STANDARD 3
ELEMENT EVALUATION FORMS

STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

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

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3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

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

Requirement 3.1-1
Each medical student in the medical education program participates in at least one required or elective clinical learning experience conducted in a health care setting in which the medical student works with a resident currently enroled in an accredited program of graduate medical education.

Analysis of evidence for requirement 3.1-1

It is noted that during the required clinical learning experiences there are multiple rotations in which students are working with residents who are enrolled in accredited residency programs. Of note, all residency programs in Calgary are presently accredited, with the most recent PGME accreditation survey completed in 2022.

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

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

Requirement 3.2-1
The medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars.

Analysis of evidence for requirement 3.2-1

The investments in (and success of) CSM scholarship, the extensive range of research platforms, the strong network of research institutes, and the breadth of opportunities available to learners all suggest that the environment is strongly conducive to the intellectual challenge and spirit of inquiry.

Requirement 3.2-2
The medical education program provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities

Analysis of evidence for requirement 3.2-2

The DCI documents the wide range of research opportunities available for medical students (e.g. LIM, AEBM, critical appraisal projects, research electives), the structural elements of the undergraduate curriculum that foster an interest in scholarly inquiry (e.g. Big 10 graduation objectives), and the dedicated resources that have been made available to encourage participation in scholarly activity (e.g. UME research committee and associated elements; travel grants of $1000 available to all students).

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

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

Requirement 3.3-1

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

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

Analysis of evidence for requirement 3.3-1

The Cumming School of Medicine (CSM) has defined its commitment to social accountability as obliging CSM to direct education, research, service activities and resources towards the priority health and equity concerns of the diverse communities it serves. The Social Accountability Task Force Report and Recommendations (Appendix 3.3-1 A7) were formally adopted by the CSM in the fall of 2022, reaffirming the CSM commitment to social accountability and diversity outcomes. The school's common purpose and values are reflected in its commitment to multiple local, national and international mission appropriate strategies as well as the creation, support and sustainability of several local offices. Specifically, institutional practices are reinforced by the CSM and university formal commitments to the ii'taa'poh'to'p Strategy (U of Calgary Indigenous strategy), Scarborough charter, Dimensions program, Canada Research Chairs Program Action Plan, Declaration on Research Assessment, Okanagan Charter and Campus Mental Health Strategy. School practices are also guided by formal commitments to Indigenous Health Dialogue, Association of Faculties of Medicine (AFMC) Joint commitment to action, Black Medical Students Association Calgary Calls to Action and Black Medical Students of Canada list of recommendations to Canadian Faculties of Medicine. The CSM diversity mandate is supported by CSM offices including the Offices of Health Equity and Systems Transformation, Indigenous, Local and Global Health, Precision Equity and Social Justice, Faculty Development and Performance and Office of People, Culture, and Health Promotion. These policies and practices are applicable to the medical student, faculty, senior academic, education leaders and larger academic communities. There are multiple policies and practices in place to demonstrate progress towards mission-appropriate diversity outcomes.

Requirement 3.3-2

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

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

Analysis of evidence for requirement 3.3-2

"The Cumming School of Medicine is dedicated to creating a community that is representative of all Albertans and their experiences. We are committed to processes that advance equity and inclusion for all applicants and encourage applicants to celebrate what makes them unique and individual. The enrollment of a diverse group of medical students improves not only health care delivery in the province of Alberta but also the educational

experience of all MD students at the University of Calgary" Section 6, MD Admissions Framework and Process.

i. Medical Students

The school has several processes for mission-appropriate diversity recruitment strategies for medical students. This includes pathways and processes to support students from lower socio-economic, Indigenous, racialized and rural backgrounds. This includes a Support To Entry Program (STEP) for equity deserving groups, Black applicants' admission process, alternate admissions process and several outreach activities by the medical school and members of the school community. Selection criteria are made transparent and annually published so that applicants from equity deserving groups can be empowered to make fully informed decisions about where and how to spend their financial and time resources. At the admissions level there is representational diversity amongst file reviewers and interviewers, implicit bias training for all involved in admissions processes and all successful applicants must provide proof of completion of Coursera's Indigenous Canada Admissions Criteria course. There is a mentorship program for prospective interested students and a financial assistance program to help qualifying students prepare and register for the MCAT exam.

