

DIVERSIFICATION OF ELECTIVES

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- Purpose** **1** Create an UME policy providing information on the Diversification of Electives.
- Scope** **2** This policy applies to all medical students in the MD Program with the University of Calgary, Cumming School of Medicine.
- Definitions** **3** In this policy:
- a. UME means the Undergraduate Medical Education program at the Cumming School of Medicine, University of Calgary.
 - b. “MD” means Doctor of Medicine.
 - c. Approval Authority means the office or officer responsible for approving Undergraduate Medical Education policy and procedures.
 - d. Implementing Authority means the office and officer responsible for implementing Undergraduate Medical Education policies and procedures.
 - e. Confidential means that access to the records is limited to those with a demonstrated need to know. Information that is classified as Confidential must be stored within a controlled access system. It may be transmitted on internal networks with or without encryption. Information must be encrypted if transmitted on a public network.
 - f. Student Inactive Files refers to records about a former medical student.
 - g. Student File refers to records about a current or former medical student held by UME.

- h. Medical Student Performance Report (MSPR) letters refers to the specific document compiled by the UME Administration team in preparation for CaRMS match.
- i. Canadian Resident Matching Service (CaRMS).
- j. FOIP refers to Alberta’s Freedom of Information and Protection of Privacy Act.
- k. Academic file refers to information pertaining to the MD curriculum, marks, rotation information etc.
- l. Non-academic file refers to information of a personal nature of the medical student.
- m. UME administration refers to: Associate Dean, Assistant Deans, Manager, Curriculum & Administration, Administrative Assistants and Coordinator and Program Supervisors.
- n. Student Academic Review Committee (SARC).
- o. Student Evaluation Committee (SEC).
- p. Pre-Clerkship” means years one and two of the MD program.
- q. “Clerkship” means the third and final academic year of medical school.
- r. “Learning Management System” means a web-based system for curriculum management in UME. Currently, the learning management system in use is called OSLER.
- s. “OSLER” means Online Schemes, Learning and Education Resources.
- t. “IST means Independent Study Time.
- u. “ITER” means In Training Evaluation Report, these are forms that are completed by preceptors after interacting with a student, either in a classroom (i.e. small group) or clinical setting. They can assess a variety of domains of performance, and usually also include a global rating of the Students’ performance.

Policy Statement	4	UME Policy regarding the Diversification of Electives
Special Situations	5	
Responsibilities	6	UME will ensure adherence to this policy
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Procedures	8	<p>UMEC endorses the national policy found in Appendix A. In addition to what is stated in Appendix A, during the 16 weeks of elective time students are required to complete electives in at least two different CaRMS entry-level routes, as defined in Appendix A. For the purposes of our local policy, a student cannot do all of their electives in Internal Medicine or Pediatric specialties, nor can they do all their clinical and research electives in the same entry-level discipline.</p>
Instructions/Forms	9	<p>See Appendix A for information on the Elective Diversification Policy from AFMC implemented with the Class of 2021.</p>
Standards	10	
History	15	<p><i>Approved:</i> UME Management Clerkship Committee: January 18, 2013 UMEC : February 27, 2015 UMEC: June 14, 2019 Clerkship Committee: September 7, 2021 August 7, 2023</p>

Appendix A

AFMC UGME Committee – National Electives

Policy Background

Following extensive discussion over the prior 2 years, in April 2018 at CCME, the Association of Faculties of Medicine Canada's (AFMC) Undergraduate Medical Education (UGME) Committee (which is a Committee of the 17 Canadian UG Deans) reached a consensus, agreeing to the following proposal:

Undergraduate programs recognize their dual responsibility to ensure students undertake a full educational experience that prepares them for any potential career choice, while also optimizing their ability to engage in the increasingly competitive postgraduate match process. Undertaking elective experiences exclusively in a single discipline is pedagogically unsound and fails to provide students with a full exposure to potential career options. Consequently, we commit that, beginning with the Class of 2021, student elective opportunities cannot exceed a maximum of eight weeks in any single entry-level discipline.

This policy was re-discussed at the October 26, 2018 UG Deans' meeting at the AFMC, and a briefing note, dated November 13, 2018 was circulated outlining the consensus. Since that time, the AFMC released a statement indicating that all schools would be adopting the national electives policy.

