

Accreditation update #8:

Virtual review- 4 weeks away: *Virtual visit Oct 21-23, 2024, in-person Dec 2 & 3, 2024*

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This week's newsletter will be a summary of **Standard 10: Medical student selection, assignment, and progress**

Over the past SEVEN weeks the updates have included a review of five of the 12 standards:

Standard 7 which covered curricular content and directed you to the DCI as it was content heavy.

Standard 8 which reviewed curricular management, evaluation, and enhancement.

Standard 9 which related to teaching, supervision, assessment, and student/ patient safety.

Standard 11 which related to medical student academic support, career advising, and academic records.

Standard 12 which covered medical student health services, personal counseling, and financial aid services

In the remaining 6 weeks I will formally review the **highlighted** Standards. Additional information regarding Stds 1, 2, 4 and 5 is available on the CSM accreditation website

Standard 1 Mission, planning, organization and integrity

Standard 2 Leadership and administration

Standard 3 Academic and learning environments.

Standard 4 Faculty member preparation, productivity, participation, and policies

Standard 5 Educational resources and infrastructure

Standard 6 Competencies, curricular objectives and curricular design

Standard 10 Medical student selection, assignment, and progress

There are **several policies** that you should review, not only for the upcoming accreditation but also because they pertain to your time as a medical student at the CSM. <https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

Please ensure that you review the previous newsletters, that has a lot of valuable information. The Std 12 newsletter addresses the questions related to the accreditation outcome, as well as the *CACMS Rules of Procedure*- please have a look at the CSM accreditation website for additional information- <https://cumming.ucalgary.ca/about/ume-accreditation>.

As always, don't hesitate to contact me with any accreditation related questions, or send me a question anonymously via the link, and the response will be in the next newsletter:

<https://forms.office.com/Pages/ResponsePage.aspx?id=7KAJxuOIMUaWhhkigL2RUZN0i06lk0tKreCUNDQbWeNUNkNEVDgzWFMzNIZJQk1HUUJXQTQ3OTdZTS4u>

Standard 10: Medical student selection, assignment, and progress

Element 1 Premedical education/Required coursework

Element 2 Final authority of admission committee

Element 3 Policies regarding student selection/Advancement and their dissemination

Element 4 Characteristics of accepted applicants

Element 5 Core competencies for entering medical students

Element 6 Content of informational materials

Element 7 Transfer students

Element 8 Currently, there is no element 8

Element 9 Visiting students

Element 10 Currently, there is no element 10

Element 11 Student assignment

Element 1: PREMEDICAL EDUCATION/REQUIRED COURSEWORK

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

Although there are *Recommended Undergraduate Courses* in the medical school applicant manual, these are not mandatory. It is recommended that students choose courses that will assist in the transition to medical school by familiarizing students with basic concepts within the foundational medical science. Recommendations include courses in the social and behavioural sciences and the humanities, sociology, psychology, anthropology, Indigenous studies, philosophy, ethics, women and gender studies. Despite these courses being recommended they do not impact the scoring of the applicants file.

It is recommended that applicants should choose courses that they feel will provide them personally with the greatest benefit or which will address gaps in their educational background.

With the introduction of the RIME curriculum and the emphasis on self-directed learning, the Office of MD Admissions will work with the Undergraduate Medical Education Office and the Student Advocacy and Wellness Hub to determine if there are changes in student academic performance and/or wellness that may be related to the curricular change. A Continuous Quality Improvement initiative (CQI) will begin with the Class of 2027 to identify any trends that may lead to a change in the requirement of pre-requisites.

Recognizing the importance of building knowledge and skills for future physicians to work with Indigenous peoples in safe ways and in response to the Truth and Reconciliation Commission (TRC) Calls to Action 23 and 24, a baseline knowledge of Indigenous culture and Indigenous history is required. Beginning in 2023 all students entering the program are required to complete the free online University of Alberta Faculty of Native Studies Indigenous Canada Course Massive Online Open Course (MOOC).

