STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

9.1 PREPARATION OF RESIDENT AND NON-FACULTY INSTRUCTORS

In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach or assess medical students are familiar with the learning objectives of the required learning experience in which they participate and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

Requirement 9.1-1

In the medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach, or assess medical students are familiar with the learning objectives of the required learning experience in which they participate.

A. Describe how i) residents, ii) graduate students, iii) postdoctoral fellows, and iv) other non-faculty instructors who supervise, teach, or assess medical students are familiarized with the learning objectives of the required learning experience in which they participate.

Residents are heavily involved in the education of medical students; however, graduate students and post-doctoral fellows are not involved. On occasion, allied health professionals may participate in medical student evaluation.

In the pre-clerkship residents may be asked to teach in: 1) small groups, 2) medical skills sessions; and 3) anatomy sessions. Preceptor material and session objectives are sent electronically for these experiences. Residents must be a PGY2 level or greater and have Program Director approval prior to being permitted to participate in formalized pre-clerkship teaching. During some course components, allied health professionals such as nurses and cast technicians may be involved. Objectives are distributed to all these individuals electronically, either via email or through access to one of the electronic platforms (OSLER or Fresh Sheet).

In clerkship, both rotations based and the University of Calgary Longitudinal Integrated Clerkship (UCLIC), residents are heavily involved in teaching. Feedback has clearly indicated that residents are very effective in these roles. Clerkship rotation leads ensure distribution of rotation objectives and expected roles to preceptors, as illustrated below:

1. Family Medicine:
    a. The preceptor manual and core document with rotation objectives are distributed once a year to the Family Medicine PGME team members who directly distribute to all FM residents.
2. Internal Medicine (IM):
    a. The Department of Medicine has all these materials in a centralized departmental website under the education section.
    b. The Big 10 and MTU objectives are included in the MTU call schedules that are sent out each month and will be added to the IM residency website.
    c. Big 10 and MTU objectives are included in the weekly IM residency newsletters.
    d. Resident representatives on the IM clerkship committee undertake a process of reminding their resident colleagues to review the clerkship objectives at the beginning of each clerkship year.
3. Anesthesia
    a. The Core Document is posted on 'basecamp' (i.e. Anesthesia website used as the main platform for communication within the department) which is regularly accessed by faculty and residents.
    b. Resident representatives on the departmental clerkship committee undertake a process of reminding their resident colleagues to review the clerkship objectives at the beginning of each clerkship year.

4. Emergency Medicine
    a. Clerkship objectives and a primer for residents who will be working with clerks are being added to the University of Calgary Emergency Medicine website.
    b. Residents in the program are provided with a departmental medical education workshop at the beginning of each academic year and the UME EM clerkship objectives are reviewed during this workshop.
5. Psychiatry
    a. Rotation objectives are communicated to all participants at the annual Psychiatry UME retreat (residents are expected to attend).
    b. Residents are included in all Departmental Clerkship Committee meetings.
    c. Site leaders take any changes to the objectives back to their colleagues and the resident representatives remind their fellow residents about the objectives and any changes. The Core Document (including objectives) is reviewed yearly.
6. Obstetrics and Gynecology
    a. Emails that include the clerkship objectives are sent out by the Clerkship Director to faculty and residents twice per year: 1) in the summer (when the new cohort of residents begins their training); and 2) coinciding with the entry of the new class into clerkship (January-February).
    b. Periodically, educational leaders will use departmental grand rounds to provide preceptors and residents with reminders of the objectives (both the Big 10 as well as the clerkship objectives).
7. Pediatrics
    a. The pediatrics clerkship objectives are sent to all residents in July of each year.
    b. Objectives are sent out regularly via the departmental weekly bulletin.
8. Surgery
    a. The clerkship objectives are emailed to each of the surgical programs which then provide the objectives to their residents.
9. UCLIC (University of Calgary Longitudinal Integrated Clerkship)
    There are no residents in the program specifically (UCLIC is a UME program), however, residents are involved with teaching when they are concurrently located at a site. In these instances, preceptors provide program information.

RIME Curriculum

All objectives and notes for all learning events are located on the UME Fresh Sheet platform and accessible by all preceptors and residents. If access is not available, such is the case of some preceptors or allied health care professionals, information is sent through email.

Requirement 9.1-2

In the medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors who supervise, teach, or assess medical students are prepared for their roles in teaching and assessment.

A. Describe how i) residents, ii) graduate students, iii) postdoctoral fellows, and iv) other non-faculty instructors who supervise, teach, or assess medical students are prepared for their roles in teaching and assessment.

Residents fill a significant educational role at the CSM. Graduate students and post-doctoral fellows are not typically involved in medical student education. For residents, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada define teaching and education as an integral part of the responsibilities of residents. Resident teaching occurs in the pre-clerkship and clerkship component of the undergraduate program. Residents may be involved in medical student assessment by contributing to feedback for ITER completion or as an examiner at an OSCE station.

Residents are provided with Residents as Teachers Toolkit (RATTS) workshop training run through the PGME office. When programs offer equivalent training within their specialty this can replace the RATTS training (example: the Department of Surgery runs a Residents as Teachers retreat for all PGY-1 surgical residents in which residents are removed from clinical duties for focused teaching typically during February of the PGY-1 year). For the incoming residents in 2024, a short podcast was available on arrival to introduce the Undergraduate Medical Education Program and principles of teaching and assessment. This will be an introduction until they can complete the RATTS (or equivalent) workshop.

To be recruited/accepted to teach at the pre-clerkship level, residents must be PGY2 or higher, have taken the RATTS workshop (or equivalent) and have the approval of their program director. PGME provides UME administration with a list of residents/programs that have completed the course biannually. Confirmation of completion is verified prior to a resident being accepted to teach in the pre-clerkship.

Once a resident has been recruited, there is specific preparation related to individual teaching activities. Resident preceptors for all small/tutorial groups session will be provided with preceptor notes, student resources and learning objectives. This is available on the electronic platform Fresh Sheet and is also emailed by one of the UME coordinators. Residents involved in simulation or OSCE assessments are oriented by the supervising faculty. Below is an example of the document (table of contents) for four physical exam sessions.

Facilitator Guide

Clinical Skills - 2.6.1, 2.6.2, 2.6.3, 2.6.4

Table of Contents

Overview 2
Working with Task Trainers 2
Breast/Chest (2.6.1, 2.6.2) 4
- Objectives 4
- Session Outline 4
- Task Trainers 4
- Standardized Patients (SPs) 5

Vagina/Internal Genitals, Vulva/External Genital Area and Ovaries/Internal Gonads (2.6.1, 2.6.2) 6
- Objectives 6
- Session Outline 6
- Task Trainers 7

Anus, Rectum, Prostate (2.6.3, 2.6.4) 8
- Objectives – Exam of the Anus and Rectum 8
- Objectives – Prostate Exam 8
- Session Outline 8
- Task Trainers 9

Penis/External Genitals and Testicles/External Gonads (2.6.3, 2.6.4) 10
- Objectives 10
- Session Outline 11
- Task Trainers 11

Non-faculty instructors who supervise or teach trainees are primarily in two pre-clerkship areas. The first is in the pre-clerkship interprofessional education (IPE) events, and in this example the non-faculty role is in supervision and teaching. The learning objectives are shared with the facilitators in advance. Facilitators are primarily from medicine, nursing, and respiratory therapy and, in addition to the written materials, a pre-session briefing is held. Although there is a structured debrief with trainees there is no assessment component to this session.

The second pre-clerkship/clerkship curricular component involving non-faculty instructors is Community Engaged Learning (CEL). There are specific objectives for the CEL program, and community partners are provided with the objectives and expectations prior to the student's arrival. The community partners do not have a role in assessment.

Requirement 9.1-3

The medical school provides resources to enhance and improve residents' teaching and assessment skills, with central monitoring of their participation in those opportunities provided.

A. Describe the resources provided to enhance and improve residents' teaching and assessment skills and how participation by residents is centrally monitored.

The CSM Post Graduate Medical Education Office (PGME) offers Residents as Teachers Toolkit (RATTS) training for all residents. The objectives for this workshop are:

1. How *Educational Theory* could help you to become a better teacher
2. Describe approaches to teaching in the clinical setting, with a focus on the use of *effective questions* and *multi-level teaching*
3. Based on previous experiences, use an exercise on reflection to explore the components of a successful and less successful educational session
4. Recognizing individual learner needs
5. How to provide constructive feedback
6. Developing an individualized learning plan

This training is mandatory for all residents. If specific programs offer residents teacher training within their own program, this can be completed instead of the PGME RATTS workshop. Monitoring of completion is the responsibility of each program and tracked closely by the PGME Office.

