spectrum of teaching and assessment activities. The program therefore strongly encourages all its teachers to avail themselves of opportunities to hone their teaching and assessment skills and acquire new ones, to refresh their knowledge and expand it further.

This includes faculty development both for teachers who are new to the Faculty and for those who have been involved in teaching for some time. Faculty development activities serve to enhance generic teaching and assessment skills such as effective questioning techniques and how to give feedback, as well as enabling teachers to teach and assess students most effectively in a particular course via a particular teaching modality or method of assessment.

In order to meet these needs, the University of Toronto UME program is committed to providing high quality, highly relevant faculty development for all teachers. This occurs via the Centre for Faculty Development; through the efforts of individual departments or Academies; and, as part of the management of individual courses under the direction of the course leadership.
Statement on the value and use of student feedback in UME

Approved by: Undergraduate Medical Education Executive Committee

Date of original adoption: [21 June 2011]

Date of last review: [21 June 2011]

Date of next scheduled review: [21 June 2015]

The UME program relies on various sources of information to provide feedback on the quality of the program as a whole, on individual components including courses, and on individual teachers. This feedback enables evidence-based continuous quality improvement of the program and student experience. It is also a core element of a faculty member’s teaching dossier, which is used for promotion and related purposes.

One of the chief sources of such feedback is data obtained from students via evaluation forms distributed by course directors online or on paper.

Course directors are responsible for determining the optimal approach to evaluation within their courses, and should communicate their expectations to students at the beginning of the course and at subsequent points as necessary. Course directors should work with student course representatives to ensure that the importance of timely evaluation completion is well understood and that the outcomes of previous student feedback are highlighted.

For its part, the UME leadership (Vice-Dean UME, Preclerkship Director, and Clerkship Director) commits to support the ongoing improvement and coordination of evaluation strategies for the benefit of students, course directors, and faculty at large who are the recipients of evaluation data; in particular, strategies should be sought that promote sufficient response rates to allow meaningful interpretation, while respecting the challenges students may face in addressing large numbers of evaluation requests. Course directors have access to the UME Director of Evaluations and the staff under the Evaluations portfolio to achieve optimal results in their approaches to evaluation.

For their part, students should recognize the important role that providing evaluations and constructive feedback plays in their development as future members of healthcare teams, as managers, collaborators, and professionals. While students are not explicitly required to evaluate various aspects of the program, they should nevertheless appreciate their collective responsibility for the quality and improvement of their learning experience.
**Principles and Expectations for Student Completion of Teacher and Course Evaluations in UME**

**Approved by:** Undergraduate Medical Education Executive Committee  
**Date of original adoption:** 13 August 2013  
**Date of last review:** 13 August 2013  
**Date of next scheduled review:** 13 August 2017

**Principles**

1. One of the most powerful and effective tools used to assess the quality and effectiveness of the UME curriculum and its teachers is constructive student feedback. It is the professional responsibility of students to participate in this process.

2. Students in UME are in training to enter a profession that relies to a considerable extent on collegial critique for self-improvement. Giving effective feedback and responding to feedback are essential competencies that students must learn.

3. UME endeavours to educate medical students in a manner that fosters personal accountability and professional growth. Students will receive appropriate instruction in providing and receiving feedback.

4. Students are essential partners in the education program: they have a strong interest in the program functioning as effectively as possible, for the sake of their own education and the education of students who will attend the school in later years. As such, students should contribute to the planning and implementation of a reasonable, required program of course and teacher evaluation.

