## STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND ACADEMIC RECORDS

**A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.**

*11.1 ACADEMIC ADVISING AND COUNSELLING*
*A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its academic counselling and tutorial services and ensures that medical students can obtain academic counselling from individuals who have no role in making assessment or advancement decisions about them.*

**Requirement 11.1-1**
*The medical school has an effective system of academic advising in place for medical students.*

A. Describe the academic advising system in place for all medical students.

The Student Advocacy and Wellness (SAW) Hub is the primary resource for academic advising for all medical students. The students are introduced to the people and services offered by the SAW Hub during two sessions in Orientation Week: 1) SAW Orientation, and 2) Study Habits that Work. SAW Faculty Advisors had 584 (2021), 651 (2022) and 752 (2023) one-on-one appointments with medical students specifically for academic concerns, study strategies and exams. An appointment with a SAW Faculty Advisor is confidential and comprehensive; students are encouraged to reach out early. Initial meetings explore study strategies that have been employed in the past, how and what changes they might consider for medical school, whether they have had any academic accommodations prior to medical school, and personal wellbeing. Follow-up meetings and check-ins are scheduled. A student-centric trauma-informed approach is used.

In the case where accommodations may be required, the SAW Hub supports the student in getting these in place through the Student Accessibility Services on main campus. If exam accommodations are deemed necessary, the student will write their exams in the Exam Centre on main campus. The SAW Hub will also connect the student with academic strategists in the Student Success Centre on main campus. Additional resources include time management and organizing their study plan for knowledge acquisition and recall, as well as tips on the Multiple-Choice Question (MCQ) format for exams. The SAW Hub recommends and helps to connect students in a Study Buddy program or encourages them to form a study group with their peers. The SAW Hub has collaborated with students in the creation of a Student Run Tutoring (SRT) Program involving Residents as Teachers (created in 2023). The SRT Program is available to all students, not just those identified as having academic difficulty. In this way, it captures students who may be performing just above the Recommended Minimum Performance Threshold-RMPT* (pre-clerkship) and would not qualify for access to the Supplemental UME Course for Competence in Educational Skills and Strategies (SUCCESS) program (see below). This is a proactive/preventative academic support service. The SRT program and SAW HUB supports are also offered to students who are struggling in a clerkship rotation.

The Assistant Deans in UME meet with any student who encounters academic difficulty and reviews the resources available to them. The UME provides the SUCCESS program for any pre-clerkship student scoring at or below the RMPT threshold. Through the SUCCESS program the students can access group or individual mentoring on study strategies. The SUCCESS program focuses on study strategies and does not address gaps in the understanding of content. If the student issue is primarily with understanding the content, this is addressed through the SRT Program. In this way, the SRT Program and SUCCESS differ in the supports they provide. Students may also reach out to Course Chairs (Legacy) or Block Directors (RIME) for additional mentoring.

For students who are below the Minimum Performance Level (MPL)** on a clerkship examination, support is available through the SAW Hub as well as through the clerkship director themselves as remediation is often required.

Often reasons for students experiencing academic difficulty are multifactorial and personal wellbeing is frequently a factor. In the case of wellness, students also look out for their peers, by either encouraging them to access the SAW Hub, or by bringing them directly to SAW Hub. The SAW Hub ensures the students have access to the Student Union (SU) Wellness Health Clinic on main campus or their own family physician. The SAW Hub provides Psychological Counselling Services with three

counsellors working on contract. The demand for their services has been steadily increasing. They had 111 (2021), 215 (2022) and 155 (Jan-Aug 2023) appointments with students. The SAW Hub also works with three psychiatrists, who are available to see students requiring psychiatric services. In addition, the SAW Hub directs students to the Alberta Medical Association (AMA) Physician and Physician & Family Support Program (PFSP). Psycho-educational assessments can be obtained through the PFSP if it is felt these would be helpful.

For the students at the expansion site in Lethbridge in 2026, equivalent services will be available for academic advising. While the exact structure is not yet determined, academic advising resources both through the UME and the SAW Hub will be available locally and at the urban campus site. Additionally, metrics to ensure that students at the site are obtaining the academic advising they need must be tailored to be site specific.

*Recommended Minimum Performance Threshold-RMPT-this is a recommended exam score for success, but the Competency Committee makes the ultimate final pass/fail decision
**MPL is a firm number, below which a student has failed their clerkship MCQ examination

B. Describe how the medical school determines that its academic advising system is effective. In the answer discuss any indicators used to determine this.

The ISA report found that 96-99% of students were aware of the academic advising supports available. The services are well-communicated in the student newsletter, announcements in class, and at the orientation sessions. More than 90% of the feedback on academic advising was positive with no recommendations for improvements at this time.

The number of students who are accessing the SAW Hub resources for purposes of academic advising has been steadily increasing. In 2016, the total number of student appointments with SAW Faculty Advisors was 424. This has increased to 1,719 in 2022 and 2,178 in 2023. The SAW Hub mission and vision is to be a safe, caring, nonjudgmental space for all students.

C. Table 11.1-1 C

Table 11.1-1 C | Academic Advising by Curriculum Year (Core Appendix)                                                      Source: ISA

| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus. | | | | | |
|---|---|---|---|---|---|
| | | Number (%) | | | |
| Campus | Survey Question | Year 1 | Year 2 | Year 3 | Year 4 |
| Foothills Medical Centre | I am aware that I can obtain academic advising through the medical school. | 147/149 (98.66%) | 114/118 (96.61%) | 112/113 (99.12%) | N/A |

### *Requirement 11.1-2*
*The academic advising system integrates the efforts of faculty members, directors of required learning experiences and student affairs staff with its academic counselling and tutorial services.*

A. Describe how the academic system integrates the efforts of faculty members, directors of required learning experiences and student affairs staff with its academic counselling and tutorial services.

