



**The University of British Columbia
Faculty of Medicine
MD Undergraduate Program**

Mission, Goals & Objectives

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Preamble

During the past ten years, various committees and working groups of the MD Undergraduate Program have produced several documents addressing the program’s mission, goals, and objectives. These earlier documents were created through extensive consultation within and outside the Faculty of Medicine, and the development of the present publication follows a similar process.

The primary goal of this document is to create one integrated and coherent publication. A secondary goal is to fill in the few remaining gaps, as specified in the LCME accreditation guidelines.

This publication will play two roles: (1) As a communication device for medical school faculty, students, staff, administration and others outside the school. It will provide a clear and transparent direction for the program; and (2) As a framework to guide the ongoing program evaluation process. It will provide a structure and criteria for evaluation.

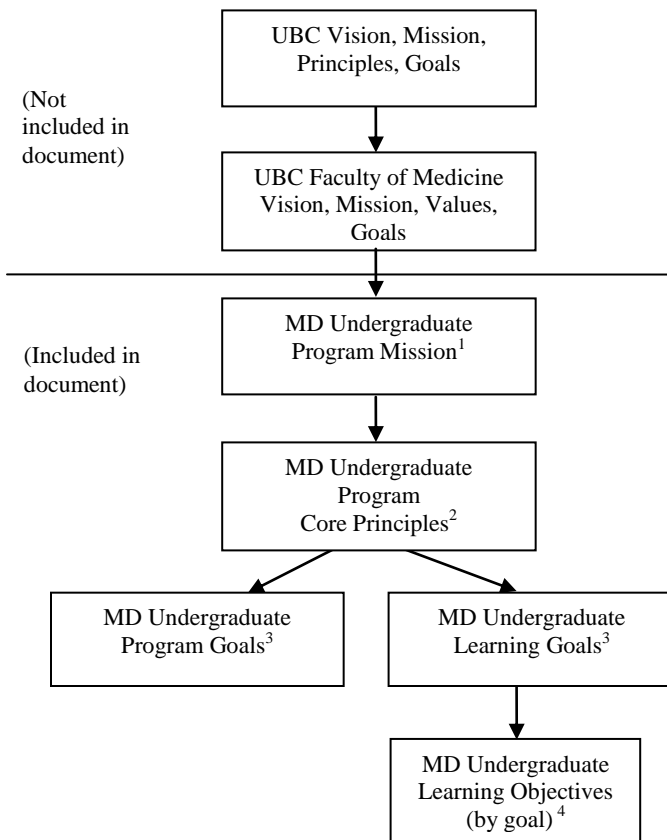
It is important to note that this is a ‘living’ document which will need to be reviewed and updated periodically,

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1. Conceptual Framework

The following conceptual has been used to organize these points:



¹ The mission is the statement of the program's fundamental contribution or reason for existence.

² Principles encompass the core values, beliefs and priorities that guide program goals (broader than values alone).

³ Goals are broad statements of accomplishment for the program.

⁴ Objectives are specific statements of accomplishment for the program. Objectives should be stated as observable outcomes.

2. Mission

The MD Undergraduate Program recruits, admits, educates, and supports students who will graduate with defined and demonstrated personal qualities, competencies, knowledge, and behaviours rooted in the vision, missions, and values of the University of British Columbia and its Faculty of Medicine, and in an ethical context of social responsibility for the health needs of British Columbians.

3. Admissions Criteria

Students are evaluated and selected on the basis of academic and non-academic criteria. These criteria include high academic achievement, critical thinking, self-directed learning, commitment, motivation, maturity, integrity, realistic self-appraisal, reliability, creativity, scientific and intellectual curiosity, a positive attitude toward continued learning, the ability to communicate verbally and in writing, aptitude for problem solving and decision-making, ability to perform well in the rigorous curriculum and problem-based learning format of the program, leadership potential, the capacity to understand and cooperate with others, social concern and responsibility, and a concern for human welfare.

