

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students’ attainment of competencies required of future physicians.

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

Each medical student in a medical education program participates in at least one required or elective clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enrolled in an accredited program of graduate medical education.

Requirement 3.1-1

Each medical student in the medical education program participates in at least one required or elective clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enrolled in an accredited program of graduate medical education.

- A. Describe how the medical school ensures that each medical student in the medical education program participates in at least one required or elective clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enrolled in an accredited program of graduate medical education.

The Clerkship Schedule for the two streams (Rotation Based and UCLIC) is provided below:

Calgary Based Clerkship		UCLIC Clerkship: Rural and Calgary based	
Anesthesia	2 weeks	University of Calgary Longitudinal Integrated Clerkship (UCLIC)	32 weeks
Internal Medicine (2 x 4 weeks)	8 weeks	Internal Medicine (Calgary)	4 weeks
Pediatrics (4 + 2 weeks)	6 weeks	Paediatrics (Calgary)	4 weeks
Surgery (4 + 2 weeks)	6 weeks	Surgery (Calgary)	4 weeks
Electives	14 weeks	Electives	14 weeks
Obstetrics & Gynecology (4 + 2 weeks)	6 weeks		
Psychiatry (4 + 2 weeks)	6 weeks		
Emergency Medicine	2 weeks		
Family Medicine (2 x 4 weeks)	8 weeks		
Course 8: Comprehensive Clinical Skills for Clerkship (longitudinal over 44 weeks)		Course 8: Comprehensive Clinical Skills for Clerkship (UCLIC students must attend all sessions offered to them)	
Total Clinical Training	58 weeks	Total Clinical Training	58 weeks
Fall Break	1 week	Fall Break	1 week
Winter Break	2 weeks*	Winter Break	2 weeks*
CaRMS Interview Period	3 weeks	CaRMS Interview Period	3 weeks
Total Clerkship Period	64 weeks	Total Clerkship Period	64 weeks

All core rotations, apart from family medicine, (and most selective/elective rotations) are in Royal College accredited resident training programs. Students are assigned to teaching services with continuous or near continuous resident coverage. Students on the rotation-based stream have resident exposure on most of their core rotations. Students in the UCLIC stream may have assignment to sites/preceptors without resident coverage. The UCLIC students all return to one or more of the main Calgary teaching sites for three 4-week blocks (Surgery, Internal Medicine and Pediatrics) during which they are assigned to teaching services, all of which have resident exposure. Additionally, many UCLIC sites also house residents on rural rotations, particularly from the rural family medicine residency programs in Medicine Hat and Lethbridge, increasing the exposure to residents in different settings.

Note: The question below was inadvertently excluded from the ISA as distributed by the AFMC to the Calgary CSM students in 2023. In previous accreditation cycles the percentage of students working with a resident was reported as 100%. No significant changes have been made to the clerkship curriculum in the interim, so it can confidently be reported that all clerks work with residents in multiple settings.

B. Table 3.1-1 B

Table 3.1-1 B | Resident Participation in Medical Student Education

Source: ISA

Provide the data from the Independent Student Analysis (ISA) on the number and percentage of final year respondents answering “Yes” to the statement shown in the table below. Add rows as needed for each campus.

Campus	Survey Question	Number (%)
Foothills Medical Centre	I worked with a Resident in at least one required or elective clinical learning experience during medical school.	This question was inadvertently excluded from the ISA survey when distributed by the AFMC to the student body in 2023

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities.

Requirement 3.2-1

The medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

- A. Describe the environment in which the medical education program is conducted and how this environment fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

The Cumming School of Medicine (CSM) is a highly research-intensive faculty which has attracted a donation of \$200 million for naming of the school, the majority of which is targeted towards supporting research across all research pillars. The school has invested heavily into cross-cutting research platforms, including a health data research center, clinical trials platforms, as well as the international microbiome center that includes the largest germ-free rodent facility in the world. Investments to graduate traineeships and postdoctoral fellowships, along with a highly successful grant development office has yielded tremendous success in Tri-council and other grant competitions (>\$250 million in competitive grants are secured by CSM researchers each year), leading to the University of Calgary now being a top five Canadian Research Institution.

The CSM also is a national leader in the creation of spinoff companies, and research by CSM's stroke team has resulted in paradigm shifting interventions into stroke, as just one example. Most CSM research is conducted by one of the seven research institutes: Alberta Children's Hospital Research Institute (ACHRI), Arnie Charbonneau Cancer Institute, Hotchkiss Brain Institute (HBI), Libin Cardiovascular Institute of Alberta, McCaig Institute for Bone and Joint Health, O'Brien Institute for Public Health (OIPH), and Snyder Institute for Chronic Diseases. Institutes are partnerships between the university, AHS (with the exception of OIPH), and the community (including Alberta Children's Hospital Foundation for the Alberta Children's Hospital Research Institute) to provide creative homes for faculty and students to work together on biological processes that are relevant for understanding human diseases. The strength of the Institutes derives in part from the fact that their activities span the spectrum from fundamental discovery research to clinical research. There has been remarkable philanthropic support of the institutes, such that they are now all named and supported by endowments. Institutes also serve as hubs for a wide range of educational activities, including graduate and fellowship training, undergraduate summer studentships (especially for students in the Bachelor of Health Science Program and the Neuroscience undergraduate program of the University), and opportunities for undergraduate medical students to engage in research.

Many faculty members have significant protected time for research. In addition, the school stewards ~60 Endowed Chairs and Professorships, along with numerous Canada Research Chairs. EDIA principles are applied across the entire research spectrum. The research environment in CSM is highly collaborative, both within CSM, as well as across many other faculties in the University of Calgary. Of note, CSM occupies contiguous space with the Faculty of Veterinary Medicine, leading to research and training synergies. Finally, the CSM's Precision Medicine/Precision Public Health (PM/PPH) initiative underpins the research mission of the school, and drives priorities for recruitment, fund-raising and strategic partnerships. Unlike many Canadian medical schools, most CSM research does not occur within facilities that are affiliated with the health system, such as research hospitals.

Requirement 3.2-2

The medical education program provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities.

- A. Describe the opportunities for medical student participation in research and other scholarly activities.

There are a number of formal opportunities for UME students to participate in research:

- **Leaders in Medicine (LIM) Program**
 - Allows medical students to complete a joint MD/PhD or MD/MSc degree leading to dual tracks in clinical and investigative medicine.

- The LIM program is designed to allow enrolled LIM students to participate in events to help foster the pursuit and development of clinician scientists. This includes the Translational Research Seminar Series, News and Views series, professional development and mentorship events, a research symposium, a community engagement event, and social events.
- **Applied Evidence Based Medicine MED 445 (Legacy Curriculum)**
 - Provides an opportunity to explore in-depth an area of particular interest to each student. Students under the supervision of a preceptor may complete a research project. Others may pursue a clinical experience utilizing critical appraisal skills to address questions related to prognosis, investigation and/or treatment.
 - The numbers of students completing a Research elective for 2020, 2021, 2022 and 2023 were 31, 36, 74, and 38 respectively.
 - The numbers of students completing a Directed Study elective for 2020, 2021, 2022 and 2023 were 30, 4, 18, and 6 respectively.
- **Clerkship Critical Appraisal Projects** (Family Medicine, Obstetrics and Gynecology) – Students who completed research projects in Obstetrics and Gynecology in 2020 and 2021 were 2 and 1, respectively.
- **Clerkship Research Electives** (4 weeks) - The numbers of students completing this type of elective for 2020, 2021, 2022 and 2023 were 6, 8, 7, and 10 respectively.

UME Research Committee

The UME Research Committee (UME RC), led by the Assistant Dean of Evaluations and Research, was formed in 2021 to create a greater focus on research within the UME by promoting and overseeing research in the UME program, promoting research opportunities for medical students, and providing research consultation and support to CSM faculty and students internal and external to the UME. There are many qualities of the UME RC that are valuable in fostering research in the UME program of the CSM, and they are noted below:

- The UME RC reviews all research projects on medical students as study participants, with the Assistant Dean of Evaluation and Research providing final approval for distribution to the medical students.
- A full time Research Technician was hired to be part of the UME program and the UME RC to conduct, manage, actualize, facilitate, and support internal research projects and activities, student research opportunities, facilitate external research activity, and consult on internal and external research projects.
- An omnibus UME research ethics protocol was approved which allows internal UME research activities. The UME RC also collaborates with other CSM faculty members to conduct UME research projects under five separate ethics protocols.
- The UME RC has provided formal consultation to 6 unique CSM faculty members (6 in 2022, 3 in 2023), and 4 UME students in 2022 on their research projects since November 8, 2021. Informal consultations provided by UME RC are not included here.

Extracurricular Research Activities through the UME Research Committee (since November 8, 2021):

- 10 unique students have reached out to members of the UME RC seeking extracurricular research opportunities since November 2021. Of these, 1 was from the graduating class of 2023, 6 from the class of 2024, and 3 from the class of 2025. All 10 students were connected with a preceptor or UME RC faculty for at least one research project
- 5 students (1 from the class of 2025, 2 from the class of 2024, 2 from the class of 2023) are currently participating in 4 internal UME research projects that stem from the UME RC
- 2 faculty researchers reached out to UME RC seeking medical students to join their research projects as researchers (not as study participants) for which UME RC connected 6 UME students to join these 2 research teams
- 2 BHSc summer students are involved in 2 internal UME research projects that stem from the UME RC
- The UME RC and our student/faculty collaborators have produced the following scholarly work since November 8, 2021:
 1. Conference abstracts (i.e. poster and oral presentations): 8 students in 2022, 7 students in 2023
 2. Published CARDS decks with Digital Object Identifiers (DOIs): 4 students with 6 published DOIs in 2022
- The Associate Dean Research Office sent out a faculty-wide survey asking for research supervisors/projects that would be available to UME students. It resulted in a list of 74 research supervisors/preceptors and their projects. The UME RC distributed the list to UME students in 2023.

- These data are not representative of all extracurricular research opportunities that our students have participated in or are currently participating within the same timeframe.

RIME Curriculum

Within RIME, each student is required to complete a scholarly activity project. The project is composed of a proposal, the project itself is completed in asynchronous learning time within the Professional Role space, and then a project presentation in Block 3. The definition of scholarly activity is broad, in keeping with University of Calgary Faculty Guidelines, and includes basic science research, education scholarship, quality improvement, and innovation. This activity is supported by various groups and Institutes within CSM, including the Assistant Dean, Evaluation and Research Research, the Office of Health and Medical Education Scholarship, and the Precision Health Program. By making this scholarly activity a curricular requirement, and tying it to assessment and promotion, this is concrete evidence of encouragement to participate in scholarly activity. With this, 100% of students going through the RIME curriculum will have an opportunity to participate in scholarly activity.

B. Describe how the medical education program encourages medical student participation in research and other scholarly activities.

Students are encouraged to participate in research and other scholarly activity in the following ways:

- Leaders in Medicine Program – For students enrolled in a graduate degree at the University of Calgary, the UME offers an opportunity to defer medical school acceptance until the completion of that degree. This program allows students to complete their current research and continue with post-graduate research during their medical degree.
- Three of the Big 10 Exit Objectives include statements of commitment to excellence in research and other scholarly activity, including “apply an evidence-based approach”, “demonstrate self-directed life-long learning skills”, and “describe the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients and applied to patient care. Having these principles embedded and mapped throughout the curriculum represents an overt encouragement to participate in this work.
- Curricular requirements, whether it be through the legacy AEBM/MED 440 course or the new RIME scholarly activity projects, tying assessment and promotion to the performance of scholarly activity is overt encouragement for students to participate.
- Providing travel funding for research at conferences – students can apply to UME to receive a travel bursary to present research, thus reducing financial barriers of disseminating their scholarly activity.
- Maintenance of a research database within UME to pair interested students with faculty members to participate in scholarly activity.

C. Table 3.2-2 C

Table 3.2-2 C | Medical Student Participation in Research/Scholarly Activities

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	The medical education program provided me with sufficient opportunities for participation in research and other scholarly activities.	85/149 (57.05%)	41/119 (34.45%)	70/113 (61.95%)	N/A

	The medical education program encouraged my participation in research and other scholarly activities.	104/149 (69.80%)	47/119 (39.50%)	64/113 (56.64%)	N/A
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*In the 2024 accreditation survey provided to the first-year medical students in the RIME curriculum, 29/43 (67%) reported the medical education program provided them with sufficient opportunities for participation in research/scholarly activity, and 37/43 (86%) reported that the medical education program encouraged participation in research/scholarly activities. In addition, data from the Graduate Questionnaire indicate that 14% of graduating students were not interested in research.

D. Describe how the medical education program supports medical student participation in research and other scholarly activities at each campus.

1. LIM Funding:

- Leaders in Medicine Funds: LIM MD/MSc Excellence Award: annual award for eligible MD/MSc students in the medical portion of joint program.
- Achievers in Medical Science (AIMS) LIM Award: For eligible MD/PhD students in the LIM joint degree program in the CSM. Up to three awards in Year 1 of the MD program and one award in Year 3 of the MD program.
- Other Awards: Students in the graduate portion of joint degree, are encouraged to apply for Faculty of Graduate Studies (FGS) open competitions and Cumming School of Medicine awards.
- Travel Awards: LIM and Affiliate Students are eligible to apply for a travel award for oral presentations at symposiums/conferences.

2. UME Funding:

- Travel grants: available to send students to conferences where they are presenting. Students are eligible for this \$1000 in funding once during the three-year program. An average of 40 students per year during the past four years have taken advantage of this funding.

3. Other UME Resources:

- Excused absences to present research at conferences.
- Mentorship/counselling provided by UME Assistant Dean - Research & Evaluation.

E. If financial support is provided through the medical education program, describe how this is distributed among students.

Research funding is made available on a competitive basis, with Advanced Imaging and Microscopy (AIMS) and LIM awards being more competitive than travel awards and FGS awards.

Funds are distributed through application review processes. The LIM Program Director reviews applications against criteria indicated in the Terms of Reference for AIMS and other awards. Typically, this includes reviewing academic progress, productivity, and continued participation in the University community. This can include leadership and volunteer participation. Students must submit either the initial application or Annual Progress Reports for LIM to be considered for awards. Reimbursement for travel is only provided to those who have presented work at a recognized conference.

3.3 DIVERSITY PROGRAMS AND PARTNERSHIPS

A medical school in accordance with its social accountability mission has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to demonstrate progress towards mission-appropriate diversity outcomes among its medical students, faculty members, senior academic and educational leaders, and other relevant members of its academic community. These activities include the appropriate use of effective policies and practices, programs or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of policies and practices, program, or partnership outcomes.

Background:

Cumming School of Medicine Social Accountability Mission

The Cumming School of Medicine (CSM) has explicitly defined its commitment to social accountability as obliging us to direct our education, research, service activities, and resources towards the priority health and equity concerns of the diverse communities we serve. As a dynamic process, social accountability directs our school towards critical practice, ensuring we are responsive to community needs - in continuous collaboration with community and stakeholders. This commitment is based on the following derived foundational principles:

1. Local is global; global is local (responding to transnational, transdisciplinary societal challenges)
2. Decolonize structures and cultures (across education, research, and service pillars)
3. Drive health and social equity through both stewardship and innovation (intellectual, social, and commercial).

The CSM Social Accountability Task Force began in March 2021 and generated a report highlighting several major recommendations within the domains of i) accountability and inclusive governance CSM structures and procedures, ii) culture, and iii) engagement, as key to the CSM's social accountability mission. The Social Accountability Task Force Report and Recommendations was presented and accepted by the CSM Priority and Planning Committee (PPC) in the Fall 2022 (**Required Appendix 3.3-1 A7**).

Social Accountability Mission Guiding the CSM's Living Strategic Plan and Process

Members of the Social Accountability Task Force support the integration of social accountability values and objectives, with a focus on specific action items and operationalization of social accountability in each planning area of the current CSM Strategic Plan and building social accountability capacity in those venues, alongside a dedicated Social Accountability Advisory Group chaired by the Social Accountability Task Force Chair.

Moreover, the Social Accountability Task Force Report has served to guide the core CSM strategic planning process specifically incorporating a broad and effective community engagement plan that is a longitudinal, multi-pronged approach consistent with the principles of inclusive governance. This strategic planning process acknowledges that the strategic plan is itself a living document, and that the process of community engagement needs to likewise be dynamic and continuous, and includes:

- a) Reviewing existing information regarding community priorities – synthesizing and incorporating information from communities that is already available, (e.g., Indigenous Health Dialogue Report) to avoid the following: duplicating work; moving forward before problems previously identified by community partners are addressed; and exhausting community capacity and desire to engage.
- b) Elevating existing relationships between the CSM and the broader community, particularly those formed with marginalized community members - existing relationships with community in research, education, and clinical activity can serve as effective mechanisms to bring diverse community voices into the CSM strategic planning process and should be thoughtfully integrated.
- c) Community engagement beyond the strategic planning process - while integration of community engagement into the process of strategic planning is important, so too is integrating the very concept or value of community engagement into the CSM strategic plan itself.

Cumming School of Medicine Diversity Statement and Outcomes

Diversity Statement:

The University of Calgary defines diversity, difference, or variety, as a characteristic of nature and human society (*Supplemental Appendix 3.3 – UCalgary OEDI Definitions*). Efforts to increase representational or numerical diversity are enabled by the institutional commitment to equity, diversity, and inclusion. Fundamental to education and employment equity is the cultivation of an environment in which those disadvantaged and/or under-represented can access and flourish within the community.

The University of Calgary further defines representational diversity as an outcome of proactive measures to correct systemic disadvantage, and to create equitable opportunity structures and pathways for a critical mass of those who are disadvantaged and/or under-represented.

The University of Calgary recognizes that identity-diversity shapes, and is shaped by voice, representation, and experiences. It also acknowledges that diversity may also refer to philosophical or perspectival differences, institutional types, disciplinary fields, ways of knowing, theoretical and methodological variations.

The university diversity mandate is supported by the Office of Indigenous Engagement and Office of Equity, Diversity, and Inclusion, amongst others.

Institutional practices are reinforced by the university's formal commitments* to the:

- ii'taa'poh'to'p Strategy, the University of Calgary's Indigenous Strategy which guides the institution on its path of transformation and communicates its commitment and responsibility for truth and reconciliation and which is founded on the:
 - Final Report of the Royal Commission on Aboriginal Peoples (RCAP) 1996, which concerns government policy with respect to the original historical nations of this country. Those nations are important to Canada, and how Canada relates to them defines in large measure its sense of justice and its image in its own eyes and before the world.
 - United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) 2008, which affirms that Indigenous peoples are equal to all other peoples, while recognizing the right of all peoples to be different, to consider themselves different, and to be respected as such, and sets out a series of provisions for the survival, dignity and well-being of the indigenous peoples of the world.
 - Final Report of the Truth and Reconciliation Commission of Canada Volume One: Summary "Honouring the Truth", Reconciling for the Future", 2015, which honoured the experiences of Indian Residential School survivors and includes 94 calls to action for reconciliation.
 - Universities Canada, Principles of Indigenous Education, 2015, which highlights the importance of removing systemic barriers to representation of Indigenous students in Canadian universities by outlining a set of principles.
- Scarborough Charter, which is a commitment by institutions across Canada to combat anti-Black racism and foster Black inclusion in higher education. The Charter recognizes the realities of anti-Black racism and includes concrete steps for action and to ensure institutional and cross-sector accountabilities.
- Dimensions Program, which addresses barriers and discrimination faced by equity-deserving groups, helping to drive deeper cultural change within the research ecosystem by identifying and eliminating obstacles and inequities. This will support equitable access to funding opportunities, increase equitable and inclusive participation, and embed EDI-related considerations in research design and practices.
- Canada Research Chairs Program (CRCP) EDI Action Plan, which outlines steps and KPIs for increasing diversity and inclusion among the institution's research chairs.
- Declaration on Research Assessment (DORA), a global initiative to encourage the development and promotion of best practices in evaluation of researchers and the outputs of scholarly research.
- Okanagan Charter, which calls on post-secondary institutions to make a commitment to health and well-being in all policies and practices.
- Campus Mental Health Strategy, through which the university commits to fostering a campus culture where students, faculty, and staff are supported, valued, included, connected and flourishing.

*Descriptions above taken from specific program/initiative websites/reports.

Diversity Outcomes:

The CSM reflects the University's values and commitments by striving to recruit and retain students, faculty and staff who reflect the diversity of the broader community it serves. *The school seeks, welcomes, and supports diversity in its composition, research, education, service, and community engagement, individually and collectively among students, staff, faculty members and leadership.*

In accordance with university values, *the CSM understands that fundamental to achieving its expressed diversity outcomes, it must cultivate a learning and working environment that is safe, and in which those who are disadvantaged and/or under-represented can not only gain access to, and flourish within the community, but also feel an authentic sense of belonging.*

In addition to the four federally designated groups identified within the University of Calgary's Employment Equity Plan (i.e. women, Aboriginal Peoples, Persons with Disability, Members of Visible Minorities), the CSM defines equity deserving groups as people who continue to be most structurally marginalized: Indigenous, Black, racialized or visible minorities, ability diverse or with disability, 2SLGBTQ+, women, and those who are from low social economic backgrounds; recognizing the complexities of overlapping social identities and the impacts of intersectionality.

The CSM diversity mandate is explicitly supported by the inaugural Senior Associate Dean Health Equity and Systems Transformation, as well as the following offices, amongst others:

1. Indigenous, Local, and Global Health
2. Precision Equity and Social Justice
3. Faculty Development and Performance
4. Dean appointment for the Office of People, Culture, and Health Promotion (August 2023)

The school's practices are further reinforced and guided by formal commitments to the:

- Indigenous Health Dialogue, which was established in 2015 to enhance existing Indigenous health initiatives, create new opportunities for programming, and purposefully respond to the Truth and Reconciliation Commission's (TRC) Calls to Action. Since its inception, the program has aimed to build capacity for promoting principles of social accountability, cultural safety, and equitable partnerships. In a push to strengthen coordination around Indigenous health initiatives within the CSM, the IHD has actively explored what the TRC Calls to Action may mean for the school and community partnerships, as means of building faculty and community capacity for aligning goals and outcomes.
- Association of Faculties of Medicine of Canada (AFMC) Joint Commitment to Action, which since 2019 has provided a roadmap for concrete institutional change that will best enable Canadian medical schools to respond to the TRC Calls to Action and fulfill their social accountability mandates with respect to Indigenous health.
- Black Medical Students Association (BMSA) Calgary: Calls to Action which outline concrete actions to combat institutionalized racism in medical education and health care.
- Black Medical Students Association of Canada list of recommendations to Canadian faculties of medicine.