The SUCCESS program is a mentorship-based program for students who have an examination score below the Recommended Minimum Performance Threshold (RMPT) at any point in the RIME (or previously Legacy) curriculum, and for any student who is mandated to participate by the Student Academic Review Committee (SARC). There are many factors that contribute to student performance, and performance is not always constant throughout medical school. The SUCCESS course provides

additional resources for students to improve future performance on examinations.

The SUCCESS program includes two podcasts (one on self-regulated learning and one on methods to improve a student's study strategies) and a one-on-one or group meeting with a mentor. During mentor-mentee meetings, a faculty member helps students review and reflect on their examination performance, and then will assist them in diagnosing what went well and what could be improved during the next unit. Together, they make a plan that the student can use to direct their own self studying during the next unit. This cycle will then begin again after their next summative examination if they fall within the threshold of SUCCESS entry. Students can select between one-on-one or group mentorship meetings and can also select to see the same mentor or a different mentor if they are enrolled in the program more than once. The mentors may identify that the issues relate more to the understanding of content than to challenges with study strategies. In these cases, the learner would also be referred to the SAW Hub program for tutoring directed at understanding content, as well as the resources that can be provided through the Student Run Tutoring (SRT) Program.

In addition to the SUCCESS program, faculty members or learners, may contact the SAW Hub (or UME Assistant/Associate Dean leadership) if they have concerns about a learner's progress. The SAW Hub Faculty Advisor will meet with the learner and connect them with necessary support. The SAW Hub may help to arrange psycho-educational assessments or exam accommodations. The SAW Hub will also connect students with academic strategists in the Student Success Centre (SSC) on the main campus. As above, individual teachers or course leaders may also approach the relevant Assistant Dean if they have concerns about an individual student's performance. Again, this will typically lead to a meeting between the student and Assistant Dean to explore the situation that has led to the concern. Although support is required if a trainee reaches the SUCCESS threshold, additional support is always an option through the SAW Hub.

In the RIME curriculum, students who are below the RMPT for any unit are offered entry into the SUCCESS program. In addition, students below a second lower threshold (the mentoring threshold) are also referred to a mentoring program, with the Director of Review. The SUCCESS program and the Director of Review ensure that a coordinated approach is used for students in academic difficulty. When the Competency Committee meets at the end of each block, recommendations for required remediation can also result in re-referral to the SUCCESS program or to the Director of Review, meeting with the Assistant or Associate Dean, and ensuring support through the SAW Hub. The SAW Hub offers the Student Run Tutoring Program and students below the RMPT may book a time to review their exams with an answer key in the SAW Hub. This is also reiterated in the written communication the students receive after each exam and Competency Committee decision.

Students who self-identify as having academic concerns also follow a similar pattern and will often present to the Block Director or a Pre-Clerkship Educator. All Block Directors are aware of the academic counselling and tutorial services available and can ensure a coordinated and supportive approach for students requiring additional support.

### Requirement 11.1-3
*The medical school ensures that medical students can obtain academic counselling from individuals who have no role in making assessment or advancement decisions about them.*

A. Describe how the medical school ensures that medical students can obtain academic counselling from individuals who have no role in assessment or advancement decisions about them.

The most common mechanism for a student to obtain academic counselling is self-identification and presentation to the SAW Hub. Advisors in the SAW Hub are not involved in student assessment. There is SAW Hub Advisor representation on the Competency Committee to ensure that recommendations made are student-centric, and students are presented in an anonymized manner.

For students identified through exam performance as needing additional academic support, the members of the SUCCESS program and the Director of Review are not part of the assessment or advancement decisions. Students in academic difficulty typically meet with the Assistant Dean, Pre-Clerkship or Clerkship, who also are members of the Competency Committee, however the Competency Committee information is presented in an anonymous, aggregated fashion based on performance profile.

The files related to the counselling programs on the main campus, as well as the PFSP, are managed with discretion. Members involved with counselling and PFSP are not

involved in student assessment and advancement, and their collected files are maintained outside of the UME in a secure setting. All student files in the SAW Hub and these separate locations are inaccessible to UME staff.

There is also a formal policy related to conflict avoidance - *Role Conflict: Physicians as Care Providers and Teachers* (***Supplemental Appendix 11.1-3 A***) - that informs both teachers and students of professional expectations.

## 11.2 CAREER ADVISING
*A medical school has an effective and where appropriate confidential career advising system in place that integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.*

### Requirement 11.2-1
*The medical school has an effective and where appropriate confidential career advising system in place.*

A. Describe the career advising system in place for all medical students.

In the Legacy Curriculum, the Career Exploration Program was introduced to students in the Orientation Week. In both the RIME and Legacy streams, Career Coaches are assigned to each student. The formal program involved the students completing the Careers in Medicine questionnaires that explore the disciplines that align with their interests and values, prior to the first mandatory meeting with their Career Coach. Students had a minimum of three meetings with their Career Coach over the first 18 months. The Career Coach used a career advising checklist and provided elective counselling. Three months into medical school, the students participated in Career Conversations, with three different physicians in fields they have chosen to explore. There were also three Career Development Weeks (November, June and July) in the pre-clerkship. The student ranked five disciplines they were interested in experiencing for these full week experiences.

In addition to the Career Coach, students in both the Legacy and RIME curricula are made aware that the SAW Hub Faculty Advisors offer personal appointments for confidential career advising throughout medical school. In depth discussions in career guidance, shadowing, pre-clerkship electives, clerkship electives, CaRMS applications, data and strategies are available. The SAW Hub recommends students access the CaRMS and Canada's Portal for Residency Program Promotion (CANPREPP) websites, and the Canadian Federation of Medical Students (CFMS) Match Mentoring Program for additional advice.

