

## STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELLING, AND FINANCIAL AID SERVICES

**A medical school provides effective student services to all medical students to assist them in achieving the program’s goals for its students. All medical students have the same rights and receive comparable services.**

### ***12.1 FINANCIAL AID / DEBT MANAGEMENT COUNSELLING/ STUDENT EDUCATIONAL DEBT***

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

#### **Requirement 12.1-1**

*The medical school provides its medical students with effective financial aid counselling.*

#### **A. Describe how medical students are informed of financial aid counselling and its availability at each campus.**

Financial aid services and counseling are part of the overall debt management services that are available through main campus. Students are directed to the options available first in their acceptance letter, then during their medical school orientation, as well as through resources available on the UME website (***Supplemental Appendix 12.1-1 AI***). These topics are included within financial literacy podcasts as well and evaluated in end-of-year schools generated surveys. The UME refers students to the Financial Aid Department on main campus for questions regarding student loans, financial forms and where special situations exist or students need to have adjustments or corrections made to their application. Through the University of Calgary Money Smart program (***Supplemental Appendix 12.1-1 A2***) students are offered 1:1 assistance with financial aid literacy. Additionally, in 2024, the UME office hired a financial literacy consultant to provide guidance to students that encompassed the specific needs of medical students, including budgeting for visiting electives, application and licensing costs, as well as navigating student loan and other financial aid in a system where terms of study are not aligned with main campus. The financial literacy consultant is based in Lethbridge and currently conducts meetings virtually. They will continue to be available to students at the Calgary campus and be present (on-site) at the Lethbridge campus when the school opens in 2026.

Students generally come to the attention of UME via the Student Advocacy and Wellness Hub (SAWH) if concerns are not resolved with the Financial Aid Department. Each student’s circumstances are different, and referrals are made based on the needs of individual students. There are several options for financial assistance, as well as emergency funds provided if necessary. There is \$30,000 earmarked per year to assist students who have exhausted all other avenues for support.

#### **B. Describe how the medical school determines that its financial aid counselling is effective. In your answer discuss any indicators used to determine this.**

Year-end school surveys provide feedback related to financial aid resources. Of the Class of 2023 students who responded to the year-end survey (after their second year) with the questions “Please indicate your satisfaction with financial aid services and counselling” a total of 80% noted that they were satisfied or very satisfied, 17% did not use financial aid services and counselling and 3% noted a dissatisfaction. As above, students who have identified financial and /or debt management concerns are referred to main campus for support, and emergency funds are available at the CSM if necessary. The debt load is high for graduates of the CSM, partly related to the three-year condensed curriculum and the inability to work during the off months, as it is a year-round curriculum.

The GQ data from the Class of 2023 noted the following regarding satisfaction with financial aid and debt counselling:

Table 12.1-3   Financial Aid and Debt Counseling Services (Core Appendix)				
Provide data from the AFMC Graduation Questionnaire (AFMC GQ) on the percentage of respondents that were satisfied/very satisfied (aggregated) in the areas listed in the table.				
Campus		School %		
		2021	2022	2023
University of Calgary, Cumming School of Medicine	Financial aid administrative services	96	97.2	95.4

Overall educational debt management counseling	94.1	98.1	91.4
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**Requirement 12.1-2**

*The medical school provides its medical students with effective debt management counselling.*

**A. Describe how medical students are informed of debt management counselling and its availability at each campus.**

The Office of the Registrar has resources and information on their website related to one-on-one financial planning, Money Smart, debt management, budgeting, credit, and savings.

There are several areas of interest and students are encouraged to speak with representatives at the Office of the Registrar if assistance is required. Some examples are noted below:

- Costs of Medical School
- Lines of Credit
- Student Loans
- Interest Rates
- Bursaries, scholarships, awards
- Budgeting Tools
- Credit Reporting
- Preparing for clerkship electives, CaRMS
- Hidden costs of medical school (Yr. 2-3)
- Financial awards
- Taxes, insurance etc.
- Fundamentals of investing, maintaining financial health
- CSM Special Bursary, Clerkship Bursary
- Salary during residency
- Timeline for paying back student loans
- Strategies for debt repayment, loan forgiveness
- Basics of investments

In their acceptance offer, students are made aware of the financial literacy consultant who also can address debt management counseling.

**B. Describe how the medical school determines that its debt management counselling is effective. In your answer discuss any indicators used to determine this.**

Year-end school evaluations as well as the AFMC Graduate Questionnaire provide feedback on the UME resources related to debt management. After their 2<sup>nd</sup> year of medical school, the Class of 2023 noted that 55% entered medical school with pre-existing debt ranging from \$6000-80,000. 95% noted that their debt had increased during medical school. Debt load directly attributed to medical school (tuition and fees, program supplies etc.) ranged from \$4000-80,000. Debt related to other variables such as food, rent etc. ranged from \$10,000-\$130,000 over the two years. Data was based on a low number of respondents with ~25% preferring to not share the financial details.

