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LEARNING OUTCOMES

The NOSM MD Program curriculum provides a framework which outlines the learning outcomes, the educational methods, and curriculum content, as well as a system of formative and summative assessments of student performance.

An expert team skilled in medical education, curriculum development, instructional design, and health information resources collaborated in the development of the curriculum. Much of the curriculum draws on materials available from established medical schools, both North American and international. In addition, the NOSM Medical Program includes a rural and northern value-added component, developed through the contribution of local physicians, university faculty, Indigenous groups, health professionals, and members of communities across Northern Ontario. Student input on a variety of curriculum committees and work groups has provided valuable insight as well.

The development and implementation of the curriculum for Phase 2 is consistent with the academic principles which are the foundation of the Northern Ontario School of Medicine.

It is presumed that all students promoted to Phase 2 will have successfully mastered the content of Phase 1. The outcomes that follow are a continuation of the outcomes of Phase 1 at a higher level of performance and competence.

Comprehensive Community Clerkship

The Phase 2 Comprehensive Community Clerkship (CCC) at NOSM provides students with longitudinal clinical experiences. Students are assigned to primary care practice settings. During the CCC students live and learn in small groups of up to eight students in a Northern Ontario community for an eight-month period. The aim of the Phase 2 curriculum is to:

- Provide academic and professionally relevant learning opportunities.
- Participate in small group sessions and clinical practice which exemplify reflective learning and comprehensive inter-professional care.
- Continuity of Care - opportunities to care for patients, safely, effectively, efficiently - close to their home. In addition, an integration into the local health care team.
- Increases knowledge of medical care through caring for the patient in clinical encounters and through the socio-cultural context in which the patient and their family cope and adapt to their health care needs.
- Enhances personal and professional identity development.
- Promotes critical thinking and life-long learning skills.

The CCC provides an opportunity to enhance knowledge, skills, and attitudes conducive to an understanding of medical practice in remote, rural, and/or underserved communities and urban practice. The student observes the skills and attributes of health professionals in stimulating environments, furthering their consideration of career choices including clinical practice and research. Rather than specific sequential rotations in each of the seven disciplines focused on in Phase 2 (including Family Medicine, Emergency Medicine, Children's Health, Internal Medicine, Mental Health, Surgery, and Women's Health), students engage in parallel exposure to these areas of medicine.

The focus of the CCC experience is on delivery of primary care in rural and Northern Ontario communities. Learning takes place in the environment of the hospital and on an out-patient basis at community-based clinics and doctors' offices.

The students apply the knowledge, skill and professional attitudes introduced in Phase 1 as they become members of the health team and participate with graduated responsibilities and under supervision to the care of patients. Please refer also to the document of *The College of Physicians & Surgeons of Ontario's Policy on [Professional Responsibilities in Undergraduate Medical Education](#)*.

The scope of activities comprises at the minimum:

- Documentation of a patient's history, physical examination and diagnosis and progress notes;
- Orders concerning the investigation or treatment of a patient written under the supervision or direction of a physician-preceptor;
- Clinical activities of controlled medical acts under supervision, depending on the student's level of competence;
- Follow up care in the primary care environment.

In addition, 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.

INSTRUCTIONAL MODEL

The delivery of the curriculum content can be broadly divided into two categories: (a) **Academic Sessions** and (b) **Practicum Sessions**.

Academic Sessions

Clinical Academic Rounds

The organization of the academic core content follows closely that of “*The Medical Council of Canada (MCC) Objectives for the Qualifying Examination*”¹ that serves as the basis for the MCC Evaluating Examination, the Qualifying Examination Part I and the Qualifying Examination Part II.

Clinical Academic Rounds (CARs) are weekly academic sessions based on student presentation of a patient case. The content of a CAR is organized according to a patient’s presentation or complaint. Emphasis is placed on the most common conditions associated with the patient’s main concern or presentations seen in the primary care setting. Less common ones are also included but with less emphasis.

Session objectives describe the elements of the clinical, laboratory and imaging information the student should gather and analyse in order to elaborate a differential diagnosis or confirm a diagnosis and develop an initial management plan. Emphasis is placed on recognizing patients in need of emergent or urgent attention and those who need referral for specialized care. During CAR sessions, students meet with a facilitator in groups of up to eight for three hour sessions.

A CAR case is identified by the presenting student prior to session. The group is to come prepared to discuss the identified case and share the knowledge gained through independent research by considering cases identified from their own clinical experiences in the community. These sessions explore specific objectives from all five Themes which have been selected to guide discussions related to the student’s case presentations.