The utilization rate for SAW Hub resources has progressively increased. The SAW Hub Faculty Advisors had the following number of appointments for career advice:  274 (2021), 326 (2022) and 464 (2023).

The students also form Career Interest Groups. The Career Interest Groups organize events and invite residents and faculty to speak about their discipline.

### First year

- Orientation Week - during mandatory orientation the Assistant Dean of Student Advocacy & Wellness introduces students to the career advising services
- An optional lunch presentation is presented to the whole class by Distributed Learning & Rural Initiatives (DLRI) to illuminate careers in rural medicine by the Associate Dean - Distributed Learning & Rural Initiatives and the Director of University of Calgary Integrated Clerkship (UCLIC)
- Family Medicine Clinical Experience
- Career Exploration Program - Career Coach, Career Conversations, Career Development Weeks
- There is a mandatory class lecture for Introduction to CaRMS with Career & Elective planning given by the Assistant Dean of SAW and the Assistant Dean Clerkship.

### Second Year

- Family Medicine Clinical Experience
- Mandatory class lectures on how clerkship works, CaRMS, career advising and elective guidance
- Students have their second and third pre-clerkship Career Development Week
- A panel of clerks host a session on "How to Be a Great Clinical Clerk", arranged by the SAWH office
- Mandatory class lecture on the clerkship lottery for their clerkship rotations. This includes how to maximize chances for a preferred clerkship schedule (augmented with one-on-one meetings with the Manager of Academic Technologies)
- Career Interest Group seminars are optional events for students

- Mandatory scholarship project in pre-clerkship
- Mandatory class orientation to meet all Clerkship Program Directors in Internal Medicine, Family Medicine, Psychiatry, Obstetrics and Gynecology, Emergency Medicine, Surgery, Anesthesia and Pediatrics. They have an opportunity to ask the Program Directors about electives and selectives
- Near-peer panel of clerks providing insight on how to survive and thrive in clerkship

<u>**Third year**</u>

- Clerkship includes 14 weeks of mandatory elective time

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**RIME Curriculum**

In the RIME curriculum, many of the sessions described above in the Legacy curriculum remain in place. Pre-clerkship students are provided with a series of sessions co-presented by the Assistant Dean, Clerkship and the SAW Hub Team. These include sessions on how clerkship works; how CaRMS works and how to optimize the CaRMS application and interview process; a detailed presentation from each clerkship director about the details of the functioning and scheduling within each clerkship rotation; a session on elective processes and choice; a session on the workings of the clerkship lottery and how to maximize chances for a preferred clerkship schedule (augmented with one-on-one meetings with the Director of Academic Technologies); a 'near-peer' panel of clerks providing insight on how to survive and thrive in clerkship.

The Professional Role course information is provided during a two-hour mandatory large group session that outlines all of the resources available to students. This session is given by the Director of Professional Role. There is also a podcast for Career Development during week 1.1.2.

During pre-clerkship all students complete the mandatory Family Medicine Clinical Experience component of the Professional Role course. This involves working in a family medicine clinic with a family physician preceptor. The Scholarship component of Professional Role includes opportunity to participate in research in a discipline they choose to explore. The Elective Director offers a mandatory session and specific discussion on elective guidance. Global Health Electives are offered in clerkship. The Assistant Deans – Pre-Clerkship and Clerkship also provide career advising for students on appointment basis.

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For the students at the expansion site in Lethbridge in 2026, equivalent services will be available for career advising. While the exact structure is not yet determined, career advising resources both through the UME and the SAW Hub will be available locally and at the urban campus site. Additionally, metrics to ensure that students at the site are obtaining the academic advising they need must be tailored to be site specific. Given the smaller class size, more integration with the community, and the targeted student population it is possible that the career advising resources may be able to better meet the needs of those students.

B. Describe how the medical school determines that its career advising system is effective.

The medical school evaluates all of the mandatory sessions provided to the students through One45 evaluations submitted by students at the end of the day. The SAW Hub collects evaluations from the students after sessions. Student satisfaction with access to their disciplines of choice for the Career Conversations and Career Development Weeks is high. Student appointments with the SAW Faculty Advisors have been steadily increasing with the majority of these appointments focused on Career Advising, Elective and CaRMS counselling. The ISA feedback for career counselling was >90% positive with no recommendations for areas requiring improvement at this time.

C. Describe how students are made aware of opportunities for confidential career advice.

During Orientation Week, the SAW Hub emphasizes that the personal appointments for students with SAW Faculty Advisors are always confidential. The SAW Hub's commitment to confidentiality is one of the Values clearly stated on the SAW Hub website. The ISA data confirms that students are aware that confidential career advising opportunities are available (>94%).

D. Table 11.2-1 D

Table 11.2-1 D | Awareness of Confidential Career Advising (Core Appendix)                                Source: ISA

| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus. | | | | | |
|---|---|---|---|---|---|
| Campus | Survey Question | Number (%) | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 |
| Foothills Medical Centre | I am aware that confidential career advising opportunities are available to me. | 145/149 (97.32%) | 115/118 (97.46%) | 107/113 (94.69%) | N/A |

## Requirement 11.2-2
*The career advising system integrates the efforts of faculty members, directors of required clinical learning experiences, and student affairs staff to assist medical students in:*
  i.   *choosing elective courses*
  ii.  *evaluating career options*
  iii. *applying to residency programs*

A. Describe how the career advising system assists medical students in choosing elective courses.

The availability of electives is outlined to students during the Orientation Week. Choosing electives is woven into the career advising system. The Career Coaches and SAW Faculty Advisors all provide elective counselling. During pre-clerkship, Career Development Weeks and AEBM MD Course 440 are elective opportunities. In second year, the Director of Elective Planning provides a mandatory session and specific discussion on elective guidance. The Assistant Dean of SAW attends this session and provides input. The process for booking electives, including Global Health Electives, is reviewed. Global Health electives are offered in clerkship.