These documents serve as a compass to the school's common purpose and values and bind us with our shared sense of humanity, and to our contract with society. These documents are foundational to what we aspire to be: mirrored in a culture of authentic belonging and embodied in CSM's Living Strategic Plan.

Requirement 3.3-1

The medical school in accordance with its social accountability mission has effective policies and practices in place to demonstrate progress towards mission-appropriate diversity outcomes among its:

- i. *medical students*

- ii. *faculty members*
- iii. *senior academic and educational leaders*
- iv. *other relevant members of its academic community*

A. Provide copies of policies (or equivalent documents) that are in place to demonstrate progress towards mission-appropriate diversity outcomes that are in accordance with the medical school's social accountability mission. Highlight sections of these policies (or equivalent documents) that refer to items i – iv above. (*Appendix 3.3-1 A*)

Policies (labels correspond to i-iv above):

University of Calgary:

Required Appendix 3.3-1 A1 - University of Calgary Student Accommodation Policy (i)

Required Appendix 3.3-1 A2 – University of Calgary Procedure for Accommodation for Students with Disabilities (i)

Required Appendix 3.3-1 A3 - University of Calgary Employment Equity Policy (ii, iii, iv)

Required Appendix 3.3-1 A4 - University of Calgary Workplace Accommodation Policy (i-iv)

Required Appendix 3.3-1 A5 - University of Calgary Workplace Accommodation Procedure (i-iv)

Required Appendix 3.3-1 A6 – University of Calgary GFC Academic Staff Criteria & Processes Handbook (ii-iv)

Cumming School of Medicine:

Required Appendix 3.3-1 A7 - Social Accountability Task Force Report and Recommendations (i-iv)

Required Appendix 3.3-1 A8 - Professional Standards for Faculty Members and Learners (i-iv)

Required Appendix 3.3-1 A9 –Equity Guidelines for Search and Selection Committees (i-iv)

Required Appendix 3.3-1 A10 - CSM Academic Activity Frameworks (ii)

Required Appendix 3.3-1 A11 - MD Program Applicant Manual (i)

Required Appendix 3.3-1 A12 - Attendance – Medical Students (i)

Required Appendix 3.3-1 A13 – Safety Policy Medical Students (i)

Required Appendix 3.3-1 A14 - CSM Inclusive Hiring & Selection Guidelines (i-iv) (awaiting final approval)

B. Identify the targeted mission appropriate diversity outcomes for each of the categories (i – iv) listed above.

As above, the University of Calgary (UCalgary) defines representational diversity as an outcome of proactive measures to correct systemic disadvantage, and to create equitable opportunity structures and pathways for a critical mass of those who are disadvantaged and/or under-represented.

The CSM reflects the University's values and commitments by striving to recruit and retain students, faculty and staff who reflect the diversity of the broader community it serves. *The school seeks, welcomes, and supports diversity in its composition, research, education, service, and community engagement, individually and collectively among students, staff, faculty members and leadership.*

To this end, the CSM explicitly aims to have a representative proportion of people who are:

- Indigenous
- Black, Racialized, or Visible Minorities
- Ability diverse or with disability
- 2SLGBTQ+ or Gender Diverse
- Women
- From a low socioeconomic background

At the same time, the CSM expressly recognizes:

- The complexities of overlapping social identities and the impacts of intersectionality on systems of oppression that may result in further disadvantage and/or under-representation.
- Representational diversity is a dynamic goal based on population growth and is only a starting point towards equity
- Representational diversity must reflect national population proportions rather than our local context given that our faculty welcomes people from across Canada and internationally, and that our students must also be prepared to serve communities across the country and globally
- Representational diversity must be supported with a culture of authentic inclusion

The University of Calgary has embarked on a mission to identify the extent of (under) representation through ethical data compilation and analysis of students, faculty, leadership, and staff. The UCalgary EDI Data Hub serves as a central repository for curating and sharing EDI data in multiple formats and from various sources. It includes institutional EDI data as well as international, national, and local data on population demographics and attainment in post-secondary education. UCalgary's commitment to data transparency is reflected through infographics and data visualizations, and on an interactive EDI dashboard, that is one of the first of its kind in the Canadian post-secondary sector, and has been recognized as a leading best practice in the 2022 Horizon Report by Educause.

The UCalgary EDI dashboard was created (2021) through a partnership between the Office of Equity, Diversity and Inclusion and the Office of Institutional Analysis. This partnership was established to collect high-quality key demographic data that reveal diversity gaps, guide development and prioritization of diversity outcomes, and track how those gaps are being closed between the Canadian population and the student body, faculty, staff, and university leadership.

As part of this process, UCalgary announced in April 2023, that it is developing a comprehensive data stewardship policy and plan to better support its current data collection tools: the Student Equity Census and the Employment Equity Census and guide ethical practices of EDIA data collection across the institution. The Equity Diversity Inclusion Data Collection Operating Standard (**Supplemental Appendix 3.3-1 B1**) governing this became effective on February 29, 2024. The EDI Data Collection Operating Standard represents an end to the previous moratorium on EDI data collection (**Supplemental Appendix 3.3-1 B2**) and will allow for the collection of data to further the University's EDI programs and objectives. It is supported by a Guideline for Conducting University of Calgary Surveys (**Supplemental Appendix 3.3-1 B3**). The EDI Data Collection Operating Standard and the Guideline for Conducting University of Calgary Surveys set out the standard for projects seeking to collect and use EDI data within the University of Calgary. Namely, those seeking EDI Data collection must gain approval from both the UCalgary Freedom of Information and Protection of Privacy (FOIP) Act Office, and from the EDI Data Review Group, a committee comprised of representatives from several related UCalgary units that meets monthly to review submissions. This ensures that EDI Data is collected in compliance with relevant authority and legislation. As the above process is relatively new, efforts to disseminate understanding of this

new EDI Data Collection Operating Standard and procedure are being made. This involved meetings with Dr. Tolu Sajobi (Academic Director of EDI Data Research & Strategy) and Dr. Malinda Smith and (Associate Vice-President EDI Research) to obtain guidance on potential unique considerations for specific faculties regarding EDI Data collection.

At the CSM, the first faculty-wide biennial census was conducted in 2021. These voluntary censuses include all CSM members: learners, staff, faculty and leadership, and measure progress towards increased representation and inclusion of structurally marginalized groups. A second census is planned for Fall 2024, alongside a faculty-wide climate survey which will assess the degree to which CSM members feel inclusion and belonging in the faculty. In addition, the MD Admissions office collects information on the following demographic categories: gender, age, race, socio-economic status and rural location as part of its admissions process.

C. Provide evidence that all targeted mission-appropriate diversity outcomes for each of the categories (i – iv) listed above are progressing towards achievement.

Many UCalgary initiatives have been developed to, at least in part, ameliorate under-representation of structurally marginalized people across several pillars within the university, and more broadly across the academy, as well as to generally recruit into the academy people who share institutional values to equity, diversity, inclusion and accessibility:

- Indigenous Strategy, ii' taa'poh'to'p, (2017)
- Indigenous Research Support Team – IRST (2019)
- Postdoctoral Awards for Indigenous and Black Scholars (2021): aimed at ameliorating underrepresentation of Indigenous and Black postdoctoral scholars to serve as an integral element of the University of Calgary's commitment to creating and supporting Equitable Pathways to produce the next generation of diverse researchers and community engaged scholarship. These awards provide, on a competitive basis, salary support and access to mentorship and support.
- Equity, Diversity, and Inclusion Plan for Research and Teaching Awards (adopted 2022): aimed at providing best practice guidance for identifying and nominating candidates, particularly from equity deserving groups, for external research and teaching excellence awards.
- Inclusive Excellence Cluster Hiring Initiative (2022): aimed at recruiting 45 professors from equity deserving groups over 3 years.
- Presidential Task Force – Equity, Diversity, Inclusion and Accessibility (2022): mandate is to undertake consultative and collaborative engagements with the University of Calgary's (UCalgary) representative bodies and wider university communities, conduct internal and external research and analyze qualitative and quantitative EDI data and relevant materials in order to co-constitute and make recommendations to the president for adoption, an institutional EDIA strategy, action and implementation plan, and relevant systems and processes for monitoring progress, impact and reporting.

Several key UCalgary leadership roles have also been established to implement these initiatives:

- Vice Provost, Indigenous Engagement (2018) Director, Indigenous Strategy
- Vice Provost Equity Diversity and Inclusion (2020) and Associate Vice President, Research EDI (2021)
- Director, Office Equity Diversity Inclusion and Accessibility
- Academic Directors: EDI and Anti-Racism Policy and Strategy; EDI Data Research, Analysis, and Strategy; EDI in Research and Black Futures Strategy
- Senior Advisor: Anti-Racism and Racial Equity
- Faculty Equity, Diversity and Inclusion Leads
- Dimensions EDI Executive and Steering Committee

Many key initiatives have emerged at the CSM to support identified diversity gaps within the faculty including:

- Pathways to Medicine (2017)
- Indigenous, Local, and Global Health Office (2019)
- Indigenous Health Program
- Indigenous Health Dialogue and Pathways to Healing Initiative

- Office of Professionalism, Equity, and Diversity (2017) / Precision Equity and Social Justice Office (2023)
- Black Applicant Admission Process (BAAP) - MD Admissions (2021)
- Support to Entry Program – MD Admissions (2022)
- Glenda MacQueen Distinguished Leadership Award (2021)
- CSM Equity Framework (2022) which guided revisions to CSM Criteria for Appointment, Renewal, Transfer, Promotion, and Merit Assessment for Academic Staff (approved 2023)
- CSM Equity Centered Search and Selection Process
- CSM Committee Terms of Reference
- CSM Inclusive Excellence Hires – Black Scholars Pathway (2023)
- CSM Inclusive Excellence Hires – Indigenous Scholars Pathway 2023)

Several key CSM leadership roles have also been established:

- Assistant Dean, Indigenous Health
- Director, Indigenous Health Education
- Assistant Dean, Global Health
- Senior Associate Dean, Health Equity and Systems Transformation
- Associate Dean, People, Culture and Health Promotion
- Associate Dean, Chairs and Professorships
- Assistant Dean, PESJO Research and Scholarship
- Anti-Racism and EDIA Strategic Council (upcoming)
- CSM EDIA Leads Network

UCalgary evidence of progression towards diversity outcomes can be seen on the UCalgary EDI data hub compiled up to 2022 which has the capacity to generate aggregated data that is Faculty specific. CSM specific EDI data will be able to supplement institutional evidence of progression towards diversity outcomes over time, although until more rigorous guidelines of EDI data stewardship have been outlined, these data cannot be shared at present.

Requirement 3.3-2

The medical school engages in ongoing, systematic, and focused recruitment and retention activities to demonstrate progress towards mission-appropriate diversity outcomes among its:

- i. medical students*
- ii. faculty members*
- iii. senior academic and educational leaders*
- iv. other relevant members of its academic community*

- A. Describe how the medical school engages in ongoing, systematic and focused a) recruitment and b) retention activities to demonstrate progress towards mission-appropriate diversity outcomes for each of the categories (i – iv) listed above.

1. Medical students:
a. Recruitment Activities

Activity	Diversity Group	Description
Pathways to Medicine Scholarship Program	Low socio-economic, Indigenous, rural backgrounds	High school students from designated groups are provided tuition support, mentorship during initial 4-year undergraduate study, along with enrichment opportunities, and MD application support. Guaranteed admission to MD upon meeting admission criteria. Five targeted positions available per year.
<p>MD Admissions Framework and Process outlined in the MD Applicant Manual (<i>Required Appendix 3.3-1 A11</i>).</p> <p>Specific elements of the process to remove barriers include:</p> <ul style="list-style-type: none"> • Academic and non-academic approach to file review • Representational diversity amongst file reviewers and interviewers • Financial aid 	Under-represented, non-traditional applicants	Section 6: Commitment to Equity, Diversity and Inclusion: <i>"The Cumming School of Medicine is dedicated to creating a community that is representative of all Albertans and their experiences. We are committed to processes that advance equity and inclusion for all applicants and encourage applicants to celebrate what makes them unique and individual. The enrollment of a diverse group of medical students improves not only health care delivery in the province of Alberta but also the educational experience of all MD students at the University of Calgary."</i>
UME Admissions file reviewer & MMI interviewer training	All equity-deserving applicants	All Admissions Committee members must participate in unconscious bias training prior to participating in the file review or interviewing and assessment processes. Every effort is taken to ensure best practices in equity, diversity and inclusion in representation on the Admissions Committee and standardization of processes that mitigate the risk of disadvantaging any group. There is a specific mandate to include members from Indigenous and Black communities on the committee in a targeted attempt at addressing underrepresentation from these communities.
<p>Selection Criteria Transparency</p> <ul style="list-style-type: none"> • Annual published UME Reference Statistics • MD Admission Blog and Archives • MMI Information 	All equity-deserving applicants	Increasing transparency of criteria used to admit applicants, specifically average acceptance statistics of each admission criteria and their weightings, empower students especially from low SES backgrounds to make fully informed decisions about where to spend already limited application funds, as well as removing barriers for students from low SES backgrounds who may not have access to the same social capital.

Coursera's Indigenous Canada Admissions Criteria	All applicants	Provide proof of completion of Coursera's Indigenous Canada course for new incoming students (July 2023). Indigenous Canada is a 12-lesson Massive Open Online Course (MOOC) from the Faculty of Native Studies that explores the different histories and contemporary perspectives of Indigenous peoples living in Canada. From an Indigenous perspective, this course explores complex experiences Indigenous peoples face today from a historical and critical perspective highlighting national and local Indigenous-settler relations.
Support to Entry Program (STEP)	Indigenous, Black, racialized minorities, 2SLGBTQ+, people with disability or having diverse abilities, facing financial barriers	Provides MD application and assessment support, interview support, tailored mentorship by individuals with similar lived experiences, networking.
Canadian Indigenous Applicant Process	Canadian Indigenous	All Indigenous applicants will be considered residents of Alberta for the purposes of meeting application criteria. All Indigenous applicants who meet the application criteria will be invited to interview. The scores assigned to various components of the application process (academics, MMI, MCAT, etc.), will be standardized to ensure a similar distribution to non-Indigenous applicants in areas where historical data shows Indigenous applicants have been consistently disadvantaged. Indigenous applicants will be invited to include in their application an optional personal essay regarding their connection to the Indigenous community and will have at least one member of the Indigenous community assigned to their application during the file review process.
Indigenous Health Program	Indigenous	See description below*
Indigenous Recruitment Specialists	Indigenous	Indigenous recruiters engage with prospective Indigenous students - largely focused on pre-medicine study and potential pathways to entering the MD program.
Black Applicant Admissions Process (BAAP)	Self-identifying as Black (Black North American, Black Caribbean, Black African, and multi-racial students identifying with their Black ancestry)	This is a voluntary process where applicants may self-identify as Black and provide an optional personal essay highlighting why they have chosen to apply through this application stream. There are no reserved positions for Black applicants, however at least 50% of the file reviewers must be from the BIPOC community.
British Columbia's Selkirk College Partnership	Rural background	Students of Selkirk's pre-medicine program are considered with the same criteria as in-province (Alberta) applicants.
Alternate Admissions Process	Flexible - based on applicant background and demonstrated ability to meet School's Social Accountability mandate	File reviewers flag a limited number of applicants who demonstrate an exceptional ability to assist the CSM in meeting its social accountability mission. The Admissions Committee will review these applicants using a holistic assessment process. If the application scores in other areas are deemed acceptable, the committee reserves the right to offer admission regardless of the individual component application scores or the final application score.

<p>Other Outreach Activities:</p> <ul style="list-style-type: none"> • Calgary Medical Student Association (CMSA) Community Outreach – Highschool Mentorship • Distributed Learning and Rural Initiatives (DLRI) & Rural Health Professions Action Plan (RhPAP) Rural Connect – How Do I Get There? - Rural High School Webinar Series, Preparing for Medical School • Black Men in White Coats provincial screening and panel discussions (Black Physicians' Association of Alberta) • Black Youth Mentorship and Leadership Program of Alberta 	<p>Varies</p>	<p>Lived experience-relevant recruitment and engagement, summer camps & other outreach programs, both virtual and in-person to remove barriers for disadvantaged and underrepresented prospective applicants to medical school.</p>
<p>Mentorship:</p> <ul style="list-style-type: none"> • Pathways to Medicine • Indigenous Health Program (Traditional Knowledge Keepers and Elders) • STEP 	<p>Varies</p>	<p>Prospective applicants will be matched with a current student or faculty, with similar lived experience if requested, at CSM who will provide guidance, as applicable, related to the application process, interview support, and general questions about medical and/or graduate health science studies.</p>
<p>Financial Assistance:</p> <ul style="list-style-type: none"> • AFMC MCAT Fee Assistance • AFMC Fee Assistance Program • MCAT Prep On-Line Bundle Packages and Prep Courses (through IHP and STEP) 	<p>Varies, low socio-economic background, experiencing financial hardship</p>	<p>Assists prospective qualifying Canadian students in financial need to help them prepare and register for the MCAT exam.</p>

***Indigenous Health Program (IHP):**

Supports Indigenous learners, staff, and faculty while integrating critical Indigenous health education across educational programs in the CSM. IHP also addresses the under-representation of Indigenous people in medicine and in health research by providing supports to Indigenous students, staff, and faculty. The program supports innovation in education, research, and clinical skills to improve health outcomes for all Indigenous peoples. The Program is led by the Assistant Dean, Indigenous who is an Indigenous

scholar and physician, and member of the Piikani Nation, Treaty 7 Region of Alberta, and the Director of Indigenous Health Education, who is an Indigenous Assistant Professor and research faculty and member of the Metis Nation of Alberta.

Specifically, IHP has programming that aims to:

- Support the development of a pool of qualified potential Indigenous applicants for medical training
- Support Indigenous applicants during their admissions process
- Provide support and professional development initiatives for Indigenous medical students
- Provide effective training opportunities regarding Indigenous health for all undergraduate medical learners
- Provide connections for mentorship between Indigenous students at all levels and supervisors, cultural learnings, and community

The IHP organizes the following:

- Community school visits and presentations: “Medicine as a Career” and mini-med workshops
- Mini-med schools at the CSM for Indigenous Junior and Senior High School students
- Pre-admissions Workshop that informs participants about the admissions process and answers questions in a personal way and includes practice Multiple Mini Interview (MMI) stations
- Attendance at many Career and Health Fairs (and similar events)
- Indigenous Leadership Award to acknowledge the contributions of Indigenous students in the medical school
- Events to bring together Indigenous students, staff and faculty in the CSM

b. Retention Activities

Activity	Diversity Group	Description
Student Advocacy and Wellness Hub (SAWH)	All learners	Provides a safe and confidential resource dedicated to support all learners through their CSM journey. The goal is to ensure learners achieve their full potential while staying balanced in school. The Hub provides counselling on academics, career, and personal matters, and advocates for students to ensure they have a voice in issues that affect their academic and personal lives. There is a focus on respecting individual students’ lived experiences and intersectional identities in the counselling provided.
Undergraduate Medical Education financial assistance <ul style="list-style-type: none"> • CSM Special Bursaries • UME Student Emergency Fund 	Medical students experiencing financial barriers	Provides emergency funding and aid to students with complex social needs and supports resources to help students learn budgeting skills. Provides financial assistance to medical students experiencing exceptional and unanticipated financial hardship.
Indigenous student financial assistance	Indigenous students	Several offices including the Indigenous Health Program and Writing Symbols Lodge assist Indigenous students by providing information about various types of post-secondary sponsorship and other sources of financial support.

Distributed Learning and Rural Initiatives (DLRI)	Students interested in rural practice	Supports rural rotations in pre-clerkship and clerkship, rural teaching faculty, rural mentorship and shadowing opportunities.
University of Calgary Longitudinal Integrated Clerkship	Medical students interested in generalist practice in rural communities	UCLIC uses family medicine as the foundation of clerkship, encouraging students to pursue generalist careers in rural communities. Supported by the Distributed Learning and Rural Initiatives office, UCLIC stream students are based in a family practice in a rural or regional community and learn the generalist specialties in an integrated fashion by following their patients from the clinic to specialty consults, surgery, delivery, etc.
Indigenous Health Program (IHP)	Indigenous students	See description above*
Indigenous Primary Health Care and Policy Research Network (IPH CPR)	Indigenous students	Alberta-based research network for improving Primary Health Care with Indigenous peoples. The IPHCPR Network is supported by CIHR under the leadership of the Institute of Indigenous Peoples' Health and the Institute of Circulatory and Respiratory Health, and is supported by and housed in the Department of Family Medicine and led by Dr. Lindsay Crowshoe. Dr. Pamela Roach, Director Indigenous Health Education, seeks to advance Indigenous primary health care and policy research capacity through critical training and mentorship opportunities. Additional activities include Indigenous graduate student mentorship stipends, experiential internships for Indigenous undergraduate and graduate students, research travel and dissemination bursaries, educational webinar series, land-based student gatherings, writing retreats, and mentorship opportunities.
** Alberta Indigenous Mentorship in Health Innovation (AIM-HI) Network	Indigenous students	AIM-HI is a provincial group whose objective is to recruit and support Indigenous trainees pursuing health research, led by CSM faculty members. From April 2017-April 2022, the AIM-HI network secured funding from the CIHR to increase the number of Indigenous scholars in health research, and to provide students (including medical students) with enhanced research and mentorship opportunities.
Black Physicians of Alberta Medical Student Mentorship	Black-identifying students	This mentorship program is led by the Black Physicians of Alberta with logistical support from the school.
CSM Alumni Mentorship	All medical students	Mentorship provided to current MD students by volunteer CSM MD alumni mentors. Mentorship matching requests may include matching to mentors with shared lived experiences.

