

*University of Calgary*  
*Cumming School of Medicine*

*Mini-DCI*

*Status Report August 1, 2019*

*For review in September 2019*

*(Based on DCI for schools with visits in 2019-2020)*

**1.4 AFFILIATION AGREEMENTS (Satisfactory with a need for monitoring)**

*In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical learning experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum:*

- a) assurance of medical student and faculty access to appropriate resources for medical student education*
- b) primacy of the medical school’s authority over academic affairs and the education/assessment of medical students*
- c) role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching*
- d) specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury*
- e) shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment that is conducive to learning and to the professional development of medical students*

Definition taken from CACMS lexicon

- *Required clinical learning experience: A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.*

**Finding:** Information related to component ‘d’ of the element (*specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury*) appears to be missing from the affiliation agreement between the University of Calgary and the Northwest Territories Health and Social Services Authority.

**SUPPORTING DATA**

Table 1.4-1 | Affiliation Agreements

Source: School-Reported

Indicate where the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury, is addressed in the affiliation agreement between the University of Calgary and the Northwest Territories Health and Social Services Authority.		
Clinical teaching site or regional health authority	Date agreement signed	Page number(s)
		(d) Environmental hazard
UC-NTHSSA	February 1 2018	In article 4. See * below for details.

\*

1)

On Jun 18, 2018, at 4:59 PM, Danielle Blouin <[dblouin.cacms@afmc.ca](mailto:dblouin.cacms@afmc.ca)> wrote:

Dear Sylvain,

You will receive a mini-DCI request regarding element 1.4, asking where this element requirement is covered. You can simply then state in response that, as per your legal counsel, it is covered under Article 4 of the agreement. CACMS deliberated and thought that the requirement might be covered under Article 4 but wanted to have confirmation.

So an easy one for you to respond to when you get the mini-DCI letter!

Best regards,

Danielle

2) The following is an email from Deborah Book, University of Calgary lawyer, regarding article 4 and the exposure issue in the affiliation agreement:

**From:** Deborah Book

**Sent:** Tuesday, June 19, 2018 11:39 AM

**To:** Sylvain P. Coderre <[coderre@ucalgary.ca](mailto:coderre@ucalgary.ca)>

**Subject:** NTHSSA Agreement - treatment and follow up for exposures and other environmental hazards

Good morning Dr. Coderre,

I hope you're keeping well.

As discussed, the University of Calgary legal team has reviewed the affiliation agreement between the University of Calgary and the Northwest Territories Health and Social Services Authority (NTHSSA) in light of the concerns CACMS raised respecting specification of *the responsibility for treatment and follow-up when a medical student is exposed to infections or environmental hazard or other occupational injury*.

It is our opinion that Article 4 of the agreement addresses the parties' respective responsibilities for such treatment and follow-up. That article describes the University's responsibilities and actions as well as the NTHSSA's responsibilities and actions in the event of any "accident, incident, or unusual occurrence". Exposure to an infectious or environmental hazard, or other occupational injury would be a type of accident, incident, or unusual occurrence contemplated by Article 4.

Please let me know if you have any additional questions or concerns.

Take care,

Deborah

**Deborah Book** | Legal Counsel

University Legal Services | University of Calgary

AD111, 2500 University Drive NW | Calgary, AB T2N 1N4

403.210.9202 | [deborah.book1@ucalgary.ca](mailto:deborah.book1@ucalgary.ca)

#### SUPPORTING DOCUMENTATION

- a. The signed/executed affiliation agreement (requirement 'd 'highlighted) for between the University of Calgary and the Northwest Territories Health and Social Services Authority (*Appendix 1.4 a*)

**9.7 TIMELY FORMATIVE ASSESSMENT AND FEEDBACK (Satisfactory with a need for monitoring)**

*A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.*

Definition taken from CACMS lexicon  
 - *Required learning experience: An educational unit (e.g., course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical education program. These educational units are usually associated with a university course code and appear on the student’s transcript. Required learning experiences are in contradistinction to electives, which are learning experiences of the student’s choosing.*

**Finding:** The provision of timely feedback has improved in all disciplines but remains low in Surgery (Internal data: Surgery: 2017: 82.7%, 2018: 76.7%). This requires monitoring.