4. Core Principles (P)

The MD Undergraduate Program (hereafter called ‘the Program’) is committed to the following principles

guiding its goals and objectives:

- P1. Learning:** maintaining the highest, evidence-based standards of effective student learning in medicine as demonstrated by graduate achievement of learning objectives.
- P2. Learning environment:** creating and maintaining a positive learning environment that fosters self-directed and lifelong learning, and in which students learn to take responsibility for their own learning.
- P3. Diversity:** attracting, retaining and supporting faculty, students and staff who reflect the diversity and interests of the populations served by the Program.
- P4. Social responsibility:** responding (primarily through education) to the priority health needs of the population at large, with a focus on British Columbians, specifically including those of Aboriginal, rural, remote and northern communities, with competence, equity, integrity and professionalism.
- P5. Research:** preparing its students to contribute to medical knowledge throughout their careers and, through its own research and knowledge translation, adding to the base of research and evidence on effective medical education.
- P6. Faculty:** recruiting, supporting, developing and recognizing outstanding faculty as the crucial resource for achievement of the Program mission, goals and objectives.

- P7. Partnerships:** establishing effective, dynamic, long-term relationships with the communities served and with their representatives, including but not limited to its students, university partners, faculty, the medical profession, health care institutions, and Aboriginal, rural, remote and northern communities, in order to accomplish the mission, goals and objectives of the Program.
- P8. Program improvement:** implementing an open and ongoing process of program improvement that responds to changes in the external environment, using both the expanding knowledge base in medical education and the results of internal program evaluation to create a positive and effective learning environment.
- P9. Financial and administrative responsibility:** achieving its mission, goals and objectives in an administratively responsible and cost-effective manner.
- P10. Scholarly contribution:** ensuring that the Program contributes to the UBC mission and broader medical education community through its scholarly work and through the high quality and strong preparation of its graduates.
- P11. Innovation:** fostering and supporting an environment conducive to creative thought and experimentation in medical education that results in high quality, sustainable, educational experiences.

P12. Internationalization: developing and strengthening global understanding, relationships, and contributions by Program students, faculty, and staff.

5. Program Goals

5.1 Learning Process (LP)

- LP1. Student admissions:** to recruit and admit students with the personal characteristics, attitudes and behaviours to become competent, caring physicians and to contribute to meeting the health care needs of British Columbians.
- LP2. Competency learning:** to provide multiple opportunities to learn the defined competencies throughout the curriculum, since all defined competencies are considered essential to the practice of medicine.
- LP3. Learning strategies:** to promote independent, self-directed, interdisciplinary learning in which students actively construct and interpret information in multiple settings.
- LP4. Settings:** to utilize clinical, patient and case-centred settings that reflect the full range of health resources in the communities served by the Program.
- LP5. Comparable educational experiences and evaluation across sites:** to ensure that students have comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given

discipline.

- LP6. Inter-professional education:** to expand inter-professional education in the training of health professionals, in order to prepare graduates for inter-professional practice.
- LP7. Instructional methods:** to vary instructional methods as appropriate to accomplish specific learning outcomes.
- LP8. Integration:** to integrate science teaching with clinical practice.
- LP9. Content focus:** To ensure that Program content focus on both disease prevention and health promotion.
- LP10. Assessment:** to implement assessment procedures that are centralized, formative, cumulative, varied in method, and include self- and peer-evaluation, to ensure that the defined competencies are effectively learned and satisfactorily performed upon completion of the Program.

5.2 Learning Environment (LE)

- LE1. Orientation:** to provide students with effective orientation when entering medical school and when beginning their clinical experience.
- LE2. Responsibility:** to provide opportunities and support for students to learn to take responsibility for their own learning.

