

Accreditation update #7:

Virtual review- 5 weeks away: *Virtual visit Oct 21-23, 2024, in-person Dec 2 & 3, 2024*

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This week the focus will be on **Standard 12 Medical student health services, personal counseling, and financial aid services**. See the information below regarding some of the potential *accreditation outcomes (actions)*, and the general details regarding CACMS Rules of Procedure.

Before delving into Standard 12, I wanted to remind everyone that the class presidents will be requesting student involvement for the Oct virtual review. By mid-November we will have the details for the Dec 2-3 in-person review, and we will request additional volunteers at that point for tours and in-person reviewer meetings.

At our Sept 13 Accreditation Steering Committee meeting several important points were discussed, with the answers contained in the ~50-page CACMS Rules of Procedure. (attached and https://cacms-cafmc.ca/wp-content/uploads/2024/03/CACMS_Rules_of_Procedures_March-2024_FINAL-1.pdf).

Although the review will end after the Dec 3 several months will pass before the school is notified of the outcome. The review team will present their report to CACMS, and CACMS will then make their final decision after a committee meeting in June 2025, and will notify the Dean after that meeting. This process is uniform across all schools.

The potential outcome includes one of six possibilities, ranging from *Accreditation For An Eight-year Term* to *Withdrawal of Accreditation*. (see labelled pages 19-20 {or 23-24 of complete document} of the attached-Types of Accreditation Actions). With the RIME curriculum, as well as the planned 2026 Lethbridge campus, it is anticipated that the review team will be back in 2 years to monitor the school's progress. If this is the final outcome this is still a FULL ACCREDITATION and is NOT punitive in any way. It would be unusual to have the accreditation body allow any school to initiate a new curriculum without very close follow-up. This is NOTHING to worry about, the accreditation body is doing their job! The only outcome where a school loses accreditation status is *Withdrawal of Accreditation*, which has never happened to a Canadian medical school! Accreditation is meant to be a Quality Improvement process where honest, constructive and balanced remarks will be important.

Please see pages 19-20 and let me know if there are questions regarding this process via email or submit a question via the survey in an anonymous manner:

<https://forms.office.com/Pages/ResponsePage.aspx?id=7KAJxuOIMUaWhhkgL2RUZN0i06lk0tKreCUNDQbWeNUNKNEVDgzWFMzNIZJQk1HUUJXQTQ3OTdZTS4u>

Also, students have wondered if they can send questions or information to the accreditation team in advance of the review and due to the nature of undergraduate accreditation there is not a mechanism for this. The team will have questions for you in Oct and Dec, and there will be an open dialogue at that point. In some specific circumstances students may voice concerns directly to CACMS, and there is a detailed process for this (see pages 44-45 {or 48-49 of the complete document}). This is unrelated to the formal accreditation itself, but instead relates to school specific concerns that have not been addressed and local mechanisms have been exhausted. The hope is that when questions and concerns arise these would be taken care of with communication through the class presidents, CMSA, UME leadership, SAWH and the Dean etc. The accreditation body does have a mechanism for direct contact in specific circumstances, as outlined in the CACMS Rules of Procedure document. If additional questions arise regarding this process, please feel free to reach out to me for clarification.

Standard 12 Medical student health services, personal counseling, and financial aid services

12.1 Financial aid/Debt management counselling/Student educational debt

12.2 Tuition refund policy

12.3 Personal counseling/Well-being programs

12.4 Student access to health care services 12.5 Providers of student health services/Location of student health records

12.6 Student health and disability insurance

12.7 Immunization requirements and monitoring

12.8 Student exposure policies/Procedures

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

Element 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.

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

Financial aid services and counseling are part of the overall debt management services that are available through main campus. Students are directed to the options available first in their acceptance letter, then during their medical school orientation, as well as through resources available on the UME website. The UME refers students to the Financial Aid Department on main campus for questions regarding student loans, financial forms and where special situations exist or students need to have adjustments or corrections made to their application. Through the University of Calgary Money Smart program offers students 1:1 assistance with financial aid literacy. Additionally, in 2024, the UME office hired a **financial literacy consultant** to provide guidance to students that encompassed the specific needs of medical students, including budgeting for visiting electives, application and licensing costs, as well as navigating student loan and other financial aid in a system where terms of study are not aligned with main campus.

The financial literacy consultant is based in Lethbridge and currently conducts meetings virtually.

