

Week 3 Accreditation update #3: 9 weeks away!

Thank you for your ongoing interest in the accreditation process. A few of you sent along email messages volunteering to meet with the accreditors. As the schedule gets finalized by the review team (mid-late September) a request for volunteers will be distributed to the student group. Stay tuned!

The first accreditation newsletter was an *introduction*, Week 2 focused on *Standard 11*, which involved details related to academic advising/support, career advising and student record management. Several policies were noted and would be important to review. The details from weeks 1 and 2 are at the end of the week 3 message.

This week's update will focus on Standard 9, which involves awareness of several policies related to teaching, supervision, assessment and both student and patient safety. Also, the class presidents will be recirculating the results of the ISA (independent student analysis) as well as the pre-Accreditation survey (completed by the class of 2026). If anyone would like access to the full DCI (Data Collection Instrument) and the MSS (Medical School Self-Study) these will be posted on the Accreditation website within the next week.

Week 3 Accreditation update #3: 9 weeks away! *Virtual visit October 21-23, 2024, in-person December 2&3*

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.

Element 1: Preparation of residents and non-faculty instructors

It is expected that residents involved with formal pre-clerkship teaching, as well as supervision while on clinical services, have completed the Residents as Teachers Toolkit (RATTS) workshop that is run through the PGME office. The residents who began in 2024 had a podcast available to introduce them to the Undergraduate Medical Education Program and principles of teaching and assessment.

Both the residents as well as faculty who teach in the pre-clerkship sessions have the educational objectives provided to them either via Fresh Sheet or through UME directed email distribution. They are also made aware of the Big 10 Educational objectives.

Residents are informed of the clerkship goals and expectations through communication provided by the resident clerkship representatives who are involved on most clerkship committees. Also, the clerkship objectives are distributed to residents and clerkship preceptors by the clerkship course leads.

Non-faculty instructors who supervise or teach trainees (ie in Community Engaged Learning) are provided with the objectives and expectations prior to the student interaction

Additional teaching support is available through the Office of Faculty Development & Performance, which provides several educational activities that are open to residents and faculty. The Tutorial Group Facilitators contracted to teach in pre-clerkship have been expected to complete the RIME Teaching Excellence Program seminar series.

All Departments (Surgery, Internal Medicine, Family Medicine etc.) have leadership roles in medicine, such as Vice Chairs in Education. Such educational leaders both educate and assess the teaching performance of their departmental members. Faculty have teaching expectations (ie clinical teachers) and their performance is reviewed on a regular basis.

Medical students provide feedback on faculty and resident teachers for any pre-clerkship session or clinical (clerkship) exposure. Feedback is compiled and forwarded to the program directors yearly(residents) and Departmental leadership (faculty). Such evaluations are compiled to ensure anonymity of students providing feedback.

Element 2: Supervision of required clinical learning experiences:

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

Faculty appointment (with the CSM) is required for all teaching within the UME except for the Career Exploration Program and Clerkship Electives. Those with faculty appointments are expected to have reviewed policies related to the training program. There are several of these policies with a few examples below. These policies are all available on the UME website:

Clerkship Work Hour Policies:

<https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/C/Clerkship%20Work%20Hours.pdf> This policy has many important rules, some of the excerpts are noted:... during clerkship, hours of daytime work on weekdays will vary by rotation. Unless scheduled for evening or overnight call, clerks should not be expected to work more than 11 hours per day on a regular basis, though this may occur on occasion..... pregnancy and call: A Clerk will not be required to perform night call duties (after 2300 hours) once they have completed 27 weeks of gestation, or earlier if a valid medical reason, with medical documentation, is provided. Students in this situation may be required to complete more time on a rotation in order to have a complete rotation experience.The end of rotation surveys will include a question asking if there were breaches of the work hours policy.

Role Conflict: Physicians as Care Providers and Teachers:

[https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/R/Role%20Conflict%20Physicians%20as%20Care%20Providers%20and%20Teachers%20\(MD%20Program\).pdf](https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/R/Role%20Conflict%20Physicians%20as%20Care%20Providers%20and%20Teachers%20(MD%20Program).pdf) This formal policy related to conflict avoidance informs both teachers and students of professional expectations regarding the avoidance of having support faculty in the role of assessors.

Clerkship Student Feedback Policy:

<https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/S/Safety%20Medical%20Students.pdf>. This policy illustrates the feedback expectations during short (2 week), longer (4 week) and longitudinal rotations.