Element 2: FINAL AUTHORITY OF ADMISSION COMMITTEE

The final responsibility for accepting students to a medical education program rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

There are several steps that are taken to ensure that selection of individual medical students is not influenced by any political or financial factors:

1) All individuals involved in the admissions process (Admissions staff, Committee members, Sub-committee members) are required to sign a confidentiality and conflict of interest form which is discussed with them prior to signing. Conflicts of interest are explicitly addressed annually in the introductory correspondence (see below) when the final file reviewers and interviewers are determined:

“As part of our commitment to fairness and transparency, we consider anyone who has a relative, close friend or intimate partner currently applying to our MD program, or who is anticipating applying in the next two application cycles (24 months), to be in a conflict-of-interest position. If this describes you at this time, our expectation is that you will recuse yourself from any involvement of the admissions process. Failure to do so is potentially damaging to the reputation of our program, and as such may result in the closure of, or otherwise jeopardize, the application of the candidate in question. Please err on the side of caution before taking on this role. If in doubt, the Assistant Dean of Admissions is available to discuss the specifics of your situation.”

Members of the Admissions Committee, file reviewers and interviewers sign an attestation statement specifically noting that they have no political or financial influence over the admission process or selection of the applicants.

2) The applicant files are anonymized at all stages of the admissions process a) file review b) interview decisions c) multiple mini-interview and d) final decision. Individual applicants are only identifiable by their American Medical

College Application Service (AMCAS) number to the file reviewers and interviewers. The identity of individual applicants is also anonymized to the voting members of the Admissions Committee.

3) A formal Conflict of Interest (COI) policy also exists on the applicant side and needs to be acknowledged on the application

4) Any demographic, parental or financial information is not visible to any individuals involved in the scoring of applicants or voting members of the Admissions Committee. It is specifically documented that socio-economic status does not play a role in the selection process. It is noted that: “In order to better understand the relationship between our application process and the socio- economic status of our applicants, as well as the broader demographic make-up of our applicant pool, we are asking applicants to voluntarily provide us with information regarding markers of their and their family’s socio-economic status. This information is being collected solely for the purpose of programmatic evaluation and *IS NOT USED IN THE SELECTION PROCESS*. Specifically, it will be available only to program administrators, and be hidden from file reviewers, interviewers, and admissions committee members. Provision of this information is strictly voluntary.”

5) Files are only de-anonymized if an area of concern needs to be addressed or at the end of the final decision. Any member of the committee who knows the applicant in question will be asked to recuse him or herself from the discussion to eliminate any bias that may arise.

There is no process which would allow for outside influence on the admission decisions, and there have been no incidents of individuals attempting to exert inappropriate influence over the process since the last accreditation cycle. There have been no incidences in which the Admissions Committee’s decision has been challenged, over-ruled or rejected during the past 20 years.

Element 3: POLICIES REGARDING STUDENT SELECTION / ADVANCEMENT AND THEIR DISSEMINATION

The faculty of a medical school establishes criteria for student selection and develops and implements effective policies and procedures regarding, and makes decisions about, medical student application, selection, admission, assessment, advancement, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.

The faculty of the medical school establishes criteria for student selection.

The current admissions criteria and process was most recently reviewed in 2018 following a 6-month detailed review by what was then the Admissions Review Sub-Committee which reported to Faculty Council. This resulted in several recommendations. All changes were approved by Executive Faculty Council on October 17, 2019.

Minor changes in process were made and once again approved by the Admissions Committee in June 2019. The current file review scoring system, relative weighting scheme for GPA, MCAT, non-cognitive attributes, and the Multiple Mini Interview have remained the same. The actual internal scoring process has changed to include formal scoring rubrics approved by the Admissions Committee. Minor changes are made annually by the Admissions Committee during their winter and spring meetings which come into effect in the following admissions cycle.

In order to be eligible, applicants from the province of Alberta must have completed two-full time years of undergraduate coursework and must have an overall GPA of 3.2. There is no MCAT score threshold for in-province applicants. Non-Albertan residents require a GPA of 3.8 and a minimum MCAT CARS score of 128.

All eligible applicants undergo a full file review after the file is anonymized. This includes a detailed assessment of their academics, GPA, MCAT scores, reference letters, employment, awards, and a modified personal statement which consists of applicants describing and reflecting on their “top 10” experiences during their life. Selection is based on the following:

File review stage: During the file review, scores are given for GPA, CARS MCAT, academic and non-academic attributes. The weighting of each component is published in the Applicant Manual.

The GPA (20%) and MCAT (10%) scores are automatically calculated within the UCAN platform. Scoring for the academic attributes (Global assessment of academic merit (10%); Intellectual curiosity, scholarly activity, and research (10%)) is done by a member of the Academic File Review Subcommittee on anonymized files. Members of the Academic File Review Subcommittee are required to attend a one-hour training session annually that reviews the scoring rubrics used to assess the academic attributes.