The Student Advocacy and Wellness Hub (SAWH) can assist if concerns are **not resolved** with the Financial Aid Department. There are several options for financial assistance, as well as **emergency funds** provided if necessary. There is \$30,000 earmarked per year to assist students who have exhausted all other avenues for support.

The debt load is high for graduates of the CSM, partly related to the three-year condensed curriculum and the inability to work during the off months, as it is a year-round curriculum.

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.

There are several areas of interest and students are encouraged to speak with representatives at the Office of the Registrar if assistance is required. Some examples are noted below:

- Costs of Medical School
- Lines of Credit
- Student Loans
- Interest Rates
- Bursaries, scholarships, awards
- Budgeting Tools
- Credit Reporting
- Preparing for clerkship electives, CaRMS
- Hidden costs of medical school (Yr. 2-3)
- Financial awards
- Taxes, insurance etc.
- Fundamentals of investing, maintaining financial health
- CSM Special Bursary, Clerkship Bursary
- Salary during residency
- Timeline for paying back student loans
- Strategies for debt repayment, loan forgiveness
- Basics of investments

Year-end school evaluations as well as the AFMC Graduate Questionnaire provide feedback on the UME resources related to debt management. After their 2nd year of medical school, the Class of 2023 noted that 55% entered medical school with pre-existing debt ranging from \$6000-80,000. 95% noted that their debt had

increased during medical school. Debt load directly attributed to medical school (tuition and fees, program supplies etc.) ranged from \$4000-80,000. Debt related to other variables such as food, rent etc. ranged from \$10,000-\$130,000 over the two years. Data was based on a low number of respondents with ~25% preferring to not share the financial details.

Tuition and Fees

| Provide the total amount of tuition and fees charged per student for years 1 to 4 (as applicable) over the last three completed academic years | | | | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Student Origin | AY 2020-21 | | | AY 2021-22 | | | AY 2022-23 | | |
| | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 | Year 1 | Year 2 | Year 3 |
| In-province | 16,063.02 | 15,762.78 | 15,762.78 | 17,669.22 | 18,906.06 | 18,906.06 | 20,443.28 | 18,906.06 | 18,906.06 |
| Other Canada | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above | Same as above |
| Outside of Canada | 150,956.56 | 150,956.56 | 150,956.56 | 170,880.42 | 170,880.42 | 170,880.42 | 179,430.56 | 179,430.56 | 179,430.56 |

To minimize the impact of direct educational expenses on medical student debt, several mechanisms are in place. The medical school offers financial aid programs and scholarships specifically tailored to medical students.

There are several sources for bursaries and scholarships with a large portion of the funds coming from UME as a transfer to the University of Calgary Finance Office. Funds stemming directly from UME fall into 3 categories:

1. **Emergency Funding**: These funds are intended to assist students in acute financial need generally due to an emergency or otherwise unforeseen circumstances. Each year **\$30,000** is available, and these funds were used in their entirety for the last 3 years. Emergency funds are given to students in the form of a scholarship to facilitate immediate availability to the student.

2. **Special Bursaries**: These are given out to students based on need. Calls for special bursary applications are sent to students twice per year. Students fill out an application including personal financial information, need, and available sources of funding. A maximum amount of **\$150,000** per year is available for special bursaries. Funds not awarded are added to the money available for Tuition Differential Bursaries (see below).

2020-21= 4 four students were awarded a total of \$28,000

2021-22 = 2 students were awarded a total of \$30,000

2022-23 = 4 students were awarded a total of \$80,000.

3. **Tuition Differential Bursaries**: These are funded by UME and awarded by the University of Calgary based on total student loan debt. Each award is valued at \$6,000. The total amount available for Tuition Differential Bursaries is divided by 6000 and this determines the number of bursaries that are awarded.

2020-2021 = 97 students received a total of \$582,000

2021-2022 = 102 students received a total of \$612,000

2022-2023 = 113 students received a total of \$678,000

In total for these three programs, the 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 represents approximately 65% of the total bursary and scholarship funding awarded to UME students annually. The remaining 35% comes from scholarships and awards funded by the University of Calgary itself.

Element 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).

Tuition for the Undergraduate Medical Education program is administered by the **University of Calgary Office of the Registrar**. Since the medical school UME training is a *complete program*, rather than a collection of individual courses, there are some important unique circumstances for the medical education program. Medical students cannot select or drop individual courses, and the program must be taken as a whole. As a result, the UME tuition due date is the day prior to the course drop date for all other students at the University of Calgary. This recognizes the unique programmatic nature of medical school training.