Refer to CAR case template and rubric, CAR rubric for assessment, and CAR Facilitator and Students guides which are available electronically on MyCurriculum.

Distributed Tutorial Sessions

A Distributed Tutorial Session (DTS) is a session developed by a NOSM faculty member related to specific learning objectives. Information and resources related to the DTS session are made available to each student via their online learning environment (MyCurriculum) prior to the

¹ See Medical Council of Canada website <http://mcc.ca/objectives/> accessed March 16, 2018.

scheduled delivery of the DTS. Students then have the opportunity to review the session related material as many times and whenever suitable, prior to and after the session.

Dates and times are posted in the Phase 2 timetable and attendance for these sessions are mandatory. Content related to DTS sessions are assessed as part of the Phase 2 progressive assessments.

Some DTS sessions are delivered and led locally by community preceptors. Preceptors and learners in all communities are supplied with the same set of session learning objectives and resources. The session is then conducted locally in small groups.

Self-Directed Online Cases

The Phase 2 curriculum includes online, self-directed, interactive cases with a focus designed to assist students acquire critical reasoning, diagnostic, and communication skills. The cases are delivered through the resource Aquifer. The cases take students through a series of steps, prompting them to answer questions or complete a number of interactive activities. In most instances, feedback to these activities are generated immediately to facilitate learning.

The assessment of activities within the online cases is formative, however, the completion of a predetermined amount of cases is mandatory and is a requirement of Phase 2. Student's progress will be monitored using the online resource by the office of UME. Progress reports will be provided to SLCs.

Practicum Sessions

Primary Care Sessions (PCS)

These sessions, which occur on a weekly basis, are scheduled for five half-days in a typical week. They provide students with opportunities to develop and refine their communication and physical examination skills, and management approaches, under the supervision of experienced clinicians. Students participate in the care of 2 to 4 patients per half day session. Using available resources, including electronic texts and evidence-based materials, students are to conduct independent research regarding their patients. They are expected to use their findings as part of the clinical encounter reviews they will be discussing with the supervising clinician. During these discussions, the clinicians will also appraise and help students revise their suggested management plans for the patients they encounter.

Often the students are seeing the patients alone or with preceptors, presenting their findings to the preceptor, completing the encounter together, and then doing the research afterwards to tie in the encounter with their academic sessions.

Hospital Care Sessions (HCS) / On-call Sessions

The hospital-based sessions include in-patient rounds, emergency room care, and obstetrical care, with on-call responsibilities. Students participate under supervision in the daily care of in-patients. The students participate in the patient's admission and subsequently follow the patient in the continuity of care, within the community, the emphasis being continuity of care. Sessions scheduled in the emergency room and obstetrical care units are assigned by the site liaison clinician while the students' participation in the care of these patients will be supervised by a supervising physician.

The student participates in on-call as negotiated with their preceptor. The expected frequency is one night per week and one weekend (which may be two half weekends) every 4 weeks approximately. The pattern of on call is different in different communities and may include office and hospital settings as well as home visits. Refer to the Phase 2 Student On-Call Responsibilities for more information regarding expectations and guidelines.

Specialty Enhancement Sessions (SES)

These three hour sessions will be scheduled twice weekly in a typical week. They are dedicated to providing students with a wide range of clinical experiences related to the six core disciplines of Family Medicine, Children's Health, Emergency Medicine, Internal Medicine, Mental Health, Surgery, and Women's Health. Students will examine patients and assist with the management of their illnesses or conditions under the guidance of health care professionals. These sessions will include participating in surgical assists, specialty clinics, physician's offices and a variety of hospital and community-based programs related to the core clinical disciplines. These experiences will explore the content of all of the five themes and provide a focus for interprofessional learning.

Throughout the year, students are expected to complete a total of 50 SES sessions. This will be made up from scheduled SES sessions and burst sessions. Because of the number of atypical weeks in the academic year, some SES sessions may be undertaken in the evening. These are still expected to be roughly three hours in duration. No more than 3 SES sessions (whether scheduled as SES or Burst) can be claimed in a day, with a maximum of 15 per week. SES sessions should be distributed throughout the year to maximize learning opportunities relating the SES to patients seen in the Primary Care Sessions (and vice versa). Of the 50 sessions, 30 sessions are completed in a hospital-based program, 10 sessions are completed in a community-based program, and the remaining 10 sessions are completed in either a community or hospital-based program depending on the learning objectives of the student.