- LE3. Teamwork and collegiality:** to create and maintain an environment that fosters teamwork and collegiality.
- LE4. Student support:** to support students through effective, sensitive counselling, individual and group support, and career planning.
- LE5. Faculty interactions and role models:** to promote faculty-student interaction and provide role modelling for students.
- LE6. Respect:** to respect all students, regardless of gender, race, age, disability, national origin, religion, or sexual orientation.
- LE7. Communication:** to maintain an environment that encourages open and effective communication among all students, faculty and staff involved in the Program.
- LE8. Learning in clinical settings:** to establish and maintain clinical settings which place the emphasis on learning during student interactions with patients and clinical staff.

5.3 Diversity (D)

- D1. Diversity:** to improve accessibility to medical school for underserved populations and increase the diversity of the undergraduate student body.
- D2. Aboriginal students:** to increase the number of aboriginal students entering and graduating in medicine.

- D3. Students from rural, remote, and northern communities:** to increase the number of students from rural, remote and northern communities entering and graduating in medicine.
- D4. Mitigating barriers:** To support the potential of a diverse medical student body to achieve academic excellence by identifying and mitigating barriers for students in achieving program goals.

5.4 Social Responsibility (SR)

- SR1. Public health:** to increase the number of graduating students who contribute to the public health infrastructure (academic, research, and clinical).
- SR2. Program emphasis:** to emphasize within the Program (a) practice in smaller centres and in rural and remote settings and (b) the health needs of underserved groups across BC, particularly older adults, children and youth experiencing poverty, Aboriginal communities, and those with complex mental health needs.
- SR3. Needs identification:** to establish mechanisms to work with communities served by the Program, in particular Aboriginal, rural, remote and northern communities, to identify and address their priority health problems and physician education needs.
- SR4. Aboriginal, rural, remote, and northern community physicians:** to increase the number

of students who select postgraduate training and/or establish practices in Aboriginal, rural, remote, and northern communities in British Columbia.

- SR5. Enhance awareness:** to enhance awareness of opportunities for becoming a health professional among Aboriginal, rural, remote and northern students.
- SR6. Needed specialties:** to increase the number of graduates choosing postgraduate training in areas of Family Practice and needed specialties including geriatrics.
- SR7. Community needs:** to specifically address the health care needs of Aboriginal, rural, remote and northern communities in British Columbia, including the need for health career role models and for teachers in health education.
- SR8. Long term impact:** In the long term, to impact access to care and health status of Aboriginal people of British Columbia.
- SR9. Continuing medical education:** to monitor the learning needs of British Columbia physicians, including those in rural and remote practice settings, and to provide opportunities for professional development that will support the recruitment and retention of physicians throughout British Columbia.
- SR10. Leadership:** to provide international leadership in community-based medical education.

SR11. Postgraduate program placement: to ensure that Program graduates are highly sought after as candidates for postgraduate training programs across Canada.

5.5 Faculty (F)

F1. Faculty recruitment, retention and recognition: to recruit, retain, and support excellent basic science and clinical faculty members and to encourage, recognize and reward their educational achievements and contributions.

F2. Faculty responsibility: to ensure that Program faculty recognize and embrace their responsibility to facilitate an excellent learning environment and work to consistently maintain and improve their knowledge and skills as medical educators.

F3. Faculty development: to provide a rich learning environment for faculty educational development, creating a culture of support and challenge and ensuring a high level of faculty competence in medical education.

5.6 Partnerships (PT)

PT1. Distributed curriculum partnerships: to make full use of the strengths of the University of British Columbia, the University of Northern British Columbia, and the University of Victoria, as well as those of the Health Authorities and allied health professionals in British Columbia, to develop a distributed

medical education curriculum of the highest quality, which could serve as a template of inter-institutional cooperation in the development of educational programs.

- PT2. Partnership with British Columbia government:** to establish greater cooperation and an educational responsibility with government ministries in support of health care in British Columbia.
- PT3. Medical education continuum:** to review, develop and maintain the Program in partnership with postgraduate and continuing medical education groups.
- PT4. Aboriginal, rural, remote, and northern communities:** to increase the collaboration between the Faculty of Medicine and Aboriginal, rural, remote and northern communities of BC.
- PT5. Community partnerships:** to involve communities across the province in the education of health professionals.