Additional resources are available to residents for teaching/education development and include:

1. Office of Faculty Development & Performance: This office offers several educational activities that are open to residents and range from longitudinal courses (Teaching Excellence Program) to more focused workshops or seminars.
2. Master of Education or PhD: residents with a more developed interest in medical education may wish to pursue an advanced degree in education. Funding for these opportunities is available through the Clinical Investigator Program, and various department-specific funding opportunities.
3. Program/Department Specific opportunities, resources and recognition:

   i. Surgery
      i. Residents as Teachers Retreat (in place of PGME offering)
      ii. Support and/or resources for advanced degrees through the Surgeon Scientist Program or Extender Billing
      iii. Teaching Awards
   ii. Internal Medicine
      i. Teaching series (Chief Resident Run) for PGY-1 residents
      ii. Teaching awards
      iii. Available education elective (for career exploration in medical education)
      iv. Resident involvement on the clerkship committee
      v. Support to participate in other teaching courses or pursue advanced degrees
   iii. Pediatrics
      i. Support to participate in outside teaching courses
      ii. Feedback on teaching
      iii. Resident involvement on the clerkship committee
   iv. Psychiatry
      i. Specific yearly teacher education seminar (4 hours)

    ii. Resident participation in a yearly undergraduate education retreat
    iii. Resident involvement on the clerkship committee

v. Anesthesia
    i. Resident involvement on the clerkship committee

vi. Family Medicine
    i. There are two academic half days session per year for PGY-1 residents devoted to teaching skills.
    ii. Feedback on teaching

vii. Emergency Medicine
    i. Specific yearly teacher education seminar (4 hours)
    ii. Participation in simulation facilitation and debriefing course in the PGY-3 year
    iii. Education block in the PGY-5 year with a daily assigned junior learner
    iv. Resident involvement on the clerkship committee

viii. Obstetrics and Gynecology
    i. Dedicated teaching education within the academic half-day curriculum
    ii. Support for additional courses or advanced degrees
    iii. Resident involvement on the clerkship committee

In addition, medical students provide feedback on resident teachers for any pre-clerkship session or clinical (clerkship) exposure. Feedback is compiled and forwarded to the program directors yearly. Such evaluations are compiled to ensure anonymity of students providing feedback. Examples of such feedback are available if requested.

B. Table 9.1-3 B

Table 9.1-3 B | Central Monitoring of Resident Participation in Teacher Training — Source: School-reported

Provide data from the central monitoring system on the number of residents who supervised, taught, or assessed medical students and the number and percentage of residents who received teacher training prior to engaging in medical student supervision, teaching, or assessment. Add rows as needed for each campus and residency program.

Campus	Residency Program	Number of residents supervising, teaching, or assessing medical students	Number (%) residents who received teacher training prior to supervising, teaching, or assessing*
	Family Medicine	180	100%
	Surgery	104	100%
	Internal Medicine	118	100%
	Emergency Medicine	18	100%
	Anesthesia	40	100%
	Pediatrics	47	100%
	Obstetrics & Gynecology	33	100%
	Psychiatry	47	100%
Not associated with Core Clerkship Rotations (Includes PGY-1 entry specialties AND advanced entry [e.g. Family Medicine +1, Post General Surgery sub-specialties, post Internal Medicine sub-specialties, post-Pediatric subspecialties)		287	**

(*) all PGY-1 entry residents are expected to take Residents as Teachers Toolkit training. This can be in the form of the PGME offered course or a program specific course. Completion is tracked by the program. Certificates from the PGME RATTS course are provided by the PGME office. Residents complete these courses withing the first 2 years of residency (most in the PGY-1 year, PGY-2 if scheduling problems). While residents would have contact with medical students prior to completion, formal teaching in the RIME UME curriculum requires verification of completion.

(**) for residents in non-core rotations residents as teachers training is required for all PGY-1 entry residents. Residents that enter after previous residencies (example: Family Medicine +1 areas) would have taken this training during their initial residency.

9.2 SUPERVISION OF REQUIRED CLINICAL LEARNING EXPERIENCES
A medical school must ensure that the supervision of medical students in required clinical learning experiences is provided by faculty members of the medical school.

Requirement 9.2-1
The medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by faculty members of the medical school.

A. Describe how the medical school ensures that supervision of medical students is provided throughout required clinical learning experiences by faculty members of the medical school.

There is a UME *Faculty Appointments - Requirements* policy (***Supplemental Appendix 9.2-1 A***) which explicitly states that "a faculty appointment is required for all teaching within the UME except for the Career Exploration Program and Clerkship Electives".

All physicians who teach medical students in clerkship and pre-clerkship clinical learning experiences (including Med 440 clinical encounter, and family medicine encounters) are required to have faculty appointments. The UME requires that all physicians who teach in the program must have a faculty appointment, and new faculty members planning to participate in teaching activities are directed to the appropriate Department to obtain a faculty appointment. UME keeps a master database of preceptors via the UME financial office. Preceptors who are flagged as not having a faculty appointment are contacted and must reach out to their own department to begin this process. This is facilitated with help from the Dean's office. Preceptors without faculty appointments are not paid by the UME office and are not supplied with assessment forms such as ITERs. If a student is supervised by an individual without a faculty appointment and distributes an ITER to this preceptor without a faculty appointment, this would be flagged to the UME during the annual creation of the faculty performance records. The small number of preceptors in the database who do not have a faculty appointment represent residents, faculty from other universities and allied health professionals.

B. Table 9.2-1 B

Table 9.2-1 B | Faculty Appointments (Core Appendix) Source: School-reported

Provide data for the most recent year (academic, calendar or fiscal) by campus, clinical site and discipline of the required clinical learning experience (do not include residents/fellows) showing the number of individuals who supervised medical students and the percentage of these individuals who held faculty appointments. Add rows as needed for campuses, clinical sites and disciplines.

Campus	Clinical Site	Discipline of/within the required clinical learning experience*	Number of individuals who supervise medical students - number noted is number who completed an ITER on the trainee- number in brackets {..}is total number in group who hold faculty appointments)	Number (%) of individuals who supervise medical students who hold faculty appointments
Foothills Medical Centre	Alberta Children's Hospital	Pediatrics/ clerkship mandatory rotations, clerkship electives and career exploration	98 {352}	100%
	Various Calgary Hospitals and LIC	Obstetrics and Gynecology/ clerkship mandatory rotations, clerkship electives and career exploration	63 {112}	100%
	Various Calgary Hospitals	Anesthesia/ clerkship mandatory rotations, clerkship electives and career exploration	5 {202}	100%
	Various Calgary Hospitals	Internal Medicine/ clerkship mandatory rotations, clerkship electives and career exploration	171 {462}	100%

	Various Calgary Hospitals and LIC	Surgery/ clerkship mandatory rotations, clerkship electives and career exploration	99 {316}	100%
	Foothills Hospital	Cell biology and Anatomy/ clerkship electives	1 {31}	100%
	Various Calgary Hospitals	Critical Care Medicine/ clerkship electives and career exploration	26 {40}	100%
	Tom Baker Cancer Center	Oncology/ clerkship electives and career exploration	24 {146}	100%
	Various Calgary Hospitals	Pathology and Laboratory Medicine/ clerkship electives and career exploration	6 {138}	100%
	Various Calgary Hospitals and LIC	Emergency Medicine/ clerkship mandatory rotations, clerkship electives and career exploration	12 {262}	100%
	Alberta Children's Hospital	Medical Genetics/ clerkship electives	4 {26}	100%
	Various Calgary Hospitals	Radiology/ clerkship electives and career exploration	19 {161}	100%
	Foothills Hospital	Cardiac Sciences/ clerkship mandatory rotations, clerkship electives and career exploration	20 {95}	100%
	Various Calgary Hospitals	Clinical Neurosciences/ clerkship mandatory rotations, clerkship electives and career exploration	34 {169}	100%
	Community Clinics and LIC	Family Medicine/ clerkship mandatory rotations, clerkship electives and career exploration	256 {1252}	100%
	Various Calgary Hospitals	Psychiatry/ clerkship mandatory rotations, clerkship electives and career exploration	68 {306}	100%
	Foothills Hospital	Community Health Sciences/ clerkship electives	28 {149}	100%
	Foothills Hospital	Microbiology, Immunology and Infectious Diseases/ clerkship electives	2 {41}	100%

* In the case of longitudinal integrated clerkships (LICs or their functional equivalent) enter LIC in this column.

C. Explain the circumstances when the percentages listed in the right-most column of Table 9.2-1 B are less than 100% and describe the steps being taken to provide faculty appointments to these individuals.

For a physician to be entered into the database for teaching, it is first confirmed that they have a faculty appointment. A systematic "cross-check" is provided by way of the UME financial office (as described above).

It is extremely rare that an individual would "slip through the cracks" of these checks and balances. If individuals are noted who do not have faculty appointments, teaching duties are put on hold until they receive a faculty appointment. The UME contacts them to facilitate the process of setting up a faculty appointment.

New faculty teachers are all given faculty appointments. New faculty appointment requests are submitted from the preceptor's department to the Dean's office. Once a new faculty member is approved, they receive a faculty appointment.

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS
A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the delegated activities supervised by the health professional are within the health professional's scope of practice.

Requirement 9.3-1
The medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure:
- *i. patient and student safety*
- *ii. that the level of responsibility delegated to the student is appropriate to the student's level of training*
- *iii. that the delegated activities supervised by the health professional are within the health professional's scope of practice*

A. Describe how medical students in clinical learning situations involving patient care are appropriately supervised at all times to ensure patient and student safety.

