



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

PRE-CLERKSHIP (Years 1 and 2)

STUDENT HANDBOOK

UNDERGRADUATE MEDICAL EDUCATION
Class of 2027

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MESSAGE FROM THE DEAN, CUMMING SCHOOL OF MEDICINE



Welcome to the University of Calgary's Cumming School of Medicine (CSM). You've travelled many different paths and put a lot of work into getting here. We're so pleased you've chosen to bring your unique strengths and excellence to the CSM.

You are at the start of a medical school experience that is going to be exciting, challenging and transformative. Think of the Undergraduate Medical Education (UME) Students Handbook as a road map, with information to help guide you as you navigate the next three years. I hope you find it full of valuable information and resources.

I am also a graduate of this medical school, and I am truly excited to be the Dean here. I remember very well my first day of medical school, the mix of excitement and trepidation that I felt. I can assure you that your next three years will be some of the most rewarding and memorable of your career. I will work hard with our team to make that a reality for you.

As part of the CSM, you are starting a lifelong connection to a community of more than 8,500 people including undergraduate and graduate students, post-doctoral fellows, full-time, clinical and emeritus faculty, alumni and staff. The CSM is also an important part of the broader University of Calgary community which includes 13 other faculties and 37,000 students. We are proud partners with Alberta Health Services, strong community charitable foundations and individual supporters. These collaborations are a large part of our success.

Reimagining health for all; Ahead of Tomorrow is the name of our new strategic plan for the medical school. A vision we fulfill with our medical students through people-centred learning and innovative hands-on educational experiences. We have put People and Communities at the centre of what we do. We strive to create a difference. Discovery will be the driver of how we make impact in our communities

As we implement our new strategic plan for the CSM we will look to you for insights to shape our future. Our culture will continue to evolve around our 6 key pillars including:

- People and Communities
- Education at the core of what we do
- Discovery science and translational research
- Social justice through health equity
- Indigenous Health Dialogue
- Learning Health System

We wish to create a campus culture anchored in diversity, centred in our commitment to everyone having an equal opportunity to develop a deep sense of belonging and lifelong connection with the school.

We are excited about the new Reimagining Medical Education (RIME) curriculum that launched in 2023. This spiral, generalist and patient-centric approach is novel and we believe will prepare you very well for a career in medicine that will certainly involve a multi-disciplinary team approach.

There will be many opportunities available to you. I encourage you to take advantage of them. We are one of only two medical schools in Canada to offer a three-year MD program. This certainly means your time will pass quickly but will include many opportunities for enriching patient engaged learning experiences in both rural and urban settings. We are

just embarking on setting up a distributed medical education model with enhanced rural opportunities and a satellite campus in collaboration with the University of Lethbridge.

We are part of a young, research-intensive university, recently ranked in the top five of Canada's research universities, so an array of opportunities are available to those with a passion for discovery. We are also very excited about our new Precision Health Program that you may wish to consider at the end of your MD program, along with our more than 65 residency training options.

We know that you had a choice for your education, and you have put your trust in us. We will work very hard to live up to your expectations as a safe and inclusive school with the best educational curriculum, research and clinical opportunities enhanced by our dedicated faculty and staff. In return we ask the following of you:

Help us to be better by suggesting improvements, supporting peers and calling out unprofessional behaviour
Take advantage of opportunities offered to ensure the fullest and best possible experience
Work with us on our journey for inclusion and a sense of belonging
Enjoy yourselves by making lifelong friends and personal connections

Working as a health-care provider is a great privilege that comes with a tremendous obligation to society and incredibly rewarding experiences. You will give and gain medical knowledge throughout your career. I encourage you to share what you learn with those who come behind you.

At the CSM our greatest strength is our people. Thank you for joining us and welcome to our community. I look forward to seeing how you make us better. I look forward to getting to know you and watching your accomplishments. Work hard and have fun!



Todd Anderson, MD, FRCPC, FCAHS (he/him)
Dean, Cumming School of Medicine
University of Calgary

MESSAGE FROM THE ASSOCIATE DEAN

Dear Medical Students,

Welcome to the Cumming School of Medicine at the University of Calgary. Congratulations on all your hard work to get here. Being a part of the field of medicine is a true privilege. You will have the opportunity to have tremendous impact on the lives of your patients, as well as your community as a whole. I urge you to embrace the next three years as a rich learning opportunity, not just to learn medicine, but to learn about your colleagues, your communities, and yourselves.

The shift from previous experiences into medical school can be challenging. You can expect to be nervous or face some obstacles over the next three years. For many of you this is also a critical time in your life for developing relationships and for family events. It can be a lot. As much as I urge you to embrace this learning experience, I equally urge you to integrate your experience with taking care of yourself, and seeking help when you need it.

We have resources to support you academically, emotionally, financially, and in essentially every way you could need support, so please don't ever hesitate to reach out. You are not in this journey alone.

The experience you are about to embark on is markedly different than the one that I, and many of your mentors and preceptors, have completed. Information in medicine is changing almost daily and growing exponentially. Society is also changing, and has different expectations of us as health care providers. I want your goal to be not simple to remember everything, but understand how to apply the knowledge at your fingertips to the patients you will see in a patient-centered, humanistic way. No matter how much the nuts and bolts of medicine change, the art, the true practice, of medicine, is to provide care for patients, their families, and communities, and no amount of artificial intelligence or machine learning can replace that.

Your orientation will be a whirlwind, there's really no way around it. We will revisit some important parts throughout the curriculum, but this handbook provides a solid resource to guide you throughout this journey. As we are always interested in continuous quality improvement, if you notice things that we have missed, please give us that feedback and we will make changes.

I look forward to meeting each of you, being inspired by your stories and your goals, and watching you grow over the course of your education.

Dr. Amy Bromley, MD, FRCPC
Associate Dean, Undergraduate Medical Education



MESSAGE FROM THE ASSISTANT DEAN, PRE-CLERKSHIP



Welcome to the Cumming School of Medicine. You made it!

You are embarking on a three-year exciting adventure that includes personal connections, expanding horizons and of course, hard work. You are here for a reason; because you have the skills and attributes to be a competent and compassionate physician. Each of you bring unique life experiences and educational backgrounds.

For many, you will be gaining knowledge and skills in a different way than ever before. The faculty and staff in UME are here to support you through our unique curriculum.

I remember my first day of orientation at the University of Calgary being filled with nervous excitement. Medical school was one of my most favorite times. I was challenged intellectually, made amazing friends and had exciting opportunities.

This is not to say that it is always smooth. There will be hurdles to overcome, personal or academic. When struggles occur, please reach out to UME (staff and leadership) to help support you to be successful on this journey.

You are now a member of the medical profession. With that comes great responsibility. We are all privileged to be trusted with the health of Albertans and beyond.

Please take the time to review this handbook; a guide to important information and policies. We are so happy you are here and look forward to working together.

Dr. Sarah Weeks, MD MEHP FRCPC
Assistant Dean, Pre-clerkship

MESSAGE FROM THE ASSISTANT DEAN, CLERKSHIP

Welcome to Medical School! Your next three years as a student in the Undergraduate Medical Education (UME) program of the Cumming School of Medicine will be three of the greatest years of your life.

You are embarking on a fantastic journey: medical school itself, while it may be challenging at times, is a great experience. You will learn many new things, in ways that are different from how you have learned in the past. You will be expected to not only acquire new knowledge but to apply that factual knowledge in clinical situations. You will be expected to develop and practice skills and attitudes required by a practicing physician. While you will have to work hard to achieve all of this, our program has an innovative curriculum supported by incredibly dedicated faculty and staff.

Medical school represents a first step on an unbelievably satisfying career. I consider myself incredibly fortunate: I get up nearly every single day looking forward to going to work as a doctor. I have a job where I get to interact with interesting people (my patients, my colleagues, my students) on a daily basis. I have relationships with all of these people that are awe inspiring and fulfilling. I get to stretch my brain and think about interesting clinical problems. I'm entrusted with my patients' secrets, their fears and their health. With this career comes a great deal of responsibility; a willingness to accept this responsibility is part of what it means to be a professional.

During the next three years you may face personal and academic challenges. When this happens, you should feel comfortable coming to meet with us in UME. You have been accepted to the program because we feel that you are the right people to be here and we will work hard to support you in achieving your goal of becoming a physician. Please know that you can come and talk with us at any time.