Students are required to complete 50 SES sessions

30 Sessions	Hospital-based program
10 Sessions	Community-based program
10 Sessions	Either hospital/community based

Theme 1 – Northern and Rural Health

Learning Outcomes

By the end of Phase 2, students should be able to:

CONCEPT 1: THE SETTING FOR PRACTICE IN A NORTHERN AND RURAL SETTING

- Incorporate knowledge of the geography of Northern Ontario and its health care resource distribution to diagnostic assessment and case management planning.

CONCEPT 2: THE DELIVERY OF PRIMARY HEALTH CARE IN NORTHERN ONTARIO

- Recognize issues around confidentiality as a potential barrier to accessing health care in northern and rural communities. Describe the role of the physician as a community health advocate in northern, rural and remote settings.

CONCEPT 3: ACCESS TO DIAGNOSTIC, TREATMENT, SPECIALIST EXPERTISE AND SUPPORTIVE SOCIAL SERVICES

- Apply knowledge of the unique geography and health care resource issues faced by Northern, rural and remote communities to effectively assist with the management and potential transfer of patients.

CONCEPT 4: PRIORITY POPULATIONS

- Demonstrate an understanding of the impact of policy decisions on priority populations in Northern Ontario.
- Demonstrate an understanding of resource limitations in care planning for priority populations in Northern Ontario.

CONCEPT 5: THE INTERPROFESSIONAL HEALTH TEAM IN NORTHERN ONTARIO

- Demonstrate their ability to collaborate with interprofessional members of the health care team.

CONCEPT 6: THE ROLE OF TECHNOLOGY IN THE DELIVERY OF HEALTH CARE

- Demonstrate their development in the competencies of scholar, manager and communicator by effectively and safely employing technological resources in both the delivery of care and education for patients.
- Choose and utilize appropriate technologies for their own learning needs in the competencies of scholar and medical expert.

CONCEPT 7: CULTURE AND CARE IN NORTHERN ONTARIO

- Apply an understanding of the influences of culture on patient's interactions with the health care system to their various clerkship learning opportunities.
- Demonstrate the ability to respectfully consider and accommodate diverse cultural needs in the delivery of health care in Northern Ontario.

- Identify ways in which your own personal assumptions and biases affect your approach to patient care and on the ways in which your personal and professional positions of power and privilege may be interpreted by diverse patients in Northern Ontario.
- Demonstrate cultural competence including awareness, sensitivity and safety.

CONCEPT 8: INDIGENOUS PEOPLES HEALTH

- Demonstrate the ability to work with Indigenous peoples in a culturally safe manner.
- Demonstrate how to respectfully enquire whether an Indigenous patient is taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care.
- Identify ways of redressing inequity of access to appropriate health care and health information with Indigenous patients and populations.
- Demonstrate the ability to establish a positive therapeutic relationship with Indigenous patients and their families.
- Describe ways of respectfully conducting research with and acquiring knowledge and information about Indigenous people and communities.

CONCEPT 9: THE HEALTH OF FRANCOPHONES

- Demonstrate an understanding of the importance of providing culturally and linguistically appropriate health care services, including the active offer of French language services.
- Demonstrate cultural competence in patient encounters with Francophone patients.

CONCEPT 10: HEALTH IN NORTHERN ONTARIO

- Demonstrate knowledge of population health statistics and determinants of health that require special attention in the Northern, rural and remote health care settings.

CONCEPT 11: HEALTH RESEARCH IN NORTHERN ONTARIO

- Apply their research skills to identify information that responds to community health problems.
- Develop a better understanding of particular issues faced by northern and rural communities, and health care systems through deep and generous listening to what the community identifies as their health/health service or other community priorities.
- Identify and where possible act on, opportunities to explore and promote policy and other permanent solutions to health inequities.
- Explore reflection and research as a method of professional exploration and growth.
- Identify ways in which they can make contributions in communities and the impact they can have on the life of individuals.
- Mature as a health professional who is aware that morally appropriate action will follow from following ethical principles while striving to exhibit traits of good character.
- Develop professional strategies that support lifelong and self-directed learning.