All medical students in clinical settings are assigned a primary faculty preceptor(s). Faculty preceptors must have an academic appointment with the University of Calgary. As such, they are governed by the policies and codes of conduct of the University of Calgary and the Cumming School of Medicine. Preceptors assigned to students have appropriate expertise/scope of practice within the discipline in which the students are assigned. The assignment of students to appropriate preceptors is administered and monitored centrally by the UME. Primary preceptors are responsible for all aspects of the educational experience within the clinical context. This includes education, graded responsibility, assessment (formative & summative) as well as patient care. Immediate supervision may be delegated to others including residents and fellows, but these individuals and their activities related to medical student supervision remain under the responsibility and supervision of the primary preceptor. Graded responsibility and increasing autonomy are granted based on observation and feedback of each learner.

Primary preceptors have access to all objectives and policies relevant to supervision of students including but not limited to the following:

1. *Safety - Medical Students* (***Supplemental Appendix 9.3-1 A1***)– outlines safe practices for medical students related to physical, psychological and professional safety.
2. *Operating Procedures: Role of Learners During Health Care Emergencies* (***Supplemental Appendix 9.3-1 A2***) - outlines appropriate management of learners during health care emergencies such as pandemics/outbreaks.
3. *Flex-Day Policy – Pre-Clerkship* (***Supplemental Appendix 9.3-1 A3***), *Clerkship Work Hours Policy* (***Supplemental Appendix 9.3-1 A4***) and *Attendance – Medical Student Policy* (***Supplemental Appendix 9.3-1 A5***) – outline appropriate procedures and policies around attendance/absence from educational activities.
4. *Student – Injury, Incident, and Exposure Reporting* (***Supplemental Appendix 9.3-1 A6***)

Additional safeguards are built into clinical practice patterns and electronic medical records include, but are not limited to:

1. Review of consults/admissions with preceptors and more senior learners
2. Co-signing of notes required +/- addendums if appropriate (built into most electronic medical records including Connect Care)
3. Review and cosigning of all orders entered by medical students
4. Monitoring of compliance with work hours policy via UME
5. Feedback mechanisms to address potential problems with supervision

B. Describe how the level of responsibility delegated to students is determined to be appropriate for their level of training.

Clerkship students are under the direct supervision of a faculty preceptor who is responsible for determining appropriate responsibility delegation using the principle of graded responsibility. All preceptors are provided with access to the objectives for each rotations/experience for reference. In addition, evaluations provide anchors by which faculty can understand the appropriate level of responsibility expected of students in clinical settings. This includes anchors on end of rotation ITERS and on EPA assessments. Students, throughout their clinical clerkship, must have EPA assessments completed by clinical preceptors for all the AFMC EPAs for graduating medical students. The locally created assessment form for these EPAs clearly indicates that the appropriate level of function is "ready for reactive supervision" not interdependent practice, which

would be more appropriate for resident/fellow learners. There are safeguards built into clinical practice patterns and electronic medical records that prevent inappropriate delegation of responsibility, such as the requirement for physician approval on all patient care orders entered by clinical clerks.

When learners are rotating through clinical experiences with *expected levels of responsibility* below that expected of a clinical clerk, such as a shadowing day or a career exploration week, preceptors are notified of the role of these learners and disparity in expectations / appropriate level of function via UME email communication.

Appropriate responsibility delegation to undergraduate students in the clinical environment is monitored via end of experience feedback. End of rotation feedback surveys for all clerkships have a question about the balance of supervision and responsibility. In addition, students complete the GQ which includes student perception of appropriate responsibility. GQ data from Class of 2023 show that the percentage of students that agree/strongly agree that the level of supervision was appropriate ranged from 93.7%-100%. More urgent issues related to appropriateness of responsibility can be brought by the student through several additional avenues including:

1. Directly to the supervisor or clerkship directly
2. Directly to the Assistant Dean of Clerkship or Associate Dean, UME
3. Via mistreatment reporting pathways:
    a. Online anonymous reporting
    b. Student Advocacy and Wellness Hub
    c. Main campus office of Diversity, Equity and Protected Disclosure
    d. Faculty Advocates Against Mistreatment (FAAMs) – positions discontinued as of January 2024
    e. Precision Equity and Social Justice Office (PESJO)

C. Table 9.3-1 C

Table 9.3-1 C | Clinical supervision during clinical learning situations (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 consider that I was appropriately supervised at all times in clinical learning situations involving patient care.	141/146 (96.58%)	110/115 (95.65%)	104/113 (92.04%)	N/A
	The level of supervision I received in clinical learning situations ensured my safety.	144/146 (98.63%)	112/115 (97.39%)	108/113 (95.58%)	N/A
	I consider that the level of supervision I received in clinical learning situations ensured patient safety.	143/146 (97.95%)	111/115 (96.52%)	106/113 (93.81%)	N/A
	I consider that the level of responsibility delegated to me in clinical learning situations was appropriate for my level of training.	137/145 (94.48%)	109/115 (94.78%)	107/112 (95.54%)	N/A
	I am confident that any concerns I have about my supervision during clinical learning situations can be discussed and addressed by the medical school.	117/143 (81.82%)	77/103 (74.76%)	89/111 (80.18%)	N/A

D. Describe how the medical school ensures that delegated activities supervised by health professionals are within their scope of practice.

All students in the clinical environment have a primary faculty preceptor(s). Primary preceptors are assigned with scopes of practice relevant to the clinical rotation/experience assigned. This is monitored centrally through preceptor assignment designation from the UME and clerkship committees. Primary preceptors have oversight over the appropriate level of responsibility of student learners, as noted above. All tasks delegated to higher level learners or allied health professionals working on the team (NPs, clinical assistants, and others) are ensured to be within the appropriate scope of practice, and the primary preceptor is tasked with this responsibility. Concerns regarding scope of practice in delegated activities are monitored via the feedback mechanisms described in 9.3-1 section B above.

9.4 ASSESSMENT SYSTEM
A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviours, and attitudes specified in medical education program objectives, and that ensures that all graduates achieve the same medical education program objectives.

Requirement 9.4-1
The medical school ensures that, throughout its medical education program, there is a centralized system in place that:

i. employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviours, attitudes specified in medical education program objectives
ii. ensures that all graduates achieve the same medical education program objectives

A. Describe the centralized assessment system used throughout the medical education program.

The medical school maintains a centralized system of assessment under the jurisdiction of the Assistant Dean of Evaluation and Research and the UME Student Evaluations Committee (SEC). This is a sub-committee of the Undergraduate Medical Education Committee, which provides final approval for any major policy change suggested by SEC. Specific policies relevant to evaluations in the undergraduate program include:

a. Student evaluation development & maintenance
b. Evaluation standard setting for courses
c. Exam review
d. CSM UME academic assessment and graded term work procedures

The larger evaluation team within the UME office includes the Assistant Dean of Evaluation & Research, the Assistant Dean of Program Evaluation, the UME evaluation Director and UME evaluation coordinators (currently three). In addition, each course and rotation have both a director and an evaluation lead. Each course/rotation has a yearly meeting with members of the UME evaluation team to discuss the performance of their exams, and when required, modify psychometrically poor performing questions. Support for the development of new questions is provided by the UME team.

Standard setting occurs at the end of each course/rotation and incorporates all summative components. MPLs are set using the Hofstee Compromise method.

Progression decisions are ultimately made by the Student Academic Review Committee (SARC). Instances of academic difficulty which may lead to SARC appearance or require remediation, repeating some portion of the program or dismissal are found in appendix B of the SARC terms of reference (***Required Appendix 9.10-1 A4***).

Clerkship: The Clerkship Competency Committee meets at the mid-point and end of the clerkship. All students' evaluation data from the clerkship are examined and the committee comes to a consensus recommendation on graduation. This recommendation is provided to the Associate Dean of UME to present to SARC for approval. Note: The Competency Committee also meets at the midpoint of clerkship to review progression and provide recommendations/reminders to students that are not on course to meet all requirements.
Pre-Clerkship: progression to the clerkship is determined by SARC per the terms of reference.

RIME Curriculum

Each 6-month block has a Competency Committee review of students' progress to provide recommendations for progression onto the next block, or to the clerkship (for Block 3). There is no longer an evaluation lead for every course, but rather a RIME evaluation director who oversees all assessments within the RIME curriculum.

All students have the right to request reappraisal or appeal of summative evaluations they feel have been subject to a bias not reflective of their academic performance. The process involves multiple levels (Faculty level & University level) and is outlined in the following policies:

1. University of Calgary Student Academic Misconduct Policy (***Supplemental Appendix 9.4-1 A1***)
2. Cumming School of Medicine:
   a. CSM Reappraisal of Graded Term Work and Academic Assessments (***Supplemental Appendix 9.4-1 A2***)
   b. CSM Procedure for Appeals of Grade Reappraisal Decisions and Academic Assessment Decisions (***Supplemental Appendix 9.4-1 A3***)

B. Provide a description of the variety of measures used to assess achievement of medical education program objectives in each of the following areas. Identify those assessment measures involving direct observation of students.