In addition to the Career Coach, students are made aware that the SAW Hub Faculty Advisors offer personal appointments for confidential elective counselling throughout medical school. In depth discussions on shadowing, pre-clerkship electives, clerkship electives planning, and the AFMC portal for booking electives are provided. The SAW Hub Faculty Advisors had 264 (2021), 240 (2022) and 312 (2023) personal appointments with students specifically for elective counselling.

Clerkship includes 14 weeks of mandatory elective time. In addition to local and visiting electives, the Internal Medicine, Pediatric, and Surgery Core blocks have required selectives that must be done locally, choosing sub-specialties within each of those disciplines. An additional Selectives Rotation has been instituted for the Class of 2026, offering placements in specialties including diagnostic imaging, lab medicine, public health, and other specialties with less exposure during medical school. This allows students to explore options and complimentary specialties without having to use an elective space.

B. Describe how the career advising system assists medical students in evaluating career options.

The career advising system gives students the opportunity to explore and evaluate their career options. Meetings with the Career Coach and the SAW Faculty Advisors is an iterative process, with opportunities to debrief after career exploration experiences. The students are encouraged to complete the Careers in Medicine questionnaires at different stages in their undergraduate medical education and to keep a journal. Emphasis is placed on how career choice aligns with their values.

C. Describe how the career advising system assists medical students in applying to residency programs.

Students can discuss the process of applying to different residency programs with their Career Coach and with SAW Faculty Advisors. This frequently comes up in personal sessions for career and elective counseling. The SAW Faculty Advisors also provide optional sessions on the clerkship lottery and personal appointments to discuss strategies for the clerkship lottery that determines the order of their clerkship rotations. They provide advice on how to use the lottery such that their top discipline choice core blocks occur before MSPR cutoff, which may help in applying to residency programs. The CaRMS applications, data and strategies are reviewed. The SAW Hub recommends students access the CaRMS and CANPREPP websites, and the CFMS Match Mentoring Program for additional advice.

There are workshops in each of the academic years to inform students of the process for applying to residency programs:

**First year**

- Mandatory class lecture for Introduction to CaRMS with Career & Elective planning given by the Assistant Dean of SAW.

**Second Year**

- Mandatory class lecture on CaRMS, career advising and elective guidance.
- After pre-clerkship electives, students are encouraged to have a follow-up meeting with their Career Coach. During this meeting, students are advised to review their pre-clerkship experience and specialty ranking plan.
- Mandatory class orientation to meet all Clerkship Program Directors in Internal Medicine, Family Medicine, Psychiatry, Obstetrics and Gynecology, Emergency Medicine, Surgery, Anesthesia and Pediatrics. There is an opportunity to ask about electives and selectives.

**Third Year**

- Mandatory CaRMS Application Workshop in which the CaRMS timeline and application process are discussed, as well as updates on the latest CaRMS match results.
- Mandatory CV and Personal Letter Workshop with updates on the latest CaRMS match results, followed by optional small group workshops.
- Mandatory pre-CaRMS session with the Associate Dean of UME. Preparation for Medical Student Performance Report (MSPR) is discussed during this session. In addition, students can book one-on-one appointments with Assistant Dean or Associate Directors of SAW to discuss their CaRMS application strategies. The Assistant Dean of Clerkship UME, is also available to discuss CaRMS applications.
- Optional CaRMS Residents Interview workshop during which residents offer their experiences in interview preparation, including how to navigate the national CaRMS interview weeks.
- Two optional practice interview workshops with residents that are organized jointly by the CMA and SAW Hub.
- The SAW Hub also offers assistance to students going unmatched in the first round of CaRMS to re-focus their application to the second round.

Students who are unable to attend any class lecture/presentation can access the information via podcast from OSLER.

Table 11.2-2 D | Career Advising: Choosing Electives, Evaluating Career Options and Applying to Residency Programs (Core Appendix)          Source: ISA

| Campus | Survey Question | Number (%) | | | |
|---|---|---|---|---|---|
| | | Year 1 | Year 2 | Year 3 | Year 4 |
| Foothills Medical Centre | I am aware that I can obtain assistance in choosing elective courses. | 137/149 (91.95%) | 109/118 (92.37%) | 111/113 (98.23%) | N/A |
| | I am aware that I can obtain assistance in evaluating career options. | 145/149 (97.32%) | 114/117 (97.44%) | 109/113 (96.46%) | N/A |
| | I am aware that I can obtain assistance in applying to residency programs. | 139/149 (93.29%) | 110/118 (93.22%) | 110/113 (97.35%) | N/A |

Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus.

## 11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES

*If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:*

- a) *potential risks to the health and safety of patients, students, and the community;*
- b) *availability of emergency care;*
- c) *possibility of natural disasters, political instability, and exposure to disease;*
- d) *need for additional preparation prior to, support during, and follow-up after the elective;*
- e) *level and quality of supervision;*
- f) *potential challenges to the code of medical ethics adopted by the home school.*

### Requirement 11.3-1

*If a medical student at the medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to:*

- i. *review the proposed extramural elective prior to approval*
- ii. *ensure the return of a performance assessment of the student*
- iii. *ensure an evaluation of the elective by the student*

A. Describe how extramural electives are reviewed and approved prior to being made available for student enrolment.

Extramural electives completed at other medical schools in Canada abide by a specific protocol. Electives are offered by each school and issues of concern are considered and addressed on an ongoing basis by the host school as would be the case if the learners in question came from that school. Given that all Canadian schools are accredited through the same process, the risks of visiting electives at Canadian schools are overall very low.