5.7 Research (R)

- R1. Orientation:** to offer an educational program that facilitates and enhances research opportunities for students and faculty.
- R2. Student preparation:** to prepare an adequate number of candidates to pursue a research-intensive track of residency, postdoctoral training and ultimately a research career in a

specialty or discipline of their choice.

- R3. Knowledge translation:** to develop an adequate number of ‘physician-scientists’ with training in knowledge translation between scientific/clinical and patient/population treatment settings.
- R4. Research in community health:** to develop research programs that will assist communities in addressing their specific health needs.
- R5. Research on Aboriginal, rural, remote and northern practices:** to learn more about how we can train health professionals in general for Aboriginal, rural, remote and northern practice settings.

5.8 Program Improvement (PI)

- PI1. Accreditation:** to maintain full accreditation of the Program by meeting or exceeding the requirements for curriculum, human resources, students, resources, services, policies, management, evaluation, and consistency across program sites as set out in the current Liaison Committee on Medical Education (LCME) Accreditation Standards.
- PI2. Ongoing evaluation and improvement:** to implement a system to support continuous program evaluation and improvement, regarding both learning goals and program goals, as well as to provide information to monitor the achievement of accreditation criteria.
- PI3. Competency evaluation:** to explicitly

demonstrate graduate competencies through a comprehensive evaluation process that provides student, faculty, and program feedback as well as evidence of educational achievement.

PI4. Faculty assessment: To provide assessment and feedback to faculty, to maintain high quality instruction.

PI5. Student assessment: To use student assessment that is centralized, formative, cumulative, varied in method, and includes self- and peer-evaluations.

5.9 Financial and Administrative Responsibility (FR)

FR1. Effective administrative structures: to maintain and enhance effective structures, systems and resources for governance and program management, particularly with reference to the LCME Accreditation Standards.

FR2. Cost-effectiveness: to develop and implement a cost-effective educational program.

FR3. Sustainability: to ensure that the program is financially and administratively sustainable.

FR4. Planning process: to engage in a regular planning process to set the direction for the Program and define measurable outcomes.

5.10 Scholarly Contribution (SC)

SC1. Sharing our experience: to achieve and

document the achievements of the first five years in program implementation, intended outcomes, and faculty and student.

- SC2. Recognition:** to recognize program evaluation studies as worthy of research and to disseminate information about the evaluation process to the medical education community.
- SC3. Research program:** to promote and support a program of medical education research related to the Program.
- SC4. Dissemination:** to contribute to the professional literature on the theory and practice of undergraduate medical education.
- SC5. Knowledge sharing:** to encourage and support the presentation at professional and public venues of knowledge gained from medical education research and evaluation.

5.11 Innovation (I)

- IN1. Orientation:** to encourage the exploration and use of promising new ideas in the Program.
- IN2. Initiation:** to provide venues such as meetings, forums and conferences for faculty, students, and staff that facilitate the creation and sharing of new approaches to program design and implementation.
- IN3. New tools and products:** to foster the development of new tools and products for use in clinical care, scientific research, and medical

education.

- IN4. Testing:** to encourage and support “early adopters” in testing new approaches and learning from these in ways that lead to Program improvement.
- IN5. Support:** to provide financial and/or administrative support to innovators who wish to implement new approaches or products in the Program.
- IN6. Rewards:** to recognize and reward successful new approaches and products developed by participants in the Program.

5.12 Internationalization (IT)

- IT1. Exchanges:** to encourage and support faculty, students and staff in gaining experience in other countries.
- IT2. Program faculty and staff:** to recruit and retain an internationally diverse group of faculty and staff to the program.
- IT3. Students:** to attract, admit and educate an internationally diverse group of students in the Program.
- IT4. International links:** to develop relationships with outstanding medical school undergraduate programs across the world.
- IT5. Knowledge sharing:** to encourage knowledge sharing, especially by electronic means (e.g.

internet and videoconferencing), with medical school undergraduate programs across the world.