- Acquisition of knowledge
- Core clinical skills
- Behaviours
- Attitudes

As competence in medicine is a complex concept to fully assess, it is important to use several different assessment methodologies to gain a complete picture for each student. As such, the UME program uses several assessment tools:

1. Pre-Clerkship

Legacy Curriculum

a. Multiple choice exams (knowledge)
b. OSCE examinations (ALL) – **direct observation**
c. Peripatetic Exams (knowledge)
d. Assignments/presentations - oral/paper (knowledge, attitudes)
e. Preceptor evaluations (i.e. ITERS) – ALL - **direct observation**

RIME Curriculum

In addition to written multiple choice examinations, there are also now frequent, formative examinations delivered via a platform called CARDS. These examinations have some type A multiple choice questions, but also have different written examination questions styles such as choose all that apply, fill in the blank, etc. There are no longer peripatetic examinations in the pre-clerkship RIME curriculum. Instead, anatomy content is included in the written examinations and is also integrated into the OSCE examinations (such as with the use of medical imaging to test anatomy concepts). In addition to ITERs, other preceptor evaluation forms are now used (EPAs).

2. Clerkship

a. Multiple Choice Exams (knowledge)
b. Clerkship OSCE (ALL) - **direct observation**
c. ITERS (ALL) - **direct observation**

d. EPA assessments (skills, attitudes, behaviors) – **direct observation**
e. Presentations (knowledge, attitudes)
f. Observed history/physical assessment – Emergency Medicine (ALL - formative) – **direct observation**

C. Table 9.4-1 C

Table 9.4-1 C | Observation and Assessment of History Taking and Physical Examination Adapted to a Patient's Clinical Situation (Core Appendix) — Source: School-reported

Provide data for the past three completed academic years (AY) that show the number and percentage of students observed and assessed on their performance in history taking and physical examination adapted to patient clinical situations.

Campus	Clinical encounters, situations or required learning experiences where Hx and Px are observed and assessed	Number (%)					
		History			Physical exam		
		2021	**2022**	**2023**	**2021**	**2022**	**2023**
Foothills Medical Centre Campus	Emergency Medicine	95.9	92.3	96.1	95.1	92.4	96.9
	Family Medicine	93.2	88.0	96.2	94.5	91.0	97.0
	Internal Medicine	82.1	80.2	93.1	87.5	88.9	95.4
	Surgery	76.6	74.8	83.1	76.7	77.3	84.7
	Pediatrics	92.4	92.1	97.6	91.7	94.5	97.6
	Psychiatry*	97.9	96.8	100	98.6	95.1	99.3
	Obstetrics & Gynecology	94.4	92.3	96.9	96.5	92.3	96.9

*Mental status for Psychiatry

D. Explain the circumstances when any of the percentages listed in Table 9.4-1 C are less than 100%.

Most values are < 100%. This is true even for the Emergency Medicine rotation in which all students have a specific observed history and physical exam with formative feedback. This is not surprising given that the data is from the Graduate Questionnaire, which is subject to some level of recall bias. There has been a steady improvement over the years.

Between each clinical rotation there is some variation related to practice patterns, time constraints, patient acuity and appropriate graded responsibility. As clinical clerks progress through their clerkship it may be less valuable to have an entire patient encounter directly observed and instead responsibility may be delegated in appropriate situations with specific patients. To ensure that history and physical exam skills are properly developed across the entire clerkship, students are required to have 10 successful EPAs completed for History and Physical exam evaluation (complete observation). In addition, history and physical exam skills may be partially observed or inferred and reviewed in front of the patient from a more independently functioning clerk.

History and physical exam skills are also observed directly in many settings outside of clinical rotations, including simulations and OSCE exams.

E. Describe how the medical school ensures that all graduating medical students achieve the same medical education program objectives.

Oversight of the medical program with respect to student progression and objectives is centralized around the Undergraduate Medical Education Committee (UMEC) and its sub-committees: 1) Student Evaluations Committee (SEC); 2) Pre-Clerkship Committee (PCC); and 3) the Clerkship Committee (CC). The SEC is responsible for designing evaluation systems to ensure competence in both the pre-clerkship and clerkship stages. The PCC and CC focus on adapting the curriculum to ensure educational excellence is achieved at their respective levels. The design of curriculum and evaluation is guided by the CSM Big 10 graduation objectives which can be mapped across CanMEDS

competencies. Within this framework, specific competencies are guided by the AFMC EPAs for graduating medical students and the Clinical Presentations list adapted from the MCC. Knowledge evaluations are blueprinted across clinical presentations and clinical skills exams are mapped to knowledge and EPA assessments. The overarching goal of the CSM is to produce competent and undifferentiated physicians who are ready to enter residency in any program.

A list of evaluation techniques used to ensure progress towards the graduation objectives are listed above in section B. The Competency Committee meets at the midpoint of clerkship and prior to graduation. This committee has access to all evaluation data within the Clerkship and considers all the data in coming to a consensus on decisions around graduation. The midpoint Competency Committee undergoes the same process to provide feedback to the Assistant Dean of Clerkship for students not clearly on a trajectory toward timely graduation.

The appropriateness of the objectives, curriculum, and evaluation program with respect to graduating competent undifferentiated physicians ready to enter residency are continually evaluated using several independent metrics that include:

a. MCC Part I results
b. End of pre-clerkship and clerkship course evaluations
c. End of year (I, II, III) student feedback
d. CGQ
e. PGME program director survey
f. Alumni survey
g. CACMS accreditation reports

The UME endeavors to identify students in academic difficulty as early as possible and provide support/remediation to ensure issues are addressed and students are moved towards successful attainment of the graduation objectives. This can occur at several levels including:

1. Students failing one course are directed towards a discussion with the relevant Assistant Dean (Pre-Clerkship / Clerkship). Appropriate remediation is offered, in consultation with course/rotation leadership, and rewrites of exams are arranged if required. In addition, these students are referred to the Supplemental UME Course for Competence in Educational Skills and Strategies (SUCCESS) mentorship program in which they meet with an academic mentor to discuss issues such as study strategies.
2. Students who do not fail but fall below a “mentorship” threshold, which puts them at risk for future failure, are offered a place in the (SUCCESS) mentorship program.
3. Repeated failures or more serious academic difficulties result in a meeting with the Associate Dean or an appearance before the Student Academic Review Committee (SARC). Recommendations are then provided for remediation, re-writes or more significant changes to a student’s academic program.
4. Progress related to non-academic factors may lead to leaves of absence and referrals to other resources (Student Accommodations, Student Advocacy and Wellness, others). with re-entry into the program when appropriate.

9.5 NARRATIVE ASSESSMENT

A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

Requirement 9.5-1

The medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

A. Describe how the medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.

Pre-Clerkship

Pre-Clerkship has narrative assessment as a component of several courses. In these clinical settings, students receive In Training Evaluation Reports (ITERs) with mandatory narrative comment fields. In the Legacy curriculum, these included:
Family Medicine Clinical Experience
Applied Evidence Based Medicine
Career Exploration

For clinical simulations in Communications, Physical Exam, and Procedural Skills, students received narrative feedback after the Objective Structured Clinical Exam (OSCE). The narrative feedback is released to the students electronically.

RIME Curriculum

Students receive narrative feedback whenever a pre-clerkship Entrustable Professional Activity (EPA) is completed on their performance in any setting (including the Professional Role course, tutorial groups, and clinical skills sessions). These forms can be initiated by either the student or a preceptor and are specific to an encounter or task.

Students also receive narrative feedback every six months on their performance on each Block OSCE examination. Narrative responses are released to the students electronically after the examination.

Clerkship

Clerkship has narrative assessment by three mechanisms: Entrustable Professional Activities (EPAs), ITERs, and OSCEs. EPAs are additional forms completed in the context of a single clinical situation or patient interaction.

B. Provide three de-identified examples of narrative feedback that typify the narrative feedback provided in required learning experiences. Include at least two examples from required clinical learning experiences. (***Appendix 9.5-1 B***)

Required Appendix 9.5-1 B – Examples of Narrative Feedback

C. Describe how or give examples of how those assessing medical students are instructed to provide quality narrative descriptions of student performance.

For all OSCE examination, preceptors are given a thorough orientation prior to the examination that includes how to provide quality narrative descriptions of student performance. Examiners are informed that students will receive narrative comments, and to provide objective descriptions of their performance in the station, with suggestions for how to improve in the future.

For EPAs, the assessment form has been designed to be very directive and help instruct preceptors on the types of information that are needed in the open-ended comment boxes. All forms ask preceptors if there were concerns identified or if the student is still developing towards the minimal expectation for their level of training, or at/above the minimal expectation. They are then asked to “describe what you observed in the comment box”. This instruction is meant to ensure that they provide objective, descriptive comments into the provided box.

For ITERs, similarly, quantitative items are provided with Likert scale options and clear prompts to communicate to preceptors the expectations of medical students. Preceptors are asked to agree with a statement that they are aware of the Big10 graduation objectives of the program, and there is a link to this document from all the ITER forms. This allows new preceptors or those less familiar with the program to review the program objectives in detail before providing narrative feedback on our students. Two comments boxes are then provided where preceptors can provide rich narrative feedback. One comment box specifically notes that the writing in that box will appear on the students' MSPR. Preceptors are instructed (by the way of the ITER form) to explain any performance deficiencies or unsatisfactory ratings on the assessment form in this box. This ensures that preceptors provide a thorough explanation of any components that were below expectations. A separate box is provided that asks preceptors to provide other comments for the student and program that will not appear on the MSPR. This allows preceptors to provide longer narrative comments about the students' performance without concerns about how these comments will be interpreted by residency programs.