Scoring for the non-academic attributes (communications skills (10%); interpersonal skills and collaboration (10%); maturity, insight, and resiliency (10%); commitment to communities and advocacy (10%); organizational, management, and leadership skills (10%)) is done independently by four separate members of the General File Review Subcommittee on anonymized files. The General File Review Subcommittee is comprised of a diverse group of individuals representing a broad spectrum of gender, race, culture, and educational background. These four members represent one each from faculty, students (MD undergrad and residents), allied health professionals, and a member of the community. In an attempt to mitigate bias, the General File Review Subcommittee assessors do not have access to the applicant's academic record. Members of the General File Review Subcommittee are required to attend a three-hour training session prior to beginning their term. Scoring is done independently. Each one of the scores from the four file reviewers is weighted equally.

There are several **distinct pathways** that are worthy of mention. These can be explored in greater detail in the applicant manual:

https://cumming.ucalgary.ca/sites/default/files/teams/4/Admissions/Applicant%20Manual%202024-2025%20final_July924.pdf or by reviewing the DCI on the accreditation website <https://cumming.ucalgary.ca/about/ume-accreditation>:

- a) *Canadian Indigenous Applicant Process*
- b) *The Black Applicant Admissions Process (BAAP)*
- c) *The Pathways to Medicine Scholarship Program*
- d) *Alternative Admissions Process*

Applicants are ranked according to two pools: Albertan and Non-Albertan; and the ranking dictates who will be invited to the interview stage. The file review stage accounts for 50% of the final score for interviewed applicants.

Interview Stage

Interviews are conducted as either virtual interviews, live interviews, or a combination of virtual or live. The format has been recently dictated by public health policy surrounding the COVID-19 pandemic.

The format is Multiple-Mini Interviews, long-stations and occasionally a group station Interviews are conducted by a diverse group of individuals representing a broad spectrum of gender, race, culture, and educational background. Interviewers undergo either live or virtual training annually regardless of if they have previously participated in the interview process. Interviewers are required to attend a two-hour training session prior to participating as a reviewer for the first year. This covers the evolution of the MMI station development, the conceptual foundation of the scoring system, and a section on conscious and unconscious bias. Returning reviewers undergo a one-hour training session annually to update them on any changes in the process. Furthermore, the day prior to the interview day, interviewers are provided with a video link that models both satisfactory and unsatisfactory performance on the station they will be involved in. The day of the interviews there is an additional one-hour refresher before the interviews start in order ensure interviewers understand the specifics of each interview station, the scoring rubrics and to answer any remaining questions.

The interview scores are also standardized. The interview stage accounts for 50% of the final score.

Final Ranking

The final rank order list is compiled using the standardized scores from the file review stage and interview stage each which contribute to 50% to the final rank score. Albertans and Non-Albertans are ranked within their own pools. The final anonymized rank order is presented to the Admissions Committee along with any areas of concerns that have arisen during the application process. The Admission Committee does not alter the rank order list but may remove a candidate from the list after deliberation surrounding any Areas of Concern (AOC).

AOCs may arise at any point in the application process. Concerns may be brought forward by members of the Admissions Office staff based on interactions with applicants, file reviewers, MMI assessors, or external sources. These are defined as behaviors, actions, or characteristics which are inconsistent with the practice of medicine at CSM. The Office of MD Admissions staff diligently reviews these AOC and may review data in public domains or contact third parties to explore the AOC thoroughly. Once sufficient information has been gathered, the application will be reviewed by the Assistant Dean of Admissions and Associate Director of Admissions and brought forward to the Admissions Committee, where the concern will be reviewed and considered. Notwithstanding any scores achieved by the applicant, the Admission Committee reserves the right to terminate any application based on an AOC. Common reasons may include misrepresentation or falsification of the application, unprofessional or egregious behavior during the interview, or evidence of racism or discrimination.

Applicants identified as candidates for the Alternative Admissions Process by the file reviewers are reviewed on a case-by-case basis by the Admissions Committee. The Committee reviews the applicants holistically, considering their file review and interview scores but specifically considering the potential of the applicant to assist the CSM in meeting its social accountability mandate. This process began in 2015-16 and yields a small group of successful individuals each cycle (<10% of the total admissions pool). Applicants not deemed appropriate for the Alternative Process by the Admissions Committee will be returned to the general pool, with admissions decisions made solely based on the pre-interview and interview scores. Applicants who have come through the Pathways to Medicine Program are reviewed and offered admission as long as they have met criteria for the program.