This handbook contains a lot of useful information and links to policy documents that will be important to you as you complete the UME program. I encourage you to familiarize yourself with the information contained within this document and the policies that are referenced within.

Again, welcome to med school and the profession!

Dr. Kevin Busche, BSc, MD, FRCPC
Assistant Dean, Clerkship



MESSAGE FROM THE ASSISTANT DEAN, EVALUATIONS AND RESEARCH



Welcome to the Cumming School of Medicine and congratulations! The journey through medical school is stimulating, challenging, and fun. I am a proud graduate of the Cumming School of Medicine, Class of 2011 (Kakapos) and met some of my closest lifelong friends during my medical school career.

I am so grateful to have joined the UME team in my current role in 2019. I truly believe that we have the most welcoming, amazing group of people running our program and feel so privileged to be able to work with this team every day.

I know that the thought of writing examinations and being tested regularly can cause some anxiety amongst new students, but I want to assure you that we have put in a tremendous amount of work to ensure that our assessment process is not only fair, but that it will help prepare you for a lifelong career in medicine.

Please know that my office door is always open for discussion or questions on this matter.

Good luck and all the best in your journey as a medical student!

Dr. Janeve Desy, MD, MEHP, FRCPC, RDMS
Assistant Dean, Evaluations and Research

MESSAGE FROM THE ASSISTANT DEAN OF THE STUDENT ADVOCACY AND WELLNESS HUB (SAWH)

The Student Advocacy and Wellness Hub (SAWH) Team is here to support you through the duration of your journey to become a doctor. The journey is both challenging and rewarding. Everyone's path is unique, yet completely interconnected with the experience as a whole. We are here to listen, reflect and advise you in a confidential and nonjudgmental way.

We encourage you to strive for balance in your academic and personal lives.

The SAWH TEAM offers support and guidance in:

- Academic assistance, study strategies and time management
- Setting up accommodations support
- Leave of absence support
- Career planning
- Counselling & psychology/psychiatric referrals
- Support with elective selection and strategies
- CV and personal letter assistance
- CaRMS guidance & interview practice
- Mental health and wellness support



To view a complete list of SAWH resources and staff click here

[Home | Student Advocacy and Wellness Hub | Cumming School of Medicine | University of Calgary \(ucalgary.ca\).](#)

To schedule an appointment, contact SAWH at md.studentaffairs@ucalgary.ca

Enjoy your journey!

Dr. Carol Hutchison, BSc, MD, MEd, FRCSC.
Assistant Dean, Student Advocacy and Wellness (SAWH)

MISSION STATEMENT

An innovative medical school committed to excellence and leadership in education, research and service to society.

PROGRAM GOALS

The Undergraduate Medical Education Program at the Cumming School of Medicine strives to:

1. Be an innovative and progressive three-year program that educates its students to become compassionate, competent, and well-rounded physicians prepared for supervised practice.
2. Provide an environment that fosters collegiality, ethical practice and professionalism among students, faculty and allied health professionals to produce future physicians capable of working cooperatively within a team of health care providers, able to provide comprehensive, socially competent health care to our socio-culturally diverse population with a goal of social accountability to all global citizens.
3. Facilitate the acquisition of clinical problem-solving skills through the use of clinical presentations as the foundation of its curriculum, early contact with patients and integration of basic and clinical sciences.
4. Prepare students to remain competent throughout their career, being able to appraise new scientific medical information and thoughtfully modify their practice accordingly.
5. Maintain an active learning environment by incorporating research opportunities, scheduled independent study time and a balance of traditional and innovative instructional modalities, including, but not limited to small group learning, problem-based learning, interactive lectures, simulated patient encounters and bedside teaching.
6. Communicate clear performance expectations to students through the use of outcome-based objectives assessed in an ongoing fashion with formative and summative evaluations.
7. Provide a safe learning environment for students, an environment free of intimidation and harassment.

Graduation Educational Objectives

A student at the time of graduation 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:
 - a) Conducting a comprehensive medical history and thorough physical examination; reliably eliciting appropriate information in the history and detecting abnormal findings on the physical examination.
 - b) Correctly identifying the patient's diagnosis, differential diagnosis, and medical problems.
 - c) Applying an appropriate clinical reasoning process to the patient's problems.
 - d) Advocating for patients while formulating and implementing a resource-conscious management plan to deal effectively with patient problems.
 - e) 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 behaviour, and 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.

Operating Philosophy

The program will support the goals and objectives of the Undergraduate Medical Education Program and will be characterized by:

1. An innovative three-year program with clinical presentations as the foundation of the curriculum. The curriculum provides:
 - f) An approach to clinical presentations.
 - g) Development of knowledge, skills and behaviour required to approach clinical presentations.
 - h) Experiences in a variety of clinical settings with clinical presentations in ambulatory, emergency, long term and acute health care delivery situations.
2. Objectives for each clinical presentation developed by faculty and containing a clinical reasoning pathway and relevant diagnostic classification schemes.
3. A curriculum that integrates basic and clinical sciences, which are introduced in an organized fashion as they relate to the clinical presentations.
4. A curriculum that maintains an active learning environment with more than 25% of scheduled instructional activities spent in small group, interactive learning sessions.
5. Small group case-based learning sessions that provide an essential and unique learning activity for the students. These sessions promote:
 - a) Creation of an approach to clinical problem solving.
 - b) In depth analysis of the objectives and content of clinical problems presented in the course.
 - c) Diagnostic classification schemes and their active reinforcement in solving clinical problems.
 - d) Correction of student misperceptions.
 - e) Development of communication and collaboration skills.
6. Early and ongoing exposure to real, standardized and simulated patients to increase relevance of course material; demonstrate appropriate professional behaviour, and to emphasize the importance of communication skills.
7. Electronic access to educational materials relating to the curricular content.
8. Opportunities for students to explore medical topics in greater depth than presented in course work including, but not limited to, involvement in research, selection of clinical electives and completion of individual course projects
9. Independent study time (IST) so that the student can actively process knowledge and construct their understanding. In order to facilitate this deeper approach to learning, scheduled IST, comprising 30% of weekly scheduled time, is organized within the pre clerkship curriculum. This time is intended for:
 - a) Preparation for small group learning.
 - b) Completion of assigned reading.
 - c) Study around course objectives and presentations.
 - d) Pursuing research or career sampling opportunities (time permitting).

IST may be exchanged to facilitate scheduling of clinical correlation sessions and other small group activities which are dependent on clinic schedules not determined by UME.

10. An assessment and feedback process that:

- a) Measures clinical problem solving, medical skills, professional behaviour, and general content knowledge.
- b) Clearly communicates performance expectations through the use of outcome-based learning objectives.
- c) Includes peer assessment of the attainment of educational and professional objectives.
- d) Provides students with an examination blueprint.
- e) Provides ongoing formative and summative evaluations throughout the three years of the curriculum.
- f) Actively facilitates ongoing program evaluation.

A GUIDE TO PROFESSIONAL BEHAVIOUR FOR STUDENT PHYSICIANS

Upon entering medical school, new students are rapidly faced with situations that may be novel to them and may require a re-evaluation and an open mind. This guide to professional behaviour is an attempt to help the student physician deal with the myriad of complex and potentially controversial situations that may arise.

Ethics and Morals are words that convey an amorphous sense of an individual's core being; these elements of an individual's character are gradually formed over the course of a person's lifetime and are modified by the stresses of experience. They cannot be learned from a textbook or in a lecture theatre. They are the products of an infinite variety of cultural, social, familial and interpersonal influences that every human being integrates in his or her own fashion. As future doctors, you have a particular responsibility to evaluate carefully and to assess your own values and ethical systems, because your decisions seriously affect other people's lives. Few other occupational or social groups function from such a standpoint.

As future doctors, you are sometimes expected to fill shoes that may feel too big rather early in your careers. The purpose of this document is to get you thinking now about some of the issues you may face in the continuum of the next few years of medical school and the practice years that follow. A second purpose is as a reference to use in dealing with issues that are not clearly defined as black or white, but that require some thought and self-evaluation.

You will probably find that your level of understanding of some of the items in the GUIDE will change with time and experience – that is a sign of growth; for along with all the academic growth you will experience over the course of your years as a student physician, there comes a great deal of spiritual growth that is necessary for you to become a competent and humanistic physician.