The 2023 CGQ revealed that the median debt load is significant at the end of the 3-year program, however this has been relatively stable over the past three years:

Table 12.1-7   Average Medical School Educational Debt (Core Appendix)							
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. Add rows as needed for each campus.							
		%					
		2021		2022		2023	
Campus		School	National	School	National	School	National
University of Calgary, Cumming School of Medicine	Median medical school debt	\$95,000	\$80,000	\$100,000	\$90,000	\$100,000	\$98,700
	Percentage of graduates with debt greater than or equal to \$200,000	9.4%	9.6%	18.8%	12.0%	13.7%	14.7%

**Requirement 12.1-3**

The medical school has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

**A. Table 12.1-3 A**

Table 12.1-3 A | Tuition and Fees (Core Appendix)

Source: School-reported

Provide the total amount of tuition and fees charged per student for years 1 to 4 (as applicable) over the last three completed academic years												
Student Origin	AY 2020-21				AY 2021-22				AY 2022-23			
	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4
In-province	16,063.02	15,762.78	15,762.78	N/A	17,669.22	18,906.06	18,906.06	N/A	20,443.28	18,906.06	18,906.06	N/A
Other Canada	Same as above	Same as above	Same as above	N/A	Same as above	Same as above	Same as above	N/A	Same as above	Same as above	Same as above	N/A
Outside of Canada	150,956.56	150,956.56	150,956.56	N/A	170,880.42	170,880.42	170,880.42	N/A	179,430.56	179,430.56	179,430.56	N/A

**B. Describe the mechanisms in place to minimize the impact of direct educational expenses on medical student indebtedness.**

To minimize the impact of direct educational expenses on medical student debt, several mechanisms are in place. The medical school offers financial aid programs and scholarships specifically tailored to medical students. These programs aim to alleviate the financial burden by providing grants and scholarships based on merit, need, or a combination of both. There are several sources for bursaries and scholarships with a large portion of the funds coming from UME as a transfer to the University of Calgary Finance Office. Funds stemming directly from UME fall into 3 categories:

1. Emergency Funding: These funds are intended to assist students in acute financial need generally due to an emergency or otherwise unforeseen circumstances. Each year \$30,000 is available, and these funds were used in their entirety for the last 3 years:

2020-21 = 4 students  
 2021-22 = 6 students  
 2022-23 = 4 students

Emergency funds are given to students in the form of a scholarship to facilitate immediate availability to the student.

2. Special Bursaries: These are given out to students based on need. Calls for special bursary applications are sent to students twice per year. Students fill out an

application including personal financial information, need, and available sources of funding. A maximum amount of \$150,000 per year is available for special bursaries. Funds not awarded are added to the money available for Tuition Differential Bursaries (see below).

2020-21= 4 four students were awarded a total of \$28,000

2021-22 = 2 students were awarded a total of \$30,000

2022-23 = 4 students were awarded a total of \$80,000.

3. Tuition Differential Bursaries: These are funded by UME and awarded by the University of Calgary based on total student loan debt. Each award is valued at \$6,000. The total amount available for Tuition Differential Bursaries is divided by 6000 and this determines the number of bursaries that are awarded.

2020-2021 = 97 students received a total of \$582,000

2021-2022 = 102 students received a total of \$612,000

2022-2023 = 113 students received a total of \$678,000

In total for these three programs, the CSM contributes approximately \$790,000 per year (approximately \$760,000 from UME and \$30,000 from CSM). There is some variation in this number from year to year with increases as overall funding permits. This represents approximately 65% of the total bursary and scholarship funding awarded to UME students annually. The remaining 35% comes from scholarships and awards funded by the University of Calgary itself.

Items that are necessary for personal safety, such as masks, gloves, gowns, operating room scrubs, are provided free of charge to students.

### C. Table 12.1-3 C

Table 12.1-3 C | University or Faculty-sourced Bursaries and Loans (Core Appendix)

Source: School-reported

Provide the amount awarded in bursaries and extended as loans for students in years 1 to 4 (as applicable) over the last three completed academic years.												
Aid Type by Student Origin	AY 2020-2021				AY 2021-2022				AY 2023-2024			
	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4
<b>Bursaries</b>												
In-province	225,480	359,098	408,450	-	306,550	353,357	373,700	-	276,850	388,132	399,666	-
Other Canada	59,050	33,400	130,200	-	6,000	82,604	43,300	-	8,500	6,000	104,100	-
Outside of Canada	6,070	-	-	-	16,100	-	-	-	-	13,600	-	-
<b>Loans</b>												
In-province	5,917,211	1,421,128	2,264,560	-	5,807,628	1,450,680	1,954,465	-	11,416,777	1,859,732	2,401,965	-
Other Canada	1,055,784	110,788	216,837	-	406,741	183,642	268,316	-	427,876	245,171	279,698	-
Outside of Canada	-	-	-	-	-	-	-	-	-	-	-	-