Admissions: Offers of admission are made based on the position on the final rank order list.

Evaluation and assessment are under the auspices of the Student Evaluation Committee (SEC) per the Terms of Reference https://cumming.ucalgary.ca/sites/default/files/teams/4/TORs/SEC/SEC%20TOR-%20March%202024_0.pdf under duties and responsibilities:

“To ensure appropriate evaluation of undergraduate medical students’ performance in the Undergraduate Medical Education (UME) curriculum. Student evaluations should be consistent with the goals, objectives and philosophy of the UME program and meet or exceed CACMS accreditation standards. Meets every two months during the academic year and reports to UMEC quarterly.”

A procedure also exists for Procedure for Appeals of Grade Reappraisal Decisions and Academic Assessment Decisions (see policies website): <https://cumming.ucalgary.ca/mdprogram/about/governance/policies#r>

Graduation: The Competency Committee will recommend students for graduation to the Associate Dean and the Student Academic Review Committee. The committee will review all of the available academic data on a student, ensuring that a student is ready for reactive supervision when performing each of the core Entrustable Professional Activities (EPAs) of a graduating medical student. Students who are not recommended for graduation by the Competency Committee, or when a consensus is not possible, will be referred to SARC for individual recommendations. For those who are not recommended for graduation, SARC will establish appropriate remediation requirements that must be fulfilled in order for students to obtain the standing of satisfactory performance. These remediation requirements may include repeating one or more rotations, one or more entire courses, or the entire year. For those where consensus is not possible, SARC can decide to graduate these students or can establish appropriate remediation requirements.

Student advancement is under the auspices of the Student Academic Review Committee (SARC). SARC acts as the delegated body of CSM Faculty Council in the review and ratification of UME student performance. Student advancement is addressed in the Promotion and Graduation Standards

Disciplinary action

Relevant policies include Student Academic Misconduct Policy and Student Non-Academic Misconduct Policy. Both Academic and Non-Academic concerns are typically reviewed at SARC. The handling of Academic and Non-Academic Misconduct can be found in the SARC Terms of Reference under Mandate, Principles and Procedures and Meetings.

[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)

The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters.

Policies and procedures are available to all potential applicants and members of the public via several avenues:

- 1) Application processes and policies are described in the Applicant Manual, which is revised annually. Any changes from the previous cycle are highlighted as such in the manual
- 2) Significant changes are highlighted on the website
- 3) Additional information is available on the Academic Calendar
- 4) The Assistant Dean of Admissions maintains a Wordpress blog which is used to communicate and field questions or concerns from applicants
- 5) All other UME policies and procedures are found on the UME website

Informational materials, including the University Calendar, the Applicant Manual and the CSM website are updated annually. Changes to the University Calendar are reviewed by the Office of MD Admissions and UME leadership teams to ensure that all relevant changes are included. Changes to the Applicant Manual are reviewed by the Assistant Dean of Admissions annually prior to release to ensure any policy changes made by the Admissions Committee in the intervening year are accurately represented and conveyed to the applicants. The UME program website is managed by a dedicated member of the UME Staff, under the direction of the Associate Dean and Manager, UME.

Element 4: CHARACTERISTICS OF ACCEPTED APPLICANTS

A medical school selects applicants for admission who demonstrate competencies in the following domains: interpersonal, intrapersonal, thinking, reasoning and science.

The admissions process is holistic in nature and considers academic and non-academic attributes equally important in the selection process. During the file review stage, the non-academic (personal and social) characteristics considered are also assessed and consist of:

- Communication Skills
- Collaborative Skills
- Leadership
- Professionalism and Maturity
- Commitment to Community

These five characteristics were chosen based on their ability to mirror the terminal objectives of the MD program as well as the CanMEDS competencies that are the current framework for evaluating non-cognitive competency in post graduate trainees and practicing physicians. They were approved by the Admissions Committee and Executive Faculty Council.

Element.5 CORE COMPETENCIES FOR ENTERING MEDICAL STUDENTS

A medical school develops and publishes core competencies for the admission of applicants and the retention and graduation of medical students.

Technical Standards for Students in the MD program were originally developed based on the AAMC Special Advisory Panel on Technical Standards for Medical School Admission recommendations from 1979. They are reviewed by the Undergraduate Medical Education Committee at intervals of not greater than five years to ensure ongoing relevance.