5. The time required to complete evaluations of teachers and courses should be minimized by ensuring:  
   a. That the process of completion of forms be as easy as possible, including:  
      i. That the forms be concise and only include essential information.  
      ii. That whenever possible, dedicated time be set aside during school hours for students to complete evaluations.  
      iii. That the forms be available for completion on a variety of technological platforms, including smartphones.  
   b. That the number of students required to complete the forms be determined with regard to statistical principles. For example, to provide reliable data, the weekly evaluations of the Preclerkship block courses do not generally need to be completed by every student, but rather by a randomly chosen subset (generally 1/3 to 1/4) of the class.  
   c. That requests and/or reminders to complete any forms be limited to no more than once per week.
Expectations

1. In light of the preceding five principles, students will be required to complete at least 80% of the evaluations assigned to them in each course within two months of the request,

2. Completion of required evaluation forms will be monitored by the central UME administration. Students will not be eligible to receive credit in any given course (i.e., they will be incomplete in the course) until they have submitted at least 80% of the evaluations they are assigned in that course. If a student does not meet this requirement, despite reminders to complete the evaluation forms, he or she will be required to meet with the Preclerkship/Clerkship Director.

3. If students encounter a technical difficulty that hinders the completion of an evaluation form, it is their responsibility to bring this problem to the attention of the course administrator, course director, or technical staff in a timely manner.
Standards for timely release of feedback to teachers and their Department Chairs in UME courses

Approved by: Undergraduate Medical Education Curriculum Committee

Date of original adoption: [21 June 2011]
Date of last review: [21 June 2011]
Date of next scheduled review: [21 June 2015]

The UME program places great value on the commitment of the many teachers who contribute to the education of our students. In recognition of their efforts, the UME program requires that teachers receive Teaching Effectiveness Scores (TES) and other formal feedback within three months of the end of the course (in Preclerkship) and within three months of the end of the academic year (in Clerkship); the UME program shall also provide each teacher’s TES results to the relevant University Department Chair(s).

Teacher evaluation data will, however, only be released when three evaluations have been received for a given teacher in order to protect the anonymity of the students who provided the feedback.

Courses that run for a prolonged period of time (particularly the entire length of the academic year) and courses with multiple rotations are encouraged to share interim or informal feedback earlier when this can be done without compromising student anonymity.

Failure to meet the three-month deadline will be brought to the attention of the Preclerkship Director or Clerkship Director as appropriate, and if necessary the Vice-Dean UME and/or the relevant Department Chair.
Undergraduate Medical Education
DIRECTORY & LIST OF OFFICES
## Directory & List of Offices

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<td>Manager, UME Strategic Operations &amp; Policy</td>
<td>Paul</td>
<td>Tonin</td>
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<td>Liu</td>
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<tr>
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<td><a href="mailto:t.breukelman@utoronto.ca">t.breukelman@utoronto.ca</a></td>
</tr>
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### ACADEMIES

- **FitzGerald Academy**
  - Director: Molly Zirkle (416-864-5187, zirklem@smh.ca)
  - FitzGerald staff: See listings on p. Error! Bookmark not defined.

- **Mississauga Academy of Medicine**
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- **Peters-Boyd Academy**
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- **Wightman-Berris Academy**
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### FACULTY REGISTRAR, OFFICE OF THE

- Faculty Registrar: Janet Hunter (416-978-7570, janet.hunter@utoronto.ca)
- Coordinator Registrarial Affairs: Melissa Casco (416-946-8236, m.casco@utoronto.ca)
- Office Administrator: Diane Ford (416-946-8720, reception.registrar@utoronto.ca)
- Student Support Administrator – MAM: Mark Wlodarski (905-569-4506, mark.wlodarski@utoronto.ca)
# Curriculum Directory & List of Offices

<table>
<thead>
<tr>
<th>OFFICE/POSITION</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE</th>
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<tbody>
<tr>
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</table>

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- Project Coord. MedSIS & Evaluations and Data Analyst  
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- Post-Doctoral Fellow  
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## UME Directory & List of Offices

### CURRICULUM OFFICE, continued

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<tr>
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### MD/PHD Program

<table>
<thead>
<tr>
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### CREMS (Comprehensive Research Experience for Medical Students) Program

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### LEAD (Leadership Education and Development) Program

<table>
<thead>
<tr>
<th>Director</th>
<th>Geoffrey</th>
<th>Anderson</th>
<th><a href="mailto:geoff.anderson@utoronto.ca">geoff.anderson@utoronto.ca</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>LEAD Program Coordinator</td>
<td>TBD</td>
<td></td>
<td><a href="mailto:ihpme.lead@utoronto.ca">ihpme.lead@utoronto.ca</a></td>
</tr>
</tbody>
</table>
### Health Professions Student Affairs, Office Of