In addition to the above mechanisms, the Office of Faculty Development & Performance in the CSM has workshops and resources available to faculty that are interested in improving their feedback skills.

RIME Curriculum

In the RIME curriculum, all of the above mechanisms are still in use. In addition, all of the pre-clerkship educators and the small group facilitators attended a mandatory session as part of the RIME Teaching Excellence Program on “Giving Useful Feedback”. This session's learning objectives were to: 1. Develop a framework for providing learner feedback, 2. Emphasize the difference between assessment and coaching, and 3. Enhance skills for addressing crucial conversations.

9.6 SETTING STANDARDS OF ACHIEVEMENT

A medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

Requirement 9.6-1

The medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

A. Describe how the medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in each required learning experience in the medical education program.

The medical school ensures that faculty members with appropriate knowledge and expertise set standards of achievement in all required learning experiences by maintaining central control of this process. Although examination items are constructed by course faculty, all standards of achievement are determined by the Assistant Dean of Evaluations and Research, with oversight from the Student Evaluation Committee (SEC-UME).

When choosing an individual for the role of Assistant Dean, Evaluations and Research, experience and expertise in standard setting is required. Furthermore, when a new individual enters this role, the program ensures that the outgoing Assistant Dean provides training and mentorship to the incoming Assistant Dean to ensure continuity of these processes.

All policies and procedures enacted by the Assistant Dean, Evaluations and Research must be approved by the SEC-UME. This committee includes stakeholder representation from various important groups, as well as a Senior Evaluation Advisor and Medical Education and Research Advisor, both with extensive expertise in standard setting.

RIME Curriculum

In the RIME curriculum, the above-described processes have not changed.

9.7 TIMELY FORMATIVE ASSESSMENT AND FEEDBACK

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

Requirement 9.7-1

The medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning.

A. Provide a medical school policy or similar document requiring that medical students receive timely formative feedback. Label and highlight the appropriate sections. (***Appendix 9.7-1 A***)

Required Appendix 9.7-1 A1 - Clerkship Student Feedback
Required Appendix 9.7-1 A2 – Student Evaluations: Development & Maintenance

Most learning experiences within the curriculum include some element of formative evaluation.

In the pre-clerkship, courses that include exams as mechanisms of evaluation have a formative exam that allows students to assess their progress prior to the completion of summative evaluations. Several pre-clerkship clinical learning events are evaluated with a formative ITER.

Within the clerkship, all core clerkship rotations (with the exception of Anesthesia) have a formative exam that must be completed by the students in order to be allowed to sit the final exam in that clerkship. Clinically, the Clerkship Student Feedback ***(Required Appendix 9.7-1 A1)*** policy describes when students are provided formative feedback on their performance and the expectations for the provision of feedback on mandatory clinical rotations within the clerkship.

The Student Evaluations: Development & Maintenance **(*Required Appendix 9.7-1 A2*)** policy includes information related to the use of formative exams within the curriculum.

B. Describe how the medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning.

As described in table 9.7-2A (below), there are many different formative evaluations completed by students throughout the curriculum.

Policies are in place that describe the requirements for course and clerkship leaders to provide formative feedback in the pre-clerkship and clerkship respectively.

Formative assessments within the pre-clerkship are written using the same rules and processes as summative exams; all students must complete these exams by set dates and times. Any students who do not complete these exams as scheduled are contacted by the UME and as a result all student completion of the formative assessments is monitored closely and ensured. In clerkship, formative exams must be completed by a set time within the clerkship rotation to sit the final exam. Students who do not complete the exam by the required date are contacted by UME. Again, this ensures completion in a timely manner.

Students complete the Graduate Questionnaire yearly, and this provides information about the graduating class experience in receiving timely, useful feedback in the clinical environment. This is monitored by UME leadership on an ongoing basis and drives initiatives to try to improve areas felt to be lagging. For example, it was noted that the surgery clerkship was only providing timely/useful feedback to ~76% of students in 2021 (in comparison to 90-95% in all other rotations). This led to targeting interventions towards the surgery clerkship to improve feedback in the clinical setting and the numbers increased to 80.5% in 2022 and 86.3% in 2023 reporting *agree or strongly agree* to the GQ question of :" I received feedback early enough to allow me time to improve my performance".

Across the curriculum, students complete a series of four exams known as the Associate Dean's Tests (ADTs) that provide formative assessment that allow students to assess their overall knowledge. These are written by the students on a fixed schedule. The fourth and final ADT consists of a school purchased practice MCC examination, whereas the first three are developed in-house to assess content covered in the courses provided in the curriculum up to the time that each of the exams is written.

RIME Curriculum

In the pre-clerkship RIME curriculum, students are provided with online access to CARDS. CARDS (***Supplemental Appendix 9.7-1 B***) is a learning platform that has been developed by UME Academic Technologies. CARDS are randomizable, learner-driven, low-fidelity simulation learning tools that are used extensively by students to self-test their knowledge. CARD decks have been developed for almost all areas of clinical medicine, including more than 800 decks (sets of CARDS) containing more than 16,000 CARDS, the majority of which have generative components which vary while playing. CARDS has proven to be internationally successful as a learning tool: learners have played more than 5.5 million CARDS since inception, and in the last year there have been 15,711 unique devices from 129 countries using the CARDS platform. Faculty from every medical school in the country have authored material for CARDS, and the school is proud to collaborate with UBC, Memorial, Western, LearnFM, and Canuc-Paeds.

For RIME, specific topic decks of CARDS have been developed alongside curricular content to allow students to apply their learning to clinical scenarios. The CARDS provide immediate feedback to the students on their answer choices, and often direct them back to resources for further review be required. Every two weeks, students complete a mandatory deck of CARDS drawn from all the topic decks in the preceding two weeks, to assess their progress and understanding of the material thus far. This also allows them to identify areas requiring further review and study, in preparation for the end of unit examination. The final unit examination contains questions drawn from all of the topic decks in the unit, and is administered as written, proctored examination. In addition to CARDS-based assessment, students gather formative feedback on their performance in a variety of clinical settings using Entrustable Professional Activities (EPAs). They also complete a formative Objective Structured Clinical Examination (OSCE) prior to their end of block OSCE.

C. Table 9.7-1 C

Table 9.7-1 C | Timely Formative Feedback (Core Appendix) Source: ISA/ School-reported*

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 formative feedback that I received so far this academic year was given in time for me to measure my progress in learning.	127/149 (85.23%)	103/118 (87.29%)	100/113 (88.50%)	NA

* If the timing of the ISA was such that the ISA was administered before students received formative feedback, schools must collect and report these data independent of the ISA and provide a description of the timing of the ISA and the timing of the questionnaire used by the school to obtain the data in the school-reported version of Table 9.7-1 C.

Requirement 9.7-2
Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation.

A. Table 9.7-2 A

Table 9.7-2 A | Formal Formative Assessment Source: School-reported

Legacy Curriculum

For each required learning experience of four or more weeks duration, identify the length (in weeks) of the learning experience and the timing of formal formative feedback within the learning experience. Add rows as needed for each campus.			
Campus	**Required learning experience**	**Length of learning experience (in weeks)**	**Timing of formal formative feedback to students**
Health Sciences Centre	Course 1	11	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Course 2	8	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Course 3	11	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Course 4	10	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Course 5	8	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Course 6	10	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Family Medicine Clerkship*	8	Mid-point formative examination; clinical feedback at midpoint of each four-week block
	Internal Medicine Clerkship*	8	Mid-point formative examination; clinical feedback at mid-point of four-week blocks, at mid-point of two-week blocks
	Obstetrics and Gynecology Clerkship*	6	Mid-point formative examination; clinical feedback at mid-point of four- and two-week blocks
	Pediatrics Clerkship*	6	Mid-point formative examination; clinical feedback at mid-point of four- and two-week blocks
	Psychiatry Clerkship*	6	Mid-point formative examination; clinical feedback at mid-point of four- and two-week blocks
	Surgery Clerkship*	6	Mid-point formative examination; clinical feedback at mid-point of four- and two-week blocks; feedback provided at mid-point skills day
	Course 8*		No formative evaluation
Regional	UCLIC (longitudinal clerkship)*	32	Students complete formative examinations from clerkship rotations; clinical feedback every six weeks when in their longitudinal clerkship; at the mid-point of the four-week peds/IM/surgery blocks

*Accurate for both the Legacy and RIME curricula

RIME Curriculum

Table 9.7-2 A | Formal Formative Assessment Source: School-reported

For each required learning experience of four or more weeks duration, identify the length (in weeks) of the learning experience and the timing of formal formative feedback within the learning experience. Add rows as needed for each campus.			
Campus	**Required learning experience**	**Length of learning experience (in weeks)**	**Timing of formal formative feedback to students**
Health Science Centre	Fundamentals of Medicine 1	6	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 2	6	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 3	6	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 4	4	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 5	8	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 6	6	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 7	6	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 9	8	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 10	5	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks
	Fundamentals of Medicine 12	5	Regular formative assessment through topic Card decks review, mandatory Card decks every two weeks

B. Provide four examples of formal formative assessment measures by which medical students can measure their progress in learning in required learning experiences. Two of these examples must be from required clinical learning experiences.