6. Learning Goals and Objectives

LG1. Exit competencies: to ensure that every graduating student meets or exceeds the competency requirements necessary for postgraduate training and as a foundation for lifelong learning and proficient medical care.

6.1 Learning Objectives (LO)

Defined competencies for the UBC MD Undergraduate Program include:

LO1. Knowledge integration and analytical skills: Knowledge skills relate to the acquisition, maintenance, integration and use of knowledge. Students should be able to demonstrate that they can:

- LO1.1 acquire new knowledge and retrieve essential knowledge from memory to effectively provide clinical care in health, disease and illness;
- LO1.2 think critically and apply the scientific method;
- LO1.3 commit themselves to life long reflection and learning for the purpose of maintaining and enhancing professional competence;
- LO1.4 integrate new research knowledge into clinical practice.

Students should be able to demonstrate an in-depth knowledge of:

- LO1.5 normal molecular, biochemical and cellular mechanisms of the body and its organ systems;
- LO1.6 the various etiologies of disorders and the mechanisms by which they cause disease (pathogenesis);
- LO1.7 altered structure (pathology) and function (pathophysiology) of the body and its major organ systems;
- LO1.8 clinical and pathologic manifestations of the most common and serious acute and chronic disorders;
- LO1.9 standard clinical and laboratory investigations and radiological imaging appropriate to common and serious disorders;
- LO1.10 management options for the most common and serious disorders, diseases, and illnesses requiring immediate and long term treatment;
- LO1.11 relieving pain and ameliorating the suffering of patients;
- LO1.12 the incidence and impact of economic, psychological, societal, and cultural determinants of health, illness and disease for individuals and within populations;
- LO1.13 the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.

LO2. Communication skills: These skills relate to

communication between doctor and patient, doctor and the patient's family, doctor and doctor, doctor and health care team, and doctor as manager/leader. Students should be able to demonstrate that they can:

- LO2.1 conduct an interview with a patient in an empathic manner, which is both therapeutic and effective in eliciting information.

During an interview, the student will:

- LO2.2 establish good rapport;
- LO2.3 proceed logically;
- LO2.4 obtain the essential history, including issues related to age, gender, and socio-economic status;
- LO2.5 listen carefully;
- LO2.6 observe non-verbal cues;
- LO2.7 demonstrate an understanding of the person, and their life;
- LO2.8 determine the patient's feelings, understanding of illness and expectations.

Students should also be able to demonstrate that they can:

- LO2.9 communicate truthfully and compassionately with patients, their families, colleagues, and other professionals both verbally and in writing;
- LO2.10 develop and maintain effective relationships with patients with complex problems;
- LO2.11 provide information, emotional support

- and recommendation to ensure understanding and informed consent for a mutually agreeable therapeutic plan;
- LO2.12 recognize and handle appropriately the reactions to bad news, loss, grief and other common but difficult clinical situations;
- LO2.13 apply negotiation and conflict resolution skills in interpersonal relationships.

LO3. Professional behaviours: These behaviours relate to professional conduct. Students should be able to demonstrate that they can:

- LO3.1 meet or exceed accepted ethical standards, including the *Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia*, with the highest sense of honesty and integrity;
- LO3.2 interact with patients, patients' families, colleagues, and others with honesty, integrity, compassion, and respect;
- LO3.3 demonstrate respect and protection of the patient's confidentiality, dignity and autonomy when discussing personal issues, illness, and disease, prognosis and treatment options with patients, their families, or other members of the health care team;
- LO3.4 advocate at all times the primacy of patient well-being in the clinical setting;
- LO3.5 not discriminate in interactions with others, on protected grounds such as age, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental

- LO3.6 disability, sex, sexual orientation or unrelated criminal convictions;
- LO3.7 respect social and cultural differences in attitudes and beliefs;
- LO3.8 understand and exhibit appropriate strategies to deal with boundary issues;
- LO3.9 exhibit professional conduct regarding demeanour, use of language, and appearance in health care settings;
- LO3.10 understand the contributions of other health care disciplines, show respect for the skills of others, and be prepared to practice effectively within a multidisciplinary, inter-professional team;
- LO3.11 understand and value the concept of patient-centred care and the non-disease-oriented determinants of wellness;
- LO3.12 understand the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine;
- LO3.12 demonstrate an ethos of service to better meet the health needs of all British Columbians.