## ***12.2 TUITION REFUND POLICY***

*A medical school has clear policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).*

### **Requirement 12.2-1**

*The medical school has clear policies for the refund of a medical student's tuition, fees and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).*

- A. Provide the policies (or other equivalent documents) that outline tuition, fee and other allowable payment refunds to medical students who withdraw or are dismissed from the medical education program. Highlight the relevant sections within the documents provided. (*Appendix 12.2-1 A*)

### ***Required Appendix 12.2-1 A – UCalgary Tuition Regulations***

Tuition for the Undergraduate Medical Education program is administered by the University of Calgary Office of the Registrar. The relevant sections from the University Calendar are discussed below. However, because the medical school UME training is a complete program, rather than a collection of individual courses, there are some important unique circumstances for the medical education program. Due to the nature of the comprehensive training, medical students cannot select or drop individual courses, and the program must be taken as a whole. For this unique reason the UME tuition due date is the day prior to the course drop date for all other students at the University of Calgary. This recognizes the unique programmatic nature of medical school training.

Tuition reassessments are only made in extenuating circumstances, and a leave of absence no longer guarantees a tuition reassessment. If a tuition reassessment has been approved, students will receive a credit note for a future tuition. General fees are not adjusted and must be paid in the term that the reassessment is being made.

The other strategy used by the UME office to help to support students who might be subjected to unnecessary tuition is through a MDCN 500 course. UME enrolls students in this course who require time to re-integrate with the program following a leave of absence or for certain types of remediation. Enrollment in this program confers official student status but does not trigger tuition. In general, students are enrolled in this course for periods of 1-2 months prior to re-starting medical school studies full-time.

The University of Calgary Academic Calendar describes the policies and procedures surrounding tuition refunds. The relevant sections are reproduced below:

#### **Refund Eligibility**

You may be eligible for a refund if you have a credit present on your account (also known as an overpayment), or if your payment has been applied towards charges in a future term. As per the Academic Calendar, a refund can't be requested for classes dropped after the term's add/drop deadline.

Fees charged as part of the admission process, including the application fee and admission deposit, are non-refundable.

Credits from UCalgary awards, scholarships and bursaries don't require students to request a refund. UCalgary award overpayments are refunded on a set schedule - see below for more details.

#### **Requesting a Refund**

Refunds for fee overpayments are processed by student request. If you don't request a refund, funds will automatically apply toward future terms once you're registered for that term and charges have appeared on your account. To request a refund, please submit a refund request through the "My Financials" section of the Student Centre. Instructions on how to request a refund can be found here. Note: refund requests can take up to eight weeks to be reviewed and approved. Refunds on payments made to the student account by external third parties (such as external award agencies, parents, and family members) will be refunded back to the student, not the original payor. Refunds requested on payments made by third party sponsors will be returned to the sponsor or refunded as per the terms of the sponsorship agreement.

If it has been more than 8 weeks since you requested a refund, please submit a “Refund Follow-Up” service request through your Student Centre.

The method of refund will depend on whether the payment originated in Canada. Please see the specific scenarios below. If you have further questions or concerns, please contact Enrolment Services.

**Credit present on an account**

A credit on the account is shown as a negative number under your outstanding changes for the term, and this is considered an overpayment. Credits/overpayments can be viewed in the “My Financials” section of Student Centre.

**Payment applied toward a future term**

Credits from overpayments will automatically apply to the next active term once the student is registered and charges are on the account. If a payment applies to a future term, and that term’s fee deadline has not passed, a refund can be submitted by selecting “View/Request Refund.”

**B. Describe how the policies or other equivalent documents are disseminated to medical students at each campus.**

All policies for the program are available on the UME website, and it is requested that they review these policies during the first week of orientation. Students are also provided with an orientation manual, pre-clerkship and clerkship manuals with important information highlighted.

### **12.3 PERSONAL COUNSELLING / WELL-BEING PROGRAMS**

*A medical school has in place an effective system of personal counselling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and psychosocial demands of medical education.*

#### **Requirement 12.3-1**

*The medical school has in place an effective system of personal counselling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and psychosocial demands of medical education.*

- A. Describe the medical school's system of personal counselling for its medical students and include a description of how the system is made available to all medical students on each campus/instructional site.

There are five dedicated therapists that work in the Student Advocacy and Wellness (SAW) Hub who provide free, confidential personal counselling and resources to CSM learners. To accommodate busy student schedules and mitigate location barriers for clerks and the University of Calgary Longitudinal Integrated Clerkship (UCLIC) students, they offer a variety of in-person and virtual appointments during early mornings, lunchtime, evening, and weekends. Students can book an appointment through the SAW Hub by emailing, calling, or in-person. Many counselling referrals are initiated by the SAW Hub Faculty and Manager from one-on-one meetings with students. Virtual appointments will also be available for the students at the Lethbridge campus once it opens in 2026.