STEP (proposed)	Medical students who are Indigenous, Black, racialized minorities, 2SLGBTQ+, people with disability or having diverse abilities, facing financial barriers	Proposed longitudinal mentorship opportunities throughout career stages; including where mentorship is provided to current MD students by current CSM faculty or senior learner mentors. Mentorship matching requests may include opportunities to match to mentors with shared lived experiences but need not. Currently, STEP provides mentorship opportunities to prospective MD applicants from current medical students.
Black Medical Student Association	Black-identifying students	This student-led organization is supported by UME & Faculty advisors and strives to provide community, mentorship and advocacy pathways for Black medical students at the University of Calgary.
Medical Students for Gender and Sexual Diversity	2SLGBTQ+ identifying students	The Medical Students for Gender and Sexual Diversity (GSD) are committed to providing opportunities for medical students and physicians to learn more about 2SLGBTQ+ health and advocating for greater inclusivity within the medical school curriculum. They strive to foster a sense of community for queer medical students and ensure that future physicians are well-equipped to provide excellent, compassionate care to members of the 2SLGBTQ+ community.
Disability Inclusion & Advocacy Group	Students with disabilities	This group aims to create a safe space for medical students and physicians with disabilities (both physical and mental) to share their experiences and resources. Also, this group aspires to enhance disability education, inclusion, and advocacy, in conjunction with community allies.
Calgary Asian Medical Students Association (CAMSA)	Asian-identifying students	The CAMSA values diverse Asian populations in medicine and recognizes the disparities faced by both professionals and patients as part of being a visible minority. This student group aims to build a sense of community, celebrate Asian cultures with social events, advocate for Asian and immigrant health in Calgary, provide mentorship for current and pre-medical students, and organize other service and professional events. This group also aims to raise awareness of health disparities and cultural health beliefs in Asian communities.
Muslim Medical Association of Canada, Calgary Chapter	Muslim-identifying students	This group seeks to create a safe space and community for Muslims at all stages of medical training, explore faith-based perspectives pertaining to patient care, and explore ways to navigate religion in the medical profession.
Indigenous Hub	Indigenous members	Planning for the space began in 2019 when Elders and Indigenous community members provided input about function and design to create a welcoming, supportive, and ceremonial space for Indigenous staff, students, faculty and Elders – a place to “support and inspire”. The Indigenous Health Program offers

		<p>teachings, workshops, gatherings, celebrations and ceremonies within the Indigenous Hub. The hope is to invite Elders in Residence to gather and offer guidance, learning and support to Indigenous students over tea. The space is available for booking all activities, events, and ceremonies that align with ii'tah'poh'to'p and the Indigenous Health Dialogue.</p>
Indigenous Mural	Indigenous members	<p>This mural offers lasting symbols of Indigenous well-being, medicine and inclusion for students, faculty, staff and visitors to Health Sciences campus, honoring Indigenous stories, knowledge, and traditions and acts as a symbol of commitment to walk the path toward reconciliation through purposeful response to the TRC Calls to Action and CSM's commitment to the Indigenous Health Dialogue and ii'tah'poh'to'p.</p>
Feasby and CSM Student Lounges	All learners	<p>Shared safe place for learners to come together.</p>
<p>Health Science Center (HSC) Campus:</p> <ul style="list-style-type: none"> • Lactation space • Multi-Faith Space • Inclusive Washrooms and Changerooms • Removal of exclusive imagery and portraiture • Pride Crossway (underway) and crosswalks 	Varies	<p>Inclusive spaces to cultivate authentic belonging for those identifying with structurally marginalized groups.</p>
Foothills Campus Community Pantry and Fresh Routes	Low socioeconomic background	<p>Aims to support all members of the Foothills Campus against food insecurity.</p>
Cultivate Inclusion Campaign (Posters and Signs)	All members from equity deserving groups	<p>A literacy campaign launched to address stories of discrimination and harassment experienced by members of our community and to cultivate authentic belonging for every member the CSM. Tied to the CSM EDIA and Indigenous Strategy as central to CSM's Living Strategic Plan.</p>
CSM EDI Awards	Open to all members in support of championing EDIA activities and research, but especially by students from equity deserving groups	<p>These awards financially recognize contributions toward advancing equity, diversity, inclusion and accessibility within the CSM. One award valued at \$1500</p>

		is presented annually with preference to activities led by students from equity deserving groups.
Writing Symbols Lodge	Indigenous students	<p>The Lodge provides a culturally appropriate environment that encourages and supports the success of Indigenous students in their pursuit of knowledge and higher education.</p> <p>Writing Symbols Lodge provides academic, personal, and cultural support services and programs to prospective and current First Nations, Métis, and Inuit students, and offers a welcoming and supportive learning environment for the whole campus community.</p>
Student Wellness Center	All students from equity deserving groups	Centralized on-campus resource for student health and wellness with a wide range of service options (mental health and medical health services, trained peer support).
Student Success Center	All students from equity deserving groups	The center provides inclusive advising and academic support services for prospective, open studies, undergraduate, and graduate students at all levels of skill development.
UCalgary Student Accessibility Centre	Prospective and current undergraduate, graduate, and continuing education students as well as instructors wanting to learn more about supporting students with disabilities and creating accessible course materials	This office works collaboratively and innovatively with the campus community to create an accessible, equitable and supportive learning environment that enhances each student's academic and personal development.
UCalgary Student Union Q Center	2SLGBTQ+ identifying community	Q Centre is a safe, comfortable, and inviting space for the LGBTQIA+ community at the University of Calgary. Featuring a library and peer support services, the program coordinators and volunteers plan events and direct clients to relevant resources.
UCalgary Student Union Campus Food Bank and Fresh Routes	Low socio-economic background	Works to support the community at the University of Calgary to achieve food security for all.
UCalgary Faith and Spirituality Center	All members of marginalized faiths	The Center seeks to cultivate a pluralistic community by encouraging cultural and religious literacy, community building, and social change as an integral part of the student experience. The center provides a drop-in space for all with free snacks,

		coffee, and tea, a variety of activities, opportunities to connect with a variety of faith representatives or trained peer support.
UCalgary Women’s Resources Center	Women	The center offers a safe, inclusive, and welcoming place for students, staff, faculty, and the community to connect. They offer resources to help develop practical skills to support feminist theory learned in the classroom, promoting equality and community, and providing trained peer support services.
UCalgary International Student Services including the Group/Pair/Share (GPS) Mentorship Program or International Student Mentorship Program (ISMP)	International Students	Provides advice and programs to support all international students as they adjust to their UCalgary students and life in Canada.
UCalgary Sexual and Gender Based Violence Support Office and Team	All people experiencing sex and gender-based violence	The Sexual and Gender-Based Violence Support Team provides confidential support and care for any university community member impacted by sexual and gender-based violence, whether it occurred on- or off-campus, or before coming to UCalgary. The team also offers education and coaching to 3 rd party people receiving disclosures including ways to respond and support, and connect them with resources.
UCalgary EDI Awards	Open to all members in support of championing EDIA activities and research	These awards financially recognize contributions toward advancing equity, diversity, inclusion and accessibility at UCalgary. One award is presented in the Student Category annually.
Violet King Engaged Scholar Award	Black, racialized and Indigenous students	This award recognizes the talents and achievements that occur often despite the barriers, obstacles and lived experiences many students have to overcome. Four awards valued at \$5000 each are presented annually.

Key:

CSM	UCalgary
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b. Retention Activities – Curriculum:

In addition to inclusive and equitable policies, processes, and supports, the CSM sees diverse, inclusive, and accessible curricular programming and delivery as integral to a healthy learning and teaching environment.

UME Program Goals and Educational Objectives

Program goals of the CSM's UME Program include to: *“provide an environment that fosters collegiality, ethical practice and professionalism among students, faculty and allied health professionals to produce future physicians capable of working cooperatively within a team of health care providers, able to provide comprehensive, socially competent health care to our socio-culturally diverse population with a goal of social accountability to all global citizens”.*

The MD Program Big 10 Graduation Educational Objectives state that at the time of graduation, the student will be able to “apply a comprehensive patient-centered approach in the evaluation and care of patients including sensitivity to differing sexual orientation and gender identity, cultural and spiritual beliefs, attitudes and behaviors, economic situations, etc.” The Graduation Educational Objectives are achieved through competencies aligned with the CanMEDS roles, including Health Advocate i.e., ability to identify the determinants of health and barriers to health care access, specifically for the vulnerable/marginalized populations.

Re-Imagining Medical Education (RIME)

The UME curriculum re-design process, Re-imagining Medical Education (RIME), began in 2017, with the aim to:

- Refine the organization, structure and delivery of curricular content in line with contemporary pedagogical practices
- Stimulate creativity through active learning activities integrated across the clinical presentation spectrum
- Cultivate critical consciousness and critical thinking
- Foster student agency through increased opportunities for self-regulated learning and discovery
- Prioritize career exploration and actualization

Underlying Pedagogical Principles:

- Spirality – key concepts presented repeatedly with increasing layers of complexity
- Generalism– focus on the diagnosis and management of diverse, undifferentiated and often complex clinical problems; delivering a comprehensive range of services
- Patient-centered – the patient’s social context and their unique experiences integrated into concepts presented
- Integration – embedding content and concepts traditionally underemphasized and compartmentalized into the clinical content

RIME includes a specific mandate to be socially accountable and ensure that future physicians can address unmet needs to improve overall societal wellbeing (WHO, 1995; Health Canada, 2001). RIME means to do more than train physicians to be “professionals” who are clinically knowledgeable and possess technical skills, but rather cultivate physicians who are change agents who collectively will improve health and wellbeing in the communities they serve. RIME is a medical curriculum that is proactive in anticipating the dynamic and emergent needs of society through centering themes of Health Equity and Structural Competency, Wellness, and Professional Identity.

The RIME curriculum launched in July 2023 with the Health Equity and Structural Competency objectives having identified 70 themes. These themes are mapped to every week in the curriculum which are case-based, patient presentations of the week. For example, early in the curriculum, one of the patient presentations is a 17-year-old non-binary person with a uterus who menstruates and presents with fatigue and noted to have iron deficiency anemia. The Health Equity and Structural Competency themes that have been mapped to this case include food insecurity and gender diversity. In addition to meeting the usual Medical Council of Canada (MCC) biomedical objectives, it requires knowledge translation of social determinants of health to equitable and inclusive health care practice. This case-based patient presentation is re-introduced later in the curriculum where more complex biomedical objectives are taught, and other Health Equity and Structural Competency themes are introduced that build upon earlier knowledge gained. Foundational content around implicit bias, power and privilege, race and racism are built into the very first weeks of the curriculum.

In addition, the RIME curriculum includes the Indigenous Health Curriculum. Previous Indigenous Health content had included two sessions within the Global Health and Population Health courses, but now includes ten half-day sessions that fit into the theme of the week (e.g., case presentation of a patient with diabetes). The Indigenous Health Curriculum is delivered to all UME medical students as an integrated part of the core curriculum including lectures and small groups. In addition, summer electives and project and shadowing opportunities are also available to students. Elective clinical training experiences in Indigenous Health are available within urban, rural, and on-reserve community teaching sites. Many rural placements, including the Rural Integrated Community Clerkship, provide experience with on-reserve populations as well.

Indigenous Health education focuses on the development of three key themes related to the social and historical impacts on Indigenous Health.

These themes include:

- the influence of social determinants of health on Indigenous peoples
- the influences of Indigenous worldview and perspectives in relation to contemporary perspectives on health behaviours and outcomes and,
- the impact of historical and contemporary relationship issues between Indigenous peoples and dominant society arising from both, social exclusion and multigenerational trauma.

The Indigenous Health curriculum is delivered by the Assistant Dean – Indigenous, and the Director of Indigenous Health Education, with the support of the Indigenous Health Education/Research Coordinator and focused on education of the deep causes of the health inequities faced by Indigenous populations, bringing an understanding of how multigenerational trauma from colonization and residential school experiences continues to influence health outcomes. The program brings in a balance of social, cultural, and biomedical knowledge implemented within a clinical context where medical learners are able to situate themselves within the social constructs framing Indigenous Health outcomes and task learners to critically examine societal causes as well as those inherent within the medical approach. Further, medical learners are engaged with a narrative approach that utilizes cognitive dissonance, reflection, humour, humility, and Indigenous traditional decision-making approach to facilitate a deeper and more insightful exploration and understanding of Indigenous Health.

Community Engaged Learning opportunities are further expanded in the RIME curriculum that consist of a half-day every 2 weeks. In the first block, content experts from Community Partner organizations (e.g. Skipping Stone, AAWEAR, Elders) teach students, and in subsequent blocks, students participate in community-based learning.

2. faculty:

a. Recruitment Activities

Activity	Diversity Group	Description
CSM Equity Framework: Guiding Document for Revisions to CSM Criteria for Appointment, Renewal, Transfer, Promotion, and Merit Assessment for Academic Staff (May 2023)	Academic Faculty from structurally marginalized groups	This framework attempts to address the implicit bias and systemic discrimination that has been cited in an abundance of research in academic health sciences that negatively impacts members of marginalized groups throughout their career trajectory; and conversely, for members of the privileged group, where their comparative benefits result in “cumulative advantage” and a relatively favorable position creates additional opportunities and gains over time. This framework considers the bias, discrimination, and absence of opportunity that has been shown to disadvantage marginalized groups, with an aim to then assess academic work more equitably. The framework is grounded upon current literature demonstrating specific impacts of structural discrimination on academic performance indicators and aligns with other documents such as Declaration of Research Assessment.
Inclusive Language and Imagery Operating Standards	All members from structurally marginalized groups	This policy aims to set out the CSM’s standard related to the use of Inclusive Language and Imagery to shift towards a more inclusionary culture, particularly as it pertains to those identified with traditionally underrepresented or marginalized populations such as, but not limited to: Indigenous peoples; 2SLGBTQ2+; members of visible minorities and racialized groups, people with disabilities; and women. These guidelines attempt to establish best practices at the CSM for the use of Inclusive Language and Imagery in commonly encountered academic and clinical

		activities, referencing the most updated literature where possible and adhering to university guidelines.
Inclusive Excellence Hiring Initiative: Indigenous Scholars Pathway	Indigenous scholars	Through this initiative, the school has committed funding to hire three Indigenous scholars in 2023-2024 with more to come. Institutional support for this initiative underpins the necessity of equity, diversity, inclusion, accessibility, and excellence through Indigenization across the university.
Inclusive Excellence Hiring Initiative: Black Scholars Pathway	Black scholars	Through this initiative, the school has committed funding to hire three Black scholars in 2023-2024 with more to come. Institutional support for this initiative underpins the necessity of equity, diversity, inclusion, accessibility, and Black excellence across the university.
Inclusive Hiring and Selection Guidelines and Learning Resources (September 2023)	All applicants from structurally marginalized groups	These faculty standards are to ensure that an anti-racist, anti-oppression lens is explicitly outlined in all recruitment, search, selection, and hiring processes at the CSM in alignment with UCalgary Employment Equity Plan and HR hiring processes. The Guidelines provide guidance on best practice on inclusive hiring for each part of the search and selection process, while the Learning Resources include educational modules on the same for those personnel participating in search and selection at CSM. Both of the above have been reviewed by University of Calgary Legal and Employee & Labour Relations and are awaiting final approval from the CSM Dean.
Equity Centered CSM Committee Terms of Reference: Guiding Principles and Template (September 2023)	All members from structurally marginalized groups	These faculty standards are being developed to ensure that an anti-racist, anti-oppression lens is explicitly outlined in all recruitment, search, selection, and hiring processes at the CSM in alignment with UCalgary Employment Equity Plan and HR hiring processes. The Guidelines provide guidance on best practice on inclusive hiring for each part of the search and selection process, while the Learning Resources include educational modules on the same for those personnel participating in search and selection at CSM. Both of the above have been reviewed by University of Calgary Legal and Employee & Labour Relations, and are awaiting final approval from the CSM Dean.
Alberta Indigenous Mentorship in Health Innovation Network	Indigenous trainees and faculty	See description above**
Inclusive Hiring & Selection asynchronous learning modules for Search & Selection	All members from structurally marginalized groups	The goals of this training opportunity include reducing selection bias among search and selection committee members, ensuring position postings accurately reflect role expectations, and ensuring broad applicant pools for all posted positions, with the goal of increasing diversity among faculty.

Recruitment Onboarding Mentorship Opportunities	Varies	Opportunities include CSM Research Institute Mentorship Program (O'Brien Institute of Public Health), CSM Alumni Mentorship Program, Black Physicians Association of Alberta.
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b. Retention Activities

Activity	Target Group	Description
Office of Faculty Development and Performance programs	All	Faculty development courses and programs offer resources and skills building opportunities to faculty to promote safe working and learning environments, enhance teaching excellence, and progress to leadership positions. See detailed descriptions below.
OFDP Reconciliation and Social Justice Offerings: <ul style="list-style-type: none"> • From Bystander to Upstander • Implicit Bias in Medicine – How to Recognize it, what to do about it • Decolonizing your Syllabus 	All	Three-hour course for those interested in developing skills to intervene in challenging situations involving discrimination and harassment. Provides participants with information on how to recognize types of implicit bias, reflect on their own implicit biases, and identify strategies to mitigate implicit biases.
OFDP Teacher Development Offerings: <ul style="list-style-type: none"> • Clinical Teaching Skills • Curriculum Design • How to be a great Mentor 	All	
OFDP Career Development Offerings: <ul style="list-style-type: none"> • How to get Promoted • Negotiations • Introduction to Physician Wellness 	All	
CSM Grant Development Office	All	The CSM Grant Development Office provides pre-award support for external research funding. This team is the first point of contact for faculty and postdoctoral associate in

		the CSM who are applying for external research grants and fellowships. Specific support and resources available for EDIA requirements as part of grant identification/matching, development, and application writing and for specific EDIA related grants and post-doc fellowships – e.g. CIHR Research Excellence Diversity and Independence Early Career Transition Award (REDI), Research Enhancement and Bridge Funding Programs.
Faculty Wellness	All	There are School-level wellness resources (e.g. CSM Center for Mindfulness), institutional resources (e.g. Employee and Family Assistance Plan, Mental Health Consultant), and clinical affiliate supports (e.g. WellDoc Alberta, Physician Peer Support Groups), some of which have been developed and are offered with a diversity lens.
Indigenous Hub	Indigenous	See description above
Network of Women in Academic Medicine (NOW)	Women	This mentorship and networking group is a collaboration of academic and clinical women faculty in the CSM that seeks to provide support at all stages of their careers.
Equity, Diversity & Inclusion Scholarship in Health and Medical Education funding competition	All equity-deserving groups	This program focuses on research and innovation that advances our knowledge and understanding of EDI and/or Indigenous health issues in health and/or medical education, and ultimately results in improved outcomes.
CSM EDI Awards	Open to all members in support of championing EDIA activities and research	These awards financially recognize contributions toward advancing equity, diversity, inclusion, and accessibility within the CSM. One award valued at \$1500 is presented annually.
UCalgary Indigenous Research Support Team	Indigenous	This team strengthens and identifies existing resources for Indigenous communities and stakeholders, university researchers, and further partners to promote collaborative, reciprocal, and culturally responsive research.
Dimensions Pilot Grant	All equity-deserving groups	The University of Calgary is one of 17 post-secondary institutions selected in 2020 to participate in this program that aims to eliminate obstacles, increase equitable and inclusive participation in the research ecosystem, and embed EDI-related considerations in research design and practices. Current work aligned with Dimensions includes the Parallel Paths and Equitable Pathways Working Groups, which aim to go beyond "one size fits all" and to consciously develop pathways into the university and research ecosystem for each equity group as well as at their intersections.

EDI in Research and Teaching Awards	All	This program was developed to embed a foundational commitment to equity, diversity, and inclusion (EDI) in identifying and nominating candidates for external research and teaching excellence awards.
Taylor Institute for Teaching and Learning	All	Provides resources, learning modules, workshops, programs, courses, 1:1 consultation, that foster faculty development on a wide range of teaching topics: e.g. learning technology, curriculum development and review, instructional design, mentorship; as well as topics on career development and faculty wellness.
UCalgary EDI Awards	Faculty & Postdoctoral Fellows	The EDI Awards recognize outstanding achievement in practice, events, applied research, policy, programs, or other activities that foster equitable, sustainable, and measurable change, especially for those who traditionally have been under-represented (women, visible/racialized minorities, Indigenous peoples, persons with disabilities, and LGBTQ2S+) on campus.
Joint Gender Equity Salary Review and Salary Anomalies Advisory Committee	Women	This committee has a mandate through the University of Calgary and University of Calgary Faculty Association to frequently examine systemic pay equity issues. Data was collected for a pay study specifically focusing on clinical academic staff in the CSM. Analysis and decisions was made in conjunction with a budgetary review. On April 5 2024, the University of Calgary announced that the committee had concluded its analysis and found no statistical difference in pay based on gender. The University still decided to distribute funds to raise base salary for Geographic Full-Time (GFT) female faculty, excepting those without clinical appointments.
CSM Peer Coaching Program	All	A proposal (dated April 24, 2024 – Supplemental Appendix 3.3-2) has been assembled for a potential peer career coaching program. This program would match CSM faculty members with peer coaches within the CSM. The aim would be to provide tailored coaching for performance improvement, address professional development gaps, and nurture professional goals for CSM faculty.

3. senior academic and educational leadership:

Senior academic and educational leadership are also guided by the same activities as those listed for Faculty, plus the following:

Leadership Recruitment:

Activity	Target Group	Description
CSM Haskayne Leadership Development Program	Varies	This innovative educational program was developed in partnership with the Haskayne Executive Education program at the University of Calgary. It provides participants with diverse leadership learning experiences for the purpose of initiating change in CSM units and building leadership capacity. The program has hosted seven cohorts since its beginning in 2014, with the number of female participants exceeding male participants for the past three series.
Taylor Institute for Teaching and Learning	Varies	Educational Leadership opportunities: Educational Leaders in Residence Program, Teaching Academy, Teaching and Learning Grants and Scholars Program

Leadership Retention:

Activity	Target Group	Description
Office of Faculty Development and Performance programs	Varies	Faculty development courses and programs offer resources and skills building opportunities to faculty to promote safe working and learning environments, enhance teaching excellence, and progress to leadership positions. See detailed descriptions of examples above.
PLUS 4W Women in Leadership	Current and emerging women leaders	Support for women to build leadership competencies in a course created and led by women. Topics include gender inequities in academia, coaching, adaptive leadership, and inclusive leadership.
PLUS 4 - Reconciliation Leadership Foundations	Those who currently hold leadership roles or responsibilities	Support for leaders to work on their own projects to advance Truth and Reconciliation.
Glenda MacQueen Distinguished Leadership Award	Women faculty leaders	This award is given annually to recognize a female faculty member who has made an outstanding contribution to the leadership of individuals within the school.
EDI Leads Network	Department and Institute leaders	Comprised of department and institute leadership, has the goals of: assisting in the creation and implementation of CSM's EDIA living strategic plan by meaningfully engaging with intersectional and diverse representation across communities internal and external to the CSM and the University of Calgary; working collaboratively to address EDIA needs prioritized by equity deserving groups (people who identify as women, Indigenous, a racialized minority, having a disability, and 2SLGBTQ+) across the CSM, including delivering on the University of Calgary's commitment to the Scarborough Charter, Dimensions Charter, and the Declaration on Research Assessment.(DORA); and working in allyship to uphold the Truth and Reconciliation Commission's Calls to Action, the University of Calgary's ii'taa'poh'to'p strategy, and the Critical Reflective Framework of the Indigenous Health Dialogue.