**SUPPORTING DATA**

Table 9.7-3 | Mid-Point Feedback

Source: AFMC GQ

Provide data from the AFMC Graduation Questionnaire (AFMC GQ) on the percentage of respondents that <i>agree/strongly agree</i> (aggregated) with the following statement: “I received feedback early enough in this experience to allow me to improve my performance”.			
	School %		
	2017	2018	2019
Emergency Medicine	89.7	94.1	Not available
Family medicine	94.0	95.7	Not available
Internal medicine	93.3	90.6	Not available
Obstetrics gynecology	93.2	95.7	Not available
Pediatrics	83.9	96.6	Not available
Psychiatry	93.0	97.4	Not available
Surgery	78.8	78.8	Not available

Table 9.7-4 | Mid-Point Feedback

Source: School-Reported

NOTE: mid-point feedback for 2019 included, given the low response rate for final feedback from this class, particularly for Surgery (37%). Mid-point feedback in Surgery based on 53% response rate, thus felt to be more representative.

Provide internal data on the percentage of respondents that agreed that they received mid-point feedback for each listed required clinical learning experience. Provide administrative data if available, documenting the provision of mid-point feedback for each required clinical learning experience. Specify the data source.				
Question asked		Class of 2017	Class of 2018	Class of 2019
Mid-rotation feedback to discuss your performance was provided (or daily feedback in Anesthesia and Emergency); UCLIC: Regular feedback to discuss your performance was provided. Response: Yes/No	Anesthesia	92.5	87.5	92.5 mid-year, 93.8 final
	Emergency medicine	91.3	96.4	95.1 mid-year, 93.1 final
	Family medicine	97.7	100	94.7 mid-year, 94.2 final
	Internal medicine	94.3	95.2	91.9 mid-year, 93.8 final
	Obstetrics/gynecology	97.8	98.7	96.7 mid-year, 98.3 final
	Pediatrics	75.3	81.0	92.7 mid-year, 88.3 final

Results show % Yes	Psychiatry	97.3	97.1	96.8 mid-year, 96.2 final
	Surgery	82.7	76.2	82.8 mid-year, 72.1 final
	UC-LIC	91.7	91.7	92.9 (final): mid-year N/A

## NARRATIVE RESPONSE

- a. Describe how the provision of formative assessment in required clinical learning experiences is **monitored** by the undergraduate medical education program. Describe the steps taken upon identification of low rates of provision of mid-point feedback in specific disciplines and specific sites
1. within each learning experience

The end of rotation student surveys are reviewed twice per year (data shown in table 9.7-4). The survey results are summarized in a document that is distributed to the relevant clerkship director and is a standing agenda item for the mid-year clerkship meetings. These meetings include the clerkship assistant dean, the relevant clerkship director and evaluation coordinator, the clerkship program supervisor and the relevant clerkship program coordinator. A specific plan will be outlined for any issues identified in this process.

There are structured opportunities for feedback in each rotation as outlined below.

### Emergency Medicine (2 weeks)

Students are scheduled 1:1 with preceptors thus facilitating active discussion and feedback to students. A daily preceptor ITER (In-Training Evaluation Report) is completed and this serves to supplement in-person feedback from preceptors to students. A minimum of seven daily ITERS must be completed for each student.

For the class of 2019, we have implemented formal scheduling of an observed history and physical examination for all students. Each student is scheduled with a preceptor who provides direct observation and formative feedback of the student's skills. This is a required rotation component which must be completed for the rotation to be considered "satisfactory".

### Family Medicine (6 weeks)

Students are scheduled 1:1 with preceptors thus facilitating active discussion and feedback to students. A mid-point ITER is completed by preceptors at week three of the six week rotation. These are monitored through One45. Expectations of preceptors are clearly outlined in a document describing roles and responsibilities of preceptors. This emphasizes the importance of providing feedback to students.

### Internal Medicine (10 weeks)

Feedback is provided every two weeks – at the end of the two-week selectives (at the time of ITER completion) and at the middle of the four-week Medical Teaching Unit component. Students that complete an ICU selective receive weekly preceptor feedback during that rotation component.