Relationships with Colleagues

1. Student physicians should realize that their colleagues have a diversity of knowledge and backgrounds. Each will bring his or her own expertise to bear on a problem and recognize that, whatever the emphasis, colleagues share a common goal of becoming competent and humanistic physicians.
2. Student physicians should give feedback to colleagues considerately and constructively. In turn, they should accept feedback graciously.
3. Motivation for medical education should be the aspiration for service and excellence rather than for external recognition, prestige or financial reward. Student physicians are expected to establish their own educational goals and standards, which should exceed the minimum levels of performance required by the Faculty.
4. Achievement of educational goals should be assessed by self- and peer-evaluation in addition to formal summative evaluations. This will be required throughout your career.

5. Student physicians, together with faculty, are responsible for establishing a supportive, safe environment of cooperation in their learning endeavours. They should refrain from any behaviour that obstructs or detracts from the learning opportunities for their colleagues. Many of the areas covered in this document may raise issues for group discussion among students and with faculty. This is encouraged and can be used as another learning resource.
6. Student physicians must be vigilant in their concern for the physical and emotional well-being and professional conduct of their colleagues. Where concerns surface and the subject of concern does not respond to a discussion of the problem, the concern(s) should be raised confidentially with appropriate individuals. Self-destructive behaviour or breach of the standards of the profession supercedes an individual's right to privacy. Hold in confidence opinions expressed to you about colleagues, junior or senior. Use discretion in deciding if the nature of these opinions necessitates raising them with the subject.
7. The relationship between student physicians and faculty members should be one of collegiality. The junior members should respect the knowledge and experience of their seniors who, in turn, should appreciate the limitations of their juniors but respect their desire for knowledge and lived experiences. Should this relationship break down, either junior or senior should be prepared to discuss the problem.
8. As partners with faculty in the educational program, student physicians are obliged to provide feedback about all aspects of the curriculum in order that it may be continually improved. Conversely, the Faculty is obliged to provide student physicians with as much information about their performance in meeting the objectives of the MD degree.
9. In a clinical situation where the student physician objects to either the practical or ethical aspects of patient management, the student must always defer to the physician who is responsible for care of the patient. The collegial relationship should permit subsequent private discussion during which the student's concerns can be resolved.

Relationships with Patients and their Families

1. Clarify your status as a student in medical school. Don't give the patient unrealistic expectations of your abilities or title. Show consideration for the feelings of the patient.
2. Perform on patients only those procedures that are appropriate, taking into account the nature of the problem and the comfort and safety of the patient, colleague or bystander with the appropriate supervision.
3. Appreciate that the patient is assisting you in your education as well as requiring your best efforts at excellent care. In recognition of the patient's contribution to the relationship, reciprocate by providing extra attention in the form of support.
4. Know your limitations and seek help from others more experienced. Recognize that professional behaviour is dictated by law and the regulations of individual institutions and organizations, as well as by ethical considerations.
5. Ensure that your behaviour is not influenced by the patient's social categorizations (e.g. gender, race, sexuality, etc.).
6. In the event of an ethical conflict with a patient, which has ramifications for patient care, the student physician's responsibility is to refer quickly and efficiently to a colleague/Faculty who does not perceive such a conflict. Your ethical code must not be imposed on patients.

7. Maintain strict confidentiality of patient information.

Intellectual Honesty

1. From the University of Calgary Calendar: <https://calendar.ucalgary.ca/>
“Intellectual honesty is the cornerstone of the development and acquisition of knowledge. Knowledge is cumulative and further advances are predicated on the contributions of others. In the normal course of scholarship these contributions are apprehended, critically evaluated and utilized as a foundation for further inquiry. Intellectual honesty demands that the contribution of others be acknowledged. To do less is to cheat. To pass off contributions and ideas of another as one’s own is to deprive oneself of the opportunity and challenge to learn and to participate in the scholarly process of acquisition and development of knowledge. Not only will the cheater or intellectually dishonest individual be ultimately his/her own victim, but also the general quality of activity will be seriously undermined. It is for these reasons that the University insists on intellectual honesty in scholarship. The control of intellectual dishonesty begins with the individual’s recognition of standards of honesty expected generally and compliance with those exceptions.”

Intellectual dishonesty may take many forms, e.g. unauthorized use of material in examinations and tests and unauthorized copying of the work (published and unpublished) of others, falsification in the results of reports and laboratory experiments and use of commercially prepared essays in place of one’s own work.

2. Intellectual dishonesty in a student physician has serious implications for quality of patient care. For example, cheating on evaluations as a student may evolve into such behaviour as a physician who cheats by reporting as negative the results of procedures that were actually omitted.
3. Before entry to the medical profession, a student may have felt able to justify intellectual dishonesty by the flawed rationalization that it was a “means to an end” (i.e. entry to Medical School). Such thinking is absolutely unacceptable in a student physician. The “end” now is not the MD degree but excellence in patient care, and intellectual dishonesty at any stage of medical education detracts from attainment of the goal.
4. Student physicians have extraordinary obligations to maintain the highest standards of integrity. Society and the Profession demand nothing less, recognizing the serious consequences of dishonesty in a physician.

Students are also required to follow the “Canadian Medical Association Code of Ethics”

<https://www.cma.ca/cma-code-ethics-and-professionalism>

In 1998 the Calgary Medical Students Association, the student body and the Curriculum Committee of the Cumming School of Medicine approved the Student Code of Conduct. Following its approval, the student body developed the Student Professionalism Committee to provide a mechanism to enforce concerns raised regarding student professionalism. The primary focus of the Student Professionalism Committee is to prevent problems/difficulties related to ethics and professionalism and to be supportive of students who may be experiencing/encountering problems, difficulties or obstacles relating to these matters.

UNIVERSITY OF CALGARY MEDICAL SCHOOL STUDENT CODE OF CONDUCT

As a student in the Cumming School of Medicine at the University of Calgary, I assume the responsibility for the health and well being of others. This undertaking requires that I maintain the highest standards of ethical behaviour. Accordingly, I have adopted the following as principles to guide me throughout my academic, clinical and research work. I will uphold both the spirit and the letter of this code.

Honesty

I will maintain the highest standards of academic honesty.

I will record accurately all historical and physical findings, test results and other information pertinent to the care of my patient to the best of my ability.

I will conduct research in an unbiased manner, report results truthfully and credit ideas developed and work done by others.

I will admit to errors I have made.

Confidentiality

I will regard confidentiality as a central obligation of patient care.

I will limit discussions of patients to members of the health care team in appropriate settings.

I will respect the privacy, rights and dignity of patients.

Respect for others

I will not discriminate on such grounds as age, gender, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, disability or socioeconomic status.

I will interact in a considerate manner with all others providing patient care.

I will uphold, protect and promote a classroom atmosphere conducive to learning.

I will provide feedback in an appropriate manner and language.

I will not subject my peers to unwanted romantic or sexual overtures.

I will treat institutional staff and representatives, as well as faculty and patients, respectfully in all circumstances.

Responsibility and Accountability

I will set patient care as the highest priority in the clinical setting.

I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation.

I will not exploit my relationships with my patients or their families for educational, emotional, financial or sexual purposes.

In my demeanor, use of language and appearances, I will conduct myself professionally in a health care setting and in the classroom.

I will not use alcohol or drugs in any way that could interfere with my academic, professional and clinical responsibilities.

I will respect the reputations of members of the health care team including my classmates; however, I will report unprofessional conduct to an appropriate group or individual.

I will not misuse faculty resources, e.g., computers.

I will inform the appropriate people when I am not available to fulfill my responsibilities.

I will arrive to teaching sessions, including small group sessions, on time and take responsibility for my share of work.

Expectations of Faculty, Residents and Fellows

I have the right to expect clear guidelines regarding assignments and examinations as well as to have testing environments that are conducive to academic honesty.

I cannot be compelled to perform procedures or examinations that I feel are unethical or beyond the level of my training.

I have the right not to be subjected to romantic or sexual overtures from those who are supervising my work.

I have the right to be challenged to learn, but not abused, harassed or humiliated.

I have the right to expect prompt, frequent and constructive feedback from faculty and supervisors.

I have the right to have my research contributions appropriately represented and acknowledged.

*Approved by the UCalgary Medical Students in the classes of 2006, 2007 and 2008, May 10, 2006.

The Student Code of Conduct was developed in 1998 and outlines the expectations of a medical student's behaviour in both clinical and academic settings. All incoming students are made aware of this document. The Code of Conduct is a living document which is updated and modified by students.