UCalgary Academic Leadership Academy: <ul style="list-style-type: none"> Transforming Leadership for EDI 	Assistant and Associate Deans, Department Heads	The Academic Leadership Academy offers development opportunities for new and experienced academic leaders to advance their leadership expertise, an essential ingredient in unleashing the potential in people and their performance.
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4. Other relevant members of the academic community

Examples:

1. PGME Residents: Anti-Racism and Anti-Discrimination Task Force
2. CSM Staff: EDIA training
3. AHS Health Professionals and Staff: Alberta Health Services Diversity and Inclusion website resources, Change the Conversation inclusive workplace campaign, Surrounded by Pride campaign

Requirement 3.3-3

These activities include the appropriate use of effective policies and practices, programs, or partnerships aimed at demonstrating progress towards diversity among qualified applicants for medical school admission and the evaluation of policies and practices, program, or partnership outcomes.

- A. Describe which of the activities mentioned in 3.3-2 (above) include the appropriate use of effective policies and practices, programs, or partnerships aimed at demonstrating progress towards diversity among qualified applicants for medical school admission.

See Section 3.3-2 a for specific program details regarding the following:

Pathways to Medicine Scholarship Program

This scholarship program is targeted at high school students from under-represented populations (e.g. low socioeconomic, Indigenous, and rural backgrounds), who wish to pursue a career in medicine. Successful applicants are provided with tuition support towards a University of Calgary undergraduate program of their choice, a relocation allowance if needed, a paid summer research internship, and mentorship/enrichment opportunities. MCAT preparation and exam fees are also covered. Once their undergraduate degree is complete and medical school admission criteria is met, Pathways to Medicine scholars are guaranteed admission into the CSM's Undergraduate Medical Education program.

Since the program's inception in 2016-17, the number of eligible applicants has grown to more than 150 per year. Five applicants are selected each year for this multi-year scholarship and support program. The first cohort to reach medical school application eligibility occurred in the 2020-21 admissions cycle.

UME Admissions Framework

The UME Applicant Manual outlines diversity mission appropriate policies and processes for applicant assessment for admission to the MD program. See Section 3.3-2 a for specific details regarding programs for medical school admission.

Indigenous Health Program

The CSM encourages and supports applications from candidates who identify as Indigenous in recognition of the tremendous need for Indigenous physicians in Canada. See Section 3.3-2a for specific details on this program and the modifications made to the applicant process for all self-declared Indigenous applicants.

Black Applicant Admissions Process

The University of Calgary recognizes the systemic barriers that exist for Black applicants and by establishing diversity in the admissions structure, this process strives to overcome the role of explicit and implicit racial biases. The Black Applicant Admissions Process (BAAP) is an optional opportunity for Black applicants who self-identify as Black African, Black Caribbean, Black North American, or as multi-racial students identifying with their Black ancestry.

See Section 3.3-2 for specific details on this program and the modifications made to the application process for all applicants selecting this program.

The Inclusive Language and Images Policy (***Supplemental Appendix 3.3-3 A1***) adopted in 2020, establishes best practices at the CSM for the use of inclusive language and imagery commonly encountered in academic and clinical activities. The principles from this standard are used to guide writing materials like the UME applicant manual and MMIs (which are reviewed by diverse perspectives).

The 2022 PGME Residency Training Position Selection Operating Standard (***Supplemental Appendix 3.3-3 A2***) sets out selection guidelines that best reflect anti-racism, equity, diversity and inclusion practices. This standard has set the stage for similar practices to be implemented across the school.

There are numerous considerations given to accessibility throughout UME selection processes, such as the ongoing use of a virtual format for MMIs, opportunities for applicants to liaise with Admissions personnel through Q&As and an admissions blog written by the Associate Dean, and the opportunity for accommodations (supported by policy) at all stages of the process.

B. Explain how these policies and practices, program, or partnership outcomes are evaluated.

UME Admissions collects (voluntary) demographic data on applicants and matriculants as a means of measuring progress of diversity-focused policies and practices. UME Admissions Framework, Indigenous Health Program, and the Black Applicant Admissions Pathway evaluate effectiveness of policies and practices based on data tracked of applicants and cohort accepted into medical school, as well as on-going voluntary survey data collected from students during and upon graduation from medical school.

Pathways to Medicine Program primarily evaluates the effectiveness of its policies and practices based on the percentage of the cohort accepted into medical school, students' grades, research projects completed, presentations given and additional scholarships.

The CSM engaged in the Black Medical Students' Association of Canada (BMSAC) 2021 and 2023 report card surveying how Canadian medical schools rank based on the BMASC's Calls to Action on cultivating inclusive environments for Black learners in undergraduate medical education (***Supplemental Appendix 3.3-3 A3***). In a grading system based on the OMSAS Undergraduate Grade Conversion Table, the CSM achieved in the A+ to B- range across categories, representing good progress and commitment to the Calls to Action.

The University of Calgary has developed an EDI Data Hub that provides information on the characteristics of campus community members. The EDI Data Hub displays data from the university's equity censuses. The responses from these censuses provide information needed to develop the necessary supports and services to ensure equitable pathways for all members of the University of Calgary community to achieve their full potential. Census data include faculty-specific information that supports the medical school in its diversity outcomes.

The CSM conducted a voluntary self-identification demographic census in 2021 of all CSM members. Development of the initial census included an environmental scan of best practices for academic institutions' demographic censuses and engagement with key stakeholders including Indigenous, Critical Race, and Disability Studies scholars, and 2SLGBTQ+ support groups. This initial census provided a baseline assessment of the diversity of CSM students, staff, and faculty. Analysis of the census data allows measurement of success of ongoing updates to medical school policies and activities in increasing diversity of students, faculty and leadership.

With the previous moratorium on EDI data collection ending, the next census is planned for the Fall of 2024. A ‘Pulse Survey’, which aims to be a faculty-wide assessment of CSM members feelings of inclusion and belonging, is similarly planned to be conducted in Fall 2024.

2023 KPIs derived from the external calls to action listed in 3.3 preamble:

	Medical Students	Faculty & Staff
Targeted interventions for Indigenous, Black, racialized, ability diverse, 2SLGBTQ+ and those with intersecting identities	<ul style="list-style-type: none"> a. Enhancing outreach program activities for prospective students b. Setting diversity targets and guaranteed spots for Indigenous, Black, and other EDG students c. Increasing diversity of admission committees d. Increasing academic counselling and support for current and prospective students e. Enhancing mentorship programs for current and prospective students f. Increasing research opportunities and alumni engagement for current and prospective students g. Increasing scholarships and bursaries for current and prospective students h. Increasing mental health supports and resources for current and prospective students i. Increasing funding for holistic student support for basic needs outside of tuition (e.g., childcare, food) for current and prospective students j. Expanding program delivery options for current students including through increased partnerships with distributed learning sites, communities, and institutions k. Increasing diversity of preceptors, teachers, and school leadership l. Increasing diversity of standardized patients m. Increasing campus accessibility for current students n. Enabling, supporting, and recognizing student leadership 	<ul style="list-style-type: none"> a. Recruitment, retention, promotion b. Leadership c. Recognition d. Mentorship
Broad interventions	<ul style="list-style-type: none"> a. Conduct sweeping curriculum co-review and quality improvement initiatives with expertise/representation from Indigenous, Black, racialized, ability diverse, 2SLGBTQ+, and intersectional perspectives (curriculum, case-based learning, experiential learning, assessment) b. Ensure mandatory curriculum content: History; Indigenous and Black Health curriculum c. Assess mandatory cultural safety requirement in admissions 	<ul style="list-style-type: none"> a. Mandatory Faculty and Staff development, training, and supports b. Mandatory Leadership development, training and supports c. Accountability processes for recognition, support
Safe and healthy learning and working environment	<ul style="list-style-type: none"> a. Increasing campus security and campus security training 	<ul style="list-style-type: none"> a. Increasing campus security and campus security training

	<ul style="list-style-type: none"> b. Clear and accessible avenues of reporting discrimination, racism, and oppression c. Accountable processes, procedures, and supports for addressing discriminating, racist, and/or other oppressive behaviors d. Policy(s) for Reports of discrimination, and discriminatory behaviors 	<ul style="list-style-type: none"> b. Clear and accessible avenues of reporting discrimination, racism, and oppression c. Accountable processes, procedures, and supports for addressing discriminating, racist, and/or other oppressive behaviors d. Policy(s) for Reports of discrimination, and discriminatory behaviors
Data collection, reporting and analysis	<ul style="list-style-type: none"> a. Admissions b. Reports and Outcomes of Discrimination reports 	<ul style="list-style-type: none"> a. Recruitment, retention, promotion, leadership, recognition b. Reports and Outcomes of Discrimination reports

See **Supplemental Appendix 3.3-3 B** for a list of Key Performance Indicators, established in 2017, to evaluate the effectiveness of CSM policies and practices aimed at achieving appropriate diversity outcomes. In 2019, these were reviewed and elaborated on by the Office of Professionalism, Equity and Diversity (OPED).

3.4 ANTI-DISCRIMINATION POLICY

A medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, national origin, race, sex, diverse sexual orientation, gender identity, and gender expression. The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect and take steps to prevent discrimination, including the provision of a safe mechanism for reporting incidents of known or apparent breaches, fair and timely investigation of allegations, and prompt resolution of reported incidents with a view to preventing their repetition.

Requirement 3.4-1

The medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, national origin, race, sex, diverse sexual orientation, gender identity, and gender expression.

- A. Provide the anti-discrimination policies or other equivalent documents of the medical school and its clinical affiliates. Highlight the appropriate sections in each document. (*Appendix 3.4-1 A*)

There are several institutional policies, processes and standards which work to foster an inclusive working and learning environment at the CSM. Breaches of these policies can be addressed through relevant procedures tailored to the context of the individuals involved.

Notably, the Code of Conduct stipulates that the University endeavours to create and maintain a positive and productive learning, working and living environment where there is respect for the dignity of all and fair treatment of individuals. The Harassment Policy, Sexual and Gender-Based Violence Policy, and Accommodation Policies are complementary policies which address specific sites of potential exclusion. The Procedure for Protected Disclosure, Student Non-Academic Misconduct Policy, and Workplace Investigation Procedure, describe the mechanism by which the University responds to Discrimination Complaints.

The CSM has also developed faculty-specific Informal Resolution Guidelines, which aims to provide a structured alternate informal mistreatment reporting mechanism in alignment with the University of Calgary's Procedure for Protected Disclosure and Student Non-Academic Misconduct Policy. This revised process is planned to replace the existing process in July 2024.

University of Calgary Policies:

Required Appendix 3.4-1 A1 - University of Calgary Code of Conduct at 3(z), 4.1, 4.2, 4.51

Required Appendix 3.4-1 A2 - University of Calgary Harassment Policy in its entirety, and at 4.1, 4.2, 4.4, 4.5, 4.9-4.19, 4.22-4.24

Required Appendix 3.4-1 A3 - University of Calgary Protected Disclosure Procedures at 1, 4.1-4.3, 4.16, 4.17-4.38

Required Appendix 3.4-1 A4 - University of Calgary Sexual and Gender Based Violence Policy, all

Required Appendix 3.4-1 A5 - Guide to Responding to Sexual and Gender-Based Violence

Required Appendix 3.4-1 A6 - University of Calgary Student Accommodation Policy, all

Required Appendix 3.4-1 A7 - University of Calgary Student Non-Academic Misconduct Policy

Required Appendix 3.4-1 A8 - University of Calgary Student Non-Academic Misconduct Procedure

Required Appendix 3.4-1 A9 - University of Calgary Workplace Accommodation Policy, all

Required Appendix 3.4-1 A10 - University of Calgary Workplace Accommodation Procedure

Required Appendix 3.4-1 A11 - University of Calgary Workplace Investigation Procedure

Cumming School of Medicine Policies:

Required Appendix 3.4-1 A12 - UME Student Mistreatment Guidelines, all

Required Appendix 3.4-1 A13 - PGME Operating Standard on the Safe Learning Environment, all

Required Appendix 3.4-1 A14 – PGME Operating Standard on the Safe Learning Environment Appendix A, all

Required Appendix 3.4-1 A15 – Role and Responsibilities of Residency Program Ombudsman, principles and profile

Required Appendix 3.4-1 A16 - CSM Informal Resolution Guidelines, all

CSM Anti-racism policy (in development)

Clinical Affiliate Policies (Alberta Health Services):

Required Appendix 3.4-1 A17 - AHS Respectful Workplaces and the Prevention of Harassment and Violence Policy, all

Required Appendix 3.4-1 A18 - AHS Report and Recommendations of the Anti-Racism Advisory Group, recommendations

Required Appendix 3.4-1 A19 - AHS Code of Conduct, all

Required Appendix 3.4-1 A20 - AHS Psychological Safety Position Statement, all

Required Appendix 3.4-1 A21 - AHS Psychological Safety Action Plan, all

Required Appendix 3.4-1 A22 – AHS Anti-Racism Statement, all

B. Identify the number and nature of all discrimination complaints received in writing from non-anonymous sources by the medical school since the last full accreditation visit.

2021 – June 2023 Precision Equity & Social Justice Office discrimination complaints received (Associate Dean Precision Equity & Social Justice Office)

Nature of concern	Action taken	Outcome
Racism (e.g. denied opportunities for training or rewards based on race or ethnicity; or subjected to racially or ethnically offensive remarks/names)	Assoc Dean communicated with reporter	No further action requested - respondent subsequently left institution

Ageism	Assoc Dean communicated with reporter & leaders	Leaders to provide ongoing support/check ins with reporter
Sexual harassment (e.g. Subjected to unwanted sexual advances; or asked to exchange sexual favours for grades or other rewards)	Assoc Dean obtained resources from Sexual & Gender Based Violence expertise	Provided resources and developed professionalism learning plan for the respondent; supports provided to reporter
Racism (e.g. denied opportunities for training or rewards based on race or ethnicity; or subjected to racially or ethnically offensive remarks/names)	Assoc Dean communicated with reporter, respondent, leaders	Respondent anti-racism training mandated; supports provided to reporter
Sexism (e.g. denied opportunities for training or rewards based on gender; or subjected to offensive sexist remarks/names; or received lower evaluations/grades based on gender)	Assoc Dean communicated with reporter, respondent, leaders	Supports provided to reporter, undertaking of program QI
Sexual Orientation discrimination	Assoc Dean communicated with reporter, communicated with respondent, leaders	Reporter provided with apology from respondent, leadership follow-up
Sexism & racism	Assoc Dean communicated with respondent, leaders	Reporters provided with apology
Sexism - 4 reports	Assoc Dean responded to non-anonymous reports of lack of accommodations based on gender and/or sex	Advocate increased accessibility to resources (lactation spaces, change tables), gender neutral washrooms and change areas
Racism	Assoc Dean communicated with reporter, respondents, senior leadership	Removed learners with plan to support educators and reintroduce learners
Unsafe working environment (3 reports)	Assoc Dean communicated with 3 reporters from same department, and department leadership Assoc Dean communicated with 1 reporter regarding one respondent, 2 anonymous reports regarding same respondent Assoc Dean communicated with Education leadership, senior leadership	Formal letter to department leadership, who addressed with respondent Assoc Dean communicated with leaders regarding anonymous report, reporter did not wish to pursue further Learners removed, with plan to support educators and reintroduce learners, facilitated discussions (3)
Racism	Assoc Dean communicated with Education leadership Recommendation for guidance from reporter's racialized group	Reporters provided with apology, commit to anti-racism training for faculty members

Role Discrimination / gender discrimination (3 reports)	Assoc Dean communicated with reporters and senior leadership regarding income disparities for faculty members	Senior leadership commit to funding review
Discrimination in search and selection process	Assoc Dean communicated with reporter	Reporter to discuss with department leadership
Sexism	Assoc Dean communicated with reporter	Department leadership to speak to respondent's supervisor about toxic environment
Discrimination on religious grounds	Assoc Dean communicated with reporter	Reporter seeking legal counsel
Racism	Assoc Dean communicated with 3 rd party regarding allegations of racism against colleague	Formal complaint with UCalgary Protected Disclosure office and disciplinary action taken against respondent
Weight discrimination	Assoc Dean communicated with reporter	Reporter to address within department
Unsafe learning and working environment	Assoc Dean communicated with reporter, respondents, Education leadership	Support plan in place, temporary removal of learners
Unsafe learning environment	Assoc Dean communicated with reporters, respondents, department leadership, Education leadership	Department support plan in place, temporary removal of learners, supportive conversations facilitated x2
Unsafe working environment (3 reports)	Assoc Dean communicated with reporters and respondent's supervisor	Assoc Dean met with respondent at request of supervisor
Unsafe learning environment	Assoc Dean communicated with program leadership	Assoc Dean met with department for supportive conversation
Unsafe learning and working environment	Assoc Dean communicated with reporters and senior leadership	Senior academic and clinical leadership to review suggestions to address

Sexual orientation discrimination	Assoc Dean communicated with reporter, respondent's supervisor	Supervisor provided statement of intolerance for behavior, unable to reach respondent
Ableism	Assoc Dean communicated with reporter regarding accessibility concern	Facilities maintenance repairs
Ableism	Assoc Dean communicated with reporters regarding accessibility concern	Proposal to senior leadership to advocate from main campus funding for facility improvements
Food insecurity	Assoc Dean communicated with reporter	Community food pantry and Fresh Routes to CSM
Parental discrimination (gender discrimination)	Assoc Dean communicated with reporters	Reporters propose CSM parental peer support network
Discrimination in search and selection process	Assoc Dean communicated with reporter and departmental leadership	Departmental leadership provided reporter with feedback
Discrimination in search and selection process	Assoc Dean communicated with reporter, members of department and departmental leadership	Senior leadership commits to reviewing search and selection process
Racism	Assoc Dean communicated with faculty advocates of reporter and senior leadership	Apology and anti-racism statement with commitment to improve education, CSM standards on inclusive language and imagery developed with module and workshops, Cultivate Inclusion campaign
Discrimination in search and selection process (2 reports)	Assoc Dean communicated with reporters, departmental leadership	Recommendations provided for process improvements to departmental leadership
Racism	Assoc Dean spoke with one of the involved respondents and supervisor of another respondent	Comments removed, program apology issued and debriefing with program
Discrimination in search and selection process	Assoc Dean spoke with reporter	Reporter recommendation included in amendments to CSM search and selection process

Faculty Advocates Against Mistreatment (FAAM):

There were three Faculty Advocates Against Mistreatment; each advocate kept individual records of mistreatment reports they specifically addressed. The advocates met regularly to compare reports and also provide data to the UME Associate Dean. The FAAM support ceased operations as of January 1, 2024.

Nature of discrimination complaint	Action taken	Outcome
Sexism	Faculty advocate met with learner to discuss possible actions	Learner decided not to take further action – incident was documented for future reference
Racism	Faculty advocate reviewed with faculty member to ensure compliance with and awareness of social media guidelines	Plan for better communication to faculty members around social media use as a faculty member
Misgendering/approach to gender identity	Faculty advocate met with student and follow up support was provided	Student support and follow up

Student Advocacy and Wellness Hub (SAWH)

Intake data is collected by advisors meeting with learners. General discussions can lead to disclosure of what is identified by advisors as discrimination complaints, and these are documented in the intake data forms. During the discussion, when these concerns have been identified by the advisor, this is followed up with a supportive conversation, which can include exploring options for resolving concerns and/or understanding perspectives. Options of reporting to the Protected Disclosure and Research Integrity Office, PESJO, UME Deans or Course Chairs where appropriate or initiated by learner are discussed; however, there is no formal process to report this information.

C. Describe the outcome(s) of these complaints.

See tables above.

Requirement 3.4-2

The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect.

A. Describe how the medical school and its clinical affiliates foster an environment in which all individuals are treated with respect.

The University’s *Code of Conduct, Harassment Policy and Accommodations Policies* for students and staff, address discrimination based on protected grounds as set out in the Alberta Human Rights Act. The policies are student and faculty facing and all are posted on the University’s website, in addition to links through the CSM website and the Precision Equity & Social Justice Office website.

The *Code of Conduct* is broadly disseminated to faculty, and new faculty members receive an orientation from the Office of Faculty Development and Performance (OFDP) that ensures they are aware of University and CSM policies relevant to discrimination.

The *CSM Code of Conduct* is currently under review recognizing that it and other codes of conduct and/or definitions of “professionalism” have not included the perspectives of members from equity deserving groups. This review will endeavor to explicitly outline how CSM members can oppose discrimination and promote equity both in CSM and the field of medicine in general. Scholars from the CSM have worked in collaboration with other medical schools across the country on a study to redefine medical professionalism and create an obvious expectation for medical learners and health care professionals to actively oppose discrimination and to explicitly promote equity and justice in medicine. This team of scholars was awarded a Royal College Strategic Initiative Grant in 2021 and has since completed the study and submitted for publication.

This work will provide the foundation for updating the *CSM Code of Conduct* for both clinical and non-clinical members of the CSM in 2023-24. A first draft of revisions to the *CSM Code of Conduct* was submitted for review in May 2024.

The University's Respect in the Workplace Program and the Office of Equity, Diversity and Inclusion (OEDI) also provide workshops to enhance the campus community's capacity to convey and enact respect in the workplace. Many workshops include an opportunity for units to develop their own Workplace Charter for Respect.

The UME provides an orientation for new students including a discussion of CSM policies and resources, who to approach regarding concerns about harassment and discrimination, and 'A Safe Space' website described in more detail in the next section.