Theme 2 – Personal and Professional Aspects of Medicine

Learning Outcomes

By the end of Phase 2, students should be able to:

Concept 1. Personal development as a medical profession

- Conduct morally appropriate actions by applying and adhering to ethical principles and exhibiting traits of good character, that includes virtues of altruism, compassion, benevolence, courage, integrity, trustworthiness, respect
- Demonstrate respect for others, including patients, their families and professional colleagues.
- Explain the fundamental role that respect plays in enhancing collegiality among medical professionals.
- Develop strategies to self-assess and improve one's professional conduct.
- Apply self-reflection as a method of professional exploration and growth.
- Develop professional strategies that support lifelong and self-directed learning.
- Demonstrate a commitment to service and recognize one's responsibility as a professional.
- Consistently demonstrate and maintain the highest standards of behaviour related to professional practice including:
 - Maintaining confidentiality,
 - Being fair and truthful,
 - Keeping one's word,
 - Being punctual,
 - Meeting commitments.
 - Integrity.Identify, respond to, and resolve conflicts between ethical, legal, and professional norms, values and/or principles.

Concept 2. Professional Attitudes in Patient Care

- Identify ways in which they can make contributions in communities and the impact they can have on the life of individuals.
- Subscribe to making a conscientious effort to exceed professional expectations and to make a commitment to possessing the highest level of knowledge and skill.
- Demonstrate advocacy for the best interests of others including patients, colleagues, mentors and trainees, above self-interest.
- Demonstrate accountability for the health care needs of patients, colleagues, and society as a whole
- Portray how the practice of medicine is a moral enterprise and that many if not most medical decisions include a significant value judgment component.
- Develop appropriate attitudes, values, and behaviours, consistent with those provided by provincial and national medical professional organizations, related to health and wellness, illness and disease, and the physician's role in the lives of individuals, colleagues, families, and communities.
- Demonstrate the practical application of the processes related to:
 - Resource allocation;
 - Ethical principles associated with conducting and participating in research;

- Law;
- Consent;
- Confidentiality.
- Respond to the demands of the profession by making oneself available and responsive when needed and accept inconvenience to meet the needs of patients

Concept 3. Medico-Legal and Organizational Aspects of Practice

- Explain the nature and practical implications of negligence, legal liability, medical errors and medical records.
- Recognize possible conflicts of interest and requirement to avoid relationships that allow personal gain to supersede the best interest of the patient and reputation of the profession, including:
 - Respect for physical, emotional and sexual boundaries in regards to treatment of themselves, their families or friends.
 - Obtain informed consent freely and without coercion when implementing advanced care directives.
 - Recognize the moral and ethical concerns regarding the receipt of gifts from patients and industry representatives.
 - Develop and display appropriate relationships with pharmaceutical representatives.
- Develop and display appropriate relationships with pharmaceutical representatives
- Discuss the ways in which provisions in the Mental Health Act and other relevant legislation address the enforcement and treatment of psychotic patients who discontinue treatment.
- Recognize and discuss responsibility of physicians to:
 - seek active roles in teaching and professional organizations, and volunteer skills and expertise for the welfare of the community;
 - participate in professional organizations, community programs, and institutional committees.
 - enhance research skills that will help develop a better understanding of experiences related to Northern rural communities and health care systems.

Theme 3 – Social and Population Health

Learning Outcomes

Basis

The Theme 3 syllabus for Phase 2 is organized around the Medical Council of Canada's Objectives for the Qualifying Examination for the seven aspects of population health:

- 78-1 Concepts of Health and Its Determinants
- 78-2 Assessing and Measuring Health Status at the Population Level
- 78-3 Interventions at the Population Level
- 78-4 Administration of Effective Health Programs at the Population Level
- 78-5 Outbreak Management
- 78-6 Environment
- 78-7 Health of Special Populations
- 78-8 Work-related Health Issues

Each section of the Theme 3 Phase 2 syllabus quotes the Rationale from the relevant MCC objective before outlining the outcomes for Phase 2 under each heading.

1: CONCEPTS OF HEALTH AND ITS DETERMINANTS

Rationale: "Concepts of health, illness, disease and the socially defined sick role are fundamental to understanding the health of a community and to applying that knowledge to the patients that a physician serves. With advances in care, the aspirations of patients for good health have expanded and this has placed new demands on physicians to address issues that are not strictly biomedical in nature. These concepts are also important if the physician is to understand health and illness behaviour."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the concepts of health, wellness, illness, disease and sickness, and the determinants of health and the ways in which they affect the health of a population and the individuals it comprises.

2: ASSESSING AND MEASURING HEALTH STATUS AT THE POPULATION LEVEL

Rationale: "Knowing the health status of the population allows for better planning and evaluation of health programs and tailoring interventions to meet patient/community needs. Physicians are also active participants in disease surveillance programs, encouraging them to address health needs in the population and not merely health demands."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the health status of a defined population.
2. Develop their knowledge of measures and record the factors that affect the health status of a population with respect to the principles of causation.