The Cumming School of Medicine has an Office of Professionalism, Equity and Diversity. Please see their website for more information as well as faculty policies, procedures and guidelines

<https://cumming.ucalgary.ca/office/professionalism-equity-diversity>

THE STUDENT PROFESSIONALISM COMMITTEE TERMS OF REFERENCE

The Student Professionalism Committee (the "SPC") is a student committee which works to resolve concerns and provide student input about professional behaviour in the medical school. The SPC mainly receives concerns about student professional behaviour from the student body itself, but can receive these from community members, faculty or staff. SPC is a potential alternative to a complaint being made to the offices of the UME or Student Advocacy and Wellness Hub (SAWH). Specifics on the complaint process are discussed below.

The idea for the SPC peer review process originated with the development of the Student Code of Conduct in 1998. The Code of Conduct guides the SPC in determining whether behaviour is unprofessional or concerning. The Student Professionalism Committee (the "SPC") is composed of two students from each of the three classes. Students are elected for a three year term at the beginning of year 1. Members of the SPC also act as class representatives for meetings with faculty committees.

Process for SPC Involvement:

Complaints or concerns about unprofessional behaviour of students or faculty members may be made to the SPC by students, faculty or community members ("Complainants"). Complaints may be made to the SPC by contacting one or more members of the committee in person or in writing. If in writing, it may be delivered personally or directed to the medical school email address of a committee member. Upon receipt of the complaint, one or more members from the SPC will consult with the Complainant about the appropriate initial action to be taken. The Complainant will be updated upon completion of the SPC involvement, or as may be appropriate if the matter is ongoing. If necessary, the Student Professionalism Committee will confidentially consult with other class representatives.

In the event SPC receives two legitimate complaints about a matter which remain unsatisfactorily resolved, the SPC may, if deemed appropriate, forward its concerns about the matter to the SAWH or UME office.

In all instances, the SPC shall use its best efforts to maintain the confidentiality of the concern and the parties involved. In certain instances however, such as where the matter is deemed appropriate required to be referred to SAW, the confidentiality of all parties may not be maintained.

The SPC review process is designed to make an individual aware of their behaviour, its impact upon others and to provide guidance to that individual without punitive repercussions. In general, the SPC serves to facilitate resolution of concerns about professional behaviour. It does not serve a surveillance or policing function, nor is it concerned with matters of an academic nature.

Historically, students have expressed concern that unprofessional behavior may go unaddressed after concerns are brought to the SPC's attention. This is never the case, but the confidentiality of the student involved is always protected during the process of assessment and management of the unprofessional concern. Thus, students will not be informed in any detail about the repercussions of their colleagues unprofessional acts.

Although, every effort is made to resolve issues of unprofessional student behavior without involving the office of undergraduate medical education, this is not always possible. In cases where a student is brought to the attention of the Associate or Assistant Dean of UME, the concern will be carefully scrutinized. Depending on the issues involved the student may require to appear before the Student Academic Review Committee (SARC). The Undergraduate Medical Education (UME) office will endeavor to provide all possible supports to the student to ensure that future unprofessional behaviors do not recur.

Documentation:

As matters brought forward to the SPC are often of a sensitive nature, keeping confidential records is of utmost importance. All complaints and resolutions will be documented for a file, however in such a way that the complainant and subject of the complaint cannot be identified. This file will be handed on to the next year's SPC members for the purposes of education, and tracking activity. In the event that a complaint is judged by the SPC to require faculty involvement, the documents identifying parties involved will be handed over if necessary.

Descriptors of Unprofessionalism

As part of the prerequisite clinical competency for the University of Calgary, Cumming School of Medicine, students are expected to demonstrate professionalism. Since most of the attributes of professionalism cannot be tested on a written examination - patterns of behaviour, as observed throughout the continuum of training and within the educational environment - play an important role in making these determinations. The following descriptors serve to identify behaviour that is unacceptable for meeting the standards of professionalism inherent in a graduate of the University of Calgary, Cumming School of Medicine.

Unmet Professional Responsibility

Needs continual reminders about fulfilling responsibilities to patients, teachers, University staff, and to other health care professionals.

Cannot be relied upon to complete tasks.

Misrepresents or falsifies actions and/or information, for example, regarding patients, self, laboratory tests, etc.

Lack of Effort Towards Self-Improvement and Adaptability

Is resistant or defensive in accepting performance feedback that is critical.

Demonstrates inability to self-assess, as judged by failing to make changes to correct performance failures.

Resists considering or making changes to appropriate feedback.

Does not accept responsibility for errors or failure.

Is overly critical and/or verbally abusive especially during times of stress.

Demonstrates arrogance in dealing with peers, patients, nursing staff, teachers and University staff.

Diminished Relationships with Patients and Families

Lacks empathy and is often insensitive to patients' needs, feelings, and wishes or to those of the family.

Lacks rapport with the patients and families.

Displays inadequate commitment to honouring the wishes and wants of the patient.

Diminished Relationships with Teachers and Health Care Professionals

Demonstrates the inability to function within a health care team.

Lacks sensitivity to the needs, feelings, and wishes of fellow students and of the health care team.

Inappropriate conduct in class or small group teaching sessions.

Mistreatment

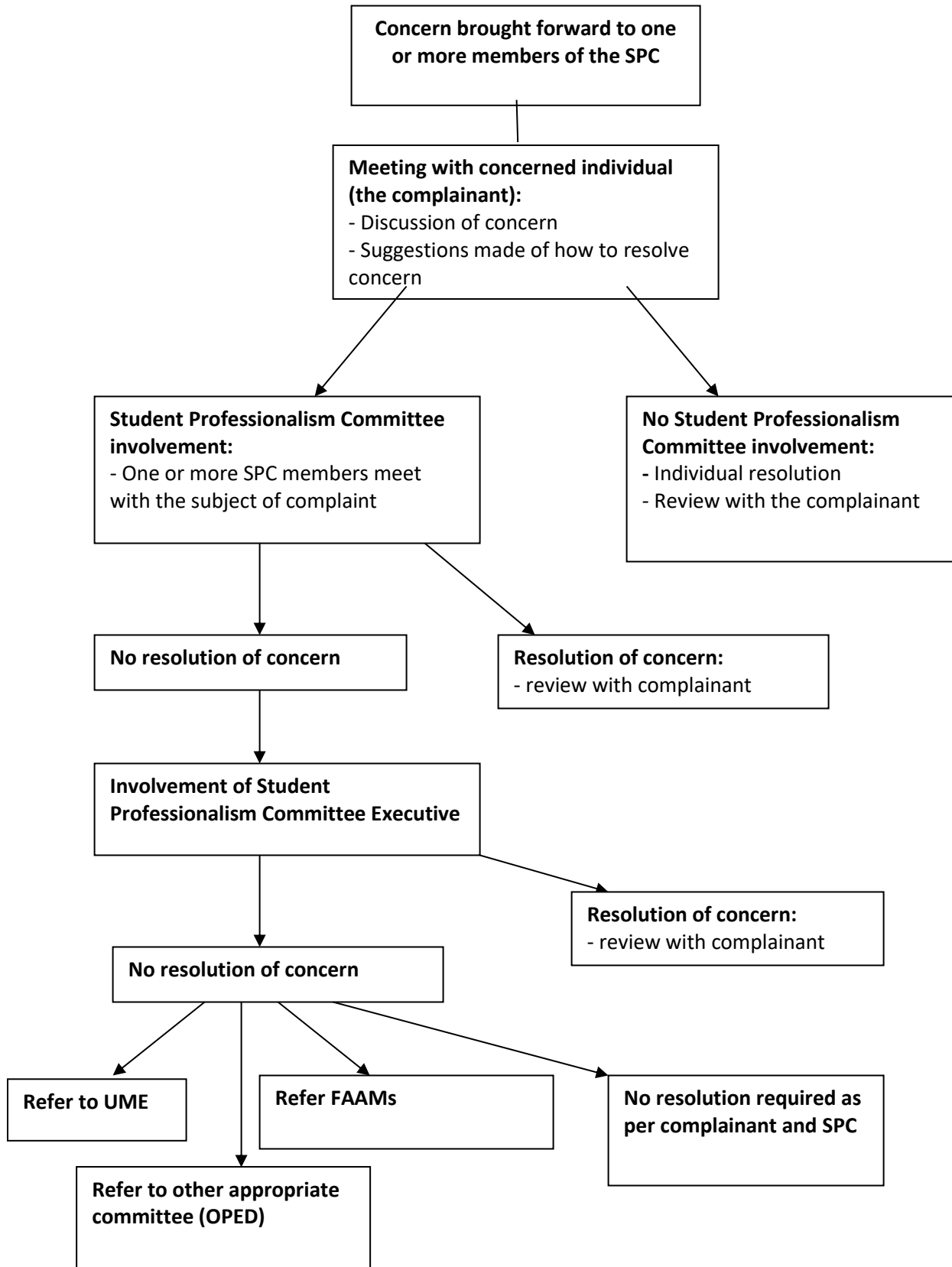
A student led task force in 2015-2016 made great efforts to highlight the issue of student mistreatment, in hopes of completely eliminating mistreatment. One outcome of the task force was a website with a portal for reporting.