Students complete a formative OSCE during the rotation. Feedback regarding clinical skills is part of this OSCE.

### Obstetrics and Gynecology (6 weeks)

The student workbook includes a checkbox reminding students to meet with their evaluator at mid-rotation (week three). A midpoint formative ITER is completed by preceptors at week three of the six-week rotation. These are monitored through One45.

Beginning with the Class of 2018, students complete a formative OSCE during the rotation. This includes specific feedback regarding their procedural skills.

#### Pediatrics (6 weeks)

Student encounter cards include a checkbox for weekly feedback. These must be completed for the rotation to be considered “satisfactory”.

The rotation is divided into various components. An ITER is completed at the end of each rotation component (one to three weeks in duration). In addition, students on the Pediatric Emergency Selective receive daily feedback. Written feedback is provided at the end of the week of night shifts on the Clinical Teaching Unit at the Alberta Children’s Hospital.

#### Psychiatry (6 weeks)

Feedback is provided every two weeks – at the end of the two-week Child and Adolescent component and at the middle of the four-week Adult component. The mid-point ITERS are monitored through One45.

#### Surgery (6 weeks)

Written mid-rotation feedback is collected from preceptors and sent to each student by email at the beginning of week two of the six-week rotation. If concerns regarding the student’s performance are identified, the student will also be asked to meet with the clerkship director or evaluation coordinator to discuss. Since implemented two years ago, feedback has been sent to all students with the exception of Block 5 in the fall of 2018. This was an inadvertent omission at the time of transition between rotation coordinators. The process has since resumed. If the written mid-term rotation feedback has not been submitted by the preceptor, a reminder notification is sent from the Surgery Clerkship Director to the preceptor. Additionally, a mini clinical evaluation exercise (mini-CEX) is in pilot phase and will be implemented to help provide meaningful feedback.

The rotation is divided into General Surgery and Surgery Selective components. An ITER is completed at the end of each rotation component (one to three weeks in duration).

#### Anesthesia (2 weeks)

This rotation uses daily encounter cards to guide discussion and to track activities during the rotation. For the Class of 2019, a specific “feedback” column was added to remind students and preceptors to spend some time on daily verbal feedback. Students are scheduled 1:1 with preceptors thus facilitating active discussion and feedback to students. A daily preceptor ITER is completed and this serves to supplement in-person feedback from preceptors to students. A minimum of seven daily ITERS must be completed for each student. The Clerkship Director and Evaluation Coordinator receive low performance flags by email and will contact the student to discuss if there are concerning narrative comments or patterns of poor performance on the daily evaluations.

#### University of Calgary Longitudinal Integrated Clerkship (UCLIC)

One-on-one longitudinal interaction with attending physicians creates a unique mentorship opportunity whereby the student is able to receive appropriate and constructive feedback throughout the UCLIC experience. UCLIC students are required to complete all rotation components outlined above. In addition, feedback from non-primary preceptors is collected by way of interim daily or weekly ITERS as required.

#### Online Formative Examinations

Online formative examinations must be completed by week four of the six-week rotations and by week six of the Internal Medicine rotation. These are required education activities that must be completed for satisfactory rotation evaluations. Students may self-review after completion. In addition, in-person review sessions are scheduled by Obstetrics & Gynecology and Internal Medicine rotation leaders.

2. at the curriculum management level

Leadership from each mandatory clerkship rotation report annually to the Clerkship Committee regarding the process used to ensure that all students receive feedback during each rotation as outlined in the Clerkship Student Feedback Policy.

[https://www.ucalgary.ca/mdprogram/files/mdprogram/clerkship-student-feedback-jan-2016-cc-revised-umecapproved\\_0.pdf](https://www.ucalgary.ca/mdprogram/files/mdprogram/clerkship-student-feedback-jan-2016-cc-revised-umecapproved_0.pdf)

**12.1 FINANCIAL AID / DEBT MANAGEMENT COUNSELING/ STUDENT EDUCATIONAL DEBT (Satisfactory with a need for monitoring)**

*A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.*

**Finding: The School of Medicine is offering a variety of educational events, financial counselling activities, and financial assistance to medical students. The medical school debt remains high.**

