



**UNIVERSITY OF
CALGARY**

Undergraduate Medical Education

Pre-Clerkship Student Handbook

Years 1 & 2

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By Mateusz Sobczak

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**UNIVERSITY OF
CALGARY**

Introduction

Welcome to the Cumming School of Medicine at the University of Calgary! This *Student Handbook* is designed to support and guide you through your journey as a pre-clerkship medical student. It serves as a comprehensive resource, outlining the policies, expectations, and opportunities available to help you succeed in your medical education.

As you embark on this exciting phase of your professional development, you will find yourself immersed in a dynamic learning environment that combines classroom instruction, hands-on experiences, and personal reflection. Our curriculum is designed to help you build a strong foundation in the science and art of medicine while fostering the professionalism and compassion essential to becoming a successful physician.

Throughout this handbook, you will find information about the program's goals, educational objectives, evaluation processes, and expectations for professional conduct. You will also find resources to help you navigate challenges, seek wellness and support, and prepare for your transition into clinical experiences during clerkship and beyond.

We encourage you to familiarize yourself with this handbook and refer to it often. It is meant to be a living document—one that evolves alongside you, reflecting the ongoing commitment of our faculty and staff to your success and well-being.

We look forward to sharing this important stage of your medical journey with you. Welcome to the start of an incredible adventure!



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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 10,000 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 38,000 students. We are proud partners with the newly formed health authorities in Alberta, 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 Reimaging 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 Southern Alberta Medical Program (SAMP) in collaboration with the University of Lethbridge. Students will begin in Lethbridge in July 2026, earning a University of Calgary medical degree.

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

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

This message will be updated once this position has been filled.

Assistant Dean, Pre-Clerkship

Message from the Assistant Dean, 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, 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, Continuous Quality Improvement



Congratulation, and welcome to the Cumming School of Medicine, Class of 2028. I look forward to getting to know each of you over the coming years.

I encourage you to fully dedicate yourself to your studies, challenge yourselves to make the most of this important and impactful time, and to commit to taking care of yourself and your colleagues. Medical school is, by design, a delicate balance of both support and challenge, and the next three years will undoubtedly be a period of growth and transformation.

Please know that we are here to learn along side and support you, as you work towards your medical degrees. We look forward to seeing the achievements and contributions you will make both in your time with us, and in your future medical careers.

Welcome!

Dr. Lea Harper, MD, FRCPC, MPVD, MEHP
Assistant Dean, Continuous Quality Improvement

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. Teresa Killam, Med MD CCFP FCFP (she/her).
Director, Student Advocacy and Wellness (SAWH)

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 students to become compassionate, competent, and well-rounded physicians, fully prepared for supervised practice.
2. Provide an environment that fosters collegiality, ethical practice, and professionalism among students, faculty, and allied health professionals. The program aims to produce future physicians capable of working cooperatively within healthcare teams and delivering comprehensive, culturally competent care to our diverse population, with a strong commitment to social accountability on a global scale.
3. Facilitate the acquisition of clinical problem-solving skills through the use of clinical presentations as the foundation of the curriculum, early patient contact, and the integration of basic and clinical sciences.
4. Prepare students to maintain competence throughout their careers by teaching them to appraise new scientific and medical information and thoughtfully adapt their practice based on emerging evidence.
5. Maintain an active learning environment by incorporating research opportunities, scheduled independent study time, and a balance of traditional and innovative instructional modalities, including small group learning, problem-based learning, interactive lectures, simulated patient encounters, and bedside teaching.
6. Clearly communicate performance expectations to students through outcome-based objectives that are assessed continuously using formative and summative evaluations.
7. Provide a safe learning environment that is free from intimidation and harassment.