<https://cumming.ucalgary.ca/mistreatment> At this website, you will find resources such as: definition of mistreatment, process for reporting, and important information on how to contact our Faculty Advocates Against Mistreatment (FAAMs) who can help you through this difficult process.

Steps to Resolving Issues of Unprofessionalism

NOTE:

1. The intent of the flowchart below is to address minor professionalism concerns with the student body.
2. This is **NOT** intended to replace other processes (such as the Student Academic Review Committee) which exist when serious concerns are reported directly to UME.



THE UNDERGRADUATE MEDICAL CURRICULUM AT THE UNIVERSITY OF CALGARY

Introduction

The Cumming School of Medicine's Undergraduate Medical Education Program is excited to launch Reimagining Medical Education (RIME), a new pre-clerkship curriculum in July 2023. The new pre-clerkship curriculum has been designed in response to the evolving needs of students, patients, and society.

The curriculum renewal process began in 2018 with broad end-user engagement including students, faculty, course chairs, master teachers, administrators, and the CSM community at-large. Between 2018-2019, a core team of UME students, faculty, and staff observed over one-hundred hours of teaching sessions. From this work, a series of insights collectively informed the prototype for a new curriculum model rooted in contemporary pedagogical principles and practices.

There are four foundational principles that are a focus within the new curriculum:

1. Our curriculum will be delivered in a spiral format. Key concepts will be presented repeatedly with increasing layers of complexity.
2. Teaching content will be rooted in the principles of generalism and focus on undifferentiated and complex clinical problems.
3. Teaching will remain oriented around patients to reflect and center unique experiences of health and illness.
4. Clinical content will include social context. We will be integrating content and concepts traditionally underemphasized and compartmentalized into the clinical presentation. Underlying our design principles are a commitment to structural competence (Metzl & Hansen, 2014) of both students and faculty.

The new curriculum is proud to include a longitudinal component titled *Professional Roles*. This provides opportunities for students to dive into clinical and scholarly areas of importance to them as future physicians, within the frame of service to the communities they intend to serve.

We are moving away from the unidirectional lecture being the basic unit of our training program. With a focus on self-regulated learning, students in our program will have protected time to individually *acquire* knowledge before coming together in formal sessions to *apply* knowledge. Our students will be accountable to themselves, their peers, their patients, and our society.

The learning environment will be fast-paced and self-driven, with an emphasis on social justice, advocacy, and health given the underpinning principles of humanity, humanism, and humility.

Curricular Content

Curricular content will be delivered through a few key session types:

- Large group sessions dedicated to exploring patient stories and presentations through a patient-centred lens, as well as robust review sessions.
- Tutorial group sessions that allow for the exploration of concepts in further detail using principles of self-regulated learning in a facilitated setting. The goal of these sessions is to improve critical thinking and clinical reasoning ability.
- Clinical skills sessions where students will have the opportunity to practice skills with standardized patients, simulators, or task trainers. This includes history taking, physical examination, procedural skills, and trauma-informed care
- Our innovative anatomy program includes lab time with anatomical specimens with advanced electronic resources.

- The Professional Role course provides space for exploration of scholarly and clinical activities. This includes family medicine clinical experiences, community engaged learning, scholarship and the career exploration program. We pride ourselves on providing our students with early clinical exposures.

Through our learning management system, students will be provided with a list of foundational resources developed at the CSM that must be reviewed prior to each session. These resources may include podcasts, clinical schemes from the Calgary Blackbook, links to the Calgary Guide to Understanding Disease that connects the pathophysiology of diseases with their clinical findings, or Cards (an online tool to practice clinical problem solving skills). In addition, a list of supplementary resources will be provided. These may include clinical guidelines, landmark journal articles, or other external resources. A thorough review of these resources is mandatory prior to attending sessions. Failure to complete these tasks will impact the learning of your peers in your small groups, as well as your own. Self-regulated learning is an important skill we aspire to impart upon our learners, as this is integral to providing safe, relevant, current, and excellent care to patients throughout one's career.

In creating this curriculum our mantra was, "No clinical content without social context." We are committed to teaching about health equity and structural competence. In addition, we worked with our Indigenous faculty to integrate Indigenous Health into our curriculum. Foundational resources, supplementary resources, and patient cases will prioritize the patient's unique journey to and through the healthcare system, and examine the complex relationship between structural determinants of health and the presenting concerns.

Time will be provided throughout the week to complete all expected pre-work for the courses. With the exception of afternoons where clinical skills and anatomy coexist, each half-day outside of the Professional Roles course protects 2 hours for independent study.

Yearly Schedule

Here is an overview map of the UME curriculum that shows you when courses happen in a given year of the program. <https://cumming.ucalgary.ca/mdprogram/about/our-program/curriculum-structure>

Timetables

The overall schedule of when each of your pre-clerkship courses happens, when you have exams, study time, breaks and more is provided in the timetable. The timetables for your class is on the UME website here: <https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/timetable>

Curriculum Management System

Your detailed day-to-day schedule and learning materials are uploaded to our curriculum management system – (currently called Osler, under-going name change) and linked to our new curriculum platform Fresh Sheet. You will get access and instruction on using these platforms during orientation.

Attendance

Attendance is mandatory at all sessions. In order to be absent from a live curricular session, a student must have an approved Flex Day or an approved Excused Absence. Current Attendance and other policies can be viewed here: <https://cumming.ucalgary.ca/mdprogram/about/governance/policies>

PRE-CLERKSHIP (YEARS 1 AND 2)

The pre-clerkship curriculum consists of the following courses.

Year 1

MDCN 331: Fundamentals of Medicine 1
MDCN 332: Fundamentals of Medicine 2
MDCN 333: Fundamentals of Medicine 3
MDCN 334: Fundamentals of Medicine 4
MDCN 335: Fundamentals of Medicine 5
MDCN 336: Fundamentals of Medicine 6
MDCN 337: Fundamentals of Medicine 7
MDCN 338: Fundamentals of Medicine 8
MDCN 397: Professional Role I

MDCN 398: Professional Role II
MDCN 399: Professional Role III

Year 2

MDCN 441: Fundamentals of Medicine 9
MDCN 442: Fundamentals of Medicine 10
MDCN 443: Fundamentals of Medicine 11
MDCN 444: Fundamentals of Medicine 12
MDCN 499: Professional Role IV

The course outlines for each of these courses will be available here:

<https://cumming.ucalgary.ca/mdprogram/current-students/pre-clerkship-year-1-2/course-outlines>

Shadowing

Shadowing is not a part of the curriculum. Students can shadow if they wish but it is not a requirement. Students cannot set up shadowing until September and must be cleared to shadow.

Once you are cleared to shadow, any shadowing you set up must be entered in Osler prior to the date of the shadow. This function is currently not available as you cannot shadow until you are cleared (we will clear you once your PPE training is complete, your immunizations are in place and you have your CPSA number so please be sure to get on those early). We will enable the shadow logging mechanism in Osler in September so students who are cleared can start to book shadowing at that time. You can use Self Directed Time and Professional Role time that does not have scheduled content to book shadowing.

Please familiarize yourself with the shadowing policy

<https://cumming.ucalgary.ca/mdprogram/about/governance/policies> to ensure you are aware of the rules and process around shadowing.