Element 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.

The policy most applicable here is the Safety Policy: Medical Students.

<https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/S/Safety%20Medical%20Students.pdf>. This policy outlines safe practices for medical students related to physical, psychological and professional safety.

Also, The Role of Learners During Health Care Emergencies Operating Standard:

https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/O/Operating%20Procedures_Role%20of%20Learners%20During%20Health%20Care%20Emergencies_February%2028%2C%202020.pdf outlines appropriate management of learners during health care emergencies such as pandemics/outbreaks.

Both students and faculty should be aware of the Student – Injury, Incident, and Exposure Reporting flowsheet, as this outlines the processes to follow in the event of an injury, and the supports available:

<https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/I/New%20flow%20sheet%2C%20updated%20March%202022.pdf>

Additional *clinical safeguards*, during clinical care, include the following:

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.

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 Graduate Questionnaire 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 ranging from 93.7%-100%. More urgent issues related to appropriateness of responsibility can be raised 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. Precision Equity and Social Justice Office (PESJO)

Element 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 for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills, behaviours, and attitudes specified in medical education program objectives, and that ensures that all graduates achieve the same medical education program objectives.

There is 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 the following, which can be found on the UME Policies site: <https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

- 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 UME evaluation team 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. SARC Terms of Reference can be found here: [https://cumming.ucalgary.ca/sites/default/files/teams/4/TORs/SARC/SARC%20TOR_June%2027_Approved%20by%20SEC%20\(Electronic\)v2.pdf](https://cumming.ucalgary.ca/sites/default/files/teams/4/TORs/SARC/SARC%20TOR_June%2027_Approved%20by%20SEC%20(Electronic)v2.pdf)

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. In the 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.

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 : <https://www.ucalgary.ca/legal-services/sites/default/files/teams/1/Policies-Student-Academic-Misconduct-Policy.pdf>
2. Cumming School of Medicine: CSM Reappraisal of Graded Term Work and Academic Assessments *
3. CSM Procedure for Appeals of Grade Reappraisal Decisions and Academic Assessment Decisions *

*<https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

The UME program uses several assessment tools:

1. Pre-Clerkship

Legacy Curriculum

Multiple choice exams (knowledge)

OSCE examinations (ALL) – **direct observation**

Peripatetic Exams (knowledge)

Assignments/presentations - oral/paper (knowledge, attitudes)

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 CARDS. 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**

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.

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.

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.

Element 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.

Pre-Clerkship (Legacy) 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.

In the 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 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.

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 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.

Element 6: Setting Standards of Achievement

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).

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.

Element 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.

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.

Clinically, the Clerkship Student Feedback 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 policy* includes information related to the use of formative exams within the curriculum.

*Policies <https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

Many different formative evaluations are 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.

Students complete the AFMC 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.

In the RIME curriculum, students are provided with online access to CARDS. 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.

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). Students also complete a formative Objective Structured Clinical Examination (OSCE) prior to their end of block OSCE.

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).

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 and the clerkship leaders.

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.

Element 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.

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. 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.

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 and attempts continue to ensure that timely completion occurs.

In the RIME curriculum formative quizzes occur every 2 weeks, and results are released instantly. The Unit quizzes occur every 6 weeks, with the results release dates 14 business days or earlier.

Element 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 enrolled 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.*

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. 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.

In the **RIME Curriculum** 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

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. While small variations may occur year to year, there are no significant differences in the performance of these two groups. 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.

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.

Element 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*

There are several policies that address this element, considering personal health, including the following found on the policy website: <https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

Student - Injury, Incident & Exposure Reporting
Student Accommodation Policy
Leave of Absence Time Away Policy

The Student Academic Review Committee Terms of Reference addresses leaves of absence that do not directly relate to a student health issue but 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.

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.

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) timely response by the medical school-policies

<https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

Student Injury, Incident and Exposure Reporting Policy

- 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.
- **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

- 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.”

b) provision of accommodation to the extent possible

Student Accommodation Policy

Section 4.1: 4.1 The University has a Duty to Accommodate to the point of Undue Hardship in the provision of its services.

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.

<https://cumming.ucalgary.ca/sites/default/files/teams/4/Policies/L/Leave%20of%20Absence%20Time%20Away%20Policy%20April%2030%202019%20-%20NT.pdf>

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

- 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.

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.