The school has created multiple clubs and inviting spaces to cultivate a sense of place and community for its students. This includes groups related to financial assistance, Indigenous health, Black students, students for gender and sexual diversity, disability inclusion, Asian and Muslim students, amongst others. This includes spaces that are multi-faith, inclusive washrooms and changerooms, cultivating inclusion signage and the Indigenous hub, to mention a few. Champions of EDIA activities are recognized through awards, preferentially given to students from equity deserving groups. The RIME curriculum has a specific mandate to be socially accountable and aims to train physicians who are change agents to collectively improve health and well-being in the communities they serve. Emerging themes of health equity, structural competency, wellness, and professional identity are embedded throughout the curriculum. The medical school clearly engages in ongoing, systematic, and focused recruitment and retention activities to demonstrate progress towards mission-appropriate diversity outcomes at the medical student level.

ii/iii/iv. Faculty Members/Senior Academic and Educational Leaders/Other relevant members of academic community

The CSM Equity framework is the guiding document for revisions to the CSM criteria for appointment, renewal, transfer, promotion and merit assessment for academic staff. This framework attempts to address the implicit bias and systemic discrimination that has been cited in an abundance of research in academic health sciences that negatively impacts members of marginalized groups through their career trajectory. Mission appropriate diversity recruitment and retention strategies for faculty members include the use of inclusive language and imagery, inclusive hiring pathways for Black and Indigenous scholars, the setting of faculty standards to ensure an anti-racist and anti-oppression lens is applied to all CSM committees and inclusive hiring and selection training to be completed by faculty members. There are recruitment onboarding mentorship opportunities through research communities, alumni association and the Black Physicians of Alberta Association. Retention activities include Office of Faculty Development and Performance offerings related to reconciliation, social justice, career and teacher development to support faculty, as well as awards and recognition for work that promotes, supports and elevates EDIA activities.

Requirement 3.3-3

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

Analysis of evidence for requirement 3.3-3

There are several programs in place aimed at achieving diversity among qualified applicants for medical school admission as mentioned above in 3.3-2. This includes the Pathways to Medicine scholarship program, Support to Entry Program (STEP), Indigenous Health Program and the Black Applicant Admissions Process. Evaluation of these programs and policies is still in its early stages.

The MD Admissions Office collects voluntary demographic data on applicants and matriculants to measure progress of diversity focused policies and practices. The results from this data and the impact of these practices and policies are still in their early stages and more time and data are needed to ensure progress is being made.

A few evaluation metrics that are reported are the Black Medical Students Association of Canada (BMSAC) 2021 and 2023 report card surveying of how Canadian medical schools rank based on the BMASC's Calls to Action on cultivating inclusive environments for Black learners in undergraduate medical education (Supplemental Appendix 3.3-3 A3). In a grading system based on the OMSAS Undergraduate Grade Conversion Table, the CSM achieved in the A+ to B- range across categories, representing good progress and commitment to the Calls to Action. Moving forward, there are plans to measure progress through repeated measures of a voluntary self-identification demographic census throughout CSM. This will allow for measurements of success to ongoing medical school policies and activities in increasing diversity of students, faculty, and leadership.

Although there is little evaluation data to show that mission appropriate diversity outcomes are being achieved there are clear plans in place for evaluation of these programs in the near future.

3.4 ANTI-DISCRIMINATION POLICY

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

Requirement 3.4-1
The medical school and its clinical affiliates do not discriminate on any grounds as specified by law including, but not limited to, age, creed, national origin, race, sex, diverse sexual orientation, gender identity, and gender expression.

Analysis of evidence for requirement 3.4-1

The CSM Code of Conduct stipulates that the University endeavors to create and maintain a positive and productive learning, working, and living environment where there is respect for the dignity of all and fair treatment of individuals. To support this, there are multiple policies, processes, and standards in place at the medical school, university, and clinical affiliates levels (Alberta Health Services) that address discrimination, harassment, and misconduct. Details of these policies, processes and standards are listed in several associated appendices.