Students and their immediate family members can access free, confidential personal counselling by calling the Physician and Family Support Program run by the Alberta Medical Association (AMA).

Students can access free, confidential personal counselling through Wellness Services on main campus by calling or emailing.

- B. Describe how medical students at each campus are informed of the personal counselling system and its programs.

- Students are provided with a "Survival Guide" prior to their first day of classes which provides information regarding SAWH supports and resources.
- Students are provided with a letter from the SAW Hub at the time of accepting their MD offer. They are encouraged to book a one-on-one meeting in the month prior to their start date to learn about the services and resources offered through SAWH. These conversations include academic support, setting up accommodations, and connecting them to wellness supports if required.
- Students are provided a "passport" during their orientation activities. If they choose to participate, they are required to locate the UME and SAW staff listed on the passport and introduce themselves. The staff members describe what their role entails and stamp their passport. Once they have all the staff members' stamps, they are entered in a draw to win a gift card for the university bookstore. This has been a successful initiative to inform the students on where staff is located, what their roles are, and the services offered, but also allows an opportunity for staff to get to know the students.
- All wellness resources are described by the lead therapist during SAW's orientation presentation.
- To bring awareness, encourage healthy habits, and foster community, twice a year the SAW Hub collaborates with main campus and community resources and facilitates a booth style Wellness Fair.
- In most of the SAW Hub presentations and workshops students are reminded of the confidential and free wellness resources.
- During one-on-one meetings with students, referrals to the wellness team are often arranged.
- The Manager of the SAW Hub sends out periodic (~4x/year) emails to all students reminding them about what, how and where they can access support and counselling services in SAW and the community.
- Each year a student representative volunteers for a communication role for their class. They send out weekly communication to their class of upcoming events, words of encouragement, important dates etc. The SAW Hub and community resources are listed in each edition.
- When a student is notified by the UME regarding an unsatisfactory grade, they are encouraged to reach out to the SAW Hub for both personal and academic support.

C. Describe how, at each campus, the medical school determines or monitors the effectiveness of its system of personal counselling.

- The success is determined by annual anonymous feedback surveys and direct feedback from students in one-on-one meetings.
- The Graduate Questionnaire noted 95.5% of respondents commenting that they were satisfied or very satisfied (aggregated) with the academic advising/counselling offered (Class of 2023). The values were 97.6% for the Class of 2022 and 91.2% for the Class of 2021.

D. Describe how the medical school ensures that its system of personal counselling meets the needs of its medical students.

This is done by annual anonymous feedback surveys and direct feedback from students in one-on-one meetings.

E. Summarize key features of the programs that promote medical students' well-being.

UME Initiatives

- Orientation week integrates both the beginning of formal classes and multiple introductory and team building activities.
- In 2020, in recognition of the increasing demands on student time, UME approved a policy granting 5 flex days per pre-clerkship year.
- In the Legacy curriculum, the Professionalism & Physician Health Unit ran longitudinally throughout the three years of the curriculum, and addressed issues of professionalism, personal wellness, cultural adjustment, and stress management. Total curricular time was 19 hours over the duration of the curriculum.
- In the RIME pre-clerkship curriculum, learning has been structured to give students predictable scheduling, and decreased in-person sessions, to facilitate access to wellness resources where necessary and allow students to maintain work/life integration. Components of the previous Professionalism and Physician Health unit from the Legacy curriculum that are applicable in RIME are presented jointly between UME and the SAW Hub. Students had significant input in the development of the RIME curriculum and have voiced appreciation for the rhythm of the weekly schedule and predictability of time off. The initial RIME Pre-Clerkship Committee meeting minutes (September 2023) illustrate this appreciation.

Student Initiatives

- The upper year students create a "Survival Guide" which is sent to all incoming students prior to their arrival for the first day of classes. This guide provides both logistical advice (finding housing, etc.) as well as directing them to some of the more commonly used wellness resources.
- Grief and Loss Peer Support Program
- Student run Buddy System whereby each incoming student is assigned an upper year student to act as a mentor and resource.
- The Student Advocacy and Wellness Hub Committee is chaired by the SAW Student Representative. The committee has initiated 1) Wellness Week, 2) Forum on Failure, 3) WE CARE Committee, 4) Weekly Yoga classes, 5) Weekly Meditations, 6) Monthly Wellness and Academic Roundtables.

