

STANDARD 12
ELEMENT EVALUATION FORMS

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

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

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12.1 FINANCIAL AID / DEBT MANAGEMENT COUNSELLING/ STUDENT EDUCATIONAL DEBT

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

Requirement 12.1-1

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

Analysis of evidence for requirement 12.1-1

Financial counselling is centralized on main campus, and the available services are advertised on the UME website. The Student Advocacy and Wellness Hub (SAWH) may alert the UME office of students in dire financial need, and additional support is available at that point. GQ data noted that over 91% of students were satisfied with financial aid and debt management counselling.

A financial literacy consultant is available to provide guidance to students related to budgeting for visiting electives, application and licensing costs, as well as navigating student loan and other financial aid needs.

Requirement 12.1-2

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

Analysis of evidence for requirement 12.1-2

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

The medical debt over the past three years has been high, but stable. Debt is higher than the national average, and may be related to several factors (cost of living difference, inability to have a summer job due to the year-round curriculum, etc.)

Requirement 12.1-3

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

Analysis of evidence for requirement 12.1-3

Several programs aim to alleviate the financial burden by providing grants and scholarships based on merit, need, or a combination of both. The three main programs are noted below:

- a) Emergency Funding: available: \$30,000
- b) Special Bursaries available \$150,000
- c) Tuition Differential Bursaries: \$582,000-678,000/year over the past three years

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

Approximately 25% of the student body benefits from the above support each year.

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

12.2 TUITION REFUND POLICY

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

Requirement 12.2-1

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

Analysis of evidence for requirement 12.2-1

The University of Calgary has clear policies related to the refund of a medical student's tuition, fees and other allowable payments. Tuition for the UME program is administered by the University of Calgary Office of the Registrar. Because the UME is a program rather than a collection of individual courses, medical students cannot take or drop individual courses. For this reason, the UME tuition due date falls the day before the course drop date for all other students at the University of Calgary.

Tuition reassessments are only made in extenuating circumstances, and a leave of absence does not guarantee a tuition reassessment. If a tuition reassessment has been approved, students will receive a credit note for a future tuition. General fees are not adjusted and must be paid in the term that the reassessment is being made.

UME helps to support students who might be subjected to unnecessary tuition through a MDCN 500 course which provides official student status but does not trigger tuition. Students are enrolled in this course for periods of 1-2 months prior to re-starting medical school studies full-time to allow them to re-integrate.

The University of Calgary Academic Calendar describes the policies and procedures surrounding tuition refunds and is available to all UME students via the UCalgary website. It clearly describes the following relevant information:

- a) Refund eligibility
- b) How to request a refund
- c) Fees charged as part of the admission process, including the application fee and admission deposit, are non-refundable.
- d) Refunds on payments made to the student account by external third parties (such as external award agencies, parents, and family members)
- e) Handling of credit present on an account, and
- f) Application of payment towards a future term

12.3 PERSONAL COUNSELLING / WELL-BEING PROGRAMS

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

Requirement 12.3-1

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

Analysis of evidence for requirement 12.3-1

The medical school's system of personal counselling for its medical students is well received by the student body, and clearly responsive to the needs of the student body. There are five dedicated therapists who work in the Student Advocacy and Wellness (SAW) Hub. Support is free of charge, is confidential with personal counselling and resources provided to CSM learners. Appointment times are flexible and tailored to meet the needs of the local and rural students. A variety of in-person and virtual appointments are available during early mornings, lunchtime, evening, and weekends. An on-line booking system exists.

In addition to the above, students and their immediate family members can access free, confidential, and personal counselling through the Physician and Family Support Program run by Alberta Medical Association (AMA). Additionally, students can also access free, confidential, and personal counselling through Wellness Services on main campus.

Students are informed of the personal counselling system and its programs by way of a "Survival Guide" prior to their first day of classes which provides information regarding SAW Hub supports and resources, in addition to a letter from the SAW Hub at the time of acceptance encouraging them to book a one-on-one meeting with as SAW Hub.

The medical school monitors the effectiveness of its system of personal counselling by way of annual anonymous feedback surveys and direct feedback from students in one-on-one meetings. The Graduate Questionnaire noted 95% of respondents commenting that they were satisfied or very satisfied (aggregated) with the academic advising/counselling offered.

A culture of wellness and support is created at the CSM. This is evidenced by the existence of several informal, student led, and faculty supported initiatives including: a grief and loss Peer Support Program, student run Buddy System, the Student Advocacy and Wellness Hub Committee chaired by the SAW Student Representative, workshops to support student's wellness such as Journaling Workshops, Mindful Meditation, Yoga, Wellness Weekends, and a variety of other initiatives.

Additionally, there are robust sessions on intro to clerkship - How to Succeed and Thrive in Clerkship panel discussion with senior clerks, the CaRMS preparation curriculum, Personal Letter Power Hour, Resident Led CaRMS Mock Interviews, and a CaRMS Match and Unmatched Review Process.