SUPPORTING DATA

Table 12.1-3 | Financial Aid and Debt Counseling Services

Source: AFMC GQ

Provide data from the AFMC Graduation Questionnaire (AFMC GQ) on the percentage of respondents that were <i>satisfied/very satisfied</i> (aggregated) in the areas listed in the table.			
	School %		
	2017	2018	2019
Financial aid administrative services	75.8	92.7	Not available
Overall educational debt management counseling	67.8	90.8	Not available

Table 12.1-4 | Financial Aid and Debt Counseling Services

Source: School-Reported

Provide internal data by curriculum year, on the percentage of respondents that were <i>satisfied</i> with financial aid services and counseling.			
	Year 1	Year 2	Year 3
Financial aid services	94	90	65
Debt management counseling	98	86	64

Table 12.1-6 | Bursaries, Grants, Scholarships and Loans

Source: School-Reported

Provide the amount awarded in bursaries, grants and scholarships and extended as loans for students in years 1 to 3 over the last three completed academic years.			
	Year 1 – 2016-17	Year 2 – 2017-18	Year 3 -2018-19
Bursaries (Central Awards, Differential Tuition)	\$845,580	\$980,770	\$1,004,486
Clerkship Bursary (from UME budget)	\$673,662.50	\$637,700	\$655,200
Grants	-	-	-
Scholarships	\$253,460	\$219,690	\$269,045
Extended as loans <b>(Emergency Funding is not a loan – does not have to be repaid).</b>	\$2,167	\$5,000	0

Table 12.1-7 | Average Medical School Educational Debt

Source: AFMC GQ

Provide school and national benchmark data from the AFMC Graduation Questionnaire (AFMC GQ) on the average reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness in excess of \$200,000.						
	%					
	2017		2018		2019	
	School	National	School	National	School	National
Average medical school debt	117,500	94,000	100,000	100,000		
Percentage of graduates with debt greater than or equal to \$200,000	14.0	11.6	18.8	13.1		

## NARRATIVE RESPONSE

- a. Provide the School of Medicine's analysis (process and conclusions, if any) of the reasons explaining the persisting high debt of medical students. In particular, is there a segment of the student body that is more indebted and increase the School's average?

In 2019, as part of our end-of-year surveys, we asked students if they had debt prior to entering medical school. 30% of our Year 1 (n=106 responses) students reported having a debt, with a mean debt of \$29,000 in that group. 20% of our Year 2 students (n=87 responses) reported debt, with a mean debt of \$32,444 in that group. 15% of our Year 3 students (n=72 responses) reported debt, with a mean debt of \$59,500 in that group. Therefore, this cohort of students is coming in with a significant amount of debt, and thus skewing the numbers re: the contribution of medical school training to their exit debt.

Other factors need to be noted: the persistent high debt of medical students is a national issue and is not unique to Calgary. With our Pathways program, we are specifically targeting students who come from financially disadvantaged circumstances, so it is likely that medical school debt numbers will remain high. Many of our students are older than national average at the time of admission, and of this older demographic, many are raising families while attending school and thus have accumulated more debt prior to attending medical school. The U of C program is continuous over three years and does not afford students the ability to work on a part-time basis.

- b. What efforts are being undertaken by the School to identify the portion of student debt that is related to **medical** education?

In the internal survey described in section a. above, our Year 2 students report, after two years, a "medical school debt" of \$42,609 on average. This is in keeping with our costs for training being set at \$15,012.18 for tuition, \$500 for student memberships, and \$1179.38 for general fees. There are no other direct fees (e.g. mandatory books). Therefore, students self-report yearly fees related to **medical** education at roughly \$20,000, which would be in line with our calculations. Those same year 2 students report a debt after second year of \$74,430.00, and thus 43% of their debt ( $1 - \$42609/74430.00$ ) is not related to **medical** education.

In the same survey, our Year 3 students report a debt related to **medical** education of \$82,286. Based on our fees of less than \$20,000 per year, we would expect that number to be closer to \$60,000. However, factoring into this number are the costs of: electives, CaRMS applications, CaRMS interviews, costs that are significantly higher when travelling from Western Canada, and costs that are not under the program's control. This Year 3 cohort described a final debt of \$129,244, and thus about half of this debt would be due to costs that our program incurs to students.