Scrubs

Hours of Operation

Office Hours: 07:00 – 16:30

K-Bro Linen Systems personnel staff Linen/Uniform Distribution Rooms at the following sites:

SITE LOCATION	LOCATION	TELEPHONE #
ACH	Lower Level – Room AO515	403-955-5072
FMC	Main Basement – Room B21	403-944-1300
PLC	Basement – Room 213	403-943-4917
RGH	Basement Highwood 3N14	403-943-3435
SHC	Level 0 – Room 060085	403-956-1070 Vocera “Linen”

Sherry Thomson BBA

Calgary Zone Coordinator, Linen & Environmental Services, NFLES 403-389-5688

Clerkship (Year 3)

The clinical clerkship year consists of 60 weeks of clinical rotations. In addition to this time, students have two weeks of holidays over the December break, one week of holiday in the summer or fall and three weeks for CaRMS interviews.

Early in second year, the Clerkship Electives Core Document and a U of C Medical Electives Catalogue are posted in OSLER for second year students to assist in planning and setting up elective time. A group session for the students will be held in second year to discuss career planning and strategies for optimal use of elective time and to discuss strategies for selection of clerkship rotation schedule.

Applications for out-of-town electives often need to be arranged several months in advance. A session on setting up electives will be held in early in second year to assist in the application process.

For further details on the clinical clerkship year and the lottery process please refer to the Clerkship Student Handbook that can be found on the MD program website.

DEPARTMENT RESOURCES

Locks and Lockers

You will receive more information about this from the UME Admin team via email.

Prayer spaces on Main Campus and Foothills Campus

http://www.ucalgary.ca/fsc/resources/prayer_space

Health Science Centre Library Services

The Health Sciences Library connects you with information services, resources, and assistance to support your learning, research, and clinical practice needs. We are located on the 1st floor of the Health Sciences Centre.

They have:

- Computer workstations with access to University Library online resources, internet, MS Office, and laser printing
- Wireless internet access and wireless printing
- Self-serve scanning
- Bookable seminar rooms

The Health Sciences Library can be reached at 403-220-6855 or at hslibr@ucalgary.ca.

Contact them to:

- Assist you with library research for your course assignments
- Enhance your skill in locating clinical literature to support evidence-based practice
- Recommend electronic books and clinical decision support tools for your practice
- Help you conduct comprehensive literature searches for your research projects or for systematic reviews
- Provide an orientation to the resources and services of the Health Sciences Library

More information about the Health Sciences Library is available through the Library tab in the OSLER dashboard or through the Library's website at https://library.ucalgary.ca/hsl/?group_id=14769
Or just drop by the Information Desk - we want to help you succeed in your next three years of medical school!

Please refer to the Welcome Manual that will be emailed to you prior to Orientation for more information on things such as Orientation, fees, white coats, CPSA numbers and much more.

CANADIAN RESIDENT MATCHING SERVICE (CARMS)

About CaRMS

CaRMS - The Canadian Resident Matching Service is a not-for-profit organization that works in close cooperation with the medical education community, medical schools and residents/students, to provide an electronic application service and a computer match for entry into postgraduate medical training throughout Canada.

CaRMS provides an orderly and transparent way for applicants to decide where to train and for program directors to decide which applicants they wish to enroll in postgraduate medical training.

To this date, CaRMS administers the matching process for: postgraduate Year 1 entry residency positions; Year 3 Family Medicine - Emergency Medicine residency positions; Medicine subspecialty residency positions; Pediatric subspecialty residency positions; as well as the Canadian access to the US electronic application system for postgraduate medical training (ERAS).

Contact us:

E-mail help@carms.ca

CaRMS Timelines – See CaRMS Website for detailed information and timelines.

<http://www.carms.ca>

What Do We Do?

CaRMS provides an orderly way for applicants to decide where to train and for program directors to decide which applicants they wish to enrol in postgraduate medical training.

The match is carried out using a computer program that, in only a few minutes, makes a series of decisions that would otherwise require hours of time for both applicants and program directors. This system guarantees that decisions about residency selection will be made by both applicants and program directors by a specific date, without pressure being placed on applicants to make decisions before exploring all options.

STUDENT ASSESSMENT

Please refer to the following policy documents for details on student evaluations:

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

Student Evaluation Development and Maintenance Policy

Academic Assessment Reappraisal Policy

If you need to request to defer an exam, please contact the UME Supervisor for pre-clerkship to discuss the criteria for approval and the process PRIOR to the start of the examination.

Purpose of Student Evaluations

Student evaluations are governed by the Terms of Reference of the Undergraduate Medical Education Committee (UMEC). The Student Evaluation Committee (SEC) is a subcommittee of UMEC which shall develop policy on all matters regarding the planning, presentation and evaluation of the undergraduate medical curriculum, and regarding the evaluation of students. Student evaluations serve several purposes including:
assessment of student performance and achievement of curricular objectives
feedback to students and faculty regarding student learning needs
program evaluation including identification of strengths and weaknesses in the education program

Types of Formal Student Evaluations

Generally, UME evaluations can be categorized as either **formative (practice)** or **summative (counts for grades)**. The purpose of the formative evaluations are to 1) provide students with a sampling of the question-format to be used on the summative evaluation and, 2) allow students to monitor their learning progress.

Summative evaluations will be designed to ensure that the student has satisfactorily met the objectives of the Undergraduate Medical Education Program. Individual evaluations are based upon learning objectives for the relevant course or clerkship.

Each course or clerkship committee is responsible for preparing formative and summative student evaluations. Each course and clerkship in the UME program has at least one summative student evaluation. Examination blueprinting, development/review of questions and standard setting are required. The course may have one or more evaluation components, but a single final grade is then compiled for each course. Examples of examination formats include:

- Multiple choice questions, which are often written in the “single best response” format
- OSCE examinations, which are typically 6-10 station examinations (each station is usually 10-18 minutes). These usually test clinical skills such as: history taking, physical examination, diagnosis, procedural or communication skills. OSCEs are found in the pre-clerkship curriculum and the clerkship summative OSCE.

Preceptor completed assessments are also used in the pre-clerkship curriculum (e.g. Entrustable Professional Activity completion by preceptors) and the clerkship (so called “ITERS” or In-training Evaluation reports).

Blueprint

A blueprint or table of specifications is required for each course and clerkship evaluation in the Undergraduate Medical Curriculum. The blueprint will identify which program objectives and/or clinical presentations are tested and will also identify which tasks are evaluated. The blueprint should be distributed to the students and teachers at the beginning of the course or clerkship.

Content tested in a given evaluation may include any material previously covered in the UME curriculum, provided that this is reflected in the blueprint. As with all components of the UME program, evaluation content and format should reflect non-prejudicial language and attitudes. Parallel format examinations are acceptable if each version follows the same blueprint, resulting in similar sampling.

Other Evaluation Methods

Other methods of student evaluation may be used as components of a course or clerkship evaluation. These may include measurements of student professionalism, participation, completion of specified assignments, clinical reasoning questions, small group assessments, logbook completion for clinical clerkship, etc.

Examinations may be delivered using either a paper-pencil or an online format, and are often delivered on the Cards platform.

Academic Accommodations for Students

The University of Calgary will provide academic accommodations to students who have provided documentation of disability to the satisfaction of the Student Accessibility Services (SAS) to the extent that the accommodation does not cause undue hardship to the University of Calgary or lower the performance standards of any given academic program.

Please refer to the Student Accessibility Services website at the following link for more information regarding mandated accommodations.

<http://www.ucalgary.ca/access/>

If you wish to be assessed for accommodations, please contact the University of Calgary Student Accessibility Services at (403) 220-8237. Details outlining the necessary assessments and documentation required before exam accommodations can be granted are located on the University of Calgary website at:

<https://live-ucalgary.ucalgary.ca/student-services/access/prospective-students/how-to-register>

Students with pre-existing disabilities should be registered and assessed by the Student Accessibility Services before the first summative exam in Year 1. The letter outlining the accommodations granted to the student will be sent to UME from SAS.

Students who are awaiting accommodations through SAS are encouraged to defer summative exams until the accommodation letter is provided to UME. If you wish to request an exam deferral please email the supervisor for the appropriate year of training. <https://www.ucalgary.ca/registrar/exams/deferred-final-exams>

Deferral Process for Examinations in Pre-clerkship

If a student needs to request an exam deferral during the pre-clerkship courses, they must communicate this request by email to the program supervisor and/or Assistant Dean for pre-clerkship PRIOR to the scheduled exam.

<https://cumming.ucalgary.ca/mdprogram/current-students/deferring-evaluation#>

The approvable reasons to defer an examination can be found on the University of Calgary website (<https://www.ucalgary.ca/registrar/exams/deferred-final-examinations>) and include illness or medical emergency, religious observance/conviction, domestic affliction, having 3 examinations within 24 hours, or when your attendance is required elsewhere during a scheduled exam due to civil obligations or a faculty-approved activity. The Assistant Dean for pre-clerkship will determine if the request is approved and communicate this to the student and the program supervisor.