3: INTERVENTIONS AT THE POPULATION LEVEL

Rationale: "Many interventions at the individual level must be supported by actions at the community level. Physicians will be expected to advocate for community wide interventions and to address issues that occur to many patients across their practice."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the three levels of prevention (primary, secondary and tertiary).
2. Develop their knowledge of strategies for community needs assessments, health education, community engagement, and health promotion.
3. Develop their knowledge of the role that physicians can play in promoting health and preventing diseases at the individual and community levels (e.g. prevention of low birth weight, immunization, diabetes, obesity prevention, smoking cessation, cancer screening, etc.).
4. Develop their knowledge of how public policy can influence population-wide patterns of behaviour and affect the health of a population.

4: ADMINISTRATION OF EFFECTIVE HEALTH PROGRAMS AT THE POPULATION LEVEL

Rationale: "Knowing the organization of the health care and public health systems in Canada as well as how to determine the most cost-effective interventions are becoming key elements of clinical practice. Physicians also must work well in multidisciplinary teams within the current system in order to achieve the maximum health benefit for all patients and residents."

By the end of Phase 2, students will begin to apply as well as:

1. Develop their knowledge of the pertinent history, structure and operations of the Canadian health care system.
2. Develop their knowledge of economic evaluations such as cost-benefit / cost-effectiveness analyses as well as issues involved with resource allocation.
3. Develop their knowledge of the approaches to assessing quality of care and methods of quality improvement.

5: OUTBREAK MANAGEMENT

Rationale: "Physicians are crucial participants in the control of outbreaks of disease. They must be able to diagnose cases, recognize outbreaks, report these to public health authorities and work with authorities to limit the spread of the outbreak. A common example includes physicians working in nursing homes and being asked to assist in the control of an outbreak of influenza or diarrhea."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the characteristics of an outbreak and know how to recognize one when it occurs.
2. Develop their knowledge of essential skills involved in controlling an outbreak and its impact on the public, in collaboration with public health authorities as appropriate.

6: ENVIRONMENT

Rationale: "Environmental issues are important in medical practice because exposures may be causally linked to a patient's clinical presentation and the health of the exposed population. A physician is expected to work with regulatory agencies to help implement the necessary interventions to prevent future illness. Physician involvement is important in the promotion of global environmental health."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of the implications of environmental hazards at both the individual and population levels.
2. Develop their knowledge of patient concerns through appropriate information gathering and treatment.
3. Develop their knowledge of working collaboratively with local, provincial and national agencies/governments as appropriate to address concerns at a population level.
4. Develop their knowledge of making appropriate recommendations for patients and exposed populations so as to minimize their health risks and maximize their overall function.

7: HEALTH OF SPECIAL POPULATIONS

Rationale: "Health equity is defined as each person in society having an equal opportunity for health. Each community is composed of diverse groups of individuals and sub-populations. Due to variations in factors such as physical location, culture, behaviours, age and gender structure, populations have different health risks and needs that must be addressed in order to achieve health equity. Hence physicians need to be aware of the differing needs of population groups and must be able to adjust service provision to ensure culturally safe communications and care."

By the end of Phase 2, students will be able to begin to apply as well as:

1. Develop their knowledge of how variations in the determinants of health in different populations promotes or harms their health status.
2. Develop their knowledge of how populations may have challenges with respect to access to health services, and how members of the population may rely on traditional or alternative sources of health services that are not commonly used by society as a whole.
3. Develop their knowledge of the implications of different cultural perspectives and how this affects the planning, delivery and evaluation of services (both preventive and curative).
4. Develop their knowledge of how to provide culturally safe care with different populations.
5. Develop their knowledge of the unique roles of government, social agencies, or special groups in providing services to the population (e.g., elderly, differently abled).

8: Work-related Health Issues

Rationale: "Workplace health and safety hazards can contribute to many different health problems. Physicians play an important role in the prevention and management of occupational injury, illness and disability."

By the end of Phase 2, students will be able to:

1. Independently perform an occupational health history in a supervised setting.
2. Explain how to identify the relationship between illness and symptoms of work in a history and physical examination.
3. Identify hazards in a workplace that could have an impact on health, illness, or injuries, including work and exposure, and recommend preventative measures.
4. Explain the procedures and requirements for collaborating with agencies that support workers, such as the Workplace Safety and Insurance Board and the Ontario Disability Support Program, including communicating private information with patients and employers.