The University of Calgary, Cumming School of Medicine and Alberta Health Services have issued position statements disavowing discrimination. Specifically, UCalgary and CSM leadership wrote anti-racism statements in 2020; both of these statements condemn racism and outline steps that the institution is taking to foster an environment of inclusion. In 2023, the CSM Dean issued a Dean's message that articulates the School's focus on advancing anti-racism, equity, diversity, inclusion and accessibility (EDIA) efforts and the commitments to *ii' taa'poh'to'p*, the University of Calgary's Indigenous strategy. The Alberta Health Services Anti-Racism Position Statement (***Required Appendix 3.4-1 A22***) is a commitment from AHS to combat racism and discrimination in all forms, leading by example to become a healthcare organization that fosters inclusion, diversity of ideas and equity regardless of race. This commitment involves developing an anti-racism action plan; taking proactive steps towards Indigenous reconciliation in health care, as guided by the TRC; providing anti-racism and discrimination training including mandatory Indigenous awareness training; providing a safe reporting system with a timely response to addressing these issues; developing resources, supports and activities that foster the development of safer, more inclusive environments; and by measuring the outcomes of our actions in how they reduce the impact of racism on our workforce and patients for ongoing quality improvement.

AHS is committed to creating an environment that promotes and protects the psychological safety of its employees, physicians, members of the medical and midwifery staff, students, volunteers and other persons acting on behalf of AHS. A position statement describes this commitment to evidence-based actions that promote a healthy workplace culture where all are treated with respect.

The AHS Change the Conversation Initiative is about empowering our people to create inclusive and respectful workplaces. This is a source of tools and supports to help facilitate important conversations promoting safe, healthy, inclusive, and respectful working relationships.

A psychologically safe environment is seen as a basic human need, promoting the health of our people and our patients. AHS has an employee-facing website that outlines the broad approach it is taking to ensure all feel safe and supported in the workplace.

Both the University of Calgary and AHS have been recognized as top diversity employers. UCalgary was designated as one of Canada's Best Diversity Employers (2022) and AHS has been awarded, for the second year in a row, one of Canada's Best Diversity Employers: Canada's Best Diversity Employers (2023). Many efforts have been made to foster a psychologically safe work environment.

The AHS Policy on Respectful Workplaces and the Prevention of Harassment and Violence outlines the expectations of workers, managers, leaders and supervisors to maintain a safe and respectful workplace, free from disrespectful behaviour, discrimination, harassment and violence. There are four related procedure documents that describe responsibilities, investigations, follow up and/ or corrective actions as appropriate.

With the January 1, 2024, appointment of a new Associate Dean of Undergraduate Medical Education, a priority concern of the new UME leadership is educationally safe learning environments and acknowledgement of issues around UME culture. In pursuit of this, improved communication between UME learners and leadership has been facilitated through several opportunities. These include monthly meetings between UME leadership and Class Presidents and each Class year cohort itself, quarterly meetings with the Calgary Medical Students Association (CMSA) with leadership, and bi-weekly student concerns meetings with the UME, the Student Advocacy and Wellness Hub and Associate Deans in attendance. Student representatives also sit on committees of Pre-Clerkship, Clerkship, Student Evaluation, Curriculum Innovation and Oversight, and Undergraduate Medical Education. These committees meet in intervals ranging from monthly to quarterly. Additionally, educational opportunities have been incorporated into UME staff training, with a focus on understanding EDIA and the importance of a safe learning environment. To date, Anti-Semitism and Anti-Islamophobia workshops have been offered, with a plan for education sessions on Accessibility (incorporating the new Functional Standards), Ableism, Accommodations, Trauma Informed Medical

Education, and Restorative Justice practices in medical education in the following months.

Formal mechanisms for providing feedback on UME leadership and staff do not currently exist. To address this, work is being done to implement 360-degree feedback systems twice a year for the UME Assistant Deans. UME managers will also receive 360-degree feedback and then annual performance reviews following.

CSM’s Support To Entry Program (STEP) is a program that provides prospective CSM applicants from systemically disadvantaged groups resources in CSM application processes. STEP is expanding to include the option for prospective applicants to be matched with mentors who are current CSM students, creating relationships that contribute to an inclusive environment within the CSM.

B. Table 3.4-2 B

Table 3.4-2 B | Fostering an environment of respect

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 feel that the medical school fosters an environment in which people are treated with respect.	142/149 (95.30%)	97/119 (81.51%)	101/113 (89.38%)	N/A
	I feel that the hospitals where I was assigned fostered environments where people were treated with respect.	127/130 (97.69%)	99/105 (94.29%)	100/110 (90.91%)	N/A
	<i>Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable.”</i>				

Requirement 3.4-3

The medical school and its clinical affiliates take steps to prevent discrimination.

A. Describe how the medical school and its clinical affiliates take steps to prevent discrimination.

As described in Requirement 3.3, all applicants to the MD program must show completion of an Indigenous Awareness course. The faculty and staff on search and selection committees and all committee members are required to undertake implicit bias training. Also, there are questions on EDI and Reconciliation for those applying for a committee position.

The CSM has recently begun an EDI and Indigenous Awareness communications campaign, which emphasizes the importance of equity and belonging as well as highlights the options that members have for reporting incidents and the relevant policies.

Departments within the CSM, including the Office of Faculty Development & Performance (OFDP) and Precision Equity & Social Justice Office (PESJO) offer educational workshops on a variety of subjects related to social justice and reconciliation, to build the faculty’s knowledge and skills in addressing and preventing discrimination. Asynchronous modules on the foundations of anti-oppression are currently in development as of April 2024. To enhance knowledge and navigability of the numerous workshop and learning opportunities, PESJO is developing a public-facing catalogue of EDIA-related presentations within the CSM.

Other steps undertaken by the CSM include:
CSM Strategic Plan – the new plan emphasizes EDI and Reconciliation throughout

Equitable Search & Selection Operating Standard
Inclusive Language Operating Standard
Criteria for Merit, Tenure and Promotion

Other education/awareness initiatives:

Revisions to Mistreatment process (refer to 3.6 for details)

Identified faculty who serve as EDI advocates within departments, institutes and units

In addition to having made multiple statements regarding zero tolerance for discrimination, as described in 3.4-2a, there are training requirements for clinical members at CSM. All clinical faculty and affiliates undertake a series of Indigenous Awareness modules as a credentialing requirement. Professional development in the areas of Cultural Safety and Trauma-Informed Care are also required.

In June of 2021, the AHS Anti-Racism Advisory Committee, a sub-committee of the AHS Diversity and Inclusion Council, provided recommendations in 8 areas to address individual and systemic racism (***Required Appendix 3.4-1 A18***). These recommendations involve developing and delivering education related to awareness of racism and discrimination; workforce accountability and allyship; leadership accountability; systems accountability; demonstrating the value of our diversity; ensuring mentorship and sponsorship to promote opportunity for equity-deserving groups; to develop safe reporting mechanisms (see below); and develop metrics and evaluation processes to measure the effectiveness of inclusion activities. Further, the AHS Anti-Racism Position Statement (***Required Appendix 3.4-1 A22***) offers a way of being explicit about zero-tolerance for racism.

UCalgary, CSM and AHS all have websites which provide resources and information to create a safe and inclusive work environment.

Requirement 3.4-4

The medical school and its clinical affiliates provide a safe mechanism for reporting incidents of known or apparent anti-discrimination breaches.

A. Describe how the medical school and its clinical affiliates provide a safe mechanism for reporting incidents of known or apparent anti-discrimination breaches.

Any individual can report breaches in the CSM discrimination policy to the Associate Dean, Precision Equity & Social Justice Office through email or an online submission form which allows for anonymity. When concerns are received, the Associate Dean ensures the safety of the individual, clarifies the issues, helps identify the reporting mechanism with the individual and initiates appropriate discussions and/or investigations as requested or required.

The above process is currently being revised to address concerns raised about particular aspects related to navigability, fear of reprisal, and communication/clarity during the process and timelines. The *CSM Informal Resolution Guidelines* and will be administered by CSM Human Resources; as personnel external to the CSM clinical and academic faculty, this helps to prevent potential conflicts of interest and concerns of retaliation. It serves as a centralized, structured, informal alternative mistreatment reporting option complementing the formal University of Calgary Procedure for Protected Disclosure and Student Non-Academic Misconduct Procedure. As an informal process, the *CSM Informal Resolution* process hopes to serve those CSM members who experience mistreatment but are either unable or unwilling to access formal reporting procedures. It can assist reporters with navigation of resources and different reporting options. It provides standardized recommendations of Informal Resolution Actions to resolve mistreatment concerns; a committee of those with lived experience and/or expertise regarding specific types of mistreatment provide consultation on recommendations. The *CSM Informal Resolution Guidelines* outlines a clarified reporting process with timelines on response.

As part of this process, CSM Human Resources will provide data stewardship related to the process, including de-identified data on types of concerns received, Informal Resolution Actions recommended, outcomes of recommendations, and any feedback provided. The data collected in this process will be used for transparency, accountability, and prevention purposes.

Individuals may contact the University of Calgary's Protected Disclosure & Research Integrity (PDRI) Office, either anonymously or with contact information (see *Procedure for Protected Disclosure (Required Appendix 3.4-1 A3)*). The PDRI serves as a central point of contact for making formal reports of breach of University policy by faculty/staff, which includes incidences of discrimination. They may also phone an external provider (Confidence Line) available 24/7, to anonymously report a wrongdoing. After a 3rd party external review in the Fall of 2022, improvements to the process have been identified and a short- and long-term plan (see section 3.6-2) has been discussed to address those gaps. In the meantime, the PDRI Office is increasing supports and capacity to better serve the university community.

Medical students, in addition, have several methods to report discrimination concerns, either anonymously or with identifiers:

- 1) Using the UME 'A Safe Space' website to confidentially report a concern to the Associate Dean
- 2) Program surveys and evaluation forms
- 3) Directly to the Associate or Assistant Deans of UME
- 4) The University of Calgary's Student Conduct Office for student non-academic misconduct including breaches of the University's *Harassment Policy*

As described in 3.3, there are several support units for all learners at CSM, including the Student Advocacy and Wellness Hub and the Indigenous Health Program, both of which can also serve as a route for learners to report incidents of anti-discrimination breaches at the CSM.

If contact information is provided, the FAAM (prior to January 1, 2024), Associate Dean or Assistant Dean discussed the concerns with the individual, helped clarify the issues, and explained the investigation processes. Appropriate investigations were initiated by the Associate or Assistant Dean, as requested or required, with information pertinent to the case gathered through various sources, including previous reports. Department Heads and course chairs may be involved in the discussions. The outcome of investigations may result in coaching for the offending individual or removal from teaching if the issue is recurrent or egregious. If the individual preferred mediation instead of investigation, the Associate Dean or Assistant Dean could serve as a neutral party to help resolve conflicts with the parties involved.

Each Residency Program is required to appoint an Ombuds, a faculty member that acts as a resource for residents regarding discrimination, harassment and other issues. The Ombuds listens to the resident's complaints, reviews relevant policies and procedures, assists the resident in assessment of options available, promotes discussion with relevant parties and refers the resident to appropriate resources (e.g. CSM Precision Equity & Social Justice Office).

The CSM has recently (August 2023) created a new leadership position, the Associate Dean of People, Culture and Health Promotion. The incumbent will be responsible to create a psychologically safe environment for all faculty and learners and promote a healthy learning and working environment. This individual will also oversee a 'navigator' (new role) to help students with reporting processes.

Complaints from an Academic Staff Member, Appointee, Postdoctoral Scholar, Contractor or volunteer are forwarded to the University of Calgary's Protected Disclosure Advisor for assessment under the *Procedure for Protected Disclosures (Required Appendix 3.4-1 A3)*. Faculty Association representatives are also available to provide guidance and support.

Complaints from employees alleging a breach of a University policy are forwarded to the Associate Vice-President (Human Resources) for assessment of the case and further investigation as warranted. If the employee is a member of a union, they may also contact their union representative for guidance and support.

Hotspot reporting, in which learners report mistreatment linked to a specific location (in this case, during Clerkship Blocks) is in development to address permissive factors for mistreatment in certain environments. A pilot survey (*Supplemental Appendix 3.4-4 A1*) based on this asks learners about their experience or witnessing of bullying/harassment/discrimination/safe & inclusive work environments. The data collected by these surveys will then be discussed with departments heads to affect change.

Alberta Health Services (clinical affiliate)

The expectations for an inclusive workplace and accountabilities for managers, leaders and supervisors to support and maintain a respectful workplace are described in the *AHS Policy on Respectful Workplaces and the Prevention of Harassment and Violence (Required Appendix 3.4-1 A17)*. AHS has four related procedure documents that further describe responsibilities, investigations, follow up, and/or corrective actions, as appropriate, in cases of breaches of the policy.

AHS Medical Staff Bylaws describes the processes for conducting investigations into concerns raised against a practitioner.

The AHS Chief Medical Officer (CMO), Diversity and Wellness, provides guidance and advice for concerns, including discrimination. The CMO can conduct an investigation with the AHS Medical Affairs Office and with input from the Zone Medical Director if deemed appropriate. The outcome is determined based on the findings of investigation and recommendations of action.

One of the recommendations of the Anti-Racism Advisory Group was for a comprehensive review of the reporting and response processes. This work is underway and is being conducted by the Safe Reporting and Response Steering Committee. A comprehensive review of all reporting mechanisms, to ensure these are accessible and effective, is currently underway.

AHS has a network of skilled investigators trained to address issues, concerns and breaches in a timely manner. A new mechanism to track concerns and the resulting outcomes is being developed.

The AHS Medical Staff Bylaws are currently under revision. The new Bylaws and the associated Rules and Guidelines will describe fair and timely processes for addressing issues as they arise at a local level. They will also describe the processes for addressing escalated concerns to the Associate Chief Medical Officers (issues that continue or escalate despite local efforts and concerns related to medical leadership). The AHS Chief Medical Officer will be provided with a summary of these investigations, with outcomes determined based on the findings and resultant recommendations for action.

B. Table 3.4-4 B

Table 3.4-4 B | Safe Mechanisms for Reporting Discrimination

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 feel that the medical school discriminated against me.	5/149 (3.36%)	10/119 (8.40%)	6/113 (5.31%)	N/A
	<i>For those students who feel that they experienced incidents of discrimination by the medical school:</i>	1/4 (25.00%)	3/10 (30.00%)	3/5 (60.00%)	N/A
	I feel that the medical school provides a safe mechanism for reporting incidents of discrimination.				
	I feel that I was discriminated against at one or more hospitals to which I was assigned as a medical student.	3/131 (2.29%)	9/108 (8.33%)	12/110 (10.91%)	N/A
	<i>Note: Students who were never assigned to a hospital as part of a medical education program should select “Not applicable.”</i>				
	<i>For those students who feel that they have been discriminated against at one or more hospitals:</i>	1/3 (33.33%)	2/9 (22.22%)	2/11 (18.18%)	N/A
	I feel that the hospital(s) involved provided a safe mechanism for reporting.				

Requirement 3.4-5

The medical school and its clinical affiliates provide fair and timely investigation of allegations of discrimination.

A. Describe how the medical school and its clinical affiliates provide fair and timely investigation of allegations of discrimination.

Allegations of discrimination are triaged and investigated according to the route they are reported, the role of the reporter and respondent, and the amount and type of information provided. Reports to the Associate Dean, Precision Equity & Social Justice Office, initiates action within 48 hours of receipt of the report, and follow-up conversations ensure that resolution is tailored to the specific incident and the reporter’s needs. This current process will be replaced with the revised *CSM Informal Resolution Guidelines*, which describe timelines of each part of the reporting process.

Alberta Health Services is currently revising bylaws. The timeliness of investigations is emphasized in the new draft of the Bylaws, balancing expediency in resolving a concern and ensuring appropriate time for thorough review. Part 6 of the new Bylaws describe the process in detail for responding to issues and concerns as they arise.

UCalgary Processes and Procedures	Reporting to	Investigations	Resolution
Protected Disclosure Supporting document: Code of Conduct	Can be anonymous An individual may report to: <ul style="list-style-type: none"> - Their Dean or direct supervisor - The Protected Disclosure Advisor - The President of the university or Chair of the Board of Governors - ConfidenceLine (external service provider) 	The Protected Disclosure Advisor will record the disclosure and determine the most appropriate body to undertake the investigation. Within 15 working days the officer will notify the individual who made the disclosure of a decision, next steps, and will continue regular communication with the reporter. An advocate may be appointed to support the reporter through the process.	Reporter: An individual who is found to have made a frivolous or vexatious report of wrongdoing may be subject to disciplinary action. Respondent: An individual who is found to have committed a wrongdoing may be subject to disciplinary action. Privacy: A Protected Disclosure will be shared only with those who have a legitimate need for the information. Record keeping: Records pertaining to a Protected Disclosure are retained in accordance with document retention policies.
Complaint Supporting documents: Harassment Policy Workplace Investigations Procedures	Individuals who are subject to or become aware of Harassment can make a Complaint by contacting: The Protected Disclosure and Research Integrity Office; HR; The Student Conduct Office; A union or faculty assoc. rep.; The confidence Line; A manager, supervisor, or dean, or Campus security. Informal Measures of Resolution Individuals are encouraged to use informal measures to resolve an allegation of Harassment before resorting to formal procedures.	Investigation proceeds according to the Harassment Policy and addressed through the Procedures for Protected Disclosure and/or Workplace Investigation Procedures. If it is determined that a formal investigation will take place, the investigator will prepare terms of reference that include a timeline for the completion of the investigation.	Individuals who are found to have breached the Harassment Policy may be subject to disciplinary action up to and including termination. Records pertaining to the investigation will be retained in accordance with the University’s document retention policies.

CSM Processes and Procedures	Reporting to	Investigations	Resolution
UME red button – interactive online reporting tool	Confidential and can be anonymous <ol style="list-style-type: none"> 1. Professionalism concerns – addressed to Student Professionalism Committee or Student Affairs or UME Associate/Assistant Deans or UCalgary Protected Disclosure 2. Mistreatment – includes harrasment 3. Discrimination 	Triaged to appropriate area by the reporter/user Informal resolution is preferred if all parties are in agreement If an intervention of any sort is required, based on policy and procedure the investigation is referred to the appropriate body	Communicating outcomes Tracking
End of course surveys	Assistant Dean Program Evaluation analyses the surveys and presents information about mistreatment/professionalism to UME management (Associate and Assistant Deans)	Previous evaluations for a preceptor are reviewed for up to 5 years of comments. The course chair and, if needed, the Department Head are involved in discussions with the Assistant Deans.	Possible outcomes of discussion: <ol style="list-style-type: none"> 1. No action 2. Discussion: course chair, Assistant or Associate Dean, and the preceptor 3. Coaching 4. Removal from teaching if recurrent or egregious
Informal reporting	Supervisor Course chair Director: Student Affairs Assistant Deans, UME Associate Dean, UME Precision Equity & Social Justice Office	Investigation if required will be triaged to appropriate area	Informal, collaborative resolution is encouraged if appropriate Will proceed in accordance with the provisions of any applicable collective agreement or any applicable policy
Alberta Health Services: Clinical Affiliate Processes and Procedures	Reporting	Investigations	Resolution
AHS Code of Conduct Workplace Violence Prevention and Response Policy	Report to a manager, and individuals are offered several forms of support.	Manager and HR rep review allegation to determine if an informal resolution can be achieved or if a formal investigation is warranted. If the latter, an investigator will be appointed and will follow due process.	If the evidence upholds the allegation, disciplinary action will be taken. If the allegation is not upheld, the investigation will not be on the employee's file. If the complainant is a patient or visitor, AHS will provide support. A report of the investigation will be reviewed with the complainant and the respondent.

Requirement 3.4-6

The medical school and its clinical affiliates provide prompt resolution of reported incidents of discrimination with a view to preventing their repetition.

A. Describe how the medical school and its clinical affiliates provide prompt resolution of reported incidents of discrimination with a view to preventing their repetition.

See table above.

Additionally, there are mechanisms to rapidly remove a learner from a potentially unsafe environment, i.e. there are 2 discrete stages to resolution i) ensuring safety of the learner, ii) investigating and resolving the claim/issue.

Clinical department heads (who are jointly appointed by the CSM and the clinical affiliate) may be involved in informally investigating and resolving reported incidents of discrimination. This involvement may include discussion with the respondent or colleagues, leaders, or external parties, documenting and ensuring compliance with next steps and remedial plans. In the event a remedial plan is not effective, the Department Head and/or the CSM leadership can revoke the faculty member's privilege of trainee supervision.

As part of the *CSM Informal Resolution Guidelines*, CSM Human Resources will provide data stewardship related to the process, including de-identified data on types of concerns received, Informal Resolution Actions recommended, outcomes of recommendations, and any feedback provided. The data collected in this process will aim to be used for transparency, accountability, and prevention purposes.

Alberta Health Services:

Within the Respectful Workplaces and the Prevention of Harassment and Violence Policy Suite, preventative strategies are outlined as essential (Elements, Pt 4 of the Type III Worker to Worker policy).

For concerns relating specifically to medical staff, Part 6 of the AHS Revised Medical Bylaws emphasizes the importance of preventing repetition of unprofessional behaviour through proactive recommendations for next steps.

3.5 LEARNING ENVIRONMENT

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviours in its medical students, faculty members, and staff at all locations

The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment to:

- a) identify positive and negative influences on the maintenance of professional standards*
- b) implement appropriate strategies to enhance positive and mitigate negative influences*
- c) identify and promptly respond to reports of violations of professional standards.*

Requirement 3.5-1

The medical school ensures that the learning environment of its medical education program at all locations is conducive to the ongoing development of explicit and appropriate professional behaviours in its:

- i. medical students*
- ii. faculty members*
- iii. staff*

- A. Describe how the medical school ensures that the learning environment of its medical education program at all locations is conducive to the ongoing development of explicit and appropriate professional behaviours in its:
- i. medical students
 - ii. faculty members
 - iii. staff

Currently, the following processes are in place to ensure a safe and inclusive learning and teaching environment that supports the ongoing development of professional behaviors for students, faculty, and staff:

Medical Students

Student evaluation of the learning environment occurs at multiple time points, using multiple approaches and is used to identify gaps in professional behaviours and triggers processes to support recognition and remediation of identified negative behaviours to promote a more safe and inclusive learning environment.

Student feedback regarding the learning environment is reviewed at the Pre-Clerkship and Clerkship Committees, as well as by the course, unit, and block leads. All survey data are reviewed by Undergraduate Medical Education (UME) office with oversight by the Associate and Pre-Clerkship/Clerkship Assistant Deans as well as the Director of Program Evaluation. Faculty who receives consistent/persistent negative comments and/or low ratings, reported to have egregious behavior, are identified to the Associate or Assistant Deans for follow-up; and, as every Department Chair serves as academic and Alberta Health Services clinical lead, follow-up from UME can occur with faculty's direct Department Chair. Follow-up for concerns raised involving staff are addressed directly to the staff responsible and/or their immediate supervisor. Follow-up for concerns raised involving other students or trainees are addressed directly to the learner responsible and/or with the learner's educational office.