Informal Elements

- Small group and preceptor contacts. Students have identified their small groups as a source of significant support during stressful times and often develop informal mentorship relationships with preceptors who they are exposed to in the small group setting. The existence of the Master Teacher Program (Legacy Curriculum), with its ~40 salaried faculty who taught across the breadth of the curriculum meant that students tended to have recurrent exposure to these individuals and were therefore more likely to develop relationships with them. The newly developed RIME curriculum has a dedicated group of ~ 70 Tutorial Group Facilitators who will provide similar continuity and support.

SAW Hub Initiatives

- SAW has developed several workshops to support student's wellness such as Journaling Workshops, Mindful Meditation, Yoga, Wellness Weekends
- Collaborates with an alumnus that offers a nationally recognized resilience training program called STRIVE (Simulated Training for Resilience in Various Environments) run yearly for all students.
- Creation of The Little SAW Library – a library of uplifting non-medical books and Muse Meditation Headbands that can be borrowed by students



- Monthly drop ins at the SAW Hub – Once a month the SAW Hub hosts a drop-in day where students are encouraged to come by and enjoy a cup of tea or coffee and snacks are supplied
- Resident Led Transition into Medical School, Work-Life Balance, Study Strategies Session
- Resident Led Note Taking Strategies & Exam Preparation Workshop which also addresses exam failures
- Study and Accountability Pairing Program: An optional program, where students are paired with study partners based on their compatibility (preferred time of day and study methods)
- UCLIC support session – back to urban streams
- Alumni Mentorship Program
- Intro To Clerkship - How to Succeed and Thrive in Clerkship panel discussion with senior clerks
- CaRMS Curriculum:
  - Personal Letter Power Hour: The purpose of this session is to help guide students on their CaRMS personal letters.
  - Resident Led Personal Letter Feedback Session: This formal editing session gives students the opportunity to meet one-on-one for 30 minutes to receive immediate feedback from residents who have recently participated in the CaRMS process.
  - Resident Led CaRMS Mock Interviews
  - CaRMS Match and Unmatched Review Process
  - “Fire-Side Chat” building support, connections and community with peers who have gone unmatched. Residents who have experienced going unmatched will share their experiences, provide support, and help strategize next steps.

F. Summarize key features of the programs that facilitate medical students’ adjustment to the physical and psychosocial demands of medical education.

In addition to the resources outlined above, in the Legacy curriculum through the Professionalism and Physician Health Unit, there were large group and small group sessions about the expectations of medical school, as well as resources for how to manage physical wellness in terms of sleep and nutrition during clerkship.

In the RIME curriculum, the learning has been structured to give students predictable scheduling, and decreased in-person sessions, with more flexibility to adjust to their own learning needs. Additionally, there are more frequent low stakes assessments, allowing students to better distribute study and additional assessment throughout their pre-clerkship time. Tutorial groups, case presentations, and the Community Engaged Learning program also include components of how the transition to medical school changes the perspective of students, and how it may impact their relationships and their changing identity. Components of the previous Professionalism and Physician Health unit from the Legacy curriculum that are applicable for clerkship are be maintained.

The physical and psychosocial demands of medical education are addressed by the creation of a supportive, caring and judgement-free Hub. Mental health concerns are destigmatized through the SAW Hub, with their “arms-length” (from the UME) mandate and record management. The SAW Hub staff spend hundreds of 1:1 hours with students each year, and are well recognized for being a safe and caring environment. The availability of counselling, psychological and psychiatric support has resulted in improved local support for trainees. The SAW Hub faculty sit alongside students who are in academic difficulty (i.e. at Student Academic Review Committee meetings) and are strong student advocates.

#### **12.4 STUDENT ACCESS TO HEALTH CARE SERVICES**

*A medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.*

##### **Requirement 12.4-1**

*The medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences.*

- A. Describe how the medical school facilitates medical students' timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required learning experiences including any additional measures taken when students are at a distance from a major medical center.

Formal health care services are not provided to medical students by or within the CSM itself. All students are strongly encouraged to obtain a personal family physician. Students' mental health care is anchored in the patient's Medical Home Model. Students have three options to access a Family Medicine physician: 1) Student Wellness on main campus through U of C Student Health Services Clinic, 2) through the Alberta Medical Association (AMA) Physician and Family Support Program (PFSP) and 3) AHS website.

The PFSP has a list of family doctors willing to accept MDs and medical students. The Student Health Services Clinic on main campus is staffed by several family physicians and offers both scheduled and walk in services. It is open 8:30-4:30 Monday to Friday. The clinic also provides paramedical services such as massage, chiropractic, and nutrition services.

For the expansion students at the Lethbridge site, access to medical services in compliance with this standard have not yet been defined given that there has not yet been preceptor recruitment and thus a medical home is not yet able to be established for these students. The services available in Lethbridge are sufficient and comprehensive, and would be able to offer any typical diagnostic, preventative, and therapeutic health services. While the goal of the Lethbridge campus is to have students stay at that site for their entire degree, exceptions to allow students to request a different site for exceptional and rare circumstances, such as access to health care, would follow the policy of Request for Different Assignment.