An entry-level discipline is an Entry Route in the PGY-1 (R1) match. Each of these entry-level disciplines leads to specialty certification with either the RCPSC or the CCFP. The list of 'entry-level disciplines' accepted by the AFMC UGME Committee is as follows:

Entry Routes

1. Anatomical Pathology
2. Anesthesiology
3. Cardiac Surgery
4. Dermatology
5. Diagnostic Radiology
6. Emergency Medicine
7. Family Medicine
8. General Pathology
9. General Surgery
10. Hematological Pathology
11. Internal Medicine
12. Medical Genetics and Genomics
13. Medical Microbiology
14. Neurology

15. Neuropathology
16. Neurosurgery
17. Nuclear Medicine
18. Obstetrics and Gynecology
19. Ophthalmology
20. Orthopedic Surgery
21. Otolaryngology - Head and Neck Surgery
22. Pediatrics
23. Pediatric Neurology
24. Physical Medicine & Rehabilitation
25. Plastic Surgery
26. Psychiatry
27. Public Health and Preventive Medicine
28. Radiation Oncology
29. Urology
30. Vascular Surgery

Some entry-routes lead to a subsequent PGY-3 (R3) match. The AFMC UGME Committee has decided not to count electives in subspecialties that are part of a PGY-3 (R3) match (i.e., subspecialties in Internal Medicine and Pediatrics) towards the 8-week maximum in the general specialty. This means that a student could do 8-weeks in General Internal Medicine and also do 8-weeks of Internal Medicine subspecialties, such as Cardiology, Nephrology, Rheumatology and Respiriology; a student could do 8-weeks in General Pediatrics and also do 8-weeks of pediatric subspecialties, such as Pediatric Endocrinology, Pediatric Allergy and Immunology and Pediatric Gastroenterology.

In the case of other entry-routes that do not have a PGY-3 (R3) match, residents complete an entire 2-year family medicine program or 5-year specialty program before being eligible to do additional training in the form of a 'fellowship' and/or certificate of added competence (CAC) or area of focused competence (AFC). Rotations in these disciplines are considered to be weeks in the entry-level discipline that leads to initial certification. For example, colorectal surgery, trauma or pediatric surgery electives are considered as part of the 8-week maximum in General Surgery; Maternal Fetal Medicine electives are considered as part of the 8-week maximum in Obstetrics & Gynecology; Child Psychiatry electives are considered as part of the 8-week maximum in Psychiatry.

Pediatric surgery counts towards the 8-week maximum in General Surgery and not in Pediatrics because the route to becoming a pediatric surgeon is through a residency in general surgery first. You cannot become a pediatric surgeon by being a pediatrician first. Similarly, the route to becoming a Child and Adolescent Psychiatrist is through Psychiatry and not through Pediatrics.

The UG Deans agreed that “Research” would be considered a separate elective discipline. Research elective weeks will count towards an 8-week maximum in “Research” rather than towards the 8-week maximum in the related clinical discipline as long as 100% of the time is spent doing research and none of the time is spent on clinical activities. Any elective that includes any clinical activities will count towards the 8-week maximum in the clinical discipline. Electives that involve clinical research count as research as long as all encounters with patients (e.g., history-taking, physical examinations, explanations regarding treatments) are purely related to research and are not part of the patient’s care.

All clerkship electives during the MD Program are subject to the 8-week maximum. This is true whether the elective occurs before or after the MSPR (Dean’s Letter) and before or after the rank order lists are submitted for the residency match through CaRMS.

Pre-clerkship electives (observation, shadowing, or other experiences that do not include clerkship-level participation in patient care and are not assessed using clerkship assessment standards) are not included.

Post-graduation clinical experiences and ‘Year 5’ experiences are not included.

Unlike electives, where a student plans the elective based on their educational needs and career goals, a selective is part of the required curricular weeks defined by the student’s school. For a selective, students have the opportunity to select (or in some cases rank preferences) from a limited, school-defined list of rotations that meet the school’s educational objectives for the rotation. The 8-week maximum in an entry-level discipline applies only to electives. Core rotation weeks and selective weeks are not included.

All 17 schools have committed to implementing the national electives policy.

Students and programs share responsibility for ensuring that the electives policy is followed by all students. MD Programs must ensure that all students are aware of the policy and must monitor for infractions. Students must behave according to professional standards and must respect the policy. The AFMC UGME Committee agrees that any breach of the policy by a medical student will be addressed in accordance with the MD Program’s applicable policies on professionalism. This will generally include requiring the student to appear before the professionalism committee (professionalism panel, promotions committee, or equivalent) and may include notation on the MSPR, delayed graduation, professionalism remediation and/or other consequences.

The AFMC UGME Committee will share common student concerns with the AFMC PGME Committee. The UG Deans will work with the PG Deans to help residency programs understand the policy, its implications and common student concerns.