The technical standards document was reviewed by the Undergraduate Medical Education Committee (UMEC) in January 2020, and it was determined that substantial revisions were not required. There were some changes to the Behavioural and Social Attributes section, and a section was added to ensure that students were aware of the need to maintain confidentiality around the content and process of the Multiple Mini Interviews used as a part of the admissions process.

The technical standards are included within the *Applicant Manual* Appendix 3. All students, as part of the process of accepting their offer of admission must acknowledge and digitally attest to their ability to meet the technical standards before they are able to proceed with final acceptance of the offer.

The technical standards have recently been reviewed and updated by AFMC to reflect a more inclusive and anti-ableist approach to medical education. These new core competencies will be presented for approval to the Strategic Education Council in anticipation of the 2025 application cycle. Once approved, the necessary amendments to the Applicant Manual, curriculum, assessment, and relevant support will also be instituted.

Element 6: CONTENT OF INFORMATIONAL MATERIALS

A medical school's calendar and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the undergraduate medical degree and all associated joint degree programs, provide the most recent academic schedule for each curricular option, and describe all required learning experiences in the medical education program.

At the time of offer of admission all students receive a standard letter that includes information on requirements for immunization, police information check, BCLS training, and the Leaders in Medicine Program. This letter also has instructions on how to proceed if the student expects they will require accommodation during the UME program.

The mission can be found publicly on the UME website: The Big 10 Graduation Objectives are also on the UME website.

As noted in the Big 10 Graduation Objectives, at the time of graduation the student will be able to:

1. Demonstrate the basic science and clinical science knowledge and skills necessary for the supervised practice of medicine, and use knowledge efficiently in the analysis and solution of clinical presentations.
2. Evaluate patients and properly manage their medical problems by:
 - Conducting a comprehensive medical history and thorough physical examination; reliably eliciting appropriate information in the history and detecting abnormal findings on the physical examination.
 - Correctly identifying the patient's diagnosis, differential diagnosis, and medical problems.
 - Applying an appropriate clinical reasoning process to the patient's problems.
 - Advocating for patients while formulating and implementing a resource-conscious management plan to deal effectively with patient problems.
 - Applying basic patient safety principles
3. Apply a comprehensive patient-centered approach in the evaluation and care of patients including sensitivity to differing: sexual orientation and gender identity, cultural and spiritual beliefs, attitudes and behaviours, economic situations.
4. Demonstrate knowledge of the fundamental concepts of disease prevention and health promotion for individual patients and populations and incorporate them into treatment plans as appropriate.
5. Communicate and interact effectively with patients, families, medical staff and others involved in the delivery of health services.
6. Describe and apply ethical principles and high standards in all aspects of medical practice.
7. Exhibit appropriate professional behaviour, including awareness of personal wellness and limitations.
8. Formulate clear clinical questions and apply an evidence-based approach to solving these questions.
9. Demonstrate educational initiative and self-directed life-long learning skills.
10. Describe the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients and applied to patient care.

The RIME academic schedule is available on the UME website.

The Legacy curriculum academic schedule is no longer available on-line.

The required learning experiences for the RIME curriculum are outlined in the University of Calgary Calendar.

As the UCalgary Calendar is on-line only, the required learning experiences from the Legacy curriculum are no longer listed.

All informational, advertising and recruitment materials are available on-line only.

Element 7: TRANSFER STUDENTS

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior required learning experiences, and other relevant characteristics comparable to those of the school's medical students at the same level. A medical school accepts a

transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

As per the *Medical School Transfers* policy, transfers to the program will only be considered in rare and exceptional circumstances for medical students who:

1. Meet the admission criteria and technical standards/functional abilities for the University of Calgary, Cumming School of Medicine, MD Program
2. Have completed pre-clerkship at a CACMS accredited medical school in Canada and are eligible to start clerkship
3. Are in good academic and professional standing in the home institution

Medical students who meet the above requirements are encouraged to contact the Associate Dean, UME prior to submitting a formal application, as transfers are dependent on capacity. If a medical student is eligible for transfer, and there is sufficient capacity, the medical student must submit a formal request including:

1. A formal application letter with documentation of the above eligibility requirements
2. An official transcript and documentation of professional performance to date in the home MD Program
3. A letter of support from the Associate Dean, UME, or designate from the home MD Program

If there is capacity and the student appears to be appropriate for transfer, the issue would then be reviewed by the Student Academic Review Committee (SARC) and a final decision on whether to accept the student in transfer.