LO4. Clinical skills including clinical reasoning:

These competencies relate to providing highly skilled clinical care to patients. Students should be able to demonstrate that they can:

- LO4.1 obtain a complete and accurate history of the patient's presenting complaints;
- LO4.2 perform a complete general and organ specific examination including mental status examination of patients, where

- LO4.3 appropriate;
summarize and prioritize a patient's clinical problems and present the results in a standard written and oral form;
- LO4.4 request and interpret the results of appropriate investigations and diagnostic procedures;
- LO4.5 accurately record history and physical findings, test results, and other information pertinent to the care of the patient;
- LO4.6 distinguish normal structure and function from abnormal and understand the significance of these abnormalities in each of the major organ systems;
- LO4.7 analyze the information obtained from the medical history, physical examination, and appropriate investigations in order to reach a working or provisional diagnosis (diagnostic reasoning);
- LO4.8 consider natural history, evaluate options and formulate a management plan (therapeutic reasoning);
- LO4.9 recognize urgent situations requiring immediate response and provide the appropriate response;
- LO4.10 identify persons at risk for common health problems and provide health promotion/risk prevention education and counselling.

LO5. Practical and technical skills: Students should be competent in performing a set of core practical and technical skills meeting the specific objectives of each clerkship as outlined in the attached appendices.

LO6. Information management skills: These skills relate to the acquisition and use of information. Students should be able to demonstrate that they can:

- LO6.1 use general-purpose computer software packages;
- LO6.2 use electronic networks for communication with others;
- LO6.3 search, retrieve, and organize information from a variety of information sources;
- LO6.4 select and use materials as resources in self-directed learning, including computer-aided and web-based learning resources;
- LO6.5 be adept at using hospital information systems;
- LO6.6 critically evaluate the validity and applicability of commonly encountered information sources, including published literature and the Internet, and critically evaluate material from pharmaceutical and other health-related industries.

LO7. Personal management skills: These skills relate to development of the person. Students should be able to demonstrate that they can:

- LO7.1 manage time effectively between work, study, recreation, and other activities;
- LO7.2 prioritize tasks, plan and schedule work to meet deadlines and communicate effectively with others around planning and scheduling work;
- LO7.3 select appropriate learning methods for the subject/competency to be mastered;

- LO7.4 assess their own strengths and weaknesses and be willing to seek help or accept feedback about personal limitations in knowledge and skills; acknowledge error and institute corrective action;
- LO7.5 recognize and respond appropriately to emotional distress in themselves and others, including colleagues, or seek help where appropriate;
- LO7.6 develop and practice active coping skills and when distressed, seek appropriate help.

LO8. Health policy skills: These skills relate to working within the health care delivery system. Students should be able to demonstrate that they can:

- LO8.1 identify major issues of health care policy, economics and services in BC, Canada, and the world;
- LO8.2 discuss the Canada Health Act and the Canadian health care system in relation to health care delivery, including delivery to underserved citizens of Canada, and understand that health care systems in other developed and less developed nations may be different;
- LO8.3 explain and integrate quality assurance and practice audit principles into clinical practice;
- LO8.4 understand the cost and societal implications of approaches to providing health care services for patients and explain the principles of cost-effective patient care;

- LO8.5 recognize and appropriately address gender and cultural biases in the process of health care delivery;
- LO8.6 advocate for access to health care for members of traditionally underserved populations.

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