Our program charges one of the lowest fees for electives in the country (\$125, full refund). Other programs can charge up to \$400 (a national policy on this matter would greatly help our students). A policy on synchronizing CaRMS interviews by program would also greatly help our students.

The program and university have kept all the costs that we can control to a minimum and stable in past years.

- c. What additional actions is the School of Medicine considering to address the situation?

The first consideration is to decrease the expenses that are directly related to medical school. These include: tuition, books, fees.

- Tuition (\$15,012.18) has not increased since 2014-2015. The yearly amount is in the lower half of tuition rates across the country, and is charged for only three years
- Main campus sets "general fees" at \$1179.38 per years, for services such as UPass, student services, campus recreation
- There are no mandatory textbooks in the program, and students are provided with a number of free online resources for learning, including powerpoint slides for all presentations, podcasts for greater than 95% of presentations, and resources via the library (e.g. DynaMed)
- We have eliminated some of our own fees in recent years (e.g. charging for iclickers) and thus the only additional fee that the program demands is \$25 for a personalized lab coat on admission

- Students pay a one-time \$451 fee at the beginning of school for membership in the Calgary Medical Student Association (CMSA) and Canadian Federation of Medical Students (CFMS). The Canadian Medical Association recently eliminated their yearly optional fee, and Alberta Medical Association charges an optional fee of (\$36)

The Clerkship Bursary is another tool provided by the CSM and is included in the UME budget. We provide clerks with a one-time access to \$350 per month for 12 months, (\$4,200 total) to help students in clerkship pay for parking, meals etc. as they travel throughout the city and the province on their mandatory rotations. This is a significant contribution from the UME budget (as reported in Table 12.1-6).

An additional mechanism for assisting students with large debt is the \$150,000 of differential tuition funds that have been designated for the Special Bursary. The Special Bursary was created to provide assistance to students in financial distress. Applications have been held yearly since 2015, with two application rounds in 2016-17. Special Bursary funding is as follows: 2016-2018 is \$254,500 (2016 \$105,500; 2017 \$49,000; 2018 \$100,000).

Further, it has been proposed that there is a relationship between the increase in students accessing one-on-one financial/debt counselling sessions and the decrease in the applications for the Special Bursary. In 2017, a new initiative started where the contact information for the Finance Manager was included with the offer letters sent out to successful applicants. This allows for early discussions and intervention regarding debt, and earlier introduction to budgeting and planning. This has led to personal, one-on-one meetings, before school has started, with close to 50% of the incoming class. Our local data suggests that there may be a correlation that increased financial presentations and meetings with the Finance Manager has made students more aware of the risk of debt and the costs (including hidden costs) associated with medical school.

Other assistance includes emergency funding and the opportunity to apply for memorial awards that are specific to UME students.

### **The Financial Literacy program**

Note: The UME/CSM are sensitive to the any perception of endorsement by students of financial services of any type. There are no partnerships with banks or insurance companies, and these companies are not given access to student information for their own business or marketing purposes. Any event held by a bank or insurance company for student entertainment (meals, celebrations) is hosted off site and away from the medical school.

The goal of the Financial Literacy Program is to be relevant to students. Student feedback is critical to its success. The program currently includes: Financial Literacy 101, Dollars and Mentorship, Financial Literacy 201, Transition to Residency

Topics covered in Financial Literacy 101 include but are not limited to:

- Costs of medical school for all three years, including hidden costs students face (electives, Ice Bowl, AFMC portal application, CaRMS, LMCC application, etc.)
- Budgeting scenarios for typical students (single, with a partner, married and supporting spouse and children) – budgets are an important tool
- How to determine net worth, cash on hand
- Credit report, credit score, credit rating as well as information on Credit Bureaus in Canada
- Student loans, student line of credit (Financial Awards from Main Campus joins in at this point)
- Brief overview of the Prime Rate in Canada (as this will affect their LOC interest payments)
- Answers to common questions
- Discussion of student bursaries and awards (emphasis on Special Bursary)
- Topics Covered in Dollars and Mentorship: This is a new presentation format that is held as an evening session that is organized specifically for students and in collaboration with students. Topics have included: length of time to pay off debt, work/life balance, having children during residency, and more. The Finance Manager brings in residents and physicians to participate in a panel where discussion is open and candid. Students submit their questions ahead of the event. For 2019, the concept of insurance, taxes and financial planning is being worked on for this event.

