

Medicine — your content playbook

For our Medicine field lead · what we're building together and how you can shape it

The short version

Thanks for helping build medicine. This is a friendly guide to what we're making and the one thing we'd love your help with: **the content**. Think of it as a map, not a rulebook — you know this material and these students, so wherever you have a better idea, run with it.

Your link — start here (public, no login)

We built you a private pad to drop content into: medicine-intake.pages.dev

Fill an entry, hit **Add**, and when you've done a few, **Download** and send us the file. Nothing there is connected to the live app.

What we're building

We're building two things: a **clinical-reasoning** case runner (you order the workup and pick next-best steps from a menu — over-ordering is penalized, harmful choices zero the case) and a strong **MCQ** bank; plus the quiet superpower — a **free French pre-clinical companion** (basic science for years 1–2) that no competitor has.

What we'd love you to create

- **Clinical MCQs** — a vignette + A–E options + the answer + an explanation that cites a *Canadian* guideline.
- **Decision cases** — a case + a menu of options, each marked good / over-ordering / harmful + why.
- **Pre-clinical items** — basic-science MCQs (anatomy, physio, biochem...) for years 1–2, in French. These are gold.

Here's one written out, so you can see the shape:

WORKED EXAMPLE · a decision case

Vignette. 58-year-old man, 40 min of crushing retrosternal pain radiating to the left arm, diaphoretic; smoker, hypertensive. BP 148/88.

Options to offer (max 4). [OK] ECG within 10 min · [OK] Aspirin · [OK] Serial troponin · [OK] IV + cardiac monitor · [OVER] CT-angio (over-ordering) · [HARM] Blind thrombolysis.

Why. Suspected ACS → ECG + aspirin immediately; CT-angio with no PE clue is over-investigation (stewardship); blind thrombolysis is harmful → the case scores zero. Tags: Medical Expert, Leader.

The MCCQE1 blueprint to spread across (roughly)

Aim for variety so the whole field fills in evenly — not a strict quota:

[] Dimensions: Acute 35% · Chronic 30% · Promotion 20% · Psychosocial 15%

[] Systems: cardio, resp, GI, neuro, psych, OB/gyn, peds, endo, renal, heme, ID...

[] Activities: Assessment/Dx 45% · Management 35% · Communication 10% · Professional 10%

[] Pre-clinical: anatomy, physio, biochem, micro/immuno, path, pharmaco, embryo

This is yours to shape

You have real freedom here — please use it

The recipe and checklist exist to help you move fast, not to box you in. If you want to add a kind of content we didn't think of, or you'd change how something works — **yes, tell us and we'll build it.** The best version of this is the one that sounds like you.

A few practical notes

- **Canadian guidelines, not US.** The #1 trap — HTN thresholds, screening ages, immunization schedules, drug names all differ. Cite the Canadian source (Diabetes Canada, Hypertension Canada, CTFPHC, Immunization Guide, SOGC, CANMAT...).
- **Write in French + English** — and the French **pre-clinical** items are the priority; nobody else has them.
- **Accuracy + all original.** A licensed Canadian physician signs off every item; write your own, don't copy other banks.
- **How to hand it in.** Use your link (medicine-intake.pages.dev) — add entries, download the file, send it to us. Download often so you never lose work. We load it straight into the engine, no re-typing.

Your quick start

1. Open your link: medicine-intake.pages.dev
2. Re-read the worked example above until the shape feels obvious.
3. Add your first **5 entries** (mix a few kinds).
4. Download and send them — we'll load them in, then you keep going.

Thank you

This field is being shaped by you. We're here to make it as easy as possible for you to fill it with great content — anything you need, ask. Everything you send is reviewed by a licensed Canadian physician before it goes live.