- B. Describe how medical students at all instructional sites/campuses with required learning activities are informed about availability and access to health services.

Students are provided contact information for the Student Health Services Clinic at the time of initial acceptance into medical school. They are encouraged, during orientation week to find a personal family physician, and given contact information for the AMA PFSP program to assist in that task. Students are reminded of this service at the bi-yearly Wellness Fairs.

Students in UCLIC sites can access health services locally by seeing one of the physicians in the community other than their preceptor. If necessary, they can return to Calgary for their medical care.

##### **Requirement 12.4-2**

*The medical school has policies and procedures in place that permit students to be excused from these experiences to seek needed care.*

- A. Provide the policy or guidance document that specifies that medical students may be excused from classes or clinical activities to access health services. Highlight the relevant sections in these documents (*Appendix 12.4-2 A*)

*Appendix 12.4-2 A1 – Attendance (Medical Students)*

*Appendix 12.4-2 A2 – Leave of Absence/Time Away (Medical Students)*

*Appendix 12.4-2 A3 – Clerkship Student Handbook Class of 2025*

B. Describe how medical students, faculty members, and residents are informed of policies/procedures that allow students to be excused from classes or clinical activities to access health services.

The MD program has a dedicated policy website, the existence of which is disseminated to students through student leadership. They are also informed during the initial orientation presentations, and again during a mandatory lecture as part of the Professionalism & Physician Health Unit later in the first year.

Policies specific to illnesses and leaves of absence during clerkship are included in the Clerkship Student Handbook.

Students are instructed to inform their supervising residents or faculty as far in advance as possible of the need to be excused from clinical or non-clinical activities to access health services. If they encounter any resistance, they are instructed to contact the SAW Hub or UME who will ensure their absence is approved.

## ***12.5 PROVIDERS OF STUDENT HEALTH SERVICES / LOCATION OF STUDENT HEALTH RECORDS***

*The health professionals who provide health services, including psychiatric/psychological counselling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.*

### **Requirement 12.5-1**

*The health professionals who provide health services, including psychiatric/psychological counselling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances.*

- A. Describe how the medical school ensures that a provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of, or in decisions about, the advancement of that student.

This is ensured through ***Required Appendix 12.5-1 D – Role Conflict: Physicians as Care Providers and Teachers***. UME leadership does not provide direct care to medical students except under emergency circumstances. If necessary, referral to an appropriate colleague is made. The psychiatrists who accept student referrals through the SAW Hub are not actively involved in the medical school other than episodic bedside teaching.

For the expansion students at the Lethbridge site, access to medical services in compliance with this standard have not yet been defined given that there has not yet been preceptor recruitment and thus a medical home is not yet able to be established for these students. All preceptors, however, are required to adhere to the Role Conflict policy.

- B. Describe how medical students, residents, and faculty members are informed of this requirement.

The SAW Hub and UME managers send periodic email reminders to this effect.

- C. Describe how the medical school mitigates against bias in academic assessment or advancement of medical students in exceptional circumstances, where a health care professional may be involved in the academic assessment or advancement of a medical student and as a provider of health care services to that medical student.

The policy regarding non-involvement of a student's treating physician in their evaluation is included as ***Required Appendix 12.5-1 D - Role Conflict: Physicians as Care Providers and Teachers***. Since the MD program does not require its students to disclose the details of their personal medical history, it is the responsibility of the student to ensure that they are not placed on rotations with previous treating physicians by informing UME leadership of their desire to be moved or assigned to a different learning experience. The SAW Hub and UME managers send periodic email reminders to this effect.

- D. Provide policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the advancement of that student other than in exceptional circumstances. Highlight the relevant sections of the document(s). (***Appendix 12.5-1 D***)

***Required Appendix 12.5-1 D – Role Conflict: Physicians as Care Providers and Teachers (MD Program)***

### **Requirement 12.5-2**

*The medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.*

- A. Describe how medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility whenever the medical school has these documents in its possession. Provide information for each campus if there are differences.

Medical care is not provided within the confines of the medical school itself, therefore there are no medical records. Health records at the University of Calgary Student Health Services Clinic are stored securely at that facility, which is on a separate campus. The only physicians who have access to those records are the physicians who work within that clinic, none of whom are significantly involved in the MD program.

- A. Provide documentation pertaining to the security, privacy, confidentiality, and accessibility of medical student health records. Highlight the relevant sections of the document(s).