<table>
<thead>
<tr>
<th>OFFICE/POSITION</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSOCIATE DEAN</strong> Administrative Assistant to the Associate Dean</td>
<td>Leslie</td>
<td>Nickell</td>
<td>416-978-2713</td>
<td><a href="mailto:leslie.nickell@utoronto.ca">leslie.nickell@utoronto.ca</a></td>
</tr>
<tr>
<td>Sr. Officer, Service Learning/ Community Partnership / Student Life</td>
<td>TBD</td>
<td></td>
<td>416-978-2713</td>
<td><a href="mailto:oohpsa.admin@utoronto.ca">oohpsa.admin@utoronto.ca</a></td>
</tr>
<tr>
<td>Operations Manager</td>
<td>Paul</td>
<td>Kutsa</td>
<td>416-978-4651</td>
<td><a href="mailto:paul.kutsa@utoronto.ca">paul.kutsa@utoronto.ca</a></td>
</tr>
<tr>
<td>Outreach Assistant</td>
<td>La Toya</td>
<td>Dennie</td>
<td>416-978-2764</td>
<td><a href="mailto:oohpsa.outreach@utoronto.ca">oohpsa.outreach@utoronto.ca</a></td>
</tr>
<tr>
<td>Student Support Administrator – MAM</td>
<td>Mark</td>
<td>Wlodarski</td>
<td>905-569-4506</td>
<td><a href="mailto:mark.wlodarski@utoronto.ca">mark.wlodarski@utoronto.ca</a></td>
</tr>
<tr>
<td>Counselling Assistant</td>
<td>Elizabeth</td>
<td>Wulf</td>
<td>416-978-2764</td>
<td><a href="mailto:oohpsa.reception@utoronto.ca">oohpsa.reception@utoronto.ca</a></td>
</tr>
<tr>
<td>Counsellor Manager</td>
<td>Shayna</td>
<td>Kulman-Lipsey</td>
<td>416-946-0809</td>
<td><a href="mailto:shaynak.lipsey@utoronto.ca">shaynak.lipsey@utoronto.ca</a></td>
</tr>
<tr>
<td>Personal Counsellor</td>
<td>Christopher</td>
<td>Trevelyan</td>
<td>416-978-3957</td>
<td><a href="mailto:christopher.trevelyan@utoronto.ca">christopher.trevelyan@utoronto.ca</a></td>
</tr>
<tr>
<td>Personal Counsellor</td>
<td>Alysa</td>
<td>Golden</td>
<td>416-978-6092</td>
<td><a href="mailto:alysa.golden@utoronto.ca">alysa.golden@utoronto.ca</a></td>
</tr>
<tr>
<td>Career Counsellor / Coach</td>
<td>Carol</td>
<td>Binsath</td>
<td>416-978-3937</td>
<td><a href="mailto:carol.binsath@utoronto.ca">carol.binsath@utoronto.ca</a></td>
</tr>
<tr>
<td>Career Counsellor</td>
<td>Nancy</td>
<td>Dunlop</td>
<td>416-978-3956</td>
<td><a href="mailto:nancy.dunlop@utoronto.ca">nancy.dunlop@utoronto.ca</a></td>
</tr>
<tr>
<td>Faculty Lead for Career-Led Exploration</td>
<td>Jon</td>
<td>Novick</td>
<td>416-978-0952</td>
<td><a href="mailto:jon.novick@utoronto.ca">jon.novick@utoronto.ca</a></td>
</tr>
<tr>
<td>Academic Coach</td>
<td>Nellie</td>
<td>Perret</td>
<td>416-946-0810</td>
<td><a href="mailto:n.perret@utoronto.ca">n.perret@utoronto.ca</a></td>
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### Undergraduate Medicine Admissions & Awards, Office Of