Students are required to be informed of support services available at the host school during a visiting elective. CSM students completing a visiting elective are also still able to remotely access all of the available support services offered locally.

Processes are in place across all Canadian schools to facilitate the process of ensuring student, patient and preceptor safety such as agreements about home schools verifying student vaccinations, police checks, etc. Considerable effort has been made (and continues to be made) to ensure that students are not required to complete these processes individually.

The use of the new AFMC electives booking portal supports these processes by allowing students to collect and collate their information through a single process, streamlining the work required for each visiting Canadian elective.

Small numbers of students may complete electives outside of Canada and students who wish to complete an individual international elective are required to undertake steps prior to the elective experience to ensure the safety of the student, patients and preceptors. Although such arrangements are self-directed in nature, these electives must be approved through the UME office. Students are required to contact the University of Calgary Risk Management office for approval of their travel to the country in which the elective is situated.

A small number of students will complete international clerkship electives under the auspices of the Indigenous, Local and Global Health (ILGH) Office. These preceptor-led experiences allow approximately ten students to complete a four-week clinical elective in an underserved developing country. All students are informed of the option to request to participate in these international electives. Students are emailed with an invitation to attend an information session with representatives from the ILGH Office and

those students who remain interested will have their schedule tailored so that four weeks of elective time are grouped together at the time point when the ILGH elective has been arranged.  Prior to departure, students are required to attend a comprehensive faculty-led training session that covers important information and processes for working effectively, safely, and sensitively within the specific context of the elective location.  Students are supported during the elective by the CSM preceptor as well as local preceptors and support staff.  If necessary, students can use all local support mechanisms at CSM remotely during the elective.

B.   Describe the system for ensuring the return of medical student performance assessments following each extramural elective.

Students are required to distribute their ITER to their preceptor at the end of their elective rotation.  The CSM ITER must be completed; while other local evaluations may be provided, the CSM ITER is required for the elective to be considered complete.

If the UME Office does not receive the elective preceptor evaluation report(s) within two weeks of completing the rotation, the student must email the preceptor(s) to request that the evaluation be sent to the UME Office as soon as possible. Students copy the electives office on all emails sent to the preceptor(s) about the evaluations in order that UME is aware of the student's efforts.  Rarely, preceptors will not complete the evaluation as required.  In these cases, the program coordinator will reach out to the preceptor to complete the evaluation.  Very rarely, this will not result in a completed ITER.  In these cases, the Assistant Dean, Clerkship will communicate directly with the preceptor to resolve the situation.  Students who do not try to have their ITER completed will be considered unsatisfactory for the elective.

C.   Describe the system for ensuring that medical students complete and return evaluations of each extramural elective.

Although not mandatory, students are strongly encouraged to complete all end of rotation surveys, including those for electives (both local and visiting).  Completion of surveys throughout the curriculum is motivated by both the intrinsic value of improving the program but also by providing funding to the classes (for events such as the graduation celebration) based upon the completion rates of the surveys for the class.

D.   Describe how these medical student evaluations are used by the school.

Student feedback is considered carefully in all aspects of the program and serves to inform program improvement.  It is now possible to more precisely categorize the feedback in order to identify specific electives (by discipline and location) where students are having less positive experiences.  With the return of visiting electives for the Class of 2024, information will be collated in order to preserve student anonymity.  Over time, this will allow the creation of a living document that can serve as a repository of information to assist students in making visiting elective choices.

## Requirement 11.3-2
*Information about such issues as the following are available, as appropriate to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:*
   a) *potential risks to the health and safety of patients, students, and the community*
   b) *availability of emergency care*
   c) *possibility of natural disasters, political instability, and exposure to disease*
   d) *need for additional preparation prior to, support during, and follow-up after the elective*
   e) *level and quality of supervision*
   f) *any potential challenges to the code of medical ethics adopted by the home school*

A.   Describe how the medical school obtains information about these issues (11.3-2 a – f) and considers them prior to the approval of each extramural elective.

a)   At the time of international elective application review by the UME and Risk Management Department, the country risk rating is checked (Low, Moderate, High or Extreme) against the Risk Management lists, and approval is given accordingly. High and Extreme risk countries are given scrutiny on a case-by-case basis, and in addition, approval is required from Risk Management and the Vice-Provost International.

b) Common protocols are in place for students if emergencies arise, to facilitate evacuation if necessary. Students are also asked to contact the local Canadian Embassy office for assistance. All students doing electives outside Canada are required to register with Risk Management as well as International SOS (this is an organization that provides risk assessment (health, political, etc.) to the medical community).

c) Students are required to review and ensure they have completed the requirements in the travel briefing. In the travel briefing as well as International SOS briefing, students are advised how to protect themselves from COVID-19, HIV/AIDS, TB and Malaria, etc. Risk of natural disaster/political instability is assessed as per section b above. Students are advised about security, travel logistics, regional tensions, crime, terrorism, and social unrest.

d) For Global Health electives, students are required to attend a comprehensive faculty-led pre-departure simulation training session as well as a post-trip debriefing session. During all electives, students are supported by their preceptor and can always contact the UME office for help. For international electives, there are additional levels of support which include:

- For student-directed electives the medical students are required to go through the Travel Checklist, which includes registering travel at University of Calgary and with the Government of Canada, downloading the International SOS Assistance app as well as the Government of Canada Travel Smart app, and having an emergency assistance card (from our institution and federal government). They are directed to keep a copy with them and give a copy to their local preceptor at the overseas location.
- Preceptor-led electives: same instructions as above, but the preceptor accompanying the students also has an evacuation plan in case of emergencies.
- In both instances: students are registered with the UCalgary Risk Management and Insurance office who can help the student in the event of a crisis situation in a foreign country.

e) Students going overseas on preceptor-led electives are accompanied by CSM faculty preceptors who work with the local preceptors. Students on independent electives work with a local certified physician-preceptor. Prior to approval of the elective, such students must have confirmation in writing from the preceptor indicating that the elective plans have met with their approval. In the past, the credentials of the preceptor(s) for these international electives have not been reviewed in a structured manner. Moving forward, the Visiting Electives Program Coordinator in UME will ensure that the primary preceptor is a faculty member of an accredited institution. Although not mandatory, students are asked to complete a post-elective survey for all electives, regardless of the location – including those that are completed internationally. Any elective where there are concerns raised regarding any aspect of the educational experience will be brought to the attention of the Assistant Dean, Clerkship through the One45 system used to complete these surveys.

Many of CSM student's international electives are completed in Kuwait, and the school has historically had a contingent of students from Kuwait in the UME program each year (through a contractual agreement between CSM and the Kuwaiti government). Those students are provided with support from the Kuwaiti government to connect with preceptors.

f) Potential ethics challenges are discussed within various scenarios at the International SOS briefing. Students are required to sign a Student Code of Conduct at the start of medical school. Students have been informed that in any clinical environment, including electives, that they should not be involved in patient management beyond their scope of practice or completing procedures that they have not been trained to do.

B. Describe how the medical school informs medical students of these issues (11.3-2 a – f) prior to the approval of each extramural elective.

Information dissemination and required protocols are described above.

### 11.4 PROVISION OF THE MEDICAL STUDENT PERFORMANCE RECORD
*A medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.*

**Requirement 11.4-1**
*The medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.*

A. Provide the earliest date for release by the medical school of the Medical Student Performance Record (MSPR).

The MSPR is never released prior to October 1st of the student's final year in the program.

The MSPR was released on the following dates for the years since the last accreditation for the UME program:

Class of 2016: November 6, 2015

Class of 2017: November 4, 2016

Class of 2018: November 1, 2017

Class of 2019: November 1, 2018

Class of 2020: October 30, 2019

Class of 2021: January 25, 2021

Class of 2022: January 17, 2022

Class of 2023: December 23, 2022

Class of 2024:  November 17, 2023

## 11.5 CONFIDENTIALITY OF STUDENT ACADEMIC RECORDS

*Medical student academic records, unless released by or with the consent of the student, are confidential and available only to the student and duly authorized persons or organizations. A medical school follows procedures based on relevant privacy legislation for the collection, storage, disclosure, disposal, and retrieval of student academic records, and makes these procedures known to medical students.*

### Requirement 11.5-1
*Medical student academic records, unless released by or with the consent of the student, are confidential and available only to the student and duly authorized persons or organizations.*

A. Describe how medical student academic records are kept confidential.

Academic and non-academic files are stored in locked filing cabinets in a secure storage vault room in UME that is kept locked at all times. These files may not be removed from the secure UME offices and must be returned to the secure storage vault as soon as they are no longer immediately required.

To maintain appropriate separation and confidentiality, a separate non-academic (red) file will be created, when needed. Access to the non-academic file will be limited to: UME Associate Dean, Assistant Deans, Manager UME, Administrative Assistants, Program Supervisors, as well as students (unless a third party is identified).

This file contains:
- Approved leaves of absence and requests for time away
- Correspondence from the Associate/Assistant UME Deans
- Correspondence from treating physicians
- Examination deferral requests
- Incident reports
- Letters pertaining to non-academic material, as required
- Letters with regards to academic performance or professionalism issues
- Pre-SARC Notification letters (where applicable)
- Miscellaneous documents deemed of a personal nature
- SARC Decision Letters
- SARC packages
- UME Reappraisal Decision Letters
- UME Appeal Decision Letters
- Third party identified documentation is secured in sealed confidential manila envelopes. These envelopes can be opened only by the Associate/Assistant UME Deans.

Any electronic records are housed on University of Calgary secure servers with access again on a need-to-know basis to senior UME leadership. Sign into these servers is not permitted on shared computers and follows the University of Calgary's strict two-factor authentication protocols.

B. Describe how the medical school ensures that student academic records are available only to duly authorized persons or organizations unless released by or with the consent of the student.

The Student Files (MD Program) policy (**Required Appendix 11.5-2 A**) was created and approved by UME management, with legal advice from the Faculty lawyer. As is stated in the policy:

"This policy should be read in conjunction with:

a. Alberta's Freedom of Information and Protection of Privacy Act (FOIP Act)

b. University of Calgary's Academic Regulations – Privacy of Student Information

c. University of Calgary's protocols on disclosure of information to students and disclosure of information to third parties."

UME administrative staff (administrative assistants, program coordinators) have access to medical student academic files in accordance with performing their duties.

The non-academic file has limited access. To maintain appropriate separation and confidentiality, a separate non-academic (red) file will be created, when needed. Access to the non-academic file will be limited to: UME Associate Dean, Assistant Deans, Directors (and their administrative assistants) and Program Supervisors, as well as students (unless a third party is identified).

UME Administration will not add to, edit, or remove information from, a student's files except in the performance of their duties as covered in the University's protocols on "Disclosure to third parties".

Special permission to view the student files is not required for SARC as this is covered under the University of Calgary's disclosure of information to third parties as "an officer of the University performing his/her duties".