Topics Covered in Financial Literacy 201 include but are not limited to:

- Reiterate budgeting and debt discussion (students at this point are becoming very aware of their own debt situation, emotional responses to debt)

- Reiterate importance of developing and maintaining a budget
- Hidden costs of Clerkship and Clerkship Electives
- Answers to questions (Finance Manager works with CMSA VP of Finance who polls the class for common questions and concerns. The presentation is structured around these questions: e.g. should I buy a house with my professional line of credit? (No!) Should I invest with my professional line of credit (No!), should I buy a car for clerkship? How much does the CaRMS tour actually cost?) In 2018, the Finance Manager invited a previous student (now in residency) to talk about money-saving tips for the CaRMS tour. This was well received and will be repeated going forward.
- Overview of the Clerkship Bursary – how it works, when students can expect to receive the funds
- Overview of memorial awards available for students
- Reminder of the Special Bursary and Clerkship Bursary
- Taxation issues that students need to keep in mind (reasons why they should file taxes, income splitting questions answered)
- Insurance basics
- A faculty perspective on the importance of insurance (particularly Disability Insurance)
- When do I need insurance? How much do I need?
- Overview of insurance terminology (exclusion period, “own occupation”)

#### Topics Covered in Transition to Residency:

- A former Cumming School of Medicine medical student (current resident) was invited to present a portion of this session to discuss real-life situations after graduation related to resident salary, paying back loans, starting a family. This was very well received by the Class of 2019.
- Managing debt after medical school
- Answers to questions (should I buy a home during residency, when to start investing etc., how do I find a financial planner)
- Continued discussion about insurance
- Tax Planning and investing – when and how to start
- Paying off debt vs. investing/saving – how to manage both
- How long it will take to pay off debt
- Paying back student loan debt
- Lease vs buy a vehicle (high level)
- Discussion of Prime Rate (reminder of concepts)
- Alberta Student Aid information re: Form B – if Alberta Student Aid is their lender, students do not pay back the Alberta portion of their student loans until they have completed their residency.

93% of Year 1 students, 87% of Year 2 students, and 73% of Year 3 students were “satisfied” with our budget/debt management counselling in our end-of-year surveys for the classes of 2019, 2020, and 2019. Numbers were very similar for the financial aid services rating in that survey. The Year 3 numbers were felt to be lower due to the fact that the survey was administered prior to the end-of-year session on transition to residency. The individual event survey was 4.13 out of 5 for Transition to Residency for the Class of 2019.

## **5.12 REQUIRED NOTIFICATIONS TO THE CACMS**

*A medical school notifies\* the CACMS of a substantial change in any of the following:*

- a) plans for an increase in entering medical student enrollment on any campus above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years;*
- b) decreases in resources available to the medical school in the areas of faculty, physical facilities, or finances;*
- c) plans for a major reorganization of one or more years of the program, the program as whole, or the introduction of a new educational track;*
- d) loss of a clinical facility that was affiliated with the medical school;*
- e) plans for creation of a new campus, or expansion of the program at an existing campus.*

*\*Details regarding the notification are found in the CACMS Rules of Procedure.*

Standard 5.12 states that CACMS will be notified when a change in curriculum is undertaken.

Starting with the class of 2021 (thus February 2020) the length of our clerkship has been extended by 4 weeks. The history behind this change is as follows:

- We recognized that as per Standard 8.3f., we had not undertaken a full curricular review (other than our 2016 full accreditation visit) in recent years
- A task force was struck (involving students and faculty members) that met on a number of occasions during 2017 and 2018: they provided a final report to our curriculum committee in February 2018. The task force's full report is attached (Appendix 5.12 a). Here is a summary of their recommendations:

### ***I. Summary of Core Recommendations:***

- a. Increase time in clerkship by 4-6 weeks.
  - i. Two weeks would be used for logistical purposes (one additional week off for CaRMS interviews, one week off for CaRMS application preparation).*
  - ii. An additional 2-4 weeks would be allocated to either mandatory rotations, electives, a mandatory introductory clerkship and/or a major restructuring of the clerkship.**
- b. Consider longitudinal courses for topics that span the numbered courses (ex. Anatomy).*
- c. The gap analysis and content review by the office of Teaching Innovations should also include an analysis of content taught at an appropriate level for medical students, such as is taught by generalists.*
- d. Some form of ongoing Curriculum Review Committee should continue to provide a repository for suggestions for curriculum change.*

- In response to these recommendations, the curriculum committee has approved:
  - o Adding four weeks to our clerkship (details below)
  - o Modifying the Anatomy teaching by providing a longitudinal Anatomy course concurrently with our “systems” courses
  - o Ongoing discussions related to the promotion of generalism in our course leadership and our teaching recruitment strategies
  
- Our learners had been requesting, by way of multiple feedback sources, the changes that were approved by our curriculum committee, particularly the clerkship changes
  
- Learner wellness and career choice were key components of the additional clerkship time
  
- The changes proposed are overall felt to be neutral re: curricular length (i.e. we are at 134 weeks of curriculum as per standard 6.8) and resource requirements
  
- The four weeks were created by a restructuring of the pre-clerkship in the following way:
  - o Our applied evidence-based medicine clinical block (where students shadow a preceptor and present critically appraised topics) has been shortened from 60 hours to 30 hours. There is no change in the allotted “didactic” teaching in the area of evidence-based medicine
  - o Our end of first year summer electives have been shortened from 4 weeks to 3 weeks
  - o We have “condensed” two courses from four weeks to two weeks. These courses do not have a final examination, and are really preparatory to the clerkship. Therefore, our “introduction to clinical practice” course and our “integrative” course have been condensed from four weeks to two weeks, without any loss of key components of these courses

The following is a summary of the clerkship changes, provided by our Assistant Dean of Clerkship:

Beginning with the Class of 2021, there will be a time reallocation of 4 weeks from pre-clerkship to clerkship. This was based on recommendations discussed at many levels including the Curriculum Review Task Force and approved by the Undergraduate Medical Education Committee.

As we planned for implementation of this reallocation, there was additional discussion regarding length of our mandatory rotations and scheduling logistics. We will be moving from a rotation structure based on 6-week blocks to a rotation structure based on 4-week blocks. 2 weeks of time will be reallocated from Internal Medicine (currently 10 weeks) to Family Medicine (currently 6 weeks). Both will now have 8 weeks. There are no other changes to total time allocations for our mandatory rotations. There will be 2 additional elective weeks (for a total of 14 weeks of clerkship electives). The components of student evaluation will remain the same, but with some reorganization of examination schedules to match the 4-week structure. The key changes are shown in the chart below.

Current	Planned
<b>Electives 12 weeks</b>	<b>Electives 14 weeks</b>
<b>Internal Medicine 10 weeks</b>	<b>Internal Medicine 8 weeks</b>
<b>Family Medicine 6 weeks</b>	<b>Family Medicine 8 weeks</b>
Pediatrics 6 weeks	Pediatrics 6 weeks
O&G 6 weeks	O&G 6 weeks
Psychiatry 6 weeks	Psychiatry 6 weeks
Surgery 6 weeks	Surgery 6 weeks
Anesthesia 2 weeks	Anesthesia 2 weeks
Emergency Medicine 2 weeks	Emergency Medicine 2 weeks
<b>CaRMS Interview Period 2 weeks</b>	<b>CaRMS Interview Period 3 weeks</b>
<b>Individual days off for Wellness Weekend and CaRMS preparation</b>	<b>Consolidated week off in October</b>
Vacation 2 weeks	Vacation 2 weeks

The reorganization permits our students to experience more clerkship disciplines prior to CaRMS applications and provides additional flexibility to accommodate student preferences for rotation order. All students will now have two 4-week blocks in Family Medicine and we anticipate that each student will do one of these in a rural/regional site. All students will have a four-week rotation in Family Medicine before the MSPR deadline.

We are quite excited to be implementing this reorganization. It is unclear whether this would be considered a major change as described in standard 5.12. If so, we are happy to provide additional documentation at your request.