<table>
<thead>
<tr>
<th>OFFICE/POSITION</th>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>PHONE</th>
<th>EMAIL</th>
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</thead>
<tbody>
<tr>
<td><strong>ASSOCIATE DEAN Undergraduate Medicine Admissions &amp; Student Finances</strong></td>
<td>Mark</td>
<td>Hanson</td>
<td>416-946-7928</td>
<td><a href="mailto:mark.hanson@utoronto.ca">mark.hanson@utoronto.ca</a></td>
</tr>
<tr>
<td>Administrative Coordinator, Admissions and Awards</td>
<td>Deborah</td>
<td>Coombs</td>
<td>416-978-2715</td>
<td><a href="mailto:deborah.coombs@utoronto.ca">deborah.coombs@utoronto.ca</a></td>
</tr>
<tr>
<td>(on leave)</td>
<td>Leslie</td>
<td>Taylor</td>
<td>416-978-2729</td>
<td><a href="mailto:ld.taylor@utoronto.ca">ld.taylor@utoronto.ca</a></td>
</tr>
<tr>
<td>Financial Assistance &amp; Awards Officer</td>
<td>Renuka</td>
<td>Kapur</td>
<td>416-978-5216</td>
<td><a href="mailto:r.kapur@utoronto.ca">r.kapur@utoronto.ca</a></td>
</tr>
<tr>
<td>Office Administrator</td>
<td></td>
<td></td>
<td>416-978-7928</td>
<td><a href="mailto:medicine.admiss@utoronto.ca">medicine.admiss@utoronto.ca</a></td>
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### Student Financial Services, Office Of

<table>
<thead>
<tr>
<th>OFFICE/POSITION</th>
<th>FIRST NAME</th>
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</thead>
<tbody>
<tr>
<td><strong>ASSOCIATE DEAN Undergraduate Medicine Admissions &amp; Student Finances</strong></td>
<td>Mark</td>
<td>Hanson</td>
<td>416-946-7928</td>
<td><a href="mailto:mark.hanson@utoronto.ca">mark.hanson@utoronto.ca</a></td>
</tr>
<tr>
<td>Associate Registrar, Student Finances</td>
<td>Bill</td>
<td>Gregg</td>
<td>416-946-0739</td>
<td><a href="mailto:bill.gregg@utoronto.ca">bill.gregg@utoronto.ca</a></td>
</tr>
<tr>
<td>Financial Aid Counsellor / Awards Officer</td>
<td>Renuka</td>
<td>Kapur</td>
<td>416-978-5216</td>
<td><a href="mailto:r.kapur@utoronto.ca">r.kapur@utoronto.ca</a></td>
</tr>
<tr>
<td>Student Support Administrator – MAM</td>
<td>Mark</td>
<td>Wlodarski</td>
<td>905-569-4506</td>
<td><a href="mailto:mark.wlodarski@utoronto.ca">mark.wlodarski@utoronto.ca</a></td>
</tr>
<tr>
<td>Office Administrator</td>
<td></td>
<td></td>
<td>416-978-7928</td>
<td></td>
</tr>
</tbody>
</table>
If you encounter a problem:

### ... related to the curriculum overall:

<table>
<thead>
<tr>
<th>Specificity</th>
<th>Contact</th>
<th>Write to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preclerkship, i.e. Years 1 and 2</td>
<td>the Preclerkship Director</td>
<td>Dr. Pier Bryden, <a href="mailto:pier.bryden@utoronto.ca">pier.bryden@utoronto.ca</a></td>
</tr>
<tr>
<td>Clerkship, i.e. Years 3 and 4</td>
<td>the Clerkship Director</td>
<td>Dr. Stacey Bernstein, <a href="mailto:stacey.bernstein@sickkids.ca">stacey.bernstein@sickkids.ca</a></td>
</tr>
</tbody>
</table>

### ... related to your teaching responsibilities in a particular course:

<table>
<thead>
<tr>
<th>Context</th>
<th>Contact</th>
<th>See:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Central teaching in the Preclerkship or Clerkship]</td>
<td>the course director</td>
<td>Curriculum → Preclerkship or Clerkship → Course Descriptions</td>
</tr>
<tr>
<td>Hospital teaching in the Preclerkship</td>
<td>the Academy Director</td>
<td>Curriculum → Preclerkship → Contacts</td>
</tr>
<tr>
<td>Hospital teaching in the Clerkship</td>
<td>the site director</td>
<td>Curriculum → Clerkship → Course Descriptions</td>
</tr>
</tbody>
</table>