All accepted transfers were due to personal circumstances. There have been 5 transfer students in the past 8 years

Currently, there is no element 8

Element 9: VISITING STUDENTS

A medical school oversees, manages, and ensures the following:

- a) verification of the credentials of each visiting medical student*
- b) each visiting medical student demonstrates qualifications comparable to those of the school's medical students*
- c) maintenance of a complete roster of visiting medical students*
- d) approval of each visiting medical student's assignments*
- e) provision of a performance assessment for each visiting medical student*
- f) establishment of health-related protocols for visiting medical students*

CSM only has visiting students during the clinical clerkship. Only students who are currently attending a school that is accredited by CACMS or LCME are supported for visiting electives.

Visiting students arrange their electives through the centralized AFMC Electives Portal. All information regarding the visiting students is collected through the portal, ensuring that all required data are complete.

Oversight of all electives (both for local and visiting students) is through the Clerkship Electives Course Chair with administrative support from the UME Visiting Electives program coordinator.

By only accepting students from CACMS or LCME accredited medical schools, it is ensured that all visiting students have qualifications comparable to local students.

A roster of visiting medical students doing clerkship electives at CSM can be generated from the AFMC Visiting Electives portal.

With the use of the AFMC visiting electives portal, the process of electives approval is largely automated. Any challenges with the process can be dealt with by the Visiting Electives coordinator in UME.

Evaluation of visiting clerkship students is completed through the home school's evaluation process.

Visiting students are subject to and supported by all health-related protocols in place for local CSM students. Visiting students are provided with a detailed welcome email when they book an elective in Calgary. In addition to the comprehensive information provided to students on the AFMC portal, all visiting elective students are provided with a welcome letter reminding them of the resources available to report mistreatment, as well as the occupational health and safety exposure reporting details for both reporting incidents as well as student safety. A formalized post rotation survey also collects information that ranges from quality of teaching, discrimination, engagement, and all components believed to be important for an enjoyable, safe, and valuable experience in Calgary.

Currently, there is no element 10

Element 11: STUDENT ASSIGNMENT

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., alternative curricular track) and uses a centralized process to fulfill this responsibility. The medical school considers the preferences of students and uses a fair process in determining the initial placement. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

In the pre-clerkship, all students complete the majority of their training at the medical school. There are currently no other campuses. Students may be placed for one of their Family Medicine Clinical Experiences (FMCE) in first or second year at a rural site. Students are surveyed about their preferences for an urban or rural site, including a request as to whether their preferences include transportation issues and/or extenuating circumstances (e.g. providing care to a family member within Calgary). Students are then assigned to available preceptors using the survey results as a guide.

All students have the option of applying to complete their clerkship in the University of Calgary Longitudinal Integrated Clerkship (UCLIC). UCLIC students complete the majority of their clerkship under the supervision of one or more family medicine preceptors in a rural environment, while also being directly exposed to other medical specialties in smaller centers. Students in the UCLIC program each complete three four-week rotations in one of the tertiary care centers in Calgary for their Internal Medicine, Pediatrics and Surgery clerkship rotations. UCLIC students also complete 14 weeks of electives, the same as students in the rotation-based clerkship. Students are invited to apply for the UCLIC stream prior to the rotation-based clerkship. All students are interviewed and then the applications are reviewed holistically, considering evidence of attributes which UCLIC has previously identified as consistent with the goals of the program:

- Evidence of intellectual perspective
- Evidence of resiliency
- Evidence of empathy
- Evidence of creativity
- Evidence of passion to change patient care, the health of communities and the medical profession

Notification of acceptance to the program is sent to students who will then have 24 hours to advise the UCLIC Coordinator of their decision, and should they decline their position it will be offered to the next ranked applicant. UCLIC leadership will take into consideration student requests for specific sites, which can be mentioned during their interview. However, placement to a particular location is not guaranteed, and by accepting a position in UCLIC, students are agreeing to be placed in any UCLIC community with any other successful applicant.