Medical students are required to provide a written request to access their files, and/or for third parties to access their files and/or to have copies made of their files. Without this written request, medical students and third parties must agree not to remove from, add to or annotate records. Stated otherwise, faculty members and/or any other member of CSM staff do not have access to student records, unless UME receives a written request from students granting that permission.


<u>*Requirement 11.5-2*</u>
*A medical school follows procedures based on relevant privacy legislation for the collection, storage, disclosure, disposal, and retrieval of student academic records, and makes these procedures known to medical students.*

A. Provide the policy or equivalent document for the collection, storage, disclosure, disposal, and retrieval of student records and highlight and label sections that demonstrate its compliance with relevant privacy legislation. *(Appendix 11.5-2 A)*

### Required Appendix 11.5-2 A - Student Files (MD Program)

In Alberta, the relevant privacy legislation is the Freedom of Information and Protection of Privacy Act (FOIP Act). Section 40(1)(b) of the FOIP Act grants UME the right to disclose a student's personal information to a third party if the disclosure is not an unreasonable invasion of the student's personal privacy. University of Calgary policy states that it does not constitute an unreasonable invasion of privacy at the University of Calgary to release information in the following categories:

- dates of registration at the University of Calgary
- faculty(ies) of registration at the University of Calgary
- degree(s)/diploma(s) awarded from the University of Calgary
- convocation dates
- attendance at or participation in a public event or activity related to the institution (e.g. graduation, sporting or cultural event)
- personal information already in the public domain

When individuals apply to be admitted to the University of Calgary, they acknowledge that, although the above information is personal information and subject to consideration under the FOIP Act, it has been determined to be a matter of public record on this campus and will be disclosed to third parties.

However, the following information could not be disclosed under the FOIP Act:

- home address or telephone number
- information relating to an individual's race, national or ethnic origin; age, marital or family status; health and
- health care history
- educational history
- ID number
- evaluative information
- birth date
- timetable

Care is taken under Section 8 of the Student Files Policy to restrict access to student files to the students themselves as well as senior UME leadership who may access these files on a need-to-know basis only. Any files that identify a third party are sealed in a manila folder and stamped Confidential. Students are required to file a FOIP request to access this component of their file. It must be noted that filing of a FOIP request does not guarantee access to this information. Filing a FOIP request initiates the process of Review by the University of Calgary FOIP Office and University of Calgary legal counsel to determine the legality of releasing this information under the FOIP Act.

In compliance with s.40(1)(d) of the FOIP Act, UME may disclose information to a third party only with written consent of the student prior to any disclosure. This situation is covered under section 6 of the Student Files Policy, where the policy states that "Medical students are to provide written consent for third parties to access their records."

University of Calgary policy outlines the following rules for the retention and disposition of specific types of student files:

| Type of student file | Retention | Disposition |
|---|---|---|
| UME student files | 5 years after convocation or last registration of student | Confidential shred or delete |
| Inadmissible student files | 1 year after selection process is complete | Confidential shred or delete |
| Visiting elective student files | 3 years after completion of elective | Confidential shred or delete |

During the review of policies, a discrepancy between the UME policy and the main campus University of Calgary policy for file retention was identified. Efforts to rectify this discrepancy with the creation of an updated policy to meet the needs of the UME and be in compliance with University regulations are ongoing with involvement by senior privacy and legal staff. An updated policy will be provided prior to the accreditation review visit if available at that time.

B. Describe how the medical school makes these procedures known to medical students.

Students are informed of the Student Files policy during orientation. The policy is available on the UME website.

Students are made aware of the collection of personal information in compliance with the FOIP Act during their initial application to the medical school.

During meetings with the Associate and/or Assistant Deans, students are informed of what information is being collected during the meeting, where it will be stored, and the purpose for its collection.

C. Table 11.5-2 C

Table 11.5-2 C | Awareness of medical school procedures for collection, storage, disclosure, disposal, and retrieval of student academic records (Core Appendix)          Source: ISA

| Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus. | | | | | |
|---|---|---|---|---|---|
| Campus | Survey Question | Number (%) | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 |
| **This question was inadvertently removed from the ISA survey when distributed by the AFMC to the CSM student body in 2023** | I am aware of the medical school procedures for the collection, storage, disclosure, disposal, and retrieval of my academic record. | N/A | N/A | N/A | N/A |

### 11.6 STUDENT ACCESS TO ACADEMIC RECORDS
*A medical school has policies and procedures in place that permit medical students to review and to challenge their academic records, including the Medical Student Performance Record, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.*

#### Requirement 11.6-1
*The medical school has policies and procedures in place that permit medical students to review and to challenge their academic records, including the Medical Student Performance Record, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.*

A. Provide medical school policies/procedures related to medical students' ability to review and challenge their academic records, including the Medical Student Performance Record (MSPR), and highlight and label where these policies/procedures provide medical students the opportunity to review and challenge the MSPR, results of assessments, and final grades. (***Appendix 11.6-1 A***)

*Required Appendix 11.6-1 A1 - Student Files (MD Program)*
*Required Appendix 11.6-1 A2 - Exam Review Policy*
*Required Appendix 11.6-1 A3 - Reappraisal of Graded Term Work and Academic Assessments Policy*
*Required Appendix 11.6-1 A4 - Faculty Academic Assessment and Graded Term Work Procedure*
*Required Appendix 11.6-1 A5 - Medical Student Performance Record Departmental Policy*

The CSM has policies and procedures in place to allow students to review and challenge their educational records. These policies and procedures are available to students through the UME website which is the repository for the most recent version of all policies and procedures.