***Required Appendix 12.5-2 B1– Student Files (MD Program)***

***Required Appendix 12.5-2 B2 – Role Conflict – Physicians as Care Providers and Teachers (MD Program)***

## ***12.6 STUDENT HEALTH AND DISABILITY INSURANCE***

***A medical school ensures that health insurance is available to each of its medical students and their dependents, and that each medical student has access to disability insurance.***

### **Requirement 12.6-1**

*The medical school ensures that health insurance is available to each of its medical students and their dependents.*

- A. Describe how the medical school ensures that health insurance is available to each of its medical students and their dependents. Provide information for each campus if there are differences.

Basic health insurance is available to all medical students and their dependents. All Alberta residents have Alberta insurance coverage, and medical students from outside of the province are eligible for this after three months and are covered by their home province until Alberta coverage is activated. It is strongly recommended that all international students have coverage through a private organization.

All information in relation to health and dental insurance including what benefits are in the program, costs, adding family members, etc. is located on the University website (***Supplemental Appendix 12.6-1 A***). There is only one campus that students attend as part of their medical training.

- B. Identify when medical students are made aware of health insurance availability. Provide information for each campus if there are differences.

Students are informed at orientation every year of available health insurance and the process to enrol in the extended health and dental coverage plan. The University of Calgary Student Union provides comprehensive coverage.

### **Requirement 12.6-2**

*The medical school ensures that each medical student has access to disability insurance.*

- A. Describe how the medical school ensures that each medical student has access to disability insurance. Provide information for each campus if there are differences.

During orientation at the start of medical school students can discuss disability insurance with private insurance companies. Supplemental health and disability insurance is not provided by the medical school. Some private disability insurance is available through the Students' Union plan and is also offered to medical students through the Alberta Medical Association (ADIUM – the AMA's wholly-owned insurance agency).

Students are covered by Alberta Workers' Compensation Board if injured (see page 2 of ***Supplemental Appendix 12.6-2 A - Student – Injury, Incident and Exposure Reporting***).

- B. Identify when medical students are made aware of access to disability insurance. Provide information for each campus if there are differences.

Disability insurance, and the importance of holding it, is emphasized during in financial literacy presentations. Students are made aware that if something happened to them that causes injury or mental health issues and requires that they step out of the program for more than six months, then their student loans would change to repayment status.

## ***12.7 IMMUNIZATION REQUIREMENTS AND MONITORING***

*A medical school follows accepted guidelines that determine immunization requirements and ensures compliance of its students with these requirements.*

### **Requirement 12.7-1**

*The medical school follows accepted guidelines that determine immunization requirements.*

- A. List the guidelines used by the medical school to determine the immunization requirements for its medical students.

The immunization guidelines are determined by two factors. Firstly, the *Alberta Health Services (AHS) Standard for Immunizations of Post-Secondary Health Care Students and Students in other High-Risk Occupational Programs (Supplemental Appendix 12.7-1 A1)*. These are then compared to the requirements set out by the AFMC Student Portal Immunization and Testing Form (*Supplemental Appendix 12.7-1 A2*). The most stringent requirements from these documents are used to create the UCalgary Immunization Worksheet-MD Program (*Required Appendix 12.7-1 C1*) which students are sent at admission. The students meet the highest standard so that when they apply for and are accepted to carry out a visiting elective, no additional immunizations that may be non-Alberta specific should be required. In accordance with the Alberta and AFMC guidelines for the immunization of health care workers/students, MD students at the University of Calgary are required to complete the following immunizations:

1. Diphtheria / Tetanus – completion of primary series and one booster in adulthood and within the past 10 years
2. Pertussis – one dose of pertussis containing vaccine at over 18 years of age
3. Polio – completion of the primary three dose series
4. Measles Mumps Rubella – two doses of vaccine given after the first birthday
5. Varicella – two dose vaccination series, or serologic evidence of immunity
6. Hepatitis B – complete vaccination series and proof of serologic immunity unless determined to be a vaccine non-responder
7. Mantoux testing – a two-step Mantoux test (only a one-step is needed if they previously completed a two-step)
8. Chest X-ray – only needed if a positive Mantoux test. Chest x-ray only needs to be subsequent to the positive Mantoux

Students are strongly encouraged, but not required to complete annual influenza vaccination and COVID-19 vaccines. Serologic testing for Hepatitis C and HIV is required by a few of the other medical schools for visiting electives and students are made aware of this requirement through the AFMC portal.

- B. Describe the rationale for any school requirements that differ from the immunization guideline(s) listed above.

There are no requirements that differ from the two standards and the AFMC portal requirements described above.

- C. Provide the school or university document stating the immunization requirements for students. (Appendix 12.7-1 C). Highlight relevant sections of the document stating the immunization requirements and identify any areas where medical school requirements differ from Canadian immunization guidelines or those approved for use in the province in which the school operates.

