



**Undergraduate Medical Education  
Cumming School of Medicine  
University of Calgary**

**Curriculum Review**

**Public Report**

**July 2016**

# Program Background

The Faculty of Medicine of the University of Calgary was founded in 1967, with the first class of 32 undergraduate medical education students beginning in 1970 in a unique three year curriculum. The current enrolment of new students is 155 which has decreased from peak enrollment of 180 for the class of 2012 due to a reduction in government funding. In 2014, the Faculty was renamed the Cumming School of Medicine (CSM) in recognition of a \$100m donation by Geoffrey Cumming, which was matched by the Province of Alberta.

The three year program is comprised of pre-clerkship courses (Years 1 & 2) and clerkship clinical experiences (Year 3). Required courses dominate Years 1 and 2 of the program, with 4 weeks of course electives occurring at the end of Year 2. The instructional formats for Year 1 and 2 courses include lectures, labs and small group work. In Year 3, students rotate through 8 required discipline-specific clinical learning experiences at various clinical instruction sites (eg. hospitals, clinics, etc), -with 12 weeks dedicated to clerkship electives. Students in Year 3 are also required to complete Course 8 – Comprehensive Clinical Skills Curriculum for Clerkship. There is also the option of participating in the University of Calgary Longitudinal Integrated Clerkship (UCLIC) which allows students to experience 9 months of their clerkship at one rural site, with the remaining 3 months completed in the traditional stream. The learning objectives and evaluations are the same for UCLIC and the traditional program.

The school's original undergraduate curriculum used a 'Systems-Based' curricular model which encouraged interdisciplinary teaching with equal time allocated to didactic sessions, small group case-based learning and independent study time. Building on the strengths of this curricular model, the medical school modified its curriculum to a 'Clinical Presentation' curriculum in the mid-1990s. This innovative model, which has now been adopted by over 15 other medical schools worldwide, structures teaching around the 120+/- 5 ways a patient can present to a physician.

Faculty and students recommended changes beginning in August 2006 that further strengthened the curriculum. Courses were linked to graduation objectives (see <http://www.ucalgary.ca/mdprogram/about-us/big-10-graduation-educational-objectives>) and UME program philosophy of teaching, learning and evaluation. Linkage of courses better integrated Clinical Presentations across systems (horizontal integration), emphasized schemes as a powerful knowledge organization teaching tool, and reduced redundancies. Significant changes occurred to the evaluation process, with reduced frequency of summative examinations in the pre-clerkship, increased frequency of formative examinations, and specific time allotted for faculty assisted review or independent study prior to each certifying exam for most pre-clerkship courses. Improvements to the curriculum continue to be made on a regular basis based on course evaluations, instructor feedback, and external accreditation requirements.