Students are extremely satisfied with the services and supports provided and the ISA has recognized the exceptional support provided by the members of the SAW Hub

The ISA has noted gaps in adequate support for racism and the wellness impacts of racial discrimination.

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

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

Requirement 12.4-1

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

Analysis of evidence for requirement 12.4-1

Although formal health care services are not provided to medical students by or within the CSM itself, the students are strongly encouraged to obtain a personal family physician. Students are introduced to three options to access a Family Medicine physician: 1) Student Wellness on main campus through U of C Student Health Services Clinic, 2) through Alberta Medical Association (AMA) Physician and Family Support Program (PFSP) and 3) AHS website.

Requirement 12.4-2

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

Analysis of evidence for requirement 12.4-2

The pre-clerkship students, clerks and those on rural clerkships can be excused for medical reasons, as per the absence policy. For those on their UCLIC rotation, a local physician could be found, or they can be excused to return to Calgary to seek medical attention. All students are made aware of policies that permit time away from classes, and clinical work, if required.

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

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

Requirement 12.5-1

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

Analysis of evidence for requirement 12.5-1

The policy regarding non-involvement of a student's treating physician in their evaluation was referred to and included in the DCI (Appendix 12.5-2 B2). Since the MD program does not require its students to disclose the details of their personal medical history, it is the responsibility of the student to ensure that they are not placed on rotations with previous treating physicians by informing UME leadership of their desire to be moved or assigned to a different learning experience. This policy is on the UME website. The SAW Hub and UME managers send email reminders to this effect to communicate with students.

UME leadership does not provide direct care to medical students except under emergency circumstances. If necessary, a referral to an appropriate colleague is made. The psychiatrists who accept student referrals through the SAW H are not actively involved in the medical school other than episodic bedside teaching. Students receive periodic email reminders to this effect.

Requirement 12.5-2

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

Analysis of evidence for requirement 12.5-2

Medical care is not provided within the confines of the medical school itself, therefore there are no medical records. Health records at the University of Calgary Student Health Services Clinic are stored securely at that facility (see Appendix 12.5-2 B1 Student Files policy). The only physicians who have access to those records are the physicians who work within that clinic, and none are significantly involved in the MD program.

12.6 STUDENT HEALTH AND DISABILITY INSURANCE

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

Requirement 12.6-1

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

Analysis of evidence for requirement 12.6-1

All Alberta residents have Alberta insurance coverage, and medical students from outside of the province are eligible for this after three months. It is strongly recommended that all international students have coverage through a private organization.

Students are informed at orientation every year of health insurance options provided by the University Student Union and the process to enroll in the extended health and dental coverage plan. All information in relation to extended health and dental insurance including what benefits are in the program, costs, adding family members, etc. is available on the University website.

Requirement 12.6-2

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

Analysis of evidence for requirement 12.6-2

Disability insurance is not provided by the medical school. Students can discuss disability insurance with private insurance companies during orientation. Some private disability insurance is available through the Students' Union plan and is also offered to medical students through the Alberta Medical Association.

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

12.7 IMMUNIZATION REQUIREMENTS AND MONITORING

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

Requirement 12.7-1

The medical school follows accepted guidelines that determine immunization requirements.

Analysis of evidence for requirement 12.7-1

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

Requirement 12.7-2

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

Analysis of evidence for requirement 12.7-2

The Immunization Specialist, who is a registered nurse employed by the CSM, ensures all students have completed the testing and immunization requirements. If the requirements are not met, the Immunization Specialist follows-up/tracks the student until all requirements have been met.

12.8 STUDENT EXPOSURE POLICIES / PROCEDURES

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

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

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

Requirement 12.8-1

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

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

Analysis of evidence for requirement 12.8-1

The Cumming School of Medicine has the policies in the appendices to address medical student exposure to infectious and environmental hazards:

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

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

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

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

In addition to contact information included under Procedures in the Safety Policy in Appendix A3, the Student Advocacy and Wellness Hub is a resource that all students are made aware of through both the CSM website and during orientation.

Requirement 12.8-2

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

Analysis of evidence for requirement 12.8-2

The information is available on the homepage of the UME website.

Important curricular material related to infectious diseases and personal protection is included in the orientation week where they view a PPE training followed by a mandatory practical practice session on infection prevention and control procedures. Students are introduced to the Alberta Health Services policies on hand hygiene, infection prevention and control, PPE and needlestick injuries before setting up any clinical shadowing experiences.

The information and policies are available on the homepage of the UME website. This training is tracked by the Immunization Specialist. All clinical learning, including shadowing and clinical core, cannot be scheduled until the training is complete. The ISA indicates that 92.4% of first year students are aware of the steps to take following exposure to infectious or environmental hazards prior to attending any educational activities that could place them at risk.

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

Requirement 12.8-3

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

Analysis of evidence for requirement 12.8-3

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