As demonstrated in Tables 9.7-2 (above) and 9.7-5 (below), there are formative assessments in almost every mandatory learning event in the program.

In the pre-clerkship, almost every course has a formal formative exam that must be completed to be considered complete within the course.

Specifically, CARDS (as described above) is used extensively in the RIME curriculum to allow for regular formative assessment, in addition to mandatory completion of the decks. In addition, in many pre-clerkship courses and within the clerkship, CARDS can be used as originally conceived, as an optional formative assessment and learning tool; the platform is also used (in the EM clerkship) as the mechanism to provide a formal formative assessment as a 'must complete' portion of the clerkship.

The Associate Dean's Tests (ADTs) are a series of progress tests that are completed across the pre-clerkship, allowing students to gauge their own learning progress longitudinally. While these are not part of a course, they are mandatory for all students to complete in the curriculum.

Each clerkship (except Anesthesia) offers a mandatory formative evaluation that must be completed for the student to be considered to have completed the clerkship, and to qualify to write the final summative exam.

Students in the two-week long clerkships (Anesthesia and Emergency Medicine) are provided with feedback on each day that they are in the clinical environment.

The longitudinal Course 8, which runs throughout clerkship, uses case-based learning and simulation to provide students with experiences that are intended to supplement what is seen in the clinical environments of clerkship. Students are provided with feedback on their performances in these simulated clinical environments.

In an effort to specifically address previously identified concerns about some students not receiving mid-point feedback in the Surgery clerkship, several approaches have been adopted. A new 'skills day' that takes place in the ATSSL allows students to complete hands-on learning with models and simulated patients. Students are all provided with feedback on their performance. The surgery clerkship director collates feedback from individual preceptors and provides this to students at the mid-point of their rotation. In addition, it is an expectation that each student will complete one of their required EPAs that includes completing an observed history and physical examination (with the completion of the EPA by the observer including feedback). The student logbook also includes a requirement to request feedback during the clerkship. Finally, the adoption of the previously described feedback policy has introduced a requirement for clerkships to complete a short mid-point ITER for all two- and four-week rotations that do not use daily evaluations.

In general, the introduction of EPAs has increased the opportunities for feedback from preceptors (EPAs can be completed by residents or faculty).

Requirement 9.7-3

Formal feedback occurs at least at the midpoint of the learning experience.

A. Provide an excerpt from a medical school policy or similar document requiring that medical students receive formative feedback by at least the mid-point of required learning experiences of four weeks (or longer) duration. (***Appendix 9.7-3 A***)

Required Appendix 9.7-3 A – Excerpt from Clerkship Student Feedback Policy

The *Clerkship Student Feedback* policy describes the timing at which formative feedback is to be provided for rotations of different length. The need for mid-point feedback as described in the appendix does not limit clerkship rotations or sub-rotations in identifying serious deficiencies (knowledge, skills, attitudes) identified after the mid-point time period.

Since the last formal accreditation review in 2016, specific attention has been paid to ensuring that students are provided with feedback on the surgery clerkship. This was previously identified as a rotation where students perceived that feedback was being provided less regularly. To enhance this process, the surgery clerkship is taking advantage of a new 'skills day' during the rotation. This skills day takes place in the Advanced Technical Skills Simulation Laboratory (ATSSL) during the four-week block on the rotation. During this skills day, students meet with a designated faculty member who provides them with mid-point feedback from their rotation. This includes asking for the student's input on how the surgery rotation is going so far, ensuring that they have requested feedback from their clinical preceptor and reviewing all feedback that has been provided from the learner's preceptors. A summary report of the feedback conversation is prepared by the faculty member who then forwards this both to the student but also the clerkship leaders.

B. Table 9.7-3 B

Table 9.7-3 B | Formal Formative Feedback at Midpoint of the Required Learning Experience (Core Appendix) Source: ISA/School-reported*

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 formative feedback that I received so far this academic year was received by the midpoint of	126/149 (84.56%)	98/116 (84.48%)	101/113 (89.38%)	NA

	each required learning experience of four weeks or longer duration or approximately every six weeks in the case of longer educational experiences such as longitudinal integrated clerkships.				

* If the timing of the ISA was such that the ISA was administered before students received formal feedback by the midpoint of a required learning experience, schools must collect and report these data independent of the ISA and provide a description of the timing of the ISA and the timing of the questionnaire used by the school to obtain the data in the school-reported version of Table 9.7-3 B.

Requirement 9.7-4

In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) formal feedback occurs approximately every six weeks.

A. List all longer required educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) in the medical education program. If none, respond "Not applicable" and respond "Not applicable" for questions 9.7-4 B and 9.7-4 C.

The University of Calgary Longitudinal Integrated Clerkship (UCLIC) is an optional clerkship pathway for clerkship students. Students complete most of their clerkship training in a rural site under the supervision of a primary preceptor. Students are provided with supplemental four-week rotations in each of Internal Medicine, Surgery and Pediatrics to solidify their knowledge in these areas and to provide exposure to patients in these disciplines who are presenting for care in a tertiary care environment.

As per the *Clerkship Student Feedback* policy (see above), students in UCLIC are required to have feedback provided by their primary preceptor every six weeks at a minimum.

Preceptors have weekly meetings to touch base with students over the first 12 weeks where feedback is specifically provided and reviewed. After the first 12 weeks, most preceptors continue with this process. This process is reviewed with preceptors and students at the annual orientation, as well as at preceptor meetings that are held throughout the year and during annual site visits.

B. Provide an excerpt from a medical school policy or similar document requiring that medical students receive formative feedback approximately every six weeks for longer required learning experiences (half year, year-long or longitudinal integrated clerkship). (***Appendix 9.7-4 B***)

Required Appendix 9.7-4 B – Excerpt from Clerkship Student Feedback Policy

C. Describe how the medical school monitors the occurrence of formal formative feedback in longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) to ensure that it occurs approximately every six weeks.

Preceptors have weekly meetings to touch base with students over the first 12 weeks where feedback is specifically provided and reviewed. After the first 12 weeks, most preceptors continue with this process; some will have these meetings less frequently. The UCLIC leadership reviews this process with preceptors and students at the annual orientation, as well as at preceptor meetings that are held throughout the year and during annual site visits. Preceptors are encouraged to send learners a follow up email after each meeting to summarize what has been discussed.

Requirement 9.7-5
For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.

A. Table 9.7-5 A

Table 9.7-5 A | Formative Assessment in Required Learning Experiences of Less Than Four Weeks Duration — Source: School-reported

For each required learning experience of less than four weeks duration, list how medical students can measure progress in learning. Add rows as needed for each campus and required learning experience.			
Campus	Required learning experience	Length of learning experience (in weeks)	Means by which medical students can measure progress in learning
Foothills Medical Centre	Course 7	3	Online formative exam opens around midpoint of course, clinical core formative clinical feedback
	Anatomy I	2	CARDS for each learning session
	Anatomy II	2	CARDS for each learning session
	Career Development	3	Verbal feedback on clinical performance
	Population Health	2	Online formative exam opens around midpoint of course
	Medical Skills I	4	Verbal feedback on clinical performance; formative OSCE prior to summative OSCE
	Medical Skills II	3	Verbal feedback on clinical performance
	Applied Evidence Based Medicine I	1	No formative
	Applied Evidence Based Medicine II	1	Verbal feedback on performance
	Family Medicine Clinical Experience I	<1	Midpoint formative evaluation and verbal feedback on clinical performance
	Family Medicine Clinical Experience II	<1	Midpoint formative evaluation and verbal feedback on clinical performance
	Integrative I	<1	Verbal feedback on performance
	Integrative II	<1	Verbal feedback on performance
	Intro to Clinical Practice I	<1	Online formative evaluation and verbal feedback on performance
	Intro to Clinical Practice II	<1	Online formative evaluation and verbal feedback on clinical performance
	Fundamentals of Medicine 8	3	Regular formative assessment through topic CARDS decks review
	Fundamentals of Medicine 11	3	Regular formative assessment through topic CARDS decks review, mandatory CARDS deck after two weeks
	Anesthesia Clerkship	2	Daily ITER identifying “things that are going well” and “things that need working on”
	Emergency Medicine Clerkship	2	Mid-point formative exam (in CARDS platform)

Table 9.7-5 A RIME Curriculum

Table 9.7-5 A | Formative Assessment in Required Learning Experiences of Less Than Four Weeks Duration Source: School-reported

For each required learning experience of less than four weeks duration, list how medical students can measure progress in learning. Add rows as needed for each campus and required learning experience.			
Campus	Required learning experience	Length of learning experience (in weeks)	Means by which medical students can measure progress in learning
Foothills Medical Centre			
	Career Development	3	Verbal feedback on clinical performance
	Fundamentals of Medicine 8	3	Regular formative assessment through topic CARDS decks review
	Fundamentals of Medicine 11	3	Regular formative assessment through topic CARDS decks review, mandatory CARDS deck after two weeks
	Professional Role 1	Longitudinal; ~2.5 weeks of instruction	Regular formative assessment through topic CARDS decks review, mandatory CARDS decks every two weeks
	Professional Role 2	Longitudinal; ~1 week of instruction	Regular formative assessment through topic CARDS decks review, mandatory CARDS decks every two weeks
	Professional Role 3	Longitudinal; ~1.5 weeks of instruction	Regular formative assessment through topic CARDS decks review
	Professional Role 4	Longitudinal; ~2 weeks of instruction	Regular formative assessment through topic CARDS decks review

9.8 FAIR AND TIMELY SUMMATIVE ASSESSMENT
A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

Requirement 9.8-1
The medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program.