Student file review, including contents and access procedures are governed by the ***Student Files (MD Program)*** policy (***Required Appendix 11.6-1 A1***). Medical students are required to provide a written request to access their files and/or for third parties to access their files and/or to have copies made of their files. Files are made available to be viewed within 5 business days. If there is information in the student's file which should be not seen by the student (files stamped with "Confidential"), they will be required to file a *Freedom of Information and Protection of Privacy Act* (FOIPPA) request for access to their file and/or to meet with the Associate Dean UME. An example of a "Confidential file" would be one that identifies a third party. UME reserves the right to limit or withhold access to information where it can be reasonably expected that disclosure could result in harm to the student, staff, faculty or third party.

Students who have received an overall grade of "Unsatisfactory" in a year 1 or year 2 course will have the option to review their summative midpoint exam/quizzes and summative end of course exam for that course. Additionally. students who have received a grade of "Unsatisfactory" on an end of rotation clerkship summative examination will have the option to review the summative exam for that rotation. These reviews will be scheduled by student request to the UME evaluation team. The student will be provided with a copy of the exams, their answers, and the correct answers. Review of any summative examination(s) must be completed within 20 business days of receiving the overall course result and cannot fall within 10 business days of any rewrite of that examination. Exam reviews are governed by the ***Exam Review Policy*** (***Required Appendix 11.6-1 A2***).

Several policies govern challenges to summative exam results. Reappraisals may be sought for unsatisfactory results on Objective Structured Clinical Examination ("OSCE") exams, In Training Evaluation Reports ("ITER"), Multiple Choice Question Examinations ("MCQ"), Peripatetic (bell-ringer) examinations and Written Assignments. Reappraisals may be sought on the following grounds:
- Procedural irregularity (including a deviation from a course outline or communicated expectation)
- Allocation impact, such that the student was allocated to a learning or assessment setting that led to significantly lower performance ratings as compared to other learning assessment settings
- Performance impact, such that the student was denied resources that should have been provided and that had an impact on their performance on the assessment

- Evaluator impact, such that the Evaluator rates the student's performance based on factors other than the student's performance (including where the Evaluator was significantly more stringent than other Evaluators, if the Evaluator was unduly influenced by factors other than the student's performance on the assessment, or if the Evaluator unfairly compared the student's performance to other students)
- Determination impact, including exam coding error, alternate correct answer(s), or no correct answer to a question.

Reappraisal requests are governed by the ***Reappraisal of Graded Term Work and Academic Assessments Policy*** (***Required Appendix 11.6-1 A3***).  Reappraisal requests are heard by the Student Evaluation Committee Reappraisal Subcommittee.

Unsuccessful reappraisals may be further appealed to the UME Faculty Appeals Committee in accordance with the ***Faculty Academic Assessment and Graded Term Work Procedure*** (***Required Appendix 11.6-1 A4***). The Faculty Appeals Committee considers appeals only on the following grounds:
- that a procedural irregularity occurred in making the Academic Assessment decision or Graded Term Work decision (including a deviation from a course outline or communicated performance expectation, or where a grade was not updated), or
- that an Academic Assessment or Graded Term Work decision was determined on some basis other than performance, which may include allegations of a reasonable apprehension of bias.

Students in their final year of study are provided with a draft copy of their MSPR prior to its release to CaRMS in accordance with the ***Medical Student Performance Record Departmental Policy*** (***Required Appendix 11.6-1 A5***). Students may request that the UME MSPR Committee review specific comments if these are:
- Generalized comments regarding the UME program, not specific to the student
- Comments that include inappropriate language
- Comments that indicate students' preferred discipline for CaRMS application
- Comments that include personal health or other personal information

Edit requests are submitted to an ad hoc MSPR review committee and will only be considered if requested changes do not materially affect the content of the comment.

B. Describe how the medical school's policies/procedures related to students' ability to review and challenge their records are made known to students and faculty members.

During medical school orientation, students are informed of the location of UME policies and procedures, and the policies and processes for academic reappraisal and appeal are specifically reviewed.  Additionally, policies and procedures are communicated to students via their class leaders. When students are notified via email of an unsatisfactory grade, they are reminded of the right to appeal and the timeline for doing so, and this communication also includes a link to the policy *Reappraisal Policy of Graded Term Work and Academic Assignments* and the *Student Evaluation Committee Terms of Reference*. All students who are unsatisfactory or have a performance deficiency on a summative evaluation meet with either the Associate Dean or an Assistant Dean, and during this meeting the process for appealing is discussed.

C. Table 11.6-1 C

Table 11.6-1 C | Student Awareness to Review and Challenge Academic Records (Core Appendix)                                        Source: ISA

| Campus | Survey Question | Number (%) | | | |
|---|---|---|---|---|---|
| | | Year 1 | Year 2 | Year 3 | Year 4 |
| Foothills Medical Centre | I am aware that I am permitted to review my academic records. | 113/149 (75.84%) | 85/115 (72.03%) | 94/113 (83.19%) | N/A |
| | I am aware that I am permitted to challenge my academic records if I consider the information to be inaccurate, | 107/149 (71.81%) | 80/118 (67.80%) | 95/112 (84.82%) | N/A |

Provide the data from the Independent Student Analysis (ISA) on the number and percentage of respondents that answered "Yes" to the statement shown in the table below. Add rows as needed for each campus.

| | | | | |
|---|---|---|---|---|
| | misleading, or inappropriate. | | | | |
| | I am aware that I am permitted to review my medical student performance record (MSPR). | 98/149 (65.42%) | 86/117 (73.50%) | 111/113 (98.23%) | N/A |
| | I am aware that I am permitted to challenge my medical student performance record (MSPR) if I consider the information to be inaccurate, misleading, or inappropriate. | 93/149 (62.42%) | 83/118 (70.34%) | 106/112 (94.64%) | N/A |