Evaluation modalities, as completed by students, include the following:

- i. Daily on-line evaluation of learning sessions (every learning event in pre-clerkship documented: lecture, small group) on OSLEP. Evaluations are flagged for consistent/persistent negative comments and/or low ratings.
- ii. End of course evaluations allow detailed feedback regarding content, teaching, clinical presentations, and any teacher related concerns, such as unprofessional behaviors by teachers.
- iii. Following each clerkship rotation, students may submit a preceptor evaluation for their primary preceptor, based on nine dimensions including whether

- the preceptor is the *type of physician the student would strive to emulate*.
- iv. Elective evaluation forms (pre-clerkship and clerkship) provide several questions including whether the student's general goals for the clinical experience were met and if their preceptor and other healthcare providers treated them respectfully.
 - v. Students across all three years also complete an end of year survey, answering broad questions about their perception of the effectiveness of the UME curriculum along with specific feedback about the learning environment. For example, students are asked if faculty and staff treated them equally, regardless of age, sex, cultural background, religion, or sexual orientation, if they were treated with respect by faculty and whether the program accommodates students from diverse personal and family backgrounds.
 - vi. End of training survey, as administered by the Association of Faculties of Medicine of Canada is a formalized Graduation Questionnaire that compares the local learning experience both with historic data as well as with the rest of the Canadian medical schools.
 - vii. The RIME curriculum includes unit and block surveys that collect information on the safety of the educational environment and issues related to discrimination and mistreatment, amongst other categories of information.

Student representation to ensure that student perspectives and the student voice is included in all major administrative committees in the UME (e.g., UME Committee, Pre-Clerkship Committee, RIME Pre-Clerkship Committee, Clerkship Committee, Student Evaluation Committee) and are actively involved in the processes and decisions of these committees. Student input is not only encouraged (students frequently bring issues to the tables for discussion) but integrated into structural processes (e.g., terms of reference, meeting processes).

Discussions with students where Assistant and Associate Deans have been scheduling regular 'brown bag' lunch meetings with the students for open discussion around issues brought forward by students. These are supplemented by regular meetings between the Associate and Assistant Deans and the class presidents to advise each other on active issues including both academic issues and student wellness issues.

Professionalism & Physician Health Unit provides explicit curricular content to support student learning which include facilitated discussions around professional development and behaviours identified by students take place. For example, clerkship students often discuss and develop strategies to address clerkship dilemmas like clarifying their role on units; patient concerns about providing their histories on multiple occasions and having multiple exams. This helps students formally explore their own role in the learning environment ensuring respect for patients and other team members, and their future roles as faculty themselves. With the July 2023 advent of the RIME curriculum, content on professionalism is integrated throughout the curriculum in the longitudinal Professional Role course, which differs from the Legacy curriculum's approach of delivering professionalism content in a single, discrete unit.

Faculty

Faculty evaluation

- i. Faculty members are encouraged to provide feedback regarding learning environments to the vice-chairs of education in their Departments, educational leads and/or the course chair.
- ii. Faculty are provided an opportunity to give feedback at the end of each pre-clerkship course.

Faculty development

CSM Office of Faculty Development and Performance offers many resources:

- i. FacDev Express, which accepts tailored requests for professional development needs of all kinds for teams across the CSM, including assessments and workshops.
- ii. Practical Leadership for University Scholars (PLUS) Program, which offers a suite of programs on leadership for CSM faculty and other CSM members.
- iii. Workshops on many topics, including social justice and reconciliation, and career/teacher/leadership development.

Other resources:

- i. e.g., Learning, and Instructional design tools: Teaching Professionalism e.g., Learning Design reflections: EDIA, Universal Design for Learning Programs - e.g. CSM Teaching Excellence Program (CSMTEP) with modules in Inclusivity and Accessibility in Education, Indigenous Health and Decolonization
- ii. Workshops - e.g. Square Pegs, Round Holes: Engaging all Learners, Implicit Bias in Medicine, From Bystander to Upstander Intervention Training, Sexual Violence Awareness Education, Inclusive Language, Islamophobia and Antisemitism, and many others. A catalogue of workshops offered by offices across the CSM is being developed, with the goal of raising awareness of the many learning opportunities available.
- iii. Precision Equity & Social Justice Office e.g., EDI (Equity Diversity Inclusion) through an Ability Studies Lens
- iv. Taylor Institute for Teaching and Learning e.g., Anti-Racism in Teaching and Learning Badge, EDI Workshop Series
- v. Alberta Health Services - Departmental rounds e.g. Emergency Medicine Weight Bias in Medicine

Staff

Many of the resources for faculty detailed in “Faculty Development” above are also available to non-faculty staff:

- i. CSM Precision Equity & Social Justice Office (PESJO) workshops
- ii. UME Staff - Inclusive Language, Implicit Bias in Medicine
- iii. Medical Skills - Standardized patients and staff
- iv. University of Calgary Human Resources learning modules and opportunities e.g. Equitable and Inclusive Hiring Workshop

Moving forward, CSM has identified areas to improve its learning environment and has prioritized the school to actively address the following foundational areas:

1. **Challenging existing frameworks and medical definitions of "professionalism" and "professional behaviors"** that have previously not included the perspectives of people from equity deserving groups. Although CSM has had a Professional Standards for Faculty Members and Learners since 2008, and UME Student Code of Conduct, these standards were recognized as needing significant revision to reflect contemporaneous understanding of professional competency including the explicit naming of discriminatory and oppressive behaviours. This brought about the formation of the OPED Professionalism Committee and the work spearheaded by the initial Chair of that group, Dr. Pamela Roach. Dr. Roach has led a national collaboration (PARTAKE - Professionalism and Accountability Redefined: Theorizing Anti-Racism from Key Stakeholder Engagement) to look at redefining professionalism to improve health equity in competency based medical education (CBME) and in so doing to create an expectation for medical learners and health care professionals, not only at CSM, but all medical schools, to actively oppose discrimination and oppression and to explicitly promote equity and justice. A stakeholder report has been produced and their study has been accepted for publication. Dr. Roach and her groups' work has provided the groundwork for systems transformation through their scholarship to create new definitions and expectations of professional behaviour and development that will contribute to a safer and more inclusive learning environment and allow CSM to operationalize and build more accountability structures around this new framework. The Code of Conduct is under revision to incorporate the above changes, with a first draft submitted for May 2024.

The Big 10 Graduation Educational Objectives, which outlines competencies for undergraduate medical students to achieve by the time of graduation, is also being revised (beginning in the Spring of 2024) to incorporate a stronger focus on anti-oppressive, EDI, and reconciliation abilities.

2. **Transition to the RIME (Re-Imagining Medical Education) curriculum.** This co-designed pre-clerkship curriculum focuses on the spiral delivery of patient centered clinical presentations rooted in generalism, while providing opportunities for creativity, self-regulated learning, and professional identity development. Core blocks include meaningful integration of content and concepts that have been previously underemphasized (such as professional development) and/or compartmentalized into clinical content. Rooted also in the principle of spirality, the RIME curriculum will ensure that key concepts of professional identity and development as well as social justice are woven in and presented repeatedly with increasing layers of complexity. In co-creating this transformative shift in learning systems and paradigms, students will be better taught and equipped to improve their learning environment and their future learning environments as Faculty. Faculty, as part of the RIME transition have, since the Fall 2022, have been undertaking faculty development through a grant awarded from the Taylor Institute of Teaching

and Learning to UME and OFDP for a project to promote inclusive and transformative teaching practices rooted in critical pedagogy and build capacity for teaching related to equity, social justice, and structural competence. This grant included funding for external consultants with expertise in structural competency and critical pedagogy to provide train-the-trainer workshops.

3. **Adoption of the Okanagan Charter** by the University and school has led to the inaugural role of the **Associate Dean, People, Culture and Health Promotion** whose mandate will be to uphold the principles of the Okanagan Charter which includes embedding health into all aspects of university and school culture, including administration, operations, and academic mandates, and to lead health promotion action and collaboration. The new Associate Dean will operationally oversee the expansion, resourcing, and mandate of the Student Advocacy and Wellness Hub to support a positive learning environment for students. The position will also liaise with OPED (renamed Precision Equity and Social Justice Office) to continue to support professional development for faculty and staff to create positive learning environments.
4. **Culture of safety and belonging.** The living CSM Strategic Plan has a focus on centering people and communities and as part of this, CSM has embarked on a communications campaign around cultivating authentic inclusion and literacy around identifying microaggressions, discrimination and oppressive behaviour, and strategies towards anti-oppressive behaviour. This communications campaign began in the spring 2023 and a variety of programs and initiatives spearheaded by many CSM and AHS units that collectively aim to create this culture shift and contribute to safe and welcoming learning environments. Initiatives have included Pride Crosswalks and Crossways, and decals; improving multi-faith spaces; increasing gender-neutral facilities and lactation spaces; creation of the Indigenous Hub and Indigenous Mural, development of an audit for accessible and inclusive spaces, and development of a set of guidelines on respectful conversations around politically charged topics.
5. **Increasing representational diversity across CSM leadership and enhancing supports and mentorship for people from equity deserving groups** facing ongoing structural marginalization. Critical to creating learning environments that support the development of explicit and appropriate professional behaviours is ensuring that students and others across CSM, see themselves reflected in teaching and administrative faculty and particularly in leadership roles. Formal curricular programmatic assurances and improvements, explicit messaging through other literacy initiatives, and policy changes cannot be realized without these informal or "hidden curriculum" messaging.

Requirement 3.5-2

The medical school and its clinical affiliates share the responsibility in the periodic evaluation of the learning environment in order to:

- a) *identify positive and negative influences on the maintenance of professional standards*
- b) *implement appropriate strategies to enhance positive and mitigate negative influences*
- c) *identify and promptly respond to reports of violations of professional standards*

A. Identify how often the medical school meets with clinical affiliates to fulfill their shared responsibility for the periodic evaluation of the learning environment.

The medical school meets with clinical affiliates at various levels regularly to fulfill their shared responsibility for the periodic evaluation of the learning environment:

- a. UME reporting structures: Because of dual roles of members of UME committees between the academic and clinical spheres, leadership committees have diverse and cross-cutting representation as well as specific representation to provide perspectives from structurally marginalized groups, in addition to student representation as discussed above. This would extend to regular meetings in:
 - Pre-Clerkship Committee (replaced by the RIME Pre-Clerkship Committee)
 - Clerkship Committee
 - UME Executive Committee
 - UME Management Committee

- b. **Strategic Education Council (SEC):** Similarly, education leads with dual roles meet regularly/monthly through September and June, in a collaborative educational network structure. There is an opportunity for UME to put forth issues around the learning environment as well as for all educational portfolios to do the same which can result in robust discussion, decision-making, and proposed solutions around shared issues.
- c. **Department Heads Committee:** Department Heads with explicit academic and clinical mandates also meet regularly/monthly through September and June with AHS leadership present for periodic evaluation of the learning environment.
- d. **OPED Professionalism Subcommittee and Advisory Group:** Monthly meetings were held between 2019 to end of 2022 that included students, faculty - both academic and clinical, staff, and community partners for the expressed purpose of evaluation and improvement of learning and working environment with respect to professional standards. In 2023, transition in leadership and organizational structure resulted in a Strategic Health Equity and Systems Transformation Council (4 meetings per year, first meeting March 2023) and a network/committee of EDIA Leads across the school. The last meeting of the EDIA Leads was in February 2023 and reconvened in October 2023; however, in that interim, the EDIA Advisory Group was involved in providing feedback for the CSM EDIA Strategic Plan.
- e. **CSM Equity Diversity Inclusion Accessibility (EDIA) Leads Council** meets monthly to enact the EDIA components of the CSM's Living Strategic Plan. Its Terms of Reference (*Supplemental Appendix 3.5-2 A1*) lays out the responsibilities of the EDIA Leads council, including providing recommendations, implementation, assessment, and monitoring of CSM EDIA related processes and programs to advance the CSM's EDIA Strategic Plan. The membership of the EDIA Leads council includes student representation.
- f. **The Student Evaluation Committee (UME-SEC)** has responsibilities regarding UME student evaluations, including development, monitoring, and review of policies and programs related to student evaluation of performance and adherence to standards. The UME SEC's Terms of Reference (*Supplemental Appendix 3.5-2 A2*) was updated January 2024 to include student representation and the reporting of trends within the UME.

B. Describe how the medical school and its clinical affiliates share the responsibility in the periodic evaluation of the learning environment to:

- a) identify positive and negative influences on the maintenance of professional standards
- b) implement appropriate strategies to enhance positive and mitigate negative influences
- c) identify and promptly respond to reports of violations of professional standards

Identifying and Enhancing Positive Elements:

- i. Medical students provide feedback on preceptors through their daily evaluations, student feedback surveys, and end-of-course surveys and clerkship surveys. Students' comments about the educational program's provision and their teachers' skills and professional behavior are used in providing feedback to individual teachers and reinforcing appropriate professional behaviors.
- ii. Calgary Medical Students Association (CMSA) recognizes teachers annually at the Faculty Appreciation Night where gold star awards are given to UME teachers.
- iii. Multiple avenues of recognition including Dean's messaging of valuable educational contributions and achievements, and EDIA awards both from main campus (Taylor Institute OEDI) and CSM (OPED, Glenda McQueen Leadership Award) that celebrate excellence in areas of equity, diversity, inclusion, and accessibility. CSM has a formalized process through the Strategic Education Council that annually seeks nominations for national and international awards in educational and professional excellence (e.g., May Cohen Gender Equity Award, Dr. Thomas Dignan Indigenous Health Award). CSM also has a diverse Awards Committee that seeks to recognize faculty excellence and professional standards in national and international awards that do not necessarily focus on educational excellence. There are also CSM annual Alumni of Distinction Awards and CSM Faculty and Staff Excellence Awards and celebration events.

Identifying and Mitigating Negative Elements:

- i. The UME Management Committee (leadership and senior staff), which meets weekly, has a protocol in place to address concerns about preceptors and the learning environment. Teachers who receive negative assessments by students on the daily evaluations, student feedback surveys, end-of-course surveys, and clerkship surveys, and/or are identified by students through other means, as exhibiting unprofessional or other concerning behaviors are flagged. When an issue is discovered, the UME Assistant Dean – Program Evaluation collates five years of evaluations about the identified preceptor related to unprofessional behavior and/or poor teaching evaluations and brings this information to the UME Management Committee. Concerns raised about preceptors are reviewed for severity and patterns of behavior related to student safety, context, intent of the preceptor, impact on the student (brief and not lasting, vs lasting and adverse), current or future risk to patient care and/or students, and one time vs. a pattern of behavior.
- ii. The CSM Associate Dean – Precision Equity and Social Justice Office (PESJO) and/or the University's Protected Disclosure Advisor (PDA) are invited to UME Management Committee meetings when professionalism concerns are reviewed about preceptors. The Committee also consults with the College of Physicians and Surgeons of Alberta regarding management or investigation of complex issues. Concomitantly, alternate reporting through Associate Dean/OPED are shared with permission from the reporter with UME leadership (Associate or Assistant Deans) after identification of negative elements has occurred and to mitigate future circumstances. Although not a formal avenue, SAWH (Student Advocacy and Wellness Hub) provides a structure for reports to be directed to UME Management Committee.
- iii. Hotspot reporting, in which learners report mistreatment linked to a specific location (in this case, during Clerkship Blocks) is in development to understand permissive factors for mistreatment in certain environments. A pilot survey for hotspot reporting (*Supplemental Appendix 3.4-4 A1*) asks learners about their experience or witnessing of bullying/harassment/discrimination/safe & inclusive work environments. The data collected by these surveys will then be discussed with department heads to affect change.
- iv. For further details on the existing guidelines on reporting and managing student mistreatment, see *Required Appendix 3.4-1 A12 - UME Student Mistreatment Guidelines*

Identifying and Promptly Responding to Professional Standard Violations: Processes in place that identify both positive and negative influences on professional standards (described above) are also used to identify violations of professional standards. Informal mistreatment can be reported through the Associate Dean PESJO, all initial reports (if reply information is provided) are responded to within two business days whenever possible and an invitation to speak either virtually or in-person is provided to gather more information and provide guidance and support to the reporter. By the Summer of 2024, this process will transition to a revised centralized mistreatment reporting process operated conjointly by the University of Calgary PDRI Office as well as CSM Human Resources; it will provide both formal and informal reporting options.

Formal responses to professional standard violations that transgress University of Calgary Harassment policy is responded to by the Student Conduct Office (for student-on-student concerns) and the Protected Disclosure and Research Integrity Office.

- C. Provide one example of a strategy used by the medical school and its clinical affiliates to enhance positive elements and one example used to mitigate negative elements identified through this evaluation process.

Example of enhancing positive elements:

- i. The Associate Dean-UME sends out recognition letters at the end of each academic year to all preceptors. The letters typically summarize the teaching they did for the year and the collated ratings provided by the students. Letters to clerkship preceptors/residents are also distributed along with student ratings, if available. UME also grants two main annual awards: the *Distinguished Service Award*, based on hours of teaching and distributed as a letter signed by the course chair plus the Assistant Dean-Pre-Clerkship and the *Associate Dean's Letter of Excellence* from the Associate Dean-UME, recognizing recipients who have taught at least 10 hours in a course and have an average student rating of instruction that is 3.5/5 or higher.
- ii. The Faculty Performance Review Tool is sent annually to all Department Heads and provides a summary of relevant information regarding all department members and their UME educational contributions. This helps Department Heads to identify individuals who have consistently shown excellence in teaching and professional

standards (listing awards, student feedback, and quantitative data of number of instructional hours provided); this information can be used to support Annual Performance Reviews and academic merit assessments.

Example of mitigating negative elements:

Incidents of sexual and gender-based professional standard violations at the CSM has triggered a deeper evaluation of culture and systemic factors that enabled these violations to have taken place. Meaningful discourse at the leadership levels within the school and AHS, as well as a scholarly review of factors that can be mitigated in the future were undertaken. This has led to advocating for a CSM and AHS Sexual Violence Educator in August 2022 who supports our faculty, staff, and students in professional development in this area. Sessions have included: "Affirmative Consent and Why It Matters", "Sexual Violence Prevention and Response on Campus", "But That Doesn't Fit With the Great Person I Knew" and "Other Reasons Why Making Sense of Sexual Violence Can Be Troubling".

D. Describe how the shared evaluation process can identify any violations of professional standards.

In 2019, the UME Management Committee and Assistant Dean Pre-Clerkship identified issues around discrimination and harassment of learners wearing religious attire or paraphernalia into the operating rooms in Calgary while on clinical rotations. This concern was raised with the Department Heads of surgical departments and the Associate Dean, OPED. Department Head leadership, including Nursing leadership, were involved with the new provincial AHS Policy around Surgical Attire created in 2019-2020. Accompanying this AHS policy change, were educational sessions to surgical teams across Calgary to introduce the policies as well as professional development around cultural competency training and anti-racism training.

Subsequent student reports of harassment in the OR based on religious or racial discrimination lessened immediately after these actions. However, recent reports of renewed unprofessional behaviour have prompted another investigation by UME into these collated reports and further discussions with UME surgical education leads and the needs for more comprehensive and longitudinal development in this area to support new surgical team members given large turnover numbers in operating room staffing since COVID pandemic. This also highlights the need for longitudinal training including "refresher" training as part of continuing professional development. Repeated behaviors by specific sites or individuals, however, will require more assessment of more rooted systemic issues with supervisors and leadership.

E. Describe how the prompt response to reports of violations of professional standards is assured.

The Precision Equity & Social Justice Office (PESJO) website explicitly states expectations around response times to reports and provides process mapping for reporters to allow for transparency, limitations, and expectations of the process. Similarly, the University of Calgary policies around Harassment, Procedure for Protected Disclosure and Workplace Investigation explicitly also provide timeframes and limitations to response time for reports. The Protected Disclosure and Research Integrity (PDRI) Office has commissioned a third-party report that was submitted in September 2022 and distributed in June 2023 that provides a review of current procedures and recommendations for future procedures (see Element 3.6). The office is resourcing itself and positioning itself to implement these recommendations with broad stakeholder involvement for 2024.

3.6 STUDENT MISTREATMENT

The medical school has policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment and retaliation. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and responded to.

Requirement 3.6-1

The medical school has written policies that define mistreatment.

- A. Provide a copy of the written policy or equivalent document used by the medical school that defines mistreatment. Highlight the definition of mistreatment. (*Appendix 3.6-1 A*)

Cumming School of Medicine:

Required Appendix 3.6-1 A1 - Current Mistreatment Definition

Current mistreatment definition:

“The Cumming School of Medicine defines mistreatment as any instance of discrimination, humiliation, harassment, inappropriate or unethical behaviour experienced or witnessed by an individual (e.g., learner, faculty, staff) that negatively impacts their environment (e.g., learning, work, research). “

Proposed mistreatment definition:

"Mistreatment, as adopted from the Association of Faculties of Medicine of Canada (AFMC), is intentional or unintentional behavior that disrespects the dignity of others and compromises the learning and working environment. Mistreatment can involve a single incident or a pattern of behavior."

University of Calgary:

Required Appendix 3.6-1 A2 – UCalgary Harassment Policy

- Where harassment may be a single incident or a series of incidents. Harassment may involve an individual or group of individuals, and may take verbal, written, graphic or physical forms. Harassment may occur during work or school hours or outside work or school hours and on or off campus.
- Where harassment is defined as:
 - Unwelcome and inappropriate verbal, written, graphic or physical conduct, or coercive behaviour, where the behaviour is known or reasonably ought to be known to be unwelcome and is based on a Protected Ground; or
 - Personal harassment – meaning unwelcome verbal, written, graphic or physical conduct, behaviour, or communication, not based on a Protected Ground, and directed toward an individual or group of individuals where:
 - i. there is a misuse or abuse of power having the effect or purpose of significantly abusing, threatening, demeaning, or intimidating an individual or group of individuals; or
 - ii. such conduct has the purpose or effect of significantly interfering with work or educational performance; or
 - iii. such conduct creates an intimidating, hostile, or offensive working, living or educational environment.
- Where Protected Grounds means race, religious beliefs, colour, gender, physical or mental disability, age, ancestry, place of origin, marital status, source of income, family status or sexual orientation or any form of discrimination prohibited under the Alberta Human Rights Act including sexual harassment.