A. Describe the system in place for i) fair and ii) timely summative assessment of medical student achievement in each required learning experience of the medical education program.

i) Fair assessment

There is a very well-developed assessment process that ensures that there is a validity argument for all of the assessment tools used in the program. All changes to assessment tools or assessment weighting go through the Student Evaluation Committee prior to implementation. For all written examinations, students are provided with an examination blueprint and also provided with the opportunity for formative assessment/feedback. All decisions related to assessment are discussed in detail, with representation from assessment experts, students, and medical school faculty members at the Student Evaluation Committee. There is a very strong post examination review process, where all of the examinations are analyzed item-by-item every year to improve the quality of the tools over time. Frequent feedback is provided to evaluation directors on items that they have created, and the program works together with these individuals to ensure that all examination items are of high quality. The assessment program is clear and transparent, and students are provided the opportunity to provide feedback after each examination.

ii) Timely assessment

For written examinations, the program has a very clear and timely post-examination review process that is followed. Internally, there is a goal to release written examinations within 14 business days. To ensure that this occurs, there is a timetable of examination grade release that is strictly adhered to. This allows students to know when to expect results and provides the team a clear timeline to ensure that all steps involved in the post examination process are completed by this date.

For ITERs, the program ensures that these forms are sent to preceptors prior to the end of a student's rotation and provides frequent reminder emails when these are not completed promptly.

Requirement 9.8-2
Final grades are available within six weeks after the end of a required learning experience.

A. Table 9.8-2 A

Table 9.8-2 A | Availability of Final Grades (Core Appendix) * Source: School-reported

For each required learning experience over the last three completed academic years (AY), provide the minimum, maximum and average number of weeks taken for all students to receive final grades. Also provide the percentage of students that received their final grades within 6 weeks. Add rows as needed for each campus and each required learning experience.

Campus	Required Learning Experience	AY	Minimum (weeks)	Maximum (weeks)	Average (weeks)	% within 6 weeks
Foothills Medical Centre (Multiple Choice Examinations)	Population Health	AY-2 (Class of 2025)	3.7	3.7	3.7	100
	Course 1		2.8	2.8	2.8	100
	Course 2		3.8	3.8	3.8	100
	Course 3		2	2	2	100

	Anatomy 1		2.8	2.8	2.8	100
	Medical Skills 1		2.7	2.7	2.7	100
	AEBM 1		2.8	2.8	2.8	100
	Course 4	AY-1 (Class of 2025)	2.8	2.8	2.8	100
	Course 5		3	3	3	100
	Course 6		4	4	4	100
	Course 7		3	3	3	100
	Anatomy 2		3	3	3	100
	Medical Skills 2		4	4	4	100
	Anesthesia MCQ	Current AY (Class of 2024)	0.6	4.6	1.5	100
	Emergency Medicine MCQ		0.6	4.6	1.5	100
	Family Medicine MCQ		0.6	4.6	1.5	100
	Internal Medicine MCQ		0.6	4.6	1.5	100
	OBGYN MCQ		0.6	4.6	1.5	100
	Pediatrics MCQ		0.6	4.6	1.5	100
	Psychiatry MCQ		0.6	4.6	1.5	100
	Surgery MCQ		0.6	4.6	1.5	100
Foothills (ITERs)	Family medicine clinical experience ITERs	AY-2 (Class of 2025)	0	19.7	4.1	72%
	Applied evidence-based medicine ITERs	AY-1 (Class of 2024)	0	43	4.16	92%
	Family medicine clinical experience ITERs		0	9.9	1.9	98.0%
	Anesthesia ITERs	Current AY (Class of 2024)	0	0	0	100%
	Electives ITERs		0.9	3.9	1.8	100%
	Emergency Medicine ITERs		1.3	24.7	9.1	39.2%
	Family Medicine ITERs		0	7.4	2.5	91.5%
	Internal Medicine ITERs		0	27	1.5	99.6%
	OBGYN ITERs		0	16.3	1.2	98.3%
	Pediatrics ITERs		0	21	1.3	99.4%
	Psychiatry ITERs		0	21.5	1.0	99.2%
	Surgery ITERs		0	16.3	1.8	98.8%

* Add a duplicate table in the event of a major curricular change within the past three completed academic years and report the data from each curriculum in separate tables. (see below – RIME)

B. Explain the circumstances when any percentage listed in Table 9.8-2 A is less than 100%.

As shown in the table, all written assessments are consistently released well under the 6-week mark. There is a clearly defined process in place to ensure that this occurs, and internally the UME office strives to release these grades within 14 business days.

In terms of the clerkship ITERs although the mean time to release is also under 6 weeks, there are some students who receive these assessments after this time frame. This occurs when clinical preceptors do not complete the forms within this time frame after a clinical rotation. The UME program does provide frequent reminder emails through the One45 system to remind preceptors of this requirement. There are likely many reasons that these are not always completed on time. Unfortunately, the demands on clinical

preceptors' time are high, especially over the past few years during the COVID 19 pandemic. Upon reviewing these statistics, the team endeavors to implement additional processes to ensure more timely completion of all ITERs in the program, and not just timely release on average. Specifically for Emergency Medicine, where only 39.2% of ITERs were completed in 6 weeks, this has been linked to a data collection issue. Emergency Medicine uses an ITER per shift, which are compiled at the end of the rotation by the evaluation coordinator. If a clerk has a make-up shift due to an absence during the regular rotation, the end of rotation ITER will not be compiled until that last shift ITER is completed, however the end of rotation date stays as the original end of rotation date in the data collection system. This has been identified as an issue for ongoing data collection and a solution is in progress.

RIME Curriculum

1. Formative Quizzes occur every 2 weeks with the RIME curriculum, and results are released instantly.

2. The Unit quizzes occur every 6 weeks, with release data below:

Required Learning Experience		**Business days for release of results**	**% within 6 weeks**
Block 1	Unit Quiz 1	14	100
	Unit Quiz 2	12	100

9.9 STUDENT ADVANCEMENT AND APPEAL PROCESS

A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enroled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including:

- ***a) timely notice of the impending action,***
- ***b) disclosure of the evidence on which the action would be based,***
- ***c) an opportunity for the medical student to respond,***
- ***d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.***

Requirement 9.9-1

The medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enroled in a parallel curriculum.

A. Describe how the medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations.

The pre-clerkship portion of the educational curriculum (first 18 months) is offered at one location. Clerkship is offered either locally or at one of the distributed sites, as noted below.

The same exams and standards for promotion are used for all students including UCLIC (University of Calgary Longitudinal Integrated Clerkship) students and rotation-based clerkship students who have rotations at different hospital sites. The requirements for advancement and graduation are identical at each instructional site. As supported by literature in the area, descriptive anchors are used for all of the items on the ITER. These identical and descriptive ITERs/anchors increase the objectivity and accuracy of the evaluation method.

At the mid-point and near the end of clerkship, each student is also evaluated by the Competency Committee. Information reviewed at this meeting includes all EPAs as well as rotational and elective documentation to date from the clerkship year. At the committee meeting, all students will be reviewed, and a recommendation will be made to the Associate Dean regarding graduation from the MD Program. At the mid-point review, the Competency Committee will provide additional support and resources if students are noting barriers in EPA completion.

The final decisions on advancement from one year to the next and on graduation are made by the Student Academic Review Committee (SARC). This is the only body with the authority to make these decisions.

RIME Curriculum

In addition to the above, each student is evaluated 3 times during pre-clerkship by the Competency Committee as follows:

- Timeline 1 (July – December of Year 1): Professional Role and Fundamentals of Medicine units 1-4
- Timeline 2 (January- June of Year 1): Professional Role and Fundamentals of Medicine units 5-8
- Timeline 3 (July – December of Year 2): Professional Role and Fundamentals of Medicine units 9-12

Evaluation criteria and processes are described in the Competency Committee Terms of Reference.

B. In medical educations programs with a parallel curriculum that applies to a subset of medical students, list any additional advancement or graduation requirements for these students.

The UCLIC students perform their clerkship rotations in community settings. There are no additional advancement or graduation requirements for these students. On an annual basis, the performance of UCLIC students on MCQs and ITERS is compared statistically. The data form part of the DLRI (Distributed Learning & Rural Initiatives) report to the provincial government. While small variations may occur year to year, there are no significant differences in the performance of these two groups. Earlier results from this comparison were published in Academic Medicine in 2014. Clerkship rotations at different sites are monitored for variation via yearly clerkship reports. When a potential difference is flagged this is investigated via UME Academic Technologies.