### ... related to information technology or audiovisual technology:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Contact</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSB or MAM lecture theatre videoconferencing or lecture recording problem</td>
<td>the Discovery Commons</td>
<td>Intercom button on podium (immediate) or 416-978-8504 (non-emergency) or <a href="mailto:discovery.commons@utoronto.ca">discovery.commons@utoronto.ca</a></td>
</tr>
<tr>
<td>Other AV problems in MSB lecture theatres</td>
<td>the Office of Space Management</td>
<td>Intercom button on podium (immediate) or 416-978-6544 (non-emergency) or go to <a href="http://www.osm.utoronto.ca">www.osm.utoronto.ca</a></td>
</tr>
<tr>
<td>After-hours MAM/UTM lecture theatre videoconferencing or lecture recording problem</td>
<td>Technology Resource Centre</td>
<td>905 569-4300 or <a href="mailto:crt@utm.utoronto.ca">crt@utm.utoronto.ca</a></td>
</tr>
<tr>
<td>Other types of problems in MAM/UTM lecture theatres</td>
<td>Technology Resource Centre</td>
<td>905-569-4300 or <a href="mailto:crt@utm.utoronto.ca">crt@utm.utoronto.ca</a></td>
</tr>
<tr>
<td>Problems in a hospital/Academy Med Ed Centre</td>
<td>Academy Med Ed staff</td>
<td>Academies &amp; Training Sites → Academy Contact Information</td>
</tr>
<tr>
<td>Problems in another area of the hospital</td>
<td>your local IT department</td>
<td>Consult: your hospital's directory for contact information</td>
</tr>
<tr>
<td>MedSIS-related problems</td>
<td>the MedSIS Project Coordinator</td>
<td>Frazer Howard at 416-946-7040 or <a href="mailto:fraz.howard@utoronto.ca">fraz.howard@utoronto.ca</a></td>
</tr>
<tr>
<td>All other IT-related inquiries</td>
<td>Discovery Commons</td>
<td>416-978-8504 or <a href="mailto:discovery.commons@utoronto.ca">discovery.commons@utoronto.ca</a> or <a href="http://dc.med.utoronto.ca">http://dc.med.utoronto.ca</a></td>
</tr>
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### ... related to a teaching evaluation you have received:

<table>
<thead>
<tr>
<th>Contact</th>
<th>See:</th>
</tr>
</thead>
<tbody>
<tr>
<td>course director of your course</td>
<td>Curriculum → Preclerkship or Clerkship → Course Descriptions</td>
</tr>
</tbody>
</table>

### ... related to student academic performance:

<table>
<thead>
<tr>
<th>Contact</th>
<th>See:</th>
</tr>
</thead>
<tbody>
<tr>
<td>course director of your course</td>
<td>Curriculum → Preclerkship or Clerkship → Course Descriptions</td>
</tr>
</tbody>
</table>

### ... related to student behaviour (professionalism):

| Refer to professionalism protocols to determine how to proceed. | See: Curriculum → Professionalism of UME students and Key Policies, Statements, & Guidelines → On Student Responsibilities, Behaviour, & Professionalism |

### ... related to an incident of student injury or exposure to infectious disease:

| Refer to flowchart on student injury in clinical settings. | See: Protocol for incidents of medical student injury and exposure to infectious disease in clinical settings and check the Red Button advice tool: www.md.utoronto.ca/redbutton.htm |

### ... related to an incident of mistreatment or harmful behaviour towards a student:

| Contact the Associate Dean HPSA | Check the Red Button advice tool: www.md.utoronto.ca/redbutton.htm then contact: Dr. Leslie Nickell, Assoc. Dean HPSA, leslie.nickell@utoronto.ca or 416-978-2713 |