Theme 4 – Foundations of Medicine

Learning Outcomes

By the end of Phase 2, students will be able to:

1. Understand the normal structures and functions of the human body, at levels from molecules to cells, to organs, to the whole organism.
2. Describe important pathological processes, which can affect the organ system of interest, including infection, inflammation, genetic, developmental or metabolic abnormalities, ischemia, hypertension, neoplasia, and anatomical derangement.
3. Identify relevant diagnostic examinations, which would be useful to define the diagnosis or detection of disease.
4. Identify pharmacological treatments and other modalities for the amelioration of disease.
5. Integrate basic science and epidemiologic knowledge with clinical reasoning.

Theme 5 – Clinical Medicine and Therapeutics

Basis of Learning Outcomes

The overarching outcome that defines Phase 2 are the for students to have the foundational knowledge, skills and attitudes to develop competencies in family practice/primary care and the core disciplines, necessary to allow them to progress to the Phase 3 clerkship.

Theme 5 learning outcomes focus on what the student should know and realistically be able to do by the end of third year CCC placement. By focusing on the application and integration of the course content, the learning outcomes will more explicitly and directly address expectations of the skills and competencies acquired by students. Session objectives describe several specific actions that, when grouped together, enable students to attain a specific learning outcome. Each session objective focuses on an ability or specific behavior that is measurable and assessable.

CanMEDS is a competency-based framework that describes the principal generic abilities of Canadian physicians oriented to optimal health and health care outcomes². The CanMEDS core values form the basis of the students' learning continuum in Theme 5. Each of the Theme 5 Phase 2 learning outcomes links to one or more CanMEDS roles.

² A full description of the CanMEDS 2015 Physician Competency Framework can be found on the Royal College of Physicians and Surgeons of Canada website:

http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_EN_Reduced.pdf

Accessed February 2017.

Learning Outcomes

LEARNING OUTCOMES		Medical expert	Communicator	Collaborator	Leader	Health advocate	Scholar	Professional
At the completion of P2 CCC clerkship students will be able to								
P2.T5.1	Independently complete a patient’s medical history and perform a physical examination of the various body systems and various patients, in a supervised clinical setting.	X	X					X
P2.T5.2	Formulate an appropriate differential based on patient findings from history and physical.	X						
P2.T5.3	Propose an investigational plan which could include performing (or arranging) and interpreting appropriate diagnostic tests relevant to an established differential diagnosis for conditions (4) and clinical presentations as represented in the Standard 6.2 Clinical list.	X	X	X			X	
P2.T5.4	Identify the clinical features and presentation for both acute and chronic conditions across the age spectrum and between sexes.	X						
P2.T5.5	Identify ‘key clinical problems’ that require treatment & management following a comprehensive assessment & diagnosis for both acute and chronic conditions.	X						
P2.T5.6	Begin to develop the ability to practice evidence-informed medicine and critically appraise medical literature to inform the diagnosis, investigation & management plan of key clinical problems for acute and chronic conditions.	X					X	
P2.T5.7	Recognize an acutely ill patient that requires urgent care and activate appropriate assistance.	X						

P2.T5.8	Apply a patient-centred approach to communicating relevant information (including difficult situations) to patients, families, and communities.		X	X	X	X		X
P2.T5.9	Document and communicate oral and written information from the findings a patient encounter in supervised clinical setting, to patients, families, health care teams, and third parties including during transitions in care.		X	X	X	X		X
P2.T5.10	Apply knowledge of pharmacology to clinical therapeutics, including indications, contraindications, risks, and benefits, to treat key clinical problems for common acute and chronic conditions.	X						
P2.T5.11	Safely perform clinical procedures at the appropriate level of competence (as outlined in Standard 6.2 list) by applying knowledge of indications/contraindications, risk, benefits and patient consent	X					X	X
P2.T5.12	Contribute and participate in the development and implementation of a patient care plan within a health care team.	X		X				X
P2.T5.13	Establish therapeutic relationships with patients, their families (as appropriate) in their communities by applying the concepts of professionalism including trust, respect, empathy, and confidentiality.	X			X	X		X
P2.T5.13	Begin to apply the concepts of preventive care in the clinical practice of medicine	x	x			x	x	

Phase 2 Syllabus revision history	Date	Approving Body
Document approved	March 26, 2014	Phase 2
2014-2015 version approved	May 1, 2014	UMEC
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