UCLIC Applicants/Acceptances:

Class of:	2022	2023	2024	2025
Applicants	18	17	26	28
Enrolled	18	15	23	25
Communities	11	11	13	14

Within the standard rotation-based clerkship, students are provided with a customized clerkship schedule through the use of a clerkship lottery. Students are allowed to express their clerkship interests by indicating their preferences

(and the relative strength of those preferences) by placing a variable number of ‘tokens’ into each clerkship rotation. A computer algorithm then places students into an individual schedule based on student choices, placing students in their most preferred rotations prior to the MSPR cut-off date. This ensures that students can complete the clerkship rotations that they feel are most important to them prior to the MSPR cut-off for the CaRMS process. This clerkship lottery has proven to be very successful: for the Class of 2024, 100% of students received their top three choices of clerkship rotations prior to the MSPR cut-off and the majority got all of their most preferred rotations in this time frame:

Choice 1: 148 (100%)
Choice 2: 148 (100%)
Choice 3: 148 (100%)
Choice 4: 142 (96%)
Choice 5: 135 (91%)

Similar results were seen for the Class of 2025:

Choice 1: 158 (100%)
Choice 2: 158 (100%)
Choice 3: 157 (99%)
Choice 4: 127 (80%)
Choice 5: 116 (73%)

Following the creation of each student’s schedule through the lottery, students are given the opportunity to make trades with their colleagues to try to move clerkship rotations into a more favourable time slot. Students arrange mutually agreeable trades, which are then communicated to the Clerkship Program Supervisor who then adjusts the master schedule.

Students are then given the opportunity to rank their sites for clerkship rotations in Surgery, Internal Medicine, Pediatrics and Psychiatry. Where there are more students requesting a given site than there are spaces available, students will be randomly allocated to the other sites for that block. In the other clerkships, students are randomly allocated to the available sites. Once sites are assigned, students with the same rotation at the same time can trade sites and then inform the Clerkship Program Supervisor who will adjust the master schedule.

In some rotations (e.g. Family Medicine, Pediatrics) sites may include locations outside of Calgary. Students who are assigned to locations outside of the city may request a change, as per the *Requests for Different Assignment – Medical Students* policy. As per this policy:

The following are examples of acceptable criteria for exclusion from participation in a rural/regional rotation:

- Complex medical conditions requiring close monitoring by sub-specialist physicians or access to specialized treatment facilities.
- Extenuating family circumstances, such as critical illness of a loved one, responsibility for care of loved ones (e.g., students responsible for the care of children, aging/ill parents).

The following are examples of unacceptable criteria for exclusion from participation in rural/regional rotations:

- The student prefers not to attend.
- The student has impending exams.
- The student has personal plans for travel or visitors during the rotation.
- The student plans to apply to that particular residency program and prefers to obtain letters of reference from Calgary physicians.

Occasionally, students will realize during clerkship, that their previously established career goals may have changed, which may make their clerkship schedule less advantageous. In these situations, clerks are encouraged to contact the Assistant Dean, Clerkship who will work with the student and the Clerkship Program Supervisor to try to adjust the order of the clerkship rotations to meet the students’ career goals. This may or may not be possible, depending upon the capacity of the rotations that may be affected.

In all situations, students are allowed to change preceptors (and potentially site for training) to avoid working with and/or being evaluated by a preceptor who has previously provided the student with health care

For the regional medical campus opening in Lethbridge in July 2026, students will be selected in alignment with the needs of that campus and community, specifically with a focus on rural/regional exposure and Indigenous health. While there are presently rural and Indigenous applicant streams for the urban site, the Admissions Committee is embarking on a more robust and site-specific index to ensure the appropriate students get selected to meet the needs of that community, but also to select students who will thrive in the setting of a new medical school campus. Much remains to be determined with certainty, however a principle of the admissions stream for the expansion site will be that students will have to identify as being interested in the campus and will be required to complete their entire training at the expansion site, barring any unforeseen exceptional circumstances.

Students are given considerable agency into the development of their schedules and placements in the clerkship and pre-clerkship. In situations where placement matters little (e.g. which hospital a student is placed for their Medical Teaching Unit block in the Internal Medicine clerkship) students will be placed randomly.

Students are informed, generally, of the policies that govern the processes of the medical school at orientation and this message is reinforced in both individual and group student meetings. Students are also specifically informed that their training may take place at sites both inside and out of Calgary; this is also noted on the landing page of the UME Admissions website. Students are reminded about the policy page on the UME website during meetings with and presentations by the Assistant and Associate Deans. The policy page of the UME program website is freely available and not password protected. Students who have inquiries regarding changes to placements are directed to review the relevant policy prior to any further discussions; typically, students will also meet to discuss their situation with the relevant Assistant Dean who is well versed in the rules around these areas.