Tuition reassessments are only made in extenuating circumstances, and a leave of absence no longer guarantees a tuition reassessment.

The unique strategy used by the UME office to help to support students who might be subjected to unnecessary tuition is through a **MDCN 500 course**. UME enrolls students in this course who require time to re-integrate with the program following a leave of absence or for certain types of remediation. Enrollment in this program confers official student status but does **not** trigger tuition. Enrollment is typically 1-2 months prior to re-starting medical school studies full-time.

The **University of Calgary Academic Calendar** describes the policies and procedures surrounding tuition refunds. The relevant section titles include: **refund eligibility, requesting a refund, credit present on an account and payment applied toward a future term** with the complete information available in the DCI on the accreditation website, if detailed review is desired: <https://cumming.ucalgary.ca/about/ume-accreditation#:~:text=The%20Undergraduate%20Medical%20Education%20program,students%20were%20admitted%20in%201970.>

Element 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.

There are **five dedicated therapists** that work in the Student Advocacy and Wellness (SAW) Hub who provide free, confidential personal counselling and resources to CSM learners. They offer a variety of in-person and virtual appointments during early mornings, lunchtime, evening, and weekends to support student schedules, clerks and UCLIC trainees. Students and their immediate family members can access free, confidential personal counselling by calling the **Physician and Family Support Program** run by the Alberta Medical Association (AMA).

Wellness Services on main campus offer students access to free, confidential, and personal counselling.

Students are provided with a “**Survival Guide**” prior to their first day of classes which provides information regarding SAWH supports and resources. Students are provided with a **letter from the SAW Hub** at the time of accepting their MD offer. They are encouraged to book a one-on-one meeting in the month prior to their start date to learn about the services and resources offered through SAWH. These conversations include academic support, setting up accommodations, and connecting them to wellness supports if required.

To bring awareness, encourage healthy habits, and foster community, twice a year the SAW Hub collaborates with main campus and community resources and facilitates a booth style Wellness Fair. The Manager of the SAW Hub sends out periodic (~4x/year) emails to all students reminding them about what, how and where they can access support and counselling services in SAW and the community. Each year a student representative volunteers for a communication role for their class. They send out weekly communication to their class of upcoming events, words of encouragement, important dates etc. The SAW Hub and community resources are listed in each edition. When a student is notified by the UME regarding an unsatisfactory grade, they are encouraged to reach out to the SAW Hub for both personal and academic support.

The 2023 Graduate Questionnaire noted 95.5% of respondents commented that they were satisfied or very satisfied (aggregated) with the academic advising/counselling offered (Class of 2023). The values > 90% for the past three years.

Student wellness is promoted by the following:

UME Initiatives

- Orientation week integrates both the beginning of formal classes and multiple introductory and team building activities.
- In 2020, in recognition of the increasing demands on student time, UME approved a policy granting 5 flex days per pre-clerkship year.
- In the Legacy curriculum, the Professionalism & Physician Health Unit ran longitudinally throughout the three years of the curriculum, and addressed issues of professionalism, personal wellness, cultural adjustment, and stress management. Total curricular time was 19 hours over the duration of the curriculum.
- In the RIME pre-clerkship curriculum, learning has been structured to give students predictable scheduling, and decreased in-person sessions, to facilitate access to wellness resources where necessary and allow students to maintain work/life integration. Components of the previous Professionalism and Physician Health unit from the Legacy curriculum that are applicable in RIME are presented jointly between UME and the SAW Hub. Students had significant input in the development of the RIME curriculum and have voiced appreciation for the rhythm of the weekly schedule and predictability of time off. The initial RIME Pre-Clerkship Committee meeting minutes (September 2023) illustrate this appreciation.

Student Initiatives

- The upper year students create a “Survival Guide” which is sent to all incoming students prior to their arrival for the first day of classes. This guide provides both logistical advice (finding housing, etc.) as well as directing them to some of the more commonly used wellness resources.
- Grief and Loss Peer Support Program
- Student run Buddy System whereby each incoming student is assigned an upper year student to act as a mentor and resource.
- The Student Advocacy and Wellness Hub Committee is chaired by the SAW Student Representative. The committee has initiated 1) Wellness Week, 2) Forum on Failure, 3) WE CARE Committee, 4) Weekly Yoga classes, 5) Weekly Meditations, 6) Monthly Wellness and Academic Roundtables.