The written Application for Deferred Final Examinations form must be submitted by the student to the program supervisor who will get the signature of the Assistant Dean for pre-clerkship and then file the signed form in the student file.

Application for Deferred Exam form -

<https://cumming.ucalgary.ca/mdprogram/current-students/student-resources/student-forms>

All attempts will be made to reschedule deferred examinations to a future examination date. If the examination cannot be rescheduled, the weight of the deferred examination will transfer to the final examination for that course. If the exam is an OSCE or final MCQ exam, or a type of exam that cannot be transferred the examination will be rescheduled.

The Student File

The Undergraduate Medical Education office maintains a file for each student. Kept in the file are records of all assessments completed in the program. Other items of interest pertaining to a student, e.g. awards, letters of praise, etc. may also be included.

The file is accessible to a student for review during normal office hours but is not accessible to anyone else outside the Undergraduate Admissions Office and Student Academic Review Committee unless written authorization is provided by the student (e.g. Faculty Advisor). A student may have a Faculty Advisor, Legal representative or other representative accompany them when they review their file. Under no circumstances may any item from the Student's File be destroyed or removed. Individual student results on formative evaluations will be included in the student's permanent file, but will not be used to calculate final course marks and/or reported in the Medical Student Performance Record (MSPR).

A student may request, or request a representative, to review their file by completing a 'Request to Review File' Form (<https://cumming.ucalgary.ca/sites/default/files/teams/4/Student%20forms/request-to-review-student-file-form-july-22-2011.pdf>) and submitting it to the Undergraduate Medical Education Office at least 24 hours prior to reviewing the file. A student who has received a 'Notice to Appear' before SARC is not required to submit a 'Request to Review File' Form unless they would like a representative to review their file on their behalf.

Dean's Tests (DTs)

Dean's tests are mandatory on-line formative examinations testing a student's cumulative knowledge of objectives over time, rather than focussing on objectives restricted to only one course.

The Dean's tests are mandatory, therefore all students must participate. Policies of deferral and those related to misconduct are the same as for a summative examination at the University of Calgary.

Students will have a one-month window of time during which to complete each DT. The window of time for each DT can be found in the yearly timetable.

Student Conduct at Online Evaluations

Students are expected to abide by the Student Conduct Policy of the UME. This applies to both formative and summative examinations. Students **are strictly prohibited from capturing or recording questions in any way** for either personal or widespread use. UME students or staff who discover any suspicious evaluation materials are expected to report the matter immediately to the Associate Dean (UME). The Student Conduct Policy is included in each examination booklet.

Results of DT Examinations

Students will be able to view their score immediately. Individual student results will be included in the student's permanent file, but will not be used to calculate final course marks nor reported in the Medical Student Performance Record (MSPR).

THE MEDICAL COUNCIL OF CANADA (MCC) EXAMINATION

A graduating student may not practice medicine independently in any of the Provinces of Canada without first achieving "satisfactory" performance on the Medical Council of Canada qualifying examination.

The MCC examination is an online 1-day exam offered at the end of Medical School. The first half is made up of approximately 210 multi-choice questions (MCQ) questions whereas the second half is made up of 38 clinical decision-making (CDM) cases.

PROMOTION AND GRADUATION

On behalf of the Faculty Council, the Student Academic Review Committee (SARC) determines whether or not students should be promoted to the next stage of the MD program, and ultimately receive the MD degree.

Please refer to SARC's terms of reference for more details about this committee.

The SARC receives promotion and graduation recommendations from the Competency Committee (CC). Please refer to the CC terms of reference for more details about this process.

The Terms of Reference of the Student Academic Review Committee are located on the MD Programs website at <https://cumming.ucalgary.ca/mdprogram/about/governance/reports>. Guidance regarding an appearance is available from the Student Advocacy and Wellness Hub, Faculty Advisors and the UME office. The Terms of Reference of the

Competency Committee are also located on the MD Programs website at <https://cumming.ucalgary.ca/mdprogram/about/governance/reports>

OTHER INFORMATION

Visitors

Persons not registered in the MD program are not permitted to attend any learning experiences or have access to or review UME evaluations without the express permission of the Associate Dean (Undergraduate Medical Education) and the instructor of the learning experience. Please refer to the Observing a Course policy here <https://cumming.ucalgary.ca/mdprogram/about/governance/policies#o>

Course Questionnaires

Students are asked for feedback regarding the UME program at a variety of intervals. These will take the form of session-by-session ratings, end of Block surveys and year end questionnaires. The results of student feedback are used by individual teachers, Pre-clerkship Educators, RIME Directors and UME administration as part of ongoing Program Evaluation and Curriculum Improvement. Student feedback is collected anonymously and rude or unprofessional comments may be deleted.

Funding for Presentation of Papers at Conferences Outside U of C

Students are encouraged to take the opportunity to present their research at conferences outside the University of Calgary whenever possible. Funding for travel to these conferences (if unavailable via research grant funding) is available through the Office of Undergraduate Medical Education as well as through the Students' Union. Applications for funding must be done well in advance of the conference, so please have everything prepared at least one month prior to the conference. When you are finalizing plans to attend a conference please put an absence request in the learning management system and wait until its approval before confirming plans or booking flights. If this absence will affect an evaluation please speak with the Supervisor or Assistant Dean for Pre-clerkship.

Conflicts of Interest

If you find yourself assigned a preceptor who you feel has a conflict of interest and should not be supervising or evaluating you (i.e. your spouse, your parent, your health care provider) please bring this to the attention of the appropriate course/clerkship coordinator or supervisor. You may also disclose conflicts of interest with patients assigned to your care to your preceptor.

Use of Social Media

CFMS Guide to Medical Professionalism: Recommendations For Social Media
<http://www.cfms.org/files/internal-policy-bylaws/CFMS%20Guide%20to%20Social%20Media%20Professionalism.pdf>

Letters of enrollment

MD program students can request letters of enrollment here
<https://www.ucalgary.ca/mdprogram/current-students/letter-enrollment-requests>

Transcripts

Transcripts can be requested as follows:
<https://www.ucalgary.ca/registrar/student-centre/transcripts>

COMPETENCIES LEADING TO ACHIEVEMENT OF GRADUATION EDUCATIONAL OBJECTIVES

Medical Expert Role: graduating medical students will be able to provide supervised patient-centered medical care. The subcomponents of this competency are as follows:

A. Ability to maintain an appropriate body of medical knowledge

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
1,2	<p>Understands foundational basic science concepts for each clinical presentation within pre-clerkship courses (A1,A2, A8, A10, A11)</p> <p>Describes and begins to apply foundational clinical concepts for each clinical presentation within pre-clerkship courses (A1, A2, A8, A10, A11)</p> <p>Is able to demonstrate an appropriate approach to common laboratory/radiological tests (A1, A2,B2, A8)</p>	<p>Applies clinically-relevant basic science concepts in solving problems (A5, A7, A8,B1, B3, B4,B5,B6)</p> <p>Consistently applies clinical diagnostic knowledge to solving clinical problems (A5, A6, A7, A8, B1, B2, B3, B4, B5)</p> <p>Interprets typical results for common diagnostic tests accurately, while using statistical concepts such as sensitivity, specificity, likelihood ratios, predictive value (A5, A6, A7, A8, B1, B4,B6)</p>

B. Ability to gather and synthesize essential and accurate information to define each patient's clinical problems

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
2,3,5,8	<p>Conducts a patient-centered history that illuminates the health issues, social context and illness experience for each patient (A3, A4, A9,A11)</p> <p>Consistently performs the necessary steps for a normal physical examination of each system. Is sometimes able to recognize abnormal findings. (A1, A3, A11)</p>	<p>Consistently conducts a patient-centered history that illuminates the health issues, social context and illness experience for each patient. This includes, when relevant, obtaining collateral history from family, other health care professionals (A5, A6, A7, B3, B4, B5,B6)</p> <p>Consistently and accurately performs the necessary steps for physical examination of each system, in a manner directed to the patient's historical data. Is usually able to identify abnormal findings. (A5, A6, A7, B4, B5,B6)</p>