***Required Appendix 12.7-1 C1 – UME Immunization Worksheet & Consent Form***

***Required Appendix 12.7-1 C2 – Immunization Requirements UME Students***

### **Requirement 12.7-2**

*The medical school ensures compliance of its students with these requirements.*

**A. Describe how the medical school ensures compliance of its medical students with immunization requirements. Provide information for each campus.**

Students are asked to complete, to the best of their ability, their immunization requirements prior to the first day of classes. As a result, many applicants complete their immunization requirement form through their family physician or public health office prior to arriving in Calgary. For students in Calgary or who have moved to Calgary, the Student Health Services clinic on main campus is the primary resource for assistance.

Once the documentation is complete or at the deadline (even if incomplete) the student submits everything (Immunization Worksheet, proof of all vaccinations and tests written on the worksheet, and the consent form) to the UME Immunization Specialist who is a registered nurse employed by the CSM. The Immunization Specialist then reviews to ensure the student has completed the testing and immunization requirements. If the requirements are not met, the Immunization Specialist follows-up/tracks the student until all requirements have been met.



## **12.8 STUDENT EXPOSURE POLICIES / PROCEDURES**

*A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:*

- a) education of medical students about methods of prevention*
- b) procedures for care and treatment after exposure, including a definition of financial responsibility*
- c) effects of infectious and environmental disease or disability on medical student learning activities*

*All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.*

### **Requirement 12.8-1**

*The medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including:*

- a) education of medical students about methods of prevention*
- b) procedures for care and treatment after exposure, including a definition of financial responsibility*
- c) effects of infectious and environmental disease or disability on medical student learning activities*

- A. Provide medical school policies/guidance documents that show that it effectively addresses medical student exposure to infections or environmental hazards. Highlight and label the sections of the document(s) that address a) education of medical students about methods of prevention; b) procedures for care and treatment after exposure, including a definition of financial responsibility; c) effects of infection or environmental disease or disability on medical student learning activities. (**Appendix 12.8-1 A**)

**Required Appendix 12.8-1 A1 – Student – Injury, Incident and Exposure Reporting** (b. procedures)

**Required Appendix 12.8-1 A2 – Protocol for Injuries, Incidents and Exposures – UME Students** (b. procedures)

**Required Appendix 12.8-1 A3 - Safety Policy Medical Students** (a. prevention + b. procedures + c. effect on learning activities)

**Required Appendix 12.8-1 A4 - Operating Procedures - Role of Learners During Health Care Emergencies** (b. procedures)

**Required Appendix 12.8-1A5- Shadowing policy** (noting that students must review the following AHS Policies: a-d (a. education))

**Required Appendix 12.8-1 A6 – Calendar Entry – Immunization & N95** (a. prevention)

**Required Appendix 12.8-1 A7 – Immunization Requirements – UME Students** (a. prevention)

**Required Appendix 12.8-1 A8 - N95 Requirements – UME Students** (a. prevention)

### **Requirement 12.8-2**

*All registered medical students are informed of these policies before undertaking any educational activities that would place them at risk.*

- A. Describe when and how all medical students learn about the policies/procedures to be followed in the event of their exposure to infectious or environmental hazards before undertaking any educational activities that would place them at risk.

The information and policies are available on the homepage of the UME website.

Students have formal PPE training during orientation (two half days to accommodate all students in small groups) where they are required to watch a PPE training video (AHS), and then practice infection prevention and control procedures. This session is mandatory for all students. The regulations for IPC/PPE training are included in Calendar regulation 5.3.1 Doctor of Medicine - Conditions of Admission (**Required Appendix 12.8-1 A6**)

Curricular material related to infectious diseases is included in the first course of the curriculum in an effort to ensure that it is covered as early in the curriculum as possible. There is a policy that students must review the Alberta Health Services policies on hand hygiene, infection prevention and control, PPE and needlestick injuries before setting up any clinical shadowing experiences. This training is tracked by the Immunization Specialist, and shadowing and clinical core can not be scheduled until the training is complete.

For visiting students, the information is posted on the UCalgary AFMC portal page under the Health and Safety Incident Reporting tab.

**B. Table 12.8-2 B**

Table 12.8-2 B | Student Knowledge of Post-Exposure Treatment (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	Year 1	Year 2	Year 3	Year 4
Foothills Medical Centre	I received instruction on steps to take following exposure to infectious or environmental hazards before undertaking any educational activities that would place me at risk.	104/113 (92.04%)	105/117 (89.74%)	131/149 (87.92%)	N/A

**Requirement 12.8-3**

*All visiting students are informed of these policies before undertaking any educational activities that would place them at risk.*

- A. Describe how all visiting medical students learn about the policies/procedures to be followed in the event of their exposure to infectious or environmental hazards before undertaking any educational activities that would place them at risk.

Information is available on the AFMC portal, and an email is sent at the time the elective is confirmed. There is a Health and Safety section of the AFMC portal that applies specifically to CSM and relates to incident reporting of Blood and Body Fluid Exposure (BBFE) or Communicable Disease Exposure (CDE).