Required Appendix 3.6-1 A3 – University of Calgary Sexual and Gender Based Violence Policy
Required Appendix 3.6-1 A4 - University of Calgary Gender Based Violence Policy Process Map

- Where sexual harassment is defined as one or more unwanted or demeaning remarks, behaviours, or communications of a sexual nature and/or unwanted or demeaning remarks, behaviours or communications based on sex, gender identity, gender expression, or sexual orientation, where the individual responsible for the remarks, behaviours or communications knows or ought reasonably to know that these are unwanted or demeaning.
- Where Sexual and Gender-Based Violence means any violence, physical or psychological, that is committed, threatened, or attempted against another individual without the individual's consent by targeting an individual because of their sex, gender identity, gender expression, or sexual orientation. This includes Gender-Based Violence, Sexual Assault, Sexual Harassment, stealthing, indecent exposure, voyeurism, creating, acquiring, or distributing degrading sexual imagery, the acquisition or distribution of a sexual image or video of a University Community member without their consent, and stalking that targets an individual based on their sex, gender identity, gender expression or sexual orientation. It can include a single incident or a pattern of behaviour whether in person, online, or via other means.

Other Related University Policies/Procedures:

Required Appendix 3.6-1 A5 - UC Workplace Investigation Procedure (parent policy – University of Calgary Harassment Policy)
Required Appendix 3.6-1 A6 – UC Workplace Violence Policy
Required Appendix 3.6-1 A7 – UC Code of Conduct
Required Appendix 3.6-1 A8 – UC Student Non-Academic Misconduct Policy and Procedure
Required Appendix 3.6-1 A9 – UC Student at Risk Policy
Required Appendix 3.6-1 A10 – UC Procedure for Protected Disclosure

Cumming School of Medicine:

Current Related Documents:

Required Appendix 3.6-1 A11 - CSM Professional Standards for Faculty & Learners
Required Appendix 3.6-1 A12 - UME Student Mistreatment Procedures

- B. Describe how the medical school informs its students, visiting students, faculty, residents and administrative and support staff about these policies or equivalent documents.

Medical Students:

Formal and mandatory:

- Orientation session in the first week of medical school where medical students are provided with details on defining mistreatment and CSM's procedures in cases of student mistreatment.
- Curricular sessions (in the Legacy curriculum) in the Professionalism and Physician Health Unit, 3 to 4 months into medical school where medical students are informed of the Student Mistreatment Assistance website ('A Safe Space') and the ability to access Faculty Advisors Against Mistreatment (FAAMs), both described in detail in the next section (C). In the RIME curriculum, policies and procedures are reviewed in detail during the orientation week.

Voluntary:

- Students can access the CSM Student Mistreatment document, describing in further detail all the mechanisms for reporting and reviewing incidents through the MD program website and ‘A Safe Space’ website. The UME Mistreatment website also provides information on what is defined by mistreatment, methods to report mistreatment online directly to the Associate Dean, UME, the former Faculty Advocates Against Mistreatment, Student Professionalism Committee, Associate Dean of OPED and/or the main campus of the University, either through the Protected Disclosure Officer, Student Non-Academic Misconduct Office, and/or Student Ombuds.

Visiting Medical Students:

- When applying for visiting electives through the Association of Faculties of Medicine of Canada (AFMC) Student Portal, students are provided with the link to the centralized CSM mistreatment reporting website, which defines mistreatment and links to several reporting options as well as supportive resources. Orientation information for visiting elective students is also provided by email and this information was updated for June 2023 regarding mistreatment reporting.
- A survey soliciting feedback from visiting students will be provided for visiting students to complete. Data from the survey (which will include their awareness of the CSM policies and procedures) will be reviewed annually, including the overall response rate to the survey, and provided to UME leadership.

Residents:

Incoming residents are informed of relevant training policies or processes during PGME Orientation. These policies and processes are also permanently available on the PGME website under “A Safe Space” and “Current Trainees – Policies and Operating Standards” and include:

- PGME:
 - Operating Standard on the Safe Learning Environment (*Required Appendix 3.4-1 A13*)
 - Operating Standard on Learner Wellness (*Supplemental Appendix 3.6-1 B1*)
 - Resident Safety Policy (*Supplemental Appendix 3.6-1 B2*)
 - Link to the Precision Equity and Social Justice Office (PESJO) process for reporting a concern
 - Link to Directors of Resident Support (DRS) process
 - Link to Residency Program Ombuds (“Contacts” tab)
- University of Calgary
 - Code of Conduct
 - Protected Disclosure and Research Integrity Office (PDRI) Process for Reporting an Incident (*Supplemental Appendix 3.6-1 B3*)
- Canadian Medical Association:
 - Code of Ethics & Professionalism (*Supplemental Appendix 3.6-1 B4*)
- College of Physicians & Surgeons of Alberta:
 - Code of Conduct (*Supplemental Appendix 3.6-1 B5*)
 - Standards of Practice (*Supplemental Appendix 3.6-1 B6*)

Faculty:

- The Office of Faculty Development and Performance (OFDP) offers all new faculty an orientation session that ensures they are aware of the CSM’s standards for providing a positive learning environment. This includes discussion of a variety of policies and support offices to help faculty members support students and provide appropriate resources. This information is reinforced for physician faculty members who attend AHS Orientation sessions where OFDP and PESJO reinforce these policies and provide relevant resources.
- Preceptors are made aware of and must agree to the standards outlined in the CSM Professional Standards for Faculty Members and Learners.

- The University of Calgary Longitudinal Integrated Clerkship is a clerkship option for medical students to learn in a generalist environment in a rural or regional community. Preceptors from these communities participate in faculty development opportunities at their new hire orientation, at an annual conference designed specifically for rural preceptors (Cabin Fever) and attend monthly online meetings. These sessions cover various topics, including professionalism, cultural competency, and evaluation.

Administrative and Support Staff:

- UME Staff have not been provided with training on preventing learner mistreatment. While there is an expectation that staff familiarize themselves with the relevant policies that govern the work of the UME (this includes the mistreatment process) there is no formal education in this regard. This has been identified as an important gap and plans are underway to start a series of learning events to address this.
- PGME Staff and Residency Program Administrators (PA) are provided with multiple opportunities for learning about avoiding mistreatment of learners. Administrative staff are familiar with the mistreatment reporting processes available for residents. The PGME and PA staff meet quarterly to discuss policies and procedures, including those related to mistreatment of learners. PA staff are invited to attend ICRE every alternate year; one of the main foci of this conference is on resident wellness, including mistreatment, so this is an opportunity for those staff to learn about providing a safe learning environment. PAs also attend the annual CSM PGME retreat where the safe learning environment is frequently discussed.
- Distributed Learning and Rural Initiatives staff have been provided with staff development workshops that have included elements of anti-bias, antiracism and communication and several staff have completed the Indigenous Canada course through the UofA.

General (available to all CSM Community):

- Office of Faculty Development and Performance offers sessions “Responding to Disclosures” as well as “Moving from Bystander to Upstander” that are provided to Faculty but also other CSM groups, where sessions are tailored for the specific audience and modified for individual departments, units, or roles.
- The CSM Dean sends out periodic electronic communications via email to the entire CSM community. These messages emphasize the need to be aware of the prevalence and extent of learner mistreatment, racism, and discrimination, and provide the CSM community with updates and resources to continue to implement change to improve the local culture. The Dean provides several options for personal or systematic concerns to be raised with the Leadership team through several forums, from direct email communication to anonymous surveys.
- PDRI dissemination of 3rd party review of PDRI process to UCalgary community (*Supplemental Appendix 3.6-1 B7 – UToday Article*)
- Websites with list of links to relevant policies include:
 - UME – “A Safe Space”
 - PGME – “A Safe Space”
 - OPED/PESJO – “Resources – Report an Incident”
 - PDRI – “Policies and Processes”

Requirement 3.6-2

The medical school has effective mechanisms in place for a prompt response to any complaints.

A. Describe the mechanisms in place for a prompt response to any complaints of student or visiting student mistreatment.

In preparation for the 2016 Accreditation, an ad hoc Mistreatment Task Force was formed, co-chaired by student and faculty leadership and involving significant student representation, AHS Clinical Faculty, UME and CSM education leadership. A series of short (3-month) and long (12-month) term implementation recommendations (*Supplemental Appendix 3.6-2 A1*) were provided to the Dean and Senior Education leadership including:

The Mistreatment Task Force recommends the following for implementation within 3 months:

1. Creation of an online space (safe zone) where students can access information about mistreatment including a flow chart that outlines reporting procedure, policy defining mistreatment at the University of Calgary, neutral third-party support, and examples of cases that have been resolved. I (I) Inclusion of a link to the website in an 'obvious' place i.e. that students visit daily. Currently the best place for such a link would be the OSLER dashboard page. (II) Development of a comprehensive flow chart that includes a decision tree that determines where/by whom complaints will be investigated. (III) Procedures involved in reporting mistreatment, and the process for investigations outlined. Procedures should include how complainants will be informed of the results of investigations. (IV) Transparent reporting of complaints, and results of investigations should be included.
2. Appointment of two ombudsmen that will act as an access point for concerned students seeking both support and advice regarding mistreatment and/or observed behaviours which are considered upsetting. The skill-set of the ombudsmen should reflect: an understanding of the highest professional standards; relevant regulatory expectations of medical professionals; knowledge of procedures and processes for expectations of behaviour and investigations of complaints within Alberta Health Services, the University of Calgary, and the Cumming School of Medicine including working knowledge on the principles of natural justice; and a reputation and manner which instills trust and confidence in students. The ombudsmen should not be individuals charged with the responsibility for promotion of students. The committee recommends the appointments also be cognizant of: gender and broader issues of diversity, discipline, at least one be outside of UME/Student Affairs, and that the ombudsmen have an advisory rather than reporting relationship to the Dean and Senior Associate Dean (Education), and through them to the Associate Dean of Undergraduate Medical Education. A description of roles and responsibilities of the Ombudsman is beyond this committee, but any future description should give credence and heed that the committee considers the ombudsman to have a crucial role moving forwards.

The Mistreatment Task Force recommends the following for implementation within 12 months:

1. Creation of an online mandatory training module for all preceptors, including residents, involved in both pre-clerkship and clerkship education.
2. During orientation week for new undergraduate students, a session be developed which includes: (I) Introduction to members of the UME, Student Affairs, and the Ombudsmen. (II) An emphasis on a zero-tolerance approach to student mistreatment. (III) A clear message that the UME on behalf of the School are supportive of students in all matters regarding mistreatment.
3. Development (or if developed, review and renewal) of curriculum for students, and preceptors/faculty that focuses on positive behaviours and communication between students and preceptors. (I) The undergraduate medical education should include training regarding difficult conversations, as well as appropriate ways to give and receive feedback. The committee recommends that a module regarding difficult conversations is developed and included in the physicianship course and that it includes a small group workshop component. (II) Preceptors receive training on giving feedback, and maintenance of respectful learning environments.
4. Further evaluation of mistreatment and its place in the culture of medicine by the medical culture task force. (I) Greater representation and inclusion of student interests in the task force.

A one-year review in 2017 by the task force examined that status of the implementation recommendations provided and the following was noted:

- On-line safe zone. On the website there were 3738 page views over 1190 sessions. Of these there were 667 instances where people indicated they needed help.
- Student advocates (2) were hired and in place. These students identified specific times where demand was greatest, suggested Course 7 and suggested new name for Students for Advocates for Mistreatment (SAMS) as confusing (advocating for mistreatment).
- The CSM Equity and Professionalism Office were noted to have many sessions aimed at mistreatment prevention.

Current mechanism:

The current process for mistreatment was developed in 2016 in response to student concerns regarding policies and processes for mistreatment in the UME. A student-led, UME supported working group developed a process to address mistreatment. Key features of the process to address mistreatment issues included:

- Development of a mistreatment website with access to multiple avenues to report mistreatment
- Development of the positions of the Faculty Advocates Against Mistreatment (FAAM) with associated resource allocation for these roles (which was in operation until January 2024)
- Development of the 'Faculty Report Card' - an anonymized reporting system to describe mistreatment issues that were reported and addressed; on a password protected curriculum resource website available to students and faculty.
- Messaging from the Dean of Medicine about changing the culture of medicine to reduce mistreatment.
- Development of a series of presentations about the new mistreatment processes in UME - widely provided at multiple grand rounds, conferences, and meetings.

This process was received favorably by students. CSM's steps towards increasing awareness around available reporting policies and procedures resulted in an increase in reporting of mistreatment and a marked improvement in the awareness of mistreatment policies and processes. For instance, since those measures were taken, student reporting of mistreatment has increased, with student awareness of the policies around mistreatment having improved (2015 GQ 87.5% to 2018 100%) as has student awareness of the procedures to report mistreatment (2015 GQ 71.3% to 2018 95%).

Over time, however, students have felt that the processes developed were not addressing some of the root issues around mistreatment. Through CSM student and faculty driven advocacy efforts, external and internal reviews and reports, alongside a robust environmental scan, were undertaken to reassess mistreatment at both institutional and faculty levels in 2022. There is ongoing rigorous work in this area, that is under the review of the legal team before it can be introduced and implemented.

The formal and informal mechanisms in place for a prompt response to students experiencing mistreatment include:

University of Calgary

- Protected Disclosure and Research Integrity Process
- Workplace Investigation Process
- Student Non-Academic Misconduct Reporting Process

Cumming School of Medicine*Undergraduate Medical Education*

- Reports that come to UME through feedback surveys or directly to the Associate Dean are reviewed by the Associate Dean, the Assistant Dean and/or the relevant Course or Clerkship chair (see process described in Element 3.5 Learning Environment). Follow-up occurs directly to the student when reports are made in such a way that the student reporting can be identified. In anonymous reporting (and for all reports) feedback is provided through the Faculty Report Card, described below.
- When mistreatment concerns are raised, the FAAMs meet with the student to validate their concerns and, when needed, review any reported incidents of mistreatment. They communicate with the UME Associate or Assistant Deans as required and contact the relevant clinical department head for more egregious issues. This allowed the FAAMs to be aware of past events of learner mistreatment by an individual, and to understand if the incident is a single event or part of a pattern of behavior. The FAAMs typically met with the individual accused of mistreating a learner to understand their side of the story. In the case of faculty investigated for learner mistreatment, outcomes may include: the opportunities to remediate their behavior, removal from teaching duties in cases of egregious mistreatment or repeated behaviors, or other recommendations may be provided to UME deans if a pattern of behavior identified. It was the responsibility of the FAAMs to inform the student(s) who reported the mistreatment concern on the outcome of the process. This process was in place until January 2024; at which time FAAMs was sun-setted and their operations in this capacity ceased.
- Faculty Report Card: Information about student mistreatment reports by preceptors brought to UME's attention is collated by the UME Associate Dean. Data are gathered from a variety of sources, including daily student feedback forms, end of course/end of clerkship/end of year survey tools and those situations that were reported via the

FAAMs. UME develops an annual Report Card, with anonymized details about incidents, how they were dealt with, and the outcome for the reported teacher. The Report Card is available to students through OSLER (CSM's password-protected online curriculum management system) with enough information included that students who reported an event should be able to see the outcome without disclosure of the identity of an individual faculty or student.

- *Associate/Assistant Deans, UME and PGME* communicate as required to share data regarding respondents to identify any potential patterns, or history, of repeated mistreatment behaviors.
- *Precision Equity & Social Justice Office* reports are generally made on-line or via email directly, or occasionally in-person, to the Associate Dean PESJO. Responses (via email) are attempted to be made within 2 business days and an offer to discuss the concern either in-person or virtually is made if information to contact the reporter is provided. All attempts to schedule a discussion as soon as possible is made. Associate Dean works with the reporter and respondent(s) to provide direct support for the reporter and/or to direct the reporter to appropriate support resources; guidance with navigating through possible reporting option and processes; an opportunity for a reporter to consider outcomes or resolution(s) are sought (both informal and formal resolution).
- *Protected Disclosure* Officers investigate student mistreatment reporting through the PDRI process which can be completed through an on-line Protected Disclosure Allegation webform (anonymously or non-anonymously) or through the Confidence Line (anonymously)

In Progress:

Despite these measures having been taken, CSM recognizes that streamlining and standardizing reporting processes are still needed and large strides towards earning CSM community trust around improving the safety, accountability, and effectiveness of reporting processes must be made. To this end, the report: "Mistreatment Reporting at the Cumming School of Medicine: An Internal Review" (**Supplemental Appendix 3.6-2 A2**) was completed in June 2022. In addition to 18 recommendations addressing policy, process, resources, and organizational structure, a call for the institution to undertake a 3rd party review of existing reporting mechanisms was made to "move the needle". The University responded by completing a 3rd party review - Southern Butler Price Procedure for Protected Disclosure: Review and Recommendations (**Supplemental Appendix 3.6-2 A3**) in September 2022 and this has propelled the following actions by PDRI to date:

Development of the draft CSM Safe Mistreatment Reporting Guidelines, that was initially proposed to CSM leadership in March 2022; and with the support of SAWH, original draft versions were revised for UME learners, including representative groups such as the BMSA, and introduced to UME leadership in May 2023.

Further consultations were undertaken with Associate Deans of PGME, GSE, BHSc; PDRI Office; UCalgary Legal, Associate Deans of PESJO and People, Culture and Health Promotion, Office of Equity Diversity and Inclusion, as well as Senior CSM leadership between June and August 2023, and agreement to broaden the scope of the proposed mechanism to include all CSM members, with particular focus on CSM learners, was made in September 2023 with approval to move forward by PDRI, UCalgary Legal and Senior CSM leadership.

The *CSM Informal Resolution Guidelines* were approved in July 2024 (**Required Appendix 3.4-1 A16**). It will be administered by CSM Human Resources; as personnel external to the CSM clinical and academic faculty, this helps to prevent potential conflicts of interest and concerns of retaliation. It serves as a centralized, structured, informal alternative mistreatment reporting option complementing the formal University of Calgary Procedure for Protected Disclosure and Student Non-Academic Misconduct Procedure. The informal process hopes to serve those CSM members who experience mistreatment but are either unable or unwilling to access formal reporting procedures. It can assist reporters with navigation of resources and different reporting options. It provides standardized recommendations of Informal Resolution Actions to resolve mistreatment concerns; a committee of those with lived experience and/or expertise regarding specific types of mistreatment provide consultation on recommendations. The guideline outlines a clarified reporting process with timelines on response.

CSM Human Resources will provide data stewardship related to the process, including de-identified data on types of concerns received, Informal Resolution Actions recommended, outcomes of recommendations, and any feedback provided. The data collected in this process will be used for transparency, accountability, and prevention purposes.

CSM Action Plan:

Short-term Action Items (to be completed over the next 3-6 months)

1. Further **student and stakeholder engagement** for their feedback around proposal to: support learners who have experienced mistreatment, support respondents (and leaders) with remediation resources that will prevent ongoing perpetuation of mistreatment and implement mechanisms to prevent ongoing harms (accountability structures that include data collection and aggregate data reporting, and de-identified information sharing wherever possible). Sessions for student engagement:
 - BHSc, BCR, and GSE: September 28, 2023 (6-7pm)
 - UME: October 5, 2023 (7-8pm); presentation during Professionalism and Physician Health Unit (Med Skills Course-2nd Year) October 10, 2023 (10:30am-12:30pm)
 - PGME: October 10, 2023 (7-8pm)
 - Soliciting feedback from student organizations prior to April 2024
2. With ongoing consultative input, to develop and implement CSM Informal Resolution Guidelines that provides further clarity around several areas.
3. With ongoing consultative input, to develop and implement **a revised CSM Code of Conduct** that is based on best evidence and frameworks which centers diverse and inclusive perspectives of "professionalism". A first draft of this was submitted to the Associate Dean, PESJO for review in May 2024. Distribution of the draft for feedback to personnel in the broader CSM will occur in August 2024.
4. Sun-setting of the FAAM program (completed January 2024) with transition planning.

Longer-term Action Items (to be completed over the next 6-12 months)

1. With ongoing consultative input, to develop **template communications** for the CSM Informal Resolution Guidelines that aligns with PDRI documents and provides further standardization around:
 - Descriptions of confidentiality, limits of confidentiality, absence of investigative processes, reporting and disclosure options, limits to information sharing
 - Available resources to support individuals around the reporting process.
 - Concern intake forms, receipt of concern intake, status update with information around expectations for next steps for reporters, conclusions of concern assessment and response,
 - Concern and resolution action classification and severity scale.
2. Improve **accessibility and uptake** of standard operating procedure through:
 - Awareness campaign that will include improved and standardized refreshes of CSM websites, with strategies to socialize across CSM community (increase effective distribution avenues and opportunities to promote)
 - For transparency, the publishing of a CSM safe mistreatment reporting website which will include a supports list, information and a navigation flowchart detailing expectations of the reporting process, a template on possible resolution action, how information is tracked, etc.
3. Continuous **quality improvement** measures that include:
 - Ongoing student and stakeholder engagement and feedback (e.g., post-report process survey template development for involved parties)
 - Developing a registry that collects and tracks information on concern type, intake, assessment, and response (including resolution action and timeline to resolution action), which aligns with PDRI data collection.
 - Developing a corresponding plan for evaluation of data, information sharing (e.g., between educational portfolios), and meaningful faculty-wide aggregate data reporting of mistreatment

4. **Faculty and Staff development and evaluation** with a focus on leadership (CSM department heads, institute directors, deanery, managers) that will include educational tools (such as guides, workshops) and feedback tools (e.g. post-workshop surveys) to:
 - Develop an understanding of mistreatment (its definition, roots, and contributing factors) and barriers to mistreatment reporting.
 - Develop skills required to provide a trauma-informed approach to receiving reports.
 - Provide strategies to promote safe reporting.
 - Provide strategies and resources to help leadership support remediation of mistreatment behaviors.