	<p>Is able to recognize patients' central clinical problem and develops limited differential diagnoses (A1, A2, A8, A11)</p> <p>Can provide an organizational approach or scheme to most clinical presentations (B2, B3)</p>	<p>Consistently identifies the patient's primary diagnosis and 3-5 differential diagnoses. Can list the patient's current health problems, while recognizing and acting on "red flags" (A5, A6, A8, B1, B3,B4, B5,B6)</p> <p>Can apply an organizational approach or scheme to most clinical presentations, as well as occasionally use non-analytical reasoning or pattern recognition (A5, A6, A7, B3, B4,B6)</p>
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C. Ability to propose a safe, appropriate (supervised) patient-centered investigation and treatment plan

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
2,3	<p>Given typical scenarios, is able to provide investigation and management options (A1, A2, A8)</p> <p>Provides safe patient care under direct supervision (A12)</p> <p>Describes indications for basic procedures (from procedural skills course) and can perform them on mannequins (A1, A8)</p>	<p>Consistently applies an appropriate investigation and management plan, recognizing limited health care resources (A5, A6, A7, A8, B1, B3, B4, B5,B6)</p> <p>Conducts aspects of patient care without direct supervision. Asks for help when encounters uncertainty or limits to competency (B3, B4, B5,B6)</p> <p>Can perform, with supervision, basic investigative procedures (A6, A7,B5)</p>

Communicator Role: graduating medical students will demonstrate excellent communication skills that are attentive to patient/family needs and respectful. Subcomponents of this competency are as follows:

A. Ability to elicit and record accurate information from patients and families

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
2,5	Gathers and synthesizes essential and accurate information to define each patient's clinical problems as per expectations outlined above in section 1b (A4)	In addition to what is outlined in 1b, recognizes the need to conduct a patient-centered history that includes collateral history (from family, friends, other health care providers) and/or

	Can describe the elements required for effective patient-care documentation (within the patient record) (A4, A9)	additional information from documents (A5, A6, A7, B3, B4, B5,B6) Demonstrates the ability to provide organized, comprehensive, accurate and reflective patient-care documentation. This includes patient records capturing multi-disciplinary care (A7, B4)
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B. Ability to discuss and convey an investigation/treatment plan with patients and families

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
2,3,5	Is aware of the need to ask patients to declare their opinions or preferences regarding current medical problem/plan (A1,A4, A9) Can discuss the importance of engaging patient/family in decision making (A1, A4, A9)	Consistently seeks to understand patient opinions or preferences regarding current medical problem/plan (B3, B4) Engages patient/family in decision-making for simple problems, with assistance for complex/ambiguous situations (B3, B4)

C. Ability to communicate important and serious news to patients and families

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
5,7	Can describe the general principles of communicating serious news to patients, including importance of empathy, honesty and sincerity (A1, A4, A11)	Communicates with empathy, honesty and sincerity, and can participate (with supervision) in important patient discussions (A6, A7, B4, B5)

Collaborator Role: graduating medical students will be effective within health care teams. Subcomponents of this competency are as follows:

A. Ability to work with other members of the interprofessional healthcare team to provide an integrated patient health plan

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)

Educational Objective(s)		
5,7	Is able to identify the roles of other team members (A13) Identifies the potential reasons for consulting other health providers for different patient scenarios (A12)	Recognizes the unique skills, roles and responsibilities of all members of the team. Treats other members of the health care team with respect (A7, B1, B4) Makes clear and effective requests for consultations to other health providers (A7)

B. Is a respectful member of the interprofessional health care team

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
5,7	Can describe and discuss the principles involved in respectful interactions with other health care professionals (A13) Employs verbal, non-verbal, and written communication strategies that facilitate collaborative care (A4, A13)	Consistently respectful in interactions with other health care professionals Actively engages in collaborative communication with all members of the team (A7, course 8 teaching, B4)

Manager Role: graduating medical students will be able to manage the care of the patients and populations they serve, as well as their own wellness. Subcomponents of this competency are as follows:

Ability to advocate for systemic quality improvement related to patient health and safety

	Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
	2,5	Can identify some risks to patient safety during health care provision and describe strategies to mitigate these risks (intro to clinical practice course lectures/small groups)	Can identify risks to patient safety during health care provision and apply strategies to mitigate these risks (B1, B4, course 8 teaching)

Ability to manage time to balance physician responsibilities with personal life

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
7	Can identify principles of physician wellness and identify ways to improve work-life balance (A1, B3)	Can apply the principles of physician wellness to better manage their residency work-life balance (B1, B3)

Ability to balance the needs of a single patient with the just allocation of global healthcare resources

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
2	Can identify the major stakeholders in the health care system (A1) Can describe and evaluate the need for cost-awareness in a system with limited resources (teaching during course small groups)	Can apply knowledge of the major stakeholders in the health care system (A1, B1, B4) Can at times apply cost-awareness to decisions related to investigation and therapy (B1, B5)

Health Advocate: graduating medical students will be able to advocate for needed services for specific patients and for systemic change that will advance population health. Subcomponents of this competency are as follows:

Ability to advocate for health promotion and disease prevention in the community-at-large

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
4	Can describe the general principles of health promotion and disease prevention (A1, A8, B3)	Applies relevant concepts to recommend appropriate screening and healthy lifestyle promotion (A5,A6, A8, B1, B4, B6)

Ability to identify the determinants of health and barriers to health care access, especially for the vulnerable/marginalized populations B1, b4, a9

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
4	Is sensitive to and has basic awareness of differences related to culture, ethnicity, gender, race, age and religion when caring for a patient (A1, A8, A9) Describes the principles of the determinants of health as they relate to patient care and potential healthcare gaps and barriers (A1). Aware of potential	Seeks to understand and modify care plan to account for patients' culture, ethnicity, gender, race, age and religion (A5, A6, B1, B3, B4, B5, B6) Given specific patients facing barriers to care, be able to describe advocacy options to resolve these barriers (B4)

	need to advocate for patients when barriers to care exist.	
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Scholar: graduating medical students will be able to effectively develop self-learning plans to address gaps in knowledge and skill when they become apparent, as part of life-long learning. Subcomponents of this competency are as follows:

Ability to integrate evidence-based medicine and information technology into daily patient/colleague interactions

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
8,10	Lists the steps to formulating and conducting a focused search to answer health care questions (A1, A8,A9, A10)	Can formulate a clear question, and conduct the necessary steps to answer that question, related to a real clinical encounter (A5, B1, B3, B4, B6)

Describe the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients and applied to patient care.

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
8, 10	Describes how clinical and translational research is conducted and evaluated (A1, A9, A10)	Can seek, evaluate, and discuss with supervisors, evidence provided in clinical and translational research to improve patient care (B3, B4, B6)

Demonstrates strategies to remain current on new knowledge and apply evidence-based medicine at point of care

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
8,9,10	Can describe the need to reflect and seek out new information/solutions by using a variety of medical information sources (A1)	Seeks out new information/solutions based on reflection related to problems encountered in clinical rotations (A7,B3, B4, B6)

Professional: graduating students will behave in an ethical and professional manner. Subcomponents of this competency are as follows:

Ability to appreciate and integrate the professional, legal and ethical codes of practice

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)

Educational Objective(s)		
6	Can identify and describe elements of the professional code of conduct, including principles of informed consent. (A1, A2,A3,A11, A12)	Can apply (including obtaining informed consent) the principles of ethical and professional behavior to patient, family, and medical team interactions (A7, B1, B3, B4, B5,B6)

Ability to accept responsibility for patient care while recognizing personal limitations

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
7	Accepts professional responsibility when assigned (A12). Aware and respectful of limitations.	Diligent in completing assigned professional responsibilities, without the need for reminders. Recognizes personal limitations and the need to safely and meaningfully consult more senior residents, faculty, other medical specialists, or allied health care professionals (A7, B3, B5)

Ability to receive feedback and demonstrate insightful reflection to improve performance

Main Graduation Educational Objective(s)	Clerkship-ready milestone/relevant outcome measure (s)	Residency-ready milestone/relevant outcome measure (s)
7	Demonstrates awareness of the need to solicit and act on feedback from peers and preceptors.	Consistently solicits feedback from patients and all members of health care team. Consistently reflects upon, and incorporates, the feedback to enhance performance (A7, B5)

References

Frank JR, Danoff D. [The CanMEDS initiative: implementing an outcomes-based framework of physician competencies.](#) Med Teach. 2007;29:642-7.
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 The Internal Medicine Milestone Project, from ACGME/ABIM collaboration