Informal Elements

- Small group and preceptor contacts. Students have identified their small groups as a source of significant support during stressful times and often develop informal mentorship relationships with preceptors who they are exposed to in the small group setting. The existence of the Master Teacher Program (Legacy Curriculum), with its ~40 salaried faculty who taught across the breadth of the curriculum meant that students tended to have recurrent exposure to these individuals and were therefore more likely to develop relationships with them. The newly developed RIME curriculum has a dedicated group of ~ 70 Tutorial Group Facilitators who will provide similar continuity and support.

SAW Hub Initiatives

- SAW has developed several workshops to support student’s wellness such as Journaling Workshops, Mindful Meditation, Yoga, Wellness Weekends
- Collaborates with an alumnus that offers a nationally recognized resilience training program called STRIVE (Simulated Training for Resilience in Various Environments) run yearly for all students.
- Creation of The Little SAW Library – a library of uplifting non-medical books and Muse Meditation Headbands that can be borrowed by students
- Monthly drop ins at the SAW Hub – Once a month the SAW Hub hosts a drop-in day where students are encouraged to come by and enjoy a cup of tea or coffee and snacks are supplied
- Resident Led Transition into Medical School, Work-Life Balance, Study Strategies Session
- Resident Led Note Taking Strategies & Exam Preparation Workshop which also addresses exam failures
- Study and Accountability Pairing Program: An optional program, where students are paired with study partners based on their compatibility (preferred time of day and study methods)
- UCLIC support session – back to urban streams
- Alumni Mentorship Program
- Intro To Clerkship - How to Succeed and Thrive in Clerkship panel discussion with senior clerks

CaRMS Curriculum:

- Personal Letter Power Hour: The purpose of this session is to help guide students on their CaRMS personal letters.

- Resident Led Personal Letter Feedback Session: This formal editing session gives students the opportunity to meet one-on-one for 30 minutes to receive immediate feedback from residents who have recently participated in the CaRMS process.
- Resident Led CaRMS Mock Interviews
- CaRMS Match and Unmatched Review Process
- “Fire-Side Chat” building support, connections and community with peers who have gone unmatched. Residents who have experienced going unmatched will share their experiences, provide support, and help strategize next steps.

The medical students’ adjustment to the physical and psychosocial demands of medical education is facilitated by the following:

In addition to the above, the **Legacy curriculum’s** Professionalism and Physician Health Unit included large group and small group sessions about the expectations of medical school, as well as resources for how to manage physical wellness in terms of sleep and nutrition during clerkship.

In the **RIME curriculum**, the learning has been structured to give students predictable scheduling, and decreased in-person sessions, with more flexibility to adjust to their own learning needs. Additionally, there are more frequent low stakes assessments, allowing students to better distribute study and additional assessment throughout their pre-clerkship time. Tutorial groups, case presentations, and the Community Engaged Learning program also include components of how the transition to medical school changes the perspective of students, and how it may impact their relationships and their changing identity. Components of the previous Professionalism and Physician Health unit from the Legacy curriculum that are applicable for clerkship are maintained.

The physical and psychosocial demands of medical education are addressed by the creation of a supportive, caring and judgement-free Hub. Mental health concerns are destigmatized through the SAW Hub, with their “arms-length” (from the UME) mandate and record management. The SAW Hub staff spend hundreds of 1:1 hours with students each year, and are well recognized for being a safe and caring environment. The availability of counselling, psychological and psychiatric support has resulted in improved local support for trainees. The SAW Hub faculty sit alongside students who are in academic difficulty (i.e. at Student Academic Review Committee meetings) and are strong student advocates.

Element 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.

Formal health care services are not provided to medical students by or within the CSM itself. All students are strongly encouraged to obtain a personal family physician. Students’ mental health care is anchored in the patient’s Medical Home Model. Students have three options to access a Family Medicine physician: 1) Student Wellness on main campus through U of C Student Health Services Clinic, 2) through the Alberta Medical Association (AMA) Physician and Family Support Program (PFSP) and 3) AHS website.

The PFSP has a list of family doctors willing to accept MDs and medical students. The Student Health Services Clinic on main campus is staffed by several family physicians and offers both scheduled and walk in services. It is open 8:30-4:30 Monday to Friday. The clinic also provides paramedical services such as massage, chiropractic, and nutrition services.