University of Calgary:

CSM students may also access university processes for reporting mistreatment; the University of Calgary is undertaking the development of a PDRI Action Plan in response to 3rd Party Review Report and Recommendations:

Short-Term Action Items (to be completed over the next 6 to 9 months)

1. Complete a **website refresh** for the PDRI Office:
 - a. Develop a secure web intake disclosure form for complainants to complete to assist with accessibility to the PDRI Office.
 - b. Update website to encourage that prior to completing the form, that a complainant meets with and consult a PDRI advisor to assess options for alternative dispute resolution, discuss available resources and provide guidance about expectations following formal reporting.
 - c. Provide guidance about the "advisor" role and/or include a brief biography for the advisors.
 - d. August 15, 2024 is the proposed soft launch date for the website refresh, which will include a singular portal-type mechanism for individuals to submit complaints.
2. With consultative input from the workgroup, develop standard operating procedures for the PDRI Office which include:
 - a. A protocol for an initial case intake, including a protocol for an initial conversation with the complainant to describe potential avenues for resolution and that provides information about the process of formal reporting and next steps. The protocol will include a discussion about confidentiality associated with a disclosure or formal report and limits associated with confidentiality.
 - b. A case assessment protocol to determine appropriate avenues for resolution of concerns including when issues may be referred to alternative processes, referred for investigation, or investigated by the PDRI Office appointed resources.
 - c. A protocol for notification of the respondent in any action proceeding to investigation including ensuring that the respondent is provided with notice of the ability to have a support person or union representative (where applicable) during the proceedings.
 - d. A protocol that requires that the Protected Disclosure Advisor update participants at certain points in the intake and investigative process as well as ensure updates from external investigators are provided at regular intervals during any external investigation.
4. With consultative input from the workgroup, **template communications** for the PDRI Office have been implemented and include:
 - a. An acknowledgment of receipt of a new complaint that includes information about the process, next steps, available resources, and the anticipated timeframe for the next communication.
 - b. In accordance with Section 4.13 of the Procedure, a communication to the complainant providing the outcome of the initial case assessment. Templates shall be prepared for each scenario permissible under the Procedure.
 - c. A status update to be sent at regular intervals with the anticipated timeframe for the next communication or resolution of the matter.

- d. Communications to complainant/respondent following conclusion of an investigation with parity of information (less disciplinary outcomes relayed to complainant). Ensure that the communication to a complainant in the event of a substantiated allegation of harassment meets obligations under the Occupational Health and Safety Act and regulations.
5. Develop a **guidelines document on appropriate investigative practices** to be provided to a Dean and/or HR Services at the time a referral is made by the office to review a concern that addresses practices to ensure procedural fairness and natural justice, establish expectations in terms of communications with complainants/respondents, ensure compliance with any applicable terms of collective agreements, and address what information needs to be transmitted back to the PDRI office upon conclusion of an investigation/review.
6. Develop a **SharePoint site** for purposes of creating a registry for every complaint received within the office. This SharePoint site has been created and in use as of March 2024. Additional improvements are planned related to the tracking of files closed when complaints are redirected in accordance with alternative processes (e.g., a Dean investigation).
7. PDRI Advisors now provide updates to the participant in the investigation at regular intervals.

Long-Term Action Items (to be completed over the next 18 to 24 months)

1. Consider **office name change** to conceptually address the concept of “safe disclosure” vs. “protected disclosure” to change the focus from whistleblowing to a neutral, safe space to raise concerns and/or to include reference to “human rights” to signal to complainants that human rights concerns can be brought to the office. Consider a separate focus on research integrity education and reporting with respect to the office name change, and/or a separate website/location for reporting of research integrity concerns vs. protected disclosures (see item no.3 below).
2. **Review the Procedure for Protected Disclosure** to ensure it aligns with best practices:
 - a. Consider the creation of separate procedures for investigation and resolution of “wrongdoings” as defined by the Public Interest Disclosure (Whistleblower Protection) Act vs. other “disclosures” or breaches of university policy that do not constitute potential violations of the Act. The Procedure currently contains an expansive definition of what constitutes a “wrongdoing” and includes all “contravention of University policies.”
3. Consider **PDRI office website enhancement**:
 - a. Consider a separate website for education about and reporting of research integrity concerns.
 - b. Develop an infographic reflecting the intake and case assessment process for the office including referral of matters based on case assessment, the role of complainant and respondent and investigative authority and/or create an interactive process map that will guide the individual based on the role of the complainant, the role of the respondent and the concern raised.
 - c. Enhance the web reporting form to a “smart” form that is interactive and guides the complainant to provide relevant information based on the role of the complainant, the role of the respondent and the concern raised.
4. Consider the use of a **case management system** to enhance processes to track issues. Ideally, the system should integrate with hotline reports and web form submission of formal complaints such that there is one system of record for all matters reported to the office. The system should have functionality to send templated communications to complainants/respondents at various points during the case intake and investigative process.
5. Consider **resource allocation** for the office to include the following: administrative resources to assist with matter tracking and reporting; a navigator position, training/education resources and/or a resource trained in alternative dispute resolution. Consider a program to designate safe disclosure “navigators” within each faculty or department and provide training and education to the navigators to assist in facilitating the disclosure/reporting process. This program will include training and

education on reporting processes for the navigators. Make information available as to who within each faculty or department has received this designation to assist potential complainants in contacting these individuals to guide them through the process or refer the individual to the office for a consultation.

B. Describe how the medical school ensures that its mechanisms for prompt response to any complaints of mistreatment are effective.

Current

Data regarding mistreatment is collected on an ongoing basis by the Associate Dean UME through the processes described in the previous section. The annual update of the Faculty Report Card, available to all UME students, attempts to illustrate to the students and faculty UME commitment to reducing and eliminating incidents of student mistreatment. To date, the frequency of reported mistreatment has not decreased, and it is hoped that with greater awareness of the policies and process (as demonstrated in the GQ) for reporting mistreatment, students are more likely to report what has to this point, likely been vastly underreported. UME is committed to working with students to minimize or eliminate incidents of student mistreatment and continues to involve students in all major administrative committees where they are actively involved in the processes and decisions of these committees.

A 3rd party external review of the University of Calgary's Protected Disclosure processes was undertaken, and its ensuing report and recommendations submitted in September 2022 with dissemination of this report to the university community (UToday), and Deans (including the CSM Dean) distributing the report to their respective faculties, in May 2023.

An internal CSM Review (*Supplemental Appendix 3.6-2 A1*) was conducted and completed in June 2022 with a subsequent report and recommendations being provided to leadership in October 2022 that outlined gaps in mistreatment reporting that required addressing. Extensive feedback was sought from CSM learner groups, with diverse and numerous representations of learner groups on the Professionalism Subcommittee who conducted the review and drafted the report and its recommendations. Support for some of the data collection also came from the office of the Senior Associate Dean Education.

The Associate Dean, PESJO collects data for the number of concerns reported, date of receipt of concern, date of initial contact with respondent, date of initial meeting with respondent, nature/theme of concern reported, reporter and respondent role and department, resolution sought by reporter, action taken by AD and response or outcome of the actions, which is shared with the reporter and whomever the reporter wishes information shared within the limits of confidentiality. No further formal follow-up, however, with the reporter (or respondent) is undertaken post-resolution or conclusion of the concern review process due to limited capacity, although informal follow-up continues with many reporters through ongoing relationship building and discussion.

In Progress

As above, quality improvement measures that will consider effectiveness of reporting processes include:

- Ongoing student and stakeholder engagement and feedback (e.g., post-report process survey template development for involved parties, post-faculty development session feedback surveys)
- Developing a registry that collects and tracks information on concern type, intake, assessment, and response (including resolution action and timeline to resolution action), which aligns with PDRI data collection.
- Developing a corresponding plan for evaluation of data, information sharing (e.g., between educational portfolios), and meaningful faculty-wide aggregate data reporting of mistreatment, to target potential gaps and future areas of focus for process improvements.

Requirement 3.6-3

The medical school supports educational activities aimed at preventing mistreatment and retaliation.

- A. Describe all educational activities used by the medical school that are aimed at preventing mistreatment. Include in the description where and when these educational activities occur.

Student Mistreatment Presentation Series: 'Travelling Road Show': The CSM (UME staff and students and PESJO) created a presentation suitable for departmental rounds and conferences, that introduces the topic of mistreatment followed by two videos with guided discussion. Each of the videos is 2-3 minutes long and displays a scenario where student mistreatment is displayed (of varying degrees of severity) in pre-clerkship and clerkship. The videos demonstrate inappropriate behavior and/or language from a preceptor affecting individual students and the learning environment. After each of the videos is shown, the presenters facilitate guided discussion about the attendees' perceptions of what happened, whether mistreatment occurred and what the long-term outcomes of that mistreatment might be, for the learners, observers, and patients, as well as how to avoid similar situations. The Student Mistreatment session was presented at ten departmental/divisional rounds (attended by faculty, residents, and students), two faculty-wide conferences, national and international conferences and at student information sessions. The talks were well received and generated great discussion and feedback. This project ran from 2016-2019.

The CSM has completed a research project that assessed the attendees' perceptions about mistreatment prior to the discussion and afterwards; this was presented at CCME 2022.

All current and new staff/faculty members of the University (including in the CSM), are required to complete a Harassment and Violence Awareness Training Course. This course familiarizes those who complete it with definitions/prevention strategies of harassment and violence, as well as with relevant policies and reporting procedures.

As the new CSM mistreatment policies and process are moved forward, a faculty-wide educational process will be required. There is currently discussion of creating an educational asynchronous module on mistreatment for CSM members. This will include information on retaliation mitigation and prevention, information about mistreatment reporting, and strategies to prevent mistreatment.

- B. Describe all educational activities used by the medical school that are aimed at preventing retaliation. Include in the description where and when these educational activities occur.

There are currently no specific educational activities directed at preventing retaliation. This was a component of the presentations described in A above but stand-alone education sessions on retaliation do not exist. The bystander and upstander training does introduce the students to the whistleblower policies and protection when disclosure occurs. As the new CSM mistreatment policies and process are moved forward, a faculty-wide educational process will be required. There is currently discussion of creating an educational asynchronous module on mistreatment for CSM members. This will include information on retaliation mitigation and prevention, information about mistreatment reporting, and strategies to prevent mistreatment.

UCalgary defines in their Harassment Process Reprisal and Retaliation Measures and the CSM Office of Faculty Development and Performance in collaboration with the UCalgary Sexual and Gender-Based Violence Response and Support Office have provided on-line workshops "Responding to Disclosures" that may indirectly address retaliation but is not a specific objective of the workshop. This workshop is offered routinely at the Women's Resource Center.

Requirement 3.6-4

Mechanisms for reporting mistreatment are understood by medical students.

- A. Table 3.6-4 A

Table 3.6-4 A | Medical Students Reporting of Mistreatment (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 understand how I can report mistreatment	92/149 (61.74%)	107/119 (89.92%)	107/113 (94.69%)	306/381 (80.31%)

As evidenced in the survey data, there is an increase in understanding of mistreatment reporting as medical students progress in year. To address lower rates of first year medical students’ understanding of mistreatment reporting options, students are presented to on mistreatment reporting options and the online reporting forms associated with them during the orientation period.

Requirement 3.6-5

Mechanisms for reporting mistreatment are understood by visiting medical students.

A. Table 3.6-5 A

Table 3.6-5 A | Mechanisms for Reporting Mistreatment by Visiting Medical Students (Core Appendix)

Source: School-reported

Provide school-reported data on the number and percentage of visiting medical students within the most recently completed academic year who answered “Yes” to the statement shown in the table below. Add rows as needed for each campus.				
Campus	Survey Question	Total number of visiting medical students	Number (%) of respondents administered questionnaire	Number (%) of respondents who answered “Yes”
Foothills Medical Centre Campus	I understand how I can report mistreatment			

Requirement 3.6-5 A was not something that had been previously required as a part of prior CSM accreditation; as such, a new exit survey for visiting elective students is in development in order to collect the relevant data.

Requirement 3.6-6

Mechanisms for reporting mistreatment ensure that any mistreatment can be registered and responded to.

A. Describe how the medical school ensures how it registers and responds to reports of mistreatment.

The mechanisms in which the medical school ensures a prompt response to current complaints of student mistreatment as described in 3.6 – 2A (see above) is the same mechanism in which the medical school ensures that any mistreatment is registered and responded to.

Specifically, the UME Faculty Report Card which includes feedback from the following sources:

1. Feedback surveys (from multiple sources) including end-of-course surveys analyzed by the Assistant Dean Feedback with information about mistreatment presented to UME management (Associate and Assistant Deans).
2. Event based feedback which occurs for every learning event. Any score < 3/5 or with any concerning comments gets flagged weekly by the Academic Technologies team and Program Supervisor and sent to the Assistant and Associate Deans.

3. FAAM Advisors who provided direct communication to Associate or Assistant Deans about concerns brought forth to them.

UME (Associate Dean) collects aggregated data internally that captures reports of mistreatment received and nature the complaints. In addition, informal but regular meetings between Associate Deans (UME and PGME) take place to review concerns that have been brought forth to both portfolios to identify potential patterns of mistreatment behaviors and repeated perpetrators of mistreatment.

PESJO (Formerly OPED) undertakes record keeping of concerns brought forth that includes date of receipt of concerns, date of initial reply and subsequent meetings with student reporter, the nature of the concern and desired resolution of the reporter, the alleged respondent and role, the actions taken by the Associate Dean PESJO to reach the desired resolution and the outcome. These records are de-identified and general themes and aggregate annual data is provided to CSM leadership and PDRI.

Other units, that have mandates that do not include tracking and reporting mistreatment formally (e.g. SAWH, Office of Resident Affairs and Physician Wellness) do have standardized intake forms that may include information regarding student mistreatment as part of the reason that students are seeking office support, but this is not formally recorded or reported, but with student consent, can be taken to UME or PGME leadership.

At an institutional level, the PDRI also retains internal records with aggregate data, including substantiated allegations, length of investigations, and the tracking of corrective action taken. This is then reported to UCalgary Legal and the Board of Directors. A statistical tracking system for disclosures, concerns and complaints against Academic Staff Members, Appointees, Postdoctoral Scholars, Students, Contractors and Volunteers was created in 2023. In March 2024, the office started using a SharePoint tracking system and has input all statistical information from 2023 to June 2024. This information is displayed in the table below.

CSM Reports Submitted to the PDRI Office (against Academic Staff, Appointees, Postdoctoral Scholars Contractors, volunteers), January 2023- June 2024

CUMMING SCHOOL OF MEDICINE <i>(Academic staff population of 508)</i>		
ACTION ITEM	2023	2024
Consultation	4	1
Dismissed without Investigations	6	2
External Investigators	1	1
Other (Alternate Process)	6	2
Pending	1	7
Referred to the Dean	6	1
TYPE OF ISSUE	24	14
Code of Conduct	6	3
Harassment	8	5
Privacy	1	0
Research Integrity	2	2
Sexual and Gender Based Violence	1	1
Other	6	3
TOTAL	24	14

Initiatives In Progress:

1. Development of standardized templates that will allow for alignment in data collection around mistreatment reporting process including:
 - Concern intake (e.g. date of receipt, demographics of reporter and respondent)
 - Concern assessment and classification (e.g., type and severity, theme of concern)
 - Concern response and resolution action recommendations plus actual resolution action, (e.g. time to come to resolution, resolution outcome)
 - Follow-up of reporter and respondent experience with reporting, resolution, and support process
 - Collated registry of concerns with aggregate data shared between units within faculty that are aligned with PDRI and will be evaluated (using defined metrics) by school and publicly reported to community on a regular basis (e.g. available on OPED/PESJO website)
2. Development of remediation supports, faculty development initiatives and program assessment (e.g. number of participants, assessment of competencies pre- and post-remediation support or faculty development).
3. Ongoing stakeholder feedback regarding number and nature of mistreatment reports, as well as measures of effectiveness of reporting, resolution, and supportive processes.
4. Creation of new website/reporting process guidelines which provide clarity by summarizing the roles of those involved, and how reports are processed.
5. Funds have been set aside to support increased CSM capacity to respond to reports of mistreatment. These funds will be used for the proposed position of a PDRI Office Advisor whose priority would be to support both the PDRI Office and CSM HR in the handling of mistreatment reports originating from the CSM.

B. Describe how the medical school supports students who are reporting mistreatment.

1. **Indigenous Health Program** supports Indigenous learners at CSM and confronts issues faced by Indigenous people in the healthcare system and in the institution. The program's services and initiatives seek to address the under representation of Indigenous people within the profession of medicine and promote health service quality improvements for all Indigenous people through professional education.'

Objectives include:

- i. Support the development of a pool of qualified potential Indigenous applicants for medical training.
 - ii. Support Indigenous applicants during the admissions process.
 - iii. Provide support and professional development initiatives for Indigenous medical students.
 - iv. Provide effective training opportunities regarding Indigenous health for ALL CSM learners.
2. **The Student Advocacy and Wellness Hub (SAWH)** provides a student-centered environment that is non-judgmental and inclusive. They aim to foster a culture of trust through integrity and confidentiality. By facilitating connections with supportive people and resources they enable all CSM students to thrive academically and personally.

The SAWH provides the following services:

- Counselling – psychological and psychiatric supports. Diverse staff including certified counsellors, psychologists, and social work.
- Wellness Programs by collaborating with learners to develop wellness programming based on learner requests.
- Advocacy supports – conflict resolution, guidance with accommodations, leave of absence support.
- Navigating – assistance with navigating CSM structures
- Academic support – study strategies, academic assistance

- MD student specific supports -
 - Career & CaRMS Advising – career planning, support with elective selection, CaRMS guidance, interview preparation.
 - Elective Advising – Elective planning and strategies.
 - Academic Support – Academic assistance, study strategies, accommodation supports, grade reappraisals.
 - Advocacy – SARC representation, committee representation, conflict resolution (personal or inter-professional) leaves of absence support
 - Psychological and psychiatric supports – emotional counselling, relationship concerns, anxiety/stress, depression/grief
3. **Directors of Resident Support** provide support to residents who have been mistreated by listening, serving as a confidential resource to navigate and guide residents through a mistreatment process whether, residents choose to report or not.
 - Listen to your concerns.
 - Discusses your concerns and helps clarify the most important issues to residents.
 - Helps identify and evaluate with respect to reporting, or not reporting, mistreatment incidents.
 - Gathers and discovers information pertinent to your case and explains CSM procedures for dealing with reported mistreatment incidents.
 - If desired by the student, can serve as a neutral party to help resolve conflicts with the involved parties, by using mediation and other conflict resolution strategies if needed.
 - Facilitates conversations among parties.
 - Can refer you for counselling, within CSM (Office of Resident Affairs and Physician Wellness) or external to CSM (e.g. PFSP)
 - Tabulates (with all identifying information removed) a yearly “report card” of activities.
 4. **Residency Program Ombudsperson** where each residency program has an Ombudsperson assigned to objectively and confidentially field questions especially relating to academic or professional concerns. Assigned individuals are physicians who are at arm's length from the program with which they work, and interactions with them have no evaluative or academic influence.
 5. The **Office of Resident Affairs and Physician Wellness** offers various services to support the health and well-being of the Postgraduate Medical Education trainees within the CSM at an arm’s length from the PGME office. The office helps address the challenges trainees face, including but not limited to support around mistreatment, by providing confidential consultation and referrals to services related to stress and burnout, time management and personal coaching, relationship problems, substance abuse, mental health concerns, mindfulness sessions, and peer support.

CSM learners may also access main campus support mechanisms, including:

1. **Writing Symbol Lodge** supports Indigenous students with wellness support or Indigenous counselling. Indigenous students in search of wellness support can connect with a Student Support Advisor to access coordinated care.

The Writing Symbol Lodge provides the following services:

- Wellness Supports - provides a primary advisor that students can work with, including productive goal setting, practical problem solving and planning, regularly scheduled supportive check-ins, access to cultural wellness supports, assistance with resource navigation and referral to campus and community resources.
- Counselling Services – Indigenous students searching for counselling can connect with a Student Wellness Services counsellor located in Writing Symbols Lodge. Students accessing this support can access one-at-a-time counselling with the option to utilize brief individual counselling services if necessary.
- Cultural and Spiritual Advising – Writing Symbols Lodge provides opportunities for Indigenous students to seek one-on-one and personal support through culturally-based community experts. Writing Symbols Lodge works with a cultural advisor and a culturally based integrative therapist/social worker.
- Wellness Events and Indigenous Wellness Resources

2. **Student Wellness Services** are an on-campus resource for health and wellness support with a wide range of service options that include mental health services, medical services, and peer support. Mental health services provide 24/7 after-hours emergency support, counselling that include one-at-a-time counselling and coordinated care to address issues related to mistreatment such as stress, anxiety, depression, loneliness and isolation, and healing from trauma and historical events, as well as access to the Student at Risk Team.
3. **Student Ombuds Office** offers a safe place for all university students to discuss student related issues (including mistreatment), interpersonal conflict, academic and non-academic concerns, and other problems. Discussions are confidential and the office operates independently from any formal university process, does not take sides in disputes, and functions as an impartial third-party on campus. Ombuds will listen to student concerns, provide information about the university’s policies and procedures, help students evaluate and assess their situation, and assist students in making plans to resolve the conflict.
4. **Student Conduct Office** works with all members of the campus community to provide confidential advice and referrals, resolve alleged student non-academic misconduct (including peer mistreatment). The office specifically provides conflict management support including resources, training, and informal supports to help students experiencing conflict such as access to conflict coaching.
5. **Sex and Gender Based Violence Prevention and Support Team** provides confidential support and care for any university community member impacted by sex and gender-based violence. They can help with:
 - Informing university members of their rights and advocating for their rights
 - Academic, professional, or residence accommodations
 - Referrals to counselling, medical and legal services
 - Self-care resources
 - Reporting options available on- and off-campus
 - Navigating systems and resources on campus or in the community
 - Accompanying university members to appointments (medical, police, HR etc.)
 - Safety planning
 - Educating on sexual violence and trauma
 - Empathic listening
6. **Other peer support services** are available through the following campus centers: e.g., Q Center, Women’s Resource Center, Student Union Wellness Center

C. Table 3.6-6 C

Table 3.6-6 C | Reporting Mistreatment (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
	I feel that I can access support when reporting mistreatment				

The question in the table above was different than the question asked on the ISA; data is provided from the ISA for the relevant question.

The following is the question that was asked in the ISA and this difference is based on the 2023-2023 ISA questionnaire distributed, based on the timing and availability of the 2024-2025 ISA

Table 3.6-6 C | Reporting Mistreatment (Core Appendix)

Source: ISA

Campus	Survey Question	Number (%)			
		Year 1	Year 2	Year 3	Year 4
Foothills Medical Centre	I feel that I can report mistreatment without the fear of retaliation	75/148 (50.68%)	54/119 (45.38%)	61/113 (53.98%)	N/A