Requirement 9.9-2

The medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including:

- *a) timely notice of the impending action*
- *b) disclosure of the evidence on which the action would be based*
- *c) an opportunity for the medical student to respond.*
- *d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal*

A. Describe how the medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including:

- a) timely notice of the impending action
- b) disclosure of the evidence on which the action would be based
- c) an opportunity for the medical student to respond
- d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal

Any action that may affect the status of a medical student is undertaken by the Student Academic Review Committee. This committee meets monthly if there are students required to appear before the committee.

Timely notice of the impending action

The Associate Dean meets (called a "Pre-SARC" meeting") with a student when they are required to appear before SARC. This is done at least a week before the committee meeting at which the student is to appear. The student generally has an advocate from the Student Advocacy and Wellness (SAW) Hub with them for this meeting.

Disclosure of the evidence on which the action would be based

During the Pre-SARC meeting, the Associate Dean informs the student of the reason for the SARC appearance, the evidence that will be presented to the committee and the recommendation that the Associate Dean will make to the committee. Depending on the complexity of the situation, the Associate Dean may refer the case to the University of Calgary Student Conduct Office for an independent investigation prior to the SARC meeting. The student is provided with a copy of the materials presented to SARC.

Opportunity for the medical student to respond

During the Pre-SARC meeting with the Associate Dean, the student is given an opportunity to respond and to bring forward any mitigating factors that may be relevant. The student is required to prepare a personal letter for the SARC meeting which gives them further opportunity to respond. During the actual SARC meeting, the student is given a further opportunity to respond and is questioned by the committee. The student has an advocate from the SAW Hub with them during the SARC meeting and may also have a lawyer present in an advisory capacity only.

Opportunity to appeal any adverse decision related to advancement, graduation, or dismissal

Students are informed in writing that they may appeal any decision of SARC to the University Appeals Committee as an appeal of an Academic Progression Matter.

B. Table 9.9-2 B

Table 9.9-2 B | Fair and Formal Student Advancement and Appeal Process 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 know that I have the opportunity to appeal any adverse decision related to my advancement, graduation or dismissal.	121/148 (81.76%)	106/118 (89.83%)	101/113 (89.38%)	N/A

9.10 STUDENT HEALTH AND PATIENT SAFETY

The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients. These patient safety policies include:

- ***a) timely response by the medical school***
- ***b) provision of accommodation to the extent possible***
- ***c) leaves of absence***
- ***d) withdrawal processes***

Requirement 9.10-1

The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients.

A. Provide the policy or other equivalent document that address situations in which a student's personal health reasonably poses a risk of harm to patients. (***Appendix 9.10-1A***)

Required Appendix 9.10-1 A1 and A2 - Student - Injury, Incident & Exposure Reporting and protocol (References duty to report infections that may cause risk to patients)
Required Appendix 9.10-1 A3- Student Accommodation Policy (all medical students are also students of the University of Calgary and therefore fall under the university Student Accommodation Policy. The policy does not specifically reference student's personal health posing a risk to patients, however any student with a health issue would be accommodated as necessary under the accommodation policy)
Required Appendix 9.10-1 A4 – Student Academic Review Committee Terms of Reference (addresses leaves of absence, again not directly related to a student health issue that may cause a risk to patients, however this committee would be involved if a student were in need of a leave or withdrawal due to health reasons)
Required Appendix 9.10-1 A5-Leave of Absence Time Away Policy
Required Appendix 9.10-1 A6 – CPSA Duty to Self-Report (all medical students are regulated members of the College of Physicians and Surgeons of Alberta (CPSA) and are therefore subject to the CPSA policy, which states that all members have a duty to report a practitioner (in this case a student) if there is a potential risk to patients).

B. Table 9.10-1 B

Table 9.10-1 B | Student Health and Patient Safety (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 know that I have an obligation to report to an appropriate authority, situations in which my personal health poses a risk of harm to patients.	144/149 (96.64%)	117/118 (99.15%)	110/113 (97.35%)	N/A

C. Provide details that may explain any variation across years of the data reported in Table 9.10-1 B.

There are high levels of student awareness of their obligation to report situations in which their personal health may pose a risk of harm to patients. These numbers are consistent across all three years of the curriculum.

D. (Optional) Provide any other data that show that the student health and patient safety policies are effective.

N/A

<u>Requirement 9.10-2</u>

These patient safety policies include:

- *a) timely response by the medical school*
- *b) provision of accommodation to the extent possible*
- *c) leaves of absence*
- *d) withdrawal processes*

A. In the policy or other equivalent document provided in Appendix 9.10-1 A1, highlight and label sections that deal with each of the items identified above (9.10-2 a – d).

<u>a) timely response by the medical school</u>

Student Injury, Incident and Exposure Reporting Policy (***Required Appendix 9.10-1 A1***):

- Section 4: students injured during their course of study are covered by WCB by the Alberta government.
- Section 8.1: students injured during their course of study must communicate with the UME immunization specialist, after following the protocol for injuries, incident and exposures ideally within 24 hours of occurrence.
- ***Required Appendix 9.10-1 A2 – Protocol for Injuries, Incidents and Exposures***– this flow chart outlines the protocol for injuries, incidents, and exposures for UME based on the site and time at which they occur

Student Accommodation Policy (***Required Appendix 9.10-1 A3***):

- Section 4.3.c: the university has a duty to “consider and assess all Accommodation requests on a case-by-case basis and in a timely and responsive manner.”

<u>b) provision of accommodation to the extent possible</u>

Student Accommodation Policy (***Required Appendix 9.10-1 A3***):

Section 4.1: 4.1 The University has a Duty to Accommodate to the point of Undue Hardship in the provision of its services. The Duty to Accommodate applies to all services offered by the University including but not limited to:

a) all courses, courses of study and programs;

b) student services;

c) athletic services;

d) library and IT services;

e) residences;

f) parking; and

g) booking space.

4.2 Instructors, other Employees and other Contractors have a responsibility to support and facilitate the University in meeting its Duty to Accommodate.

4.3 The University will:

a) provide an Accommodation process that promotes equitable access to all courses, courses of study, programs and other services;

b) protect the privacy, confidentiality and autonomy of Students requiring Accommodation, subject to sharing information when necessary to evaluate a request for Accommodation or on a need- to-know basis; and

c) consider and assess all Accommodation requests on a case-by-case basis and in a timely and responsive manner.

4.4 If, in relation to any service provided by the University to Students, a Student experiences discrimination based upon a Protected Ground, the Student may request an Accommodation pursuant to this policy.

4.5 Students needing an Accommodation are entitled to a Reasonable Accommodation, not a perfect Accommodation or the particular Accommodation requested.

c) Leaves of absence

Where a student would request or be required to take a leave of absence for a personal health issue that would potentially put patients at risk, this would be covered under the Leave of Absence/Time Away policy. The student discusses the leave with the Assistant Dean, UME or designate. This discussion normally includes the following: reason for leave of absence/time away, duration of leave required, requirements for return to program, implications for reminder of MD Program. In urgent situations, telephone or email correspondence with the Associate Dean or designate may occur. However, the in-person discussion is still recommended when possible. Students are encouraged to discuss their need for time away with an advisor from the Student Advocacy and Wellness Hub, and for the advisor to accompany them to any meeting with UME leadership to ensure they are well supported. Of note, students are not required to disclose any personal health information to the UME leadership team. Any disclosures are kept confidential.

In some circumstances, students requiring a leave will appear before the Student Academic Review Committee, as follows:

Student Academic Review Committee Terms of Reference (***Required Appendix 9.10-1 A4***):

- Section D.18 "Students appearing before the Committee for consideration of adjustments to leave of absence policies, or conditions on return from a leave may be referred, at the Committee's discretion, to the Continuing Competence/Health Monitoring program (focus being quality assurance/quality improvement) of the CPSA."
- Section E.15: "Reasons for appearing before the Committee" includes "return to the Program after a leave of absence greater than one (1) year."
- Appendix B: decisions regarding leaves of absence for medical and personal reasons or to complete other studies at the University of Calgary are made by the UME Associate Dean. Decisions regarding leaves of absence for outside pursuits are made by the Student Academic Review Committee.

d) Withdrawal processes

As above, where a student would request or be required to withdrawal from the program, the student would discuss this with the Associate Dean, UME or designate, again with the attendance of a SAW Hub advisor. In a situation where the student is withdrawing on their own accord, there is no requirement for an appearance at SARC. If there is concern about patient safety due to the health of the student, and there is sufficient need to discuss a potential withdraw and the student is not in agreement, the student would then appear before SARC for review and recommendation.

Student Academic Review Committee Terms of Reference (*Required Appendix 9.10-1 A4*):

- Section E.16: "after reviewing all available information and hearing statements by all parties [including exceptional circumstances], they may recommend that the student be … required to withdraw from the program."

Students considering a voluntary withdrawal from the program are invited to meet with the Associate Dean to discuss this decision. If the Associate Dean is confident that the student is making an informed decision, they will provide written approval for the student to withdraw. The student must then submit a Notice of Withdrawal form available from the University of Calgary Office of the Registrar.