Students in UCLIC sites can access health services locally by seeing one of the physicians in the community other than their preceptor. If necessary, they can return to Calgary for their medical care.

Policies specific to illnesses and leaves of absence during clerkship are included in the Clerkship Student Handbook.

Students are instructed to inform their supervising residents or faculty as far in advance as possible of the need to be excused from clinical or non-clinical activities to access health services. If they encounter any resistance, they are instructed to contact the SAW Hub or UME who will ensure their absence is approved.

Element 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.

The Role Conflict: Physicians as Care Providers and Teachers Policy (see below) indicates that UME leadership does not provide direct care to medical students except under emergency circumstances. If necessary, referral to an appropriate colleague is made. The psychiatrists who accept student referrals through the SAW Hub are not actively involved in the medical school other than episodic bedside teaching.

[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)

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. The SAW Hub and UME managers send periodic email reminders to this effect.

Element 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.

Basic health insurance is available to all medical students and their dependents. All Alberta residents have Alberta insurance coverage, and medical students from outside of the province are eligible for this after three months and are covered by their home province until Alberta coverage is activated. It is strongly recommended that all international students have coverage through a private organization.

All information in relation to **health and dental insurance** including what benefits are in the program, costs, adding family members, etc. is located on the University website. Students are informed at orientation every year of available health insurance and the process to enrol in the extended health and dental coverage plan. The University of Calgary Student Union provides comprehensive coverage.

During orientation at the start of medical school students can discuss **disability insurance** with private insurance companies. Supplemental health and disability insurance is not provided by the medical school. Some private disability insurance is available through the Students' Union plan and is also offered to medical students through the Alberta Medical Association (ADIUM – the AMA's wholly-owned insurance agency).

Disability insurance, and the importance of holding it, is emphasized during in financial literacy presentations. 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.

Element 7: IMMUNIZATION REQUIREMENTS AND MONITORING

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

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*. These are then compared to the requirements set out by the AFMC Student Portal Immunization and Testing Form. The most stringent requirements from these documents are used to create the UCalgary Immunization Worksheet-MD Program 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. In accordance with the Alberta and AFMC guidelines for the immunization of health care workers/students, MD students at the University of Calgary are required to complete the following immunizations:

1. Diphtheria / Tetanus – completion of primary series and one booster in adulthood and within the past 10 years
2. Pertussis – one dose of pertussis containing vaccine at over 18 years of age
3. Polio – completion of the primary three dose series
4. Measles Mumps Rubella – two doses of vaccine given after the first birthday
5. Varicella – two dose vaccination series, or serologic evidence of immunity
6. Hepatitis B – complete vaccination series and proof of serologic immunity unless determined to be a vaccine non-responder
7. Mantoux testing – a two-step Mantoux test (only a one-step is needed if they previously completed a two-step)
8. Chest X-ray – only needed if a positive Mantoux test. Chest x-ray only needs to be subsequent to the positive Mantoux

Students are strongly encouraged, but not required to complete annual influenza vaccination and COVID-19 vaccines. Serologic testing for Hepatitis C and HIV is required by a few of the other medical schools for visiting electives and students are made aware of this requirement through the AFMC portal.

Element 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*

See the following UME website for several of the noted policies and requirements:

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

Student – Injury, Incident and Exposure Reporting (b. procedures)

Protocol for Injuries, Incidents and Exposures – UME Students (b. procedures)

Safety Policy Medical Students (a. prevention + b. procedures + c. effect on learning activities)

Operating Procedures - Role of Learners During Health Care Emergencies (b. procedures)

Shadowing policy (noting that students must review the following AHS Policies: a-d (a. education))

Calendar Entry – Immunization & N95 (a. prevention)

Immunization Requirements – UME Students (a. prevention)

N95 Requirements – UME Students (a. prevention)

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

Students have formal PPE training during orientation where they are required to watch a PPE training video (AHS), and then practice infection prevention and control procedures. This session is mandatory for all students. The regulations for IPC/PPE training are included in Calendar regulation 5.3.1 Doctor of Medicine - Conditions of Admission

Curricular material related to infectious diseases is included in the first course of the curriculum in an effort to ensure that it is covered as early in the curriculum as possible. There is a policy that students must review the Alberta Health Services policies on hand hygiene, infection prevention and control, PPE and needlestick injuries before setting up any clinical shadowing experiences. This training is tracked by the Immunization Specialist, and shadowing and clinical core can not be scheduled until the training is complete.

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).