Graduation Educational Objectives

At the time of graduation, a student will be able to:

1. Demonstrate the basic science and clinical science knowledge and skills required for the supervised practice of medicine and apply this knowledge efficiently to analyze and resolve clinical presentations.
2. Evaluate patients and manage their medical problems by:

- Conducting a comprehensive medical history and thorough physical examination, reliably eliciting appropriate information and detecting abnormal findings.
 - Accurately identifying the patient's diagnosis, differential diagnosis, and medical problems.
 - Applying an appropriate clinical reasoning process to address the patient's concerns.
 - Advocating for patients while formulating and implementing a resource-conscious management plan.
 - Applying basic patient safety principles.
3. Apply a comprehensive, patient-centered approach in the evaluation and care of patients, demonstrating sensitivity to diverse sexual orientations and gender identities, as well as cultural, spiritual, and socioeconomic factors.
 4. Demonstrate knowledge of the fundamental concepts of disease prevention and health promotion for both individual patients and populations, incorporating these principles into treatment plans as appropriate.
 5. Communicate and interact effectively with patients, families, medical staff, and other individuals involved in the delivery of health services.
 6. Describe and apply ethical principles and uphold high standards in all aspects of medical practice.
 7. Exhibit appropriate professional behavior, including an awareness of personal wellness and limitations.
 8. Formulate clear clinical questions and apply an evidence-based approach to address them.
 9. Demonstrate educational initiative and self-directed, lifelong 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 that uses clinical presentations as the foundation of the curriculum. This curriculum provides:
 - An approach to clinical presentations.

- The development of the knowledge, skills, and behaviors required to address clinical presentations.
 - Experiences in various clinical settings, including ambulatory, emergency, long-term, and acute care situations.
2. Objectives for each clinical presentation, developed by faculty, which include a clinical reasoning pathway and relevant diagnostic classification schemes.
 3. A curriculum that integrates basic and clinical sciences in an organized fashion as they relate to the clinical presentations.
 4. An active learning environment in which more than 25% of scheduled instructional activities are devoted to small group, interactive learning sessions.
 5. Small group, case-based learning sessions that provide an essential and unique learning activity for students. These sessions promote:
 - The creation of an approach to clinical problem-solving.
 - In-depth analysis of the objectives and content of the clinical problems presented in the course.
 - Active reinforcement of diagnostic classification schemes when solving clinical problems.
 - Correction of student misconceptions.
 - Development of communication and collaboration skills.
 6. Early and ongoing exposure to real, standardized, and simulated patients to enhance the relevance of course material, model appropriate professional behavior, and emphasize the importance of communication skills.
 7. Electronic access to educational materials related to the curriculum content.
 8. Opportunities for students to explore medical topics in greater depth than presented in the coursework, including involvement in research, selection of clinical electives, and completion of individual course projects.
 9. Independent Study Time (IST) to support students in actively processing knowledge and developing a deeper understanding. Scheduled IST, comprising 30% of weekly scheduled time, is organized within the pre-clerkship curriculum. This time is intended for:
 - Preparation for small group learning.

- Completion of assigned reading.
- Study around course objectives and presentations.
- Pursuing research or career sampling opportunities, as time permits.

IST may be adjusted to accommodate the scheduling of clinical correlation sessions and other small group activities dependent on clinic schedules outside the control of UME.

10. An assessment and feedback process that:

- Measures clinical problem-solving skills, medical knowledge, professional behavior, and general content knowledge.
- Clearly communicates performance expectations through outcome-based learning objectives.
- Includes peer assessment of the attainment of educational and professional objectives.
- Provides students with an examination blueprint.
- Offers ongoing formative and summative evaluations throughout the three-year curriculum.
- Actively supports continuous program evaluation.

A Guide to Professional Behaviour for Student Physicians

Upon entering medical school, students will quickly encounter situations that may be unfamiliar and require an open mind and a willingness to re-evaluate their assumptions. This guide to professional behaviour is intended to support student physicians as they navigate the myriad of complex and often controversial situations they may face.

Ethics and morals are integral aspects of an individual's character, shaped over a lifetime and refined by experience. They cannot be taught solely through textbooks or lectures, but instead emerge from a combination of cultural, social, familial, and interpersonal influences. As future doctors, you have a particular responsibility to examine and understand your own values and ethical systems, because your decisions will have a significant impact on others' lives—an expectation few other professions share.