At the CSM, reporting of complaints related to discrimination is handled by the Precision Equity and Social Justice Office (PESJO). From 2021 to June 2023 there were 43 reports received and handled by the PESJO office.

The Faculty Advocates Against Mistreatment (FAAM) also received and responded to reports of discrimination by medical students. This program was retired in January 2024 but had received and responded to 3 reports during its existence.

The Student Advocacy and Wellness Hub (SAWH) is another place where students can voice discrimination complaints. SAWH intake advisors then support and direct students to the next appropriate office or course of action depending on each specific situation, student need and student preference. There is no formal process to report this data.

Requirement 3.4-2
The medical school and its clinical affiliates foster an environment in which all individuals are treated with respect.

Analysis of evidence for requirement 3.4-2

The medical school and its clinical affiliates foster an environment of respect through mechanisms that include both policies and programs. This includes the University's Code of Conduct, Harassment and Accommodations policies. These policies are faculty and student facing and accessible through university and PESJO office websites. The Code of Conduct is widely distributed to faculty and is currently being updated with input and perspectives from equity deserving groups. The UME provides an orientation for its students and all faculty can participate in several workshop offerings through the OEDI to convey and enhance respect in the workplace. The University of Calgary, CSM and AHS have all issued statements against discrimination. Both the University of Calgary and AHS have been recognized as top-diversity employers which reflects their commitment and excellence in fostering environments where all individuals are treated with respect.

More recently, with the appointment of a new Associate Dean UME in January 2024, channels for enhanced and ongoing direct communication between UME students and UME leadership have been established. This includes ongoing meetings with students and student leadership and increased representation of students and the student voice on committees and decision-making bodies. Data from the ISA show that 81-95% of students

agree that the medical school fosters an environment in which people are treated with respect and 90-97% of students agree that the hospitals where they were assigned fostered environments where they were treated with respect. These results are very promising.

Requirement 3.4-3

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

Analysis of evidence for requirement 3.4-3

The new CSM Strategic Plan emphasizes EDI and reconciliation throughout. This serves as the foundation upon which policy, education, and training to prevent discrimination exists. Policies include The Equitable Search & Selection Operating Standard, Inclusive Language Operating Standard and Criteria for Merit, Tenure and Promotion. As mentioned earlier, all successful applicants to the MD program must complete an Indigenous Awareness course. All faculty who are part of search and selection must complete implicit bias training, and joining a committee requires members to answer some questions related to EDI and Reconciliation. The CSM has recently begun an EDI and Indigenous Awareness campaign to further education and awareness on these topics. The OFDP and PESJO offices offer several workshops on topics related to social justice and reconciliation to build faculty skills and knowledge in preventing and addressing discrimination. As a clinical affiliate, Alberta Health Services (AHS) anti-racism advisory committee has provided several recommendations to address individual and systemic racism which are now being implemented. There are clearly several policies and programs at the medical school, university, and clinical affiliates levels designed to prevent discrimination.

Requirement 3.4-4

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

Analysis of evidence for requirement 3.4-4

There are several mechanisms for safe reporting of incidents of known or apparent anti-discrimination breaches for the CSM. Appendix 3.4-1 A12 UME Student Mistreatment clearly outlines the four ways students can report mistreatment: Anonymously through course surveys, directly to UME non-anonymously, report to Faculty Advisors Against Mistreatment and via main campus channels. The current faculty process sits mainly with the Office of Precision Equity and Social Justice (PESJO). Any individual can report breaches to the CSM discrimination policy to the Associate Dean PESJO through email or an online submission form which allows for anonymity. When concerns are received, the Associate Dean initiates appropriate action, balancing the safety of the individual with the need for follow up action items. These processes are currently being revised to address concerns around navigability, fear of reprisal and communication/clarity around the timeline and process. This revised process will be administered through the *CSM Informal Resolution Guidelines* by CSM Human Resources, personnel external to the CSM clinical and academic faculty to prevent possible conflicts of interest and concerns around retaliation. This process will serve as an alternate for those CSM members who are experiencing mistreatment but don't want to access formal channels. This process will include navigation of resources, different reporting options and a committee of those with lived experience and expertise to advise and guide. As part of this process, CSM Human Resources will provide data stewardship related to the process. Other mechanisms for reporting include:

- University of Calgary's Protected Disclosure and Research Integrity Office (PDRI) to make formal reports of breach of university policy, including acts of discrimination.
- External provider Confidence Line to anonymously report a wrongdoing.

Medical students, in addition, have several other methods for reporting available. These include:

1) Using the UME 'A Safe Space' website to confidentially report a concern to the Associate Dean
2) Through program surveys and evaluation forms
3) Directly to the Associate or Assistant Deans of UME

4) The University of Calgary's Student Conduct Office for student non-academic misconduct including breaches of the University's *Harassment Policy*

If contact information is provided, the Faculty Advisors Against Mistreatment, Associate Dean or Assistant Dean discuss concerns with the individual, clarify the issues and explain the investigation process and help the individual decide on next course of action.

All residency programs have an ombudsperson and in August 2023 a new leadership position, Associate Dean of People, Culture and Health Promotion was created with a mandate to create psychologically safe learning and working environments for all faculty and learners.

Clinical affiliate, AHS's Policy on Respectful Workplaces and the Prevention of Harassment and Violence has four related documents that outline processes around breach of the policy. The AHS CMO Diversity and Wellness, provides guidance and advice for concerns including discrimination. New AHS bylaws are being developed that will describe fair and timely processes for addressing issues as they arise at a local level. "Hotspot reporting", in which learners report mistreatment linked to a specific location, is currently in development (Supplemental Appendix 3.4-4 A1 Hotspot).

Overall, there are safe reporting mechanisms for anti-discrimination breaches at the UME, faculty, academic staff and clinical affiliate levels. Based on prior feedback, some are being revised to improve navigability and confidentiality. What is not clear from the DCI is how these processes and polices are shared or made known to students and faculty. It is also not clear how anonymous reports are managed and if they are managed in the same way as identified reports. While multiple reporting mechanisms may be helpful to different groups, multiple reporting mechanisms can also cause confusion and redundancy if reporters are not sure which one to use or go to first. The work towards a centralized CSM mistreatment reporting process should help to address this issue.

The ISA for this topic shows that discrimination is experienced by 3-8% of medical students but only ~25-30% of those discriminated against felt that the medical school and/or hospitals provided safe mechanisms for reporting. There is work to be done in this area and CSM has started this process. This will require further review in coming years to see the results.

Requirement 3.4-5

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

Analysis of evidence for requirement 3.4-5

There are several mechanisms in place for the medical school and its affiliates to provide fair and timely investigation of allegations of discrimination. This includes mechanisms at the University, Medical School and AHS levels as listed above in 3.4-3 and 3.4-4. These processes are confidential, can be anonymous and every effort is made to balance the importance of direct information provided by the reporter (when engaged directly) with protecting the individual's privacy and safety. Reporters are usually offered several mechanisms of support and actions are only taken with the reporters' permission and efforts made to tailor action to specific incident and the reporter's needs. The investigation of complaints is fair in that it is guided by policy and procedure and there is due process to determine options for next steps and more formal disciplinary action. There are processes in place to protect privacy of allegations including both written reports and conversations. Some of the processes and procedures are explicit in terms of timelines (i.e. 15 working days for the Code of Conduct Protected Disclosure and 48 hours for any reports to the Associate Dean PESJO office) while others do not specify specific timelines.

Requirement 3.4-6

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

Analysis of evidence for requirement 3.4-6

The medical school and its clinical affiliates provide a prompt response to any reported incidents of discrimination as outlined above in 3.4-5. Once any report of concern is received, the investigation process is initiated quickly as outlined above. Thereafter, the time taken to achieve resolution varies and depends on each individual circumstance. An approach that balances thorough investigation and prompt resolution is the aim but depending on the circumstance this can vary from weeks to months. There are no specific data to track time to resolution of complaints available.

3.5 LEARNING ENVIRONMENT

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

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

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

Requirement 3.5-1

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

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

Analysis of evidence for requirement 3.5-1

There are several mechanisms in place to ensure that the learning environment of CSM medical education programs at all locations is conducive to the development of explicit and appropriate professional behaviors. This objective is achieved through both collected feedback and ongoing education and faculty development. Student evaluation of the learning environment occurs at multiple time points using multiple approaches. This helps to identify gaps in professional behaviors and triggers processes to support recognition and remediation of identified negative behaviors as soon as possible. Feedback from students is collected in the following ways: daily on-line evaluation of learning sessions, end of course evaluations, preceptor evaluations, elective evaluation forms, end of year survey (across all three years) and an end of training survey. Student feedback is reviewed at the Pre-Clerkship and Clerkship committees, by course, unit and block leads and by the UME office, with oversight by the Associate and Assistant Deans. There is student representation in all major administrative committees, regular “brown bag” lunch meetings between students and the UME leadership team and the specific professionalism and physician health unit course where discussions around professional development and appropriate behaviors takes place.

At the faculty level, feedback about the learning environment is collected and shared back to vice-chairs of education and educational leads within individual departments. Feedback is also sought from faculty at the end of each pre-clerkship course. There are multiple faculty development opportunities offered through the CSM Office of Faculty Development and Performance, including leadership education, workshops on social justice and reconciliation, and career and teaching development. There are also faculty development offerings through the Taylor Institute for Teaching and Learning and Alberta Health Services. Details of these are listed in the DCI. The majority of these offerings are also available for CSM non-faculty staff.

Moving forwards, despite these robust offerings and mechanisms in place, CSM has identified some areas to improve its learning environment and has prioritized the school to actively address the following: Challenge existing frameworks and definitions of “professionalism” and “professional behaviors” to include perspectives of equity deserving groups who have historically not been included in these conversations, transitioning to the RIME curriculum in which key concepts of professional identity development as well as social justice are repeatedly layered into the curriculum as opposed to being stand-alone units, adoption of the Okanagan Charter and the creation of a new Associate Dean of People, Culture and Health Promotion, emphasizing a culture of safety and belonging through a communications campaign and increasing representational diversity as well as supports and mentorship for equity deserving groups across CSM leadership.

Requirement 3.5-2

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

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

Analysis of evidence for requirement 3.5-2

Direct feedback from medical students about preceptors, end of course surveys, clerkship surveys and comments about their educational environment are collected and reviewed. Leadership representatives at the medical school regularly meet with its clinical affiliates at various levels to fulfill their shared responsibility for the periodic evaluation of the learning environment and review of this feedback. There are several UME committees (Pre-Clerkship, Clerkship, UMEC and UME management) that have diverse and cross-cutting representation from marginalized groups and students. Outside of the UME, the Strategic Education Council, Department Heads Committee, the former Office of Professional Development, Equity and Diversity (OPED) Subcommittee and Advisory Group, CSM EDIA leads council and then Student Evaluation Committee all meet regularly. The learning environment is discussed as part of these groups' meetings. There is representation from both clinical and academic staff in these groups. The cross-cutting nature of membership and influence in various clinical and academic spheres helps to facilitate ongoing and periodic review of the learning environment. These various committees and groups allow for identifying positive and negative influences on the learning environment and maintaining professional standards.

Positive elements are further identified and amplified through direct medical student feedback on preceptors, recognition of teachers at the annual UME faculty appreciation night, and various educational and EDI awards from both main campus and CSM. The UME Associate Dean sends out yearly recognition letters to all preceptors that summarize the teaching they did for the year and their ratings from students. The faculty performance review tool (distributed directly to Department Heads) provides a summary of relevant information regarding all department members' UME contributions and helps to identify individuals who consistently show excellence in teaching and professional standards.

Negative influences are identified and mitigated through the UME Management Committee (leadership and senior staff) which meets weekly and has a protocol in place to address concerns about preceptors and the learning environment. The CSM Associate Dean PESJO and the University Protected Discloser Advisor (PDA) are invited to these meetings when professionalism concerns are specifically reviewed. When needed, this committee also consults with the College of Physicians and Surgeons of Alberta. Any reporting of unprofessional behaviors can also occur directly through PESJO or through the Student Advocacy and Wellness hub which will then liaise with the UME Management Committee. Hotspot reporting, in which learners report mistreatment linked to a specific location, is innovative and currently in development. Full details on these processes are available in Supplemental Appendix 3.4-1 A1.

The same processes that identify positive and negative influences on the learning environment are also used to identify violations of professional standards. All initial reports to the Associate Dean PESJO (when reply information is provided) are responded to within 2 business days whenever possible with an invitation to speak with the reporter to gather more details. Formal responses to professional standard violations that transgress University of Calgary Harassment policy is responded to by the Student Conduct Office and the Protected Disclosure and Research Integrity Office. The timeline for this is not specifically provided.

Two examples of how negative elements have been mitigated in the past are provided. This includes advocating for and creating a CSM and AHS Sexual Violence educator role to address concerns around sexual and gender-based professional standard violation that were brought forward in the past. Secondly, in 2019, the UME Management Committee and the Assistant Dean, Pre-Clerkship identified issues around discrimination and harassment of learners wearing religious attire in Calgary operating rooms. Follow up from this led to the new provincial AHS policy around Surgical Attire and a series of educational sessions for surgical teams across Calgary. This work is ongoing.

3.6 STUDENT MISTREATMENT

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

Requirement 3.6-1
The medical school has written policies that define mistreatment.

Analysis of evidence for requirement 3.6-1

There are several written policies that define mistreatment and processes around mistreatment at the medical school and university levels. These include mistreatment definition, harassment policy, sexual and gender-based violence policy and process map, workplace violence policy, code of conduct, student non-academic misconduct policy and procedure, student at risk policy and procedure for protected disclosure policy. Appendix 3.6-1 A1, the Current Mistreatment definition does an excellent job of defining mistreatment and providing several examples and vignettes that outline mistreatment behaviors for students who still may not be clear on what constitutes mistreatment. These case examples are clear and poignant and provide concrete examples to support students who may be faced with uncertainty. Work is currently underway to develop safe mistreatment reporting operating guidelines, with broad consultations across CSM and the University with the goal of incorporating best practices and recommendations of multiple learners and stakeholders.

There are formal and mandatory processes in place for medical students, visiting medical students, residents and new faculty to make them aware of the mistreatment and associated policies and reporting procedures. Administrative staff at the PGME level have been provided with opportunities for learning about avoiding mistreatment. UME staff have not been provided with opportunities for learning about avoiding mistreatment, and this has been identified as an important gap. The entire CSM community has access to several relevant OFDP sessions (i.e. responding to disclosures, moving from bystander to upstander, etc.), the CSM Dean sends out periodic electronic communication throughout CSM and several UME, PGME, PESJO and PDRI websites have available access to policies and procedures related to mistreatment definitions, expectations and reporting.

Requirement 3.6-2
The medical school has effective mechanisms in place for a prompt response to any complaints.

Analysis of evidence for requirement 3.6-2

The formal and informal mechanisms in place for a prompt response to any complaints of mistreatment include the University of Calgary Protected Disclosure and Research Integrity Process, the Workplace Investigation process and the Student Non-academic Misconduct Reporting Process. There are mechanisms in place through feedback at the UME level, the former Faculty Advisors Against Mistreatment (FAAM), PESJO office (reports responded to within 2 days or receival) and Protected Disclosure Office to support students in reporting mistreatment. The Faculty Report Card, which provides collated and anonymized details about incidents and how they were dealt with for specific scenarios is available for students through the UME password protected online curriculum management system. This allows students to see the outcome of their disclosures with enough detail to identify the incident but not enough detail that discloses the identity of the individual teacher or student. Time to resolve complaints is not available and is likely variable depending on the complaint. There is not a formal mechanism in place to assess the effectiveness of these measures, however, overall frequency of reporting of mistreatment has not decreased over time. It is postulated that with increased awareness of polices and processes students are more likely to report what has previously been vastly underreported.

There definitely seems to be a history of challenges around mistreatment reporting and follow up of incidents. In preparation for the 2016 Accreditation review, an ad hoc Mistreatment Task Force was created and several recommendations put forward from this group (Supplemental Appendix 3.6-2 A1). Follow-up reviews from this initiative showed increased awareness and reporting of incidents of mistreatment. However, there have been ongoing concerns and students have felt that the processes developed are not addressing root issues

around mistreatment. Therefore, in 2022, through CSM student and faculty driven advocacy efforts, external and internal reviews and reports alongside a robust environmental scan, several initiatives were undertaken to reassess mistreatment at both institutional and faculty levels. There is ongoing work in this area under review by the legal team before it can be introduced and implemented. The CSM Informal Resolution Guidelines have been created which will be administered by CSM Human Resources, and include personnel external to CSM clinical and academic faculty. Quality improvement measures that will consider ongoing effectiveness of this work include ongoing feedback from students and other stakeholders, developing a registry that collects and tracks information on concern types, processes and responses, and a corresponding plan for evaluation of data.

Requirement 3.6-3

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

Analysis of evidence for requirement 3.6-3

A Student mistreatment presentation series was offered from 2016-2019. This presentation introduced the topic of student mistreatment followed by two videos with guided discussion. This was presented at several departmental sessions, conferences and student information sessions. A research project related to mistreatment was also completed and presented at CCME in 2019. There are no specific educational activities aimed at preventing retaliation. There is an online workshop "Responding to disclosures" which may indirectly address retaliation but is not a specific objective of this workshop.

Requirement 3.6-4

Mechanisms for reporting mistreatment are understood by medical students.

Analysis of evidence for requirement 3.6-4

Data from the ISA shows that there is an increase in understanding around mistreatment reporting mechanisms from Year 1 to Year 4 (61% to 80%) with peak understanding Year 3 (94%). To address the lower rates of understanding in Year 1, students are given a presentation on mistreatment during the orientation period.

Requirement 3.6-5

Mechanisms for reporting mistreatment are understood by visiting medical students.

Analysis of evidence for requirement 3.6-5

This requirement was not something that had been previously required as part of CSM accreditation and thus data has not been previously collected. As a result, there is no data on visiting medical students understanding of mistreatment reporting mechanisms. A new exit survey for visiting elective students is being developed to collect this relevant data moving forwards.

Requirement 3.6-6

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

Analysis of evidence for requirement 3.6-6

The mechanisms by which the medical school ensures a prompt response are listed in detail in 3.6-2 above. The PESJO office (formerly OPED) undertakes record keeping of concerns brought forward that includes dates of receipt, date of initial reply and subsequent meetings and other follow up around desired resolution of the reporter, the respondent and role and the actions taken by the Associate Dean PESJO to reach desired resolution and outcome. These records are de-identified and general aggregate data shared and provided to CSM leadership and PDRI annually. The UME faculty report card, details outlined earlier, also captures details of mistreatment and how it has been responded to. The UME Dean also collects aggregated data internally that captures reports of mistreatment received and the nature of the complaints. At an institutional level, PDRI office retains internal records with aggregate data that is then reported up to UCalgary Legal and the Board of Directors.

The Student Advocacy and Wellness Hub (SAWH) and PGME Office of Residents Affairs and Physician Wellness have standardized intake forms that may include information related to mistreatment, but these are not formally reported beyond these individual offices. The development of the new CSM Informal Resolution Guidelines (noted above) will standardize templates around data collection in mistreatment reporting including concern intake, assessment and classification, response and resolution, follow up of reporter and respondent experiences and then allow for aggregation of data to be shared and reported back to various units as appropriate. There are several supports, services and offices in place to support students who report mistreatment including the Indigenous Health Program, SAWH, Directors of Resident Support (PGME), Residency Program Ombudsperson, Office of Resident Affairs and Physician Wellness as well as main campus supports. Despite this, as reported in the ISA, only 45-53% of students feel that they can report mistreatment without fear of retaliation.