As future doctors, you may find yourself asked to step into roles that feel overwhelming at first. This document aims to prompt you to consider the challenges you will face during medical school and

beyond, and to serve as a reference for navigating issues that are rarely black and white but instead require careful thought and self-evaluation.

You will likely find that your understanding of some of the topics in this guide evolves over time—a sign of growth. Just as you will grow academically throughout your medical education, you will also experience significant spiritual and ethical development necessary to become a competent and compassionate physician.

Relationships with Colleagues

1. Student physicians should recognize that their colleagues have diverse backgrounds and expertise. Everyone brings their own perspective to a problem, but all share the common goal of becoming competent, humanistic physicians.
2. Feedback to colleagues should be offered considerately and constructively and received graciously in return.
3. The motivation for medical education should be a desire for service and excellence, rather than external recognition, prestige, or financial reward. Student physicians are expected to set their own high educational goals and standards, exceeding the minimum levels set by the faculty.
4. Educational goals should be assessed through self- and peer-evaluation, in addition to formal summative assessments—a practice that will continue throughout your career.
5. Together with faculty, student physicians are responsible for creating a supportive, safe, and cooperative learning environment. Behaviour that obstructs or detracts from colleagues' learning is unacceptable. Many of the topics in this guide may generate important group discussions with peers and faculty—this is encouraged and can enrich your learning.
6. Student physicians should remain vigilant for concerns regarding the physical and emotional well-being or professional conduct of their colleagues. If concerns persist despite private discussions, they should be confidentially raised with appropriate individuals. Self-destructive behaviour or breaches of professional standards outweigh individual privacy. Hold in confidence any opinions shared about colleagues and use discretion in deciding whether to raise them.
7. The relationship between student physicians and faculty members should be collegial. Juniors should respect the experience of seniors, while seniors should acknowledge the limitations of juniors and respect their eagerness to learn. Should difficulties arise, both parties should be willing to discuss them openly.
8. As partners in education, student physicians are expected to provide feedback on the curriculum to enable continuous improvement. Similarly, the Faculty has an obligation to provide feedback to student physicians on their progress in meeting the objectives of the MD degree.

9. In clinical situations where a student physician has ethical or practical concerns about patient management, they must defer to the supervising physician's decision. Collegial relationships should, however, allow for subsequent private discussions to address and resolve concerns.

Relationships with Patients and their Families

1. Always clarify your status as a medical student. Do not create unrealistic expectations about your abilities or title and be considerate of patients' feelings.
2. Only perform procedures that are appropriate for the situation, ensuring patient comfort and safety, and always under appropriate supervision.
3. Recognize that patients contribute to your education as well as requiring your best care. Show appreciation by providing extra support and attention.
4. Know your limitations and seek assistance when needed. Remember that professional behaviour is guided not only by ethical considerations but also by laws and institutional regulations.
5. Ensure that your treatment of patients is not influenced by their social categorizations (e.g., gender, race, sexuality, etc.).
6. In cases of ethical conflict that affect patient care, student physicians must refer the patient to a colleague or faculty member who does not share the conflict. You must not impose your personal ethical code on patients.
7. Maintain strict confidentiality of all patient information.

Intellectual Honesty

1. From the University of Calgary Calendar:
"Intellectual honesty is the cornerstone of the development and acquisition of knowledge. Knowledge is cumulative and advances build on the contributions of others. In scholarship, these contributions must be critically evaluated and acknowledged. Intellectual dishonesty—passing off others' work as one's own—undermines the entire process and ultimately harms both the individual and the scholarly community."

Intellectual dishonesty includes, but is not limited to, unauthorized use of materials during exams, plagiarism of published and unpublished work, falsification of results, and using commercially prepared essays.

2. In student physicians, intellectual dishonesty has particularly grave consequences, as it can compromise patient care. For example, cheating during training could translate into unethical or unsafe practices as a physician.

3. Before entering the profession, some students may have justified intellectual dishonesty as a “means to an end” (e.g., gaining admission to medical school). Such thinking is absolutely unacceptable in medical practice, where the ultimate goal is excellence in patient care.
4. Student physicians have an extraordinary obligation to maintain the highest standards of integrity. Society and the profession demand nothing less, recognizing the serious implications of dishonesty in medicine.

Students are also expected to follow the **Canadian Medical Association Code of Ethics and Professionalism**:

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

*In 1998, the Calgary Medical Students Association, in collaboration with the student body and the Curriculum Committee of the Cumming School of Medicine, approved the **Student Code of Conduct**. This was followed by the creation of the **Student Professionalism Committee**, which provides a supportive mechanism to address concerns about student professionalism. The committee’s primary focus is to prevent professionalism-related issues and to support students who encounter such challenges.*

University of Calgary Medical School Student Code of Conduct

As a student at the Cumming School of Medicine at the University of Calgary, I recognize that I have undertaken a profound responsibility for the health and well-being of others. This commitment demands that I consistently uphold the highest standards of ethical behaviour. To guide me throughout my academic, clinical, and research work, I have adopted the following principles and will honour both the spirit and the letter of this code.

Honesty

I will maintain the highest standards of academic honesty.

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

I will conduct research with integrity, report results truthfully, and credit the ideas and work of others appropriately.

I will acknowledge and admit to any errors I have made.

Confidentiality

I regard confidentiality as a central obligation of patient care.

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

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

Respect for Others

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

I will treat all individuals involved in patient care with consideration and respect.

I will uphold and protect a classroom atmosphere that fosters learning.

I will provide feedback constructively, using appropriate language and tone.

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

I will treat institutional staff, faculty, and patients with respect in all circumstances.

Responsibility and Accountability

I will prioritize patient care as my highest responsibility in the clinical setting.

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

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

I will conduct myself professionally in all settings, including my appearance, language, and demeanour.

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

I will respect the reputations of all 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, such as computers or other equipment.

I will inform the appropriate individuals when I am unavailable to fulfill my responsibilities.

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

Expectations of Faculty, Residents, and Fellows

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

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

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

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

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

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

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

The Student Code of Conduct, originally developed in 1998, outlines the expectations for medical students' behaviour in both clinical and academic settings. All incoming students are informed of this document, which is considered a living document—regularly updated and refined by students.

The Cumming School of Medicine also has an Office of Professionalism, Equity and Diversity. For more information, including faculty policies, procedures, and guidelines, please visit:

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

The Student Professionalism Committee Terms of Reference

The Student Professionalism Committee (SPC) is a student-led committee dedicated to resolving concerns and incorporating student input about professional behaviour within the medical school. The SPC primarily receives concerns from the student body, but it can also receive concerns from faculty, staff, and community members. It serves as an alternative to filing complaints with the Undergraduate Medical Education (UME) office or the Student Advocacy and Wellness Hub (SAWH). The process for filing a complaint with the SPC is described below.

The SPC peer review process originated alongside the development of the Student Code of Conduct in 1998. The SPC uses the Code of Conduct to guide its assessments of whether behaviour is unprofessional or concerning. The committee is comprised of two elected students from each of the three classes. Students serve three-year terms, beginning in the first year of medical school. SPC members also serve as class representatives for meetings with faculty committees.

Process for SPC Involvement

Concerns or complaints about the professional behaviour of students or faculty members may be brought to the SPC by students, faculty, or community members (Complainants). Complaints may be submitted in person to an SPC member or in writing, either personally delivered or sent to the committee member's medical school email address. Once a complaint is received, one or more SPC members will consult with the Complainant to determine the appropriate initial action. The Complainant will be updated on the resolution of the issue, or as needed if the matter is ongoing. If necessary, the SPC may consult confidentially with other class representatives.

If the SPC receives two legitimate complaints about the same issue that remain unresolved, it may, if appropriate, refer the concern to the SAWH or UME office.

The SPC makes every effort to maintain confidentiality regarding the concern and the involved parties. In certain cases, however—particularly if referral to the SAWH or UME is required—complete confidentiality may not be possible.

The SPC review process is intended to raise awareness of professional behaviour and its impact, and to provide guidance without punitive consequences. In general, the SPC serves as a resource for resolving concerns about professionalism, rather than a policing or surveillance body. It does not deal with academic matters.

Historically, some students have expressed concern that unprofessional behaviour might go unaddressed after being reported to the SPC. This is not the case. While the confidentiality of the involved student is always protected, students will not be given detailed information about the outcomes of colleagues' unprofessional conduct.

Although the SPC strives to resolve professionalism concerns without involving the UME office, this is not always possible. If a matter is referred to the Associate or Assistant Dean of UME, the concern will be carefully considered. Depending on the situation, the student may be required to appear before the Student Academic Review Committee (SARC). The UME office will provide all possible supports to ensure that future unprofessional behaviour does not occur.

Documentation

Because of the sensitive nature of matters brought to the SPC, maintaining confidential records is essential. All complaints and resolutions are documented in such a way that the identities of the complainant and subject of the complaint cannot be discerned. These records are passed on to the next year's SPC members to support education and to track activity. If a complaint requires faculty involvement, identifying documents may be shared as needed.

Descriptors of Unprofessionalism

As part of the clinical competency expectations for the University of Calgary Cumming School of Medicine, students must demonstrate professionalism. Since professionalism cannot always be measured by written examination, patterns of behaviour throughout training and within the educational environment are crucial. The following descriptors identify behaviour that falls short of the standards of professionalism expected of medical graduates from this program:

Unmet Professional Responsibility

- Requires constant reminders to fulfil responsibilities to patients, teachers, university staff, and other health care professionals.
- Cannot be relied upon to complete tasks.
- Misrepresents or falsifies actions or information about patients, oneself, lab tests, etc.

Lack of Effort Towards Self-Improvement and Adaptability

- Resistant or defensive when receiving critical feedback.
- Fails to self-assess or make necessary changes to correct performance failures.
- Unwilling to consider or implement appropriate feedback.
- Does not accept responsibility for mistakes or failures.

- Becomes overly critical or verbally abusive, especially in stressful situations.
- Demonstrates arrogance towards peers, patients, nurses, teachers, or university staff.

Diminished Relationships with Patients and Families

- Lacks empathy or sensitivity to the needs, feelings, and wishes of patients and their families.
- Struggles to establish rapport with patients and families.
- Inadequately committed to respecting patient wishes.

Diminished Relationships with Teachers and Health Care Professionals

- Unable to function within a health care team.
- Insensitive to the needs, feelings, and wishes of fellow students and health care team members.
- Displays inappropriate conduct in class or small group teaching sessions.

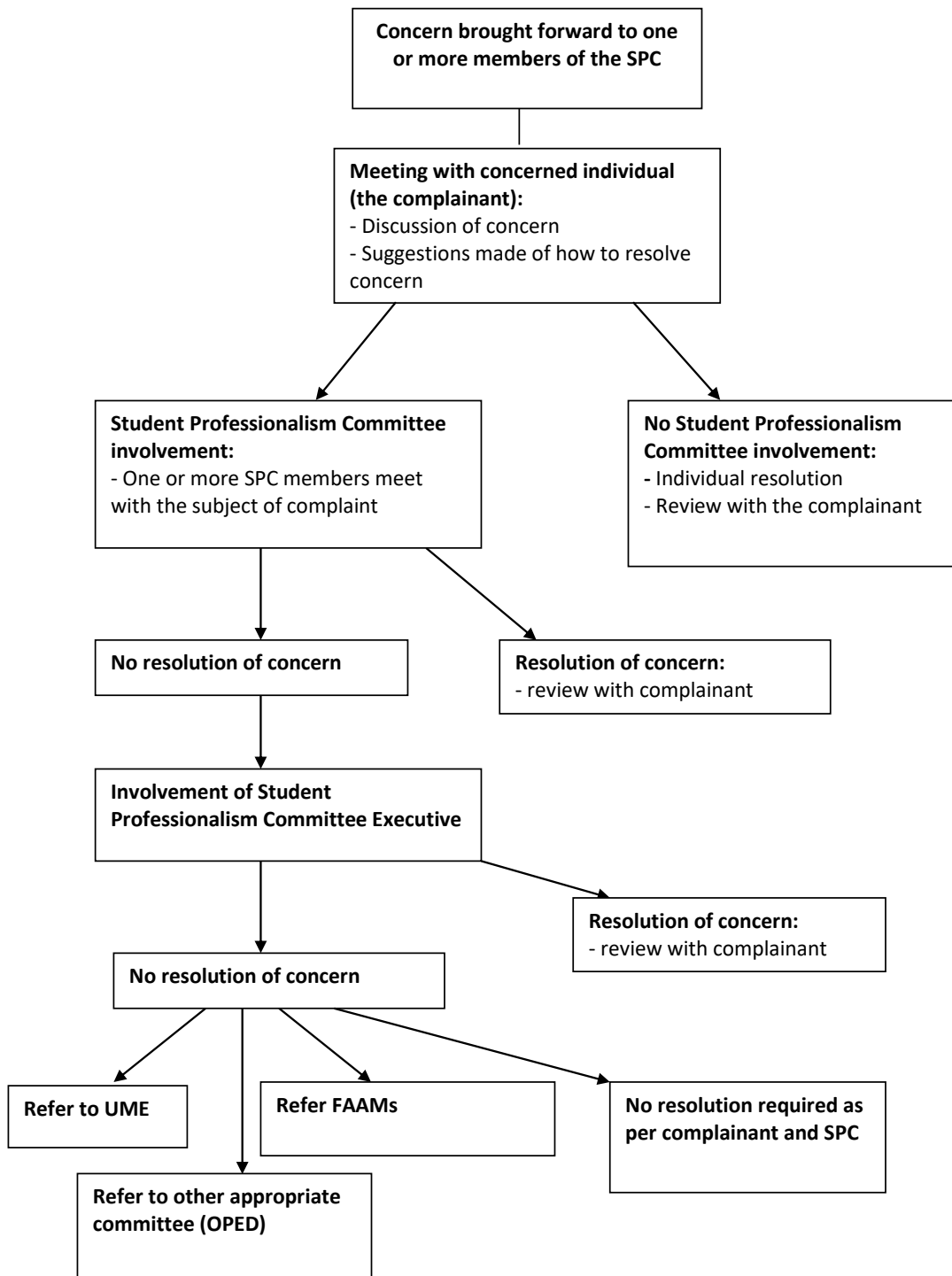
Mistreatment

A student-led task force in 2015–2016 worked to highlight and eliminate mistreatment within the learning environment. One outcome was the development of a website that provides resources for reporting and addressing mistreatment. Visit <https://cumming.ucalgary.ca/mistreatment> for information, including definitions, reporting processes, and contact details for the Faculty Advocates Against Mistreatment (FAAMs), who can support students through these processes.

Steps to Resolving Issues of Unprofessionalism

Note:

1. The intent of the following flowchart is to address minor professionalism concerns within the student body.
2. It does **NOT** replace other processes, such as those of the **Student Academic Review Committee**, which apply to more serious concerns 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 proud to introduce *Reimagining Medical Education* (RIME), a new pre-clerkship curriculum that launched in July 2023. This curriculum was created in response to the changing needs of students, patients, and society.

The curriculum renewal process began in 2018, involving extensive input from students, faculty, course chairs, master teachers, administrators, and the wider CSM community. From 2018–2019, a core team of students, faculty, and staff observed over 100 hours of teaching sessions. This work generated insights that collectively shaped a new curriculum model grounded in contemporary pedagogical principles and practices.

The renewed curriculum is built on four foundational principles:

1. It will be delivered in a spiral format, with key concepts revisited throughout the program, increasing in complexity over time.
2. Teaching will be rooted in the principles of generalism, focusing on undifferentiated and complex clinical problems.
3. Patient-centered care will remain central, reflecting and prioritizing the unique experiences of health and illness.
4. Clinical content will include social context, integrating concepts traditionally underemphasized and ensuring they are woven throughout clinical presentations. Underpinning these principles is a commitment to fostering structural competence (Metzl & Hansen, 2014) among students and faculty.

A key component of the new curriculum is the longitudinal *Professional Roles* course. This course gives students the opportunity to explore clinical and scholarly areas that are personally meaningful to them, within the context of serving the communities they aim to support as future physicians.

We are moving beyond the traditional lecture-based model as the primary teaching tool. With an emphasis on self-regulated learning, students will be expected to acquire foundational knowledge independently before applying it in formal sessions. Our students are accountable to themselves, their peers, their patients, and society.

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

Curricular Content

Curricular content will be delivered through several key session types:

- **Large group sessions** will explore patient stories and presentations through a patient-centered lens, as well as provide opportunities for comprehensive review.
- **Tutorial group sessions** will allow for deeper exploration of concepts using principles of self-regulated learning in a facilitated environment. The goal is to develop critical thinking and clinical reasoning.
- **Clinical skills sessions** will provide students with opportunities to practice skills with standardized patients, simulators, or task trainers. This includes history taking, physical examination, procedural skills, and trauma-informed care.
- **The innovative anatomy program** will include laboratory time with anatomical specimens, complemented by advanced electronic resources.
- **The Professional Role course** will offer space for scholarly and clinical exploration, including family medicine experiences, community-engaged learning, research, and career exploration. We are committed to giving students early clinical exposure.

Through our learning management system, students will have access to a list of foundational resources developed at CSM. These resources must be reviewed before each session and may include podcasts, clinical schemes from the Calgary Blackbook, links to the Calgary Guide to Understanding Disease (which connects disease pathophysiology with clinical findings), or Cards (an online clinical problem-solving tool). Supplementary resources—such as clinical guidelines, landmark journal articles, and other external materials—will also be provided. Reviewing these resources thoroughly is mandatory. Incomplete preparation can negatively affect both your own learning and that of your peers in small group sessions. Self-regulated learning is a key skill we aim to develop in our learners, as it is essential for providing safe, relevant, and high-quality patient care throughout a physician's career.

Our guiding principle during curriculum development has been: “No clinical content without social context.” We are committed to teaching health equity and structural competence. We also collaborated with Indigenous faculty members to integrate Indigenous Health into the curriculum. Foundational resources, supplementary materials, and patient cases will prioritize the patient's unique journey through the health care system and examine how structural determinants of health shape presenting concerns.

Time is provided throughout the week for completing the required pre-work for courses. Except for afternoons where clinical skills and anatomy sessions overlap, each half-day outside the Professional Roles course includes two hours of protected independent study time.

Yearly Schedule

For an overview of the UME curriculum and when courses take place throughout the program, visit:

<https://cumming.ucalgary.ca/mdprogram/about/our-program/curriculum-structure>

Timetables

The overall schedule—including course timelines, exams, study breaks, and more—is available in the timetable for your class:

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

Curriculum Management System

Your detailed daily schedule and learning materials are uploaded to our curriculum management system (currently called Osler and undergoing a name change) and linked to our new curriculum platform, Fresh Sheet. You will receive access and instructions for using these platforms during orientation.

Attendance

Attendance is mandatory at all sessions. Absences must be approved in advance through a Flex Day or an approved Excused Absence. Current attendance and other policies can be found 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

Course outlines for each of these courses are available here:

[Pre-clerkship Year 1 & 2 Course Outlines](#)

Shadowing

Shadowing is not a part of the curriculum. While students are welcome to shadow, it is not a requirement. Students cannot set up shadowing until September and must be cleared to do so.

Once cleared, any shadowing must be entered in Osler prior to the shadowing date. This function is currently unavailable, as you cannot shadow until cleared. Clearance requires completion of PPE training, immunizations, and a CPSA number—please ensure you complete these early. The shadow logging mechanism in Osler will be enabled in September, at which point cleared students can begin booking shadowing sessions. You can use Self-Directed Time and Professional Role time (when there is no scheduled content) for shadowing.

Please familiarize yourself with the [shadowing policy](#) to understand the rules and process.

Scrubs

Hours of Operation: 07:00 – 16:30

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

SITE	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”

For additional information, please contact:

Sherry Thomson, BBA

Calgary Zone Coordinator, Linen & Environmental Services, NFLES

Phone: 403-389-5688

Clerkship (Year 3)

The clinical clerkship year consists of 60 weeks of clinical rotations. In addition, 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 the U of C Medical Electives Catalogue are posted in OSLE to help students plan and arrange elective time. A group session for second-year students will cover career planning, optimal use of electives, and strategies for selecting clerkship rotation schedules.

Applications for out-of-town electives typically require several months of advance preparation. A session on setting up electives will be held early in second year to guide students through this process.

For further details on the clinical clerkship year and the lottery process, please refer to the Clerkship Student Handbook, available on the MD program website.

Department Resources

Locks and Lockers

You will receive more information about locks and lockers from the UME Admin team via email.

Prayer Spaces on Main Campus and Foothills Campus

You can find details about available prayer spaces at:

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

Health Sciences 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.

The library offers:

- 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

Contact the Health Sciences Library at **403-220-6855** or at **hslibr@ucalgary.ca** for help with:

- Library research for course assignments
- Enhancing your skills in locating clinical literature to support evidence-based practice
- Recommendations for electronic books and clinical decision support tools
- Conducting comprehensive literature searches for research projects or systematic reviews
- Orientation to library resources and services

More information about the Health Sciences Library is available through the Library tab in the OSLER dashboard or on the Library's website:

https://library.ucalgary.ca/hsl/?group_id=14769

Or just drop by the Information Desk — we're here to help you succeed during your next three years of medical school!

Please refer to the Welcome Manual, which will be emailed to you prior to Orientation, for more information on topics 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 closely with the medical education community, medical schools, and residents/students to provide an electronic application service and computer match for entry into postgraduate medical training across Canada.

CaRMS ensures an orderly and transparent process that allows applicants to decide where they want to train and enables program directors to select which applicants they wish to enroll in postgraduate medical training.

Currently, 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

- The Canadian access to the US electronic application system for postgraduate medical training (ERAS).

Contact Information:

Email: help@carms.ca

For detailed information and timelines, visit the CaRMS website:

<http://www.carms.ca>

What Do We Do?

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

The match is carried out using a computer program that, in just a few minutes, makes a series of decisions that would otherwise require hours of work for both applicants and program directors. This system ensures that decisions about residency selection are made by both parties by a specific date, without pressure on applicants to decide before exploring all their options.

Student Assessment

For detailed information on student evaluations, please refer to the following policy documents:

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

Student Evaluation Development and Maintenance Policy

Academic Assessment Reappraisal Policy

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

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), a subcommittee of UMEC, develops policies on all matters regarding the planning, presentation, and evaluation of the undergraduate medical curriculum, as well as the evaluation of students.

Student evaluations serve multiple purposes:

- Assess student performance and achievement of curricular objectives
- Provide feedback to students and faculty on student learning needs
- Support program evaluation by identifying strengths and weaknesses in the education program

Types of Formal Student Evaluations

UME evaluations are generally categorized as **formative** (practice) or **summative** (counts for grades).

- Formative evaluations: Help students become familiar with the question format and monitor their learning progress.
- Summative evaluations: Ensure students have satisfactorily met the objectives of the Undergraduate Medical Education Program. Evaluations are based on learning objectives for the relevant course or clerkship.

Each course or clerkship committee prepares both formative and summative evaluations. Courses and clerkships have at least one summative evaluation. Examination blueprinting, question development/review, and standard setting are required. Courses may have multiple evaluation components, but a single final grade is compiled for each course.

Examples of evaluation formats include:

- Multiple choice questions (often in “single best response” format)
- OSCEs (Objective Structured Clinical Examinations), typically 6–10 station exams testing skills such as history taking, physical examination, diagnosis, procedures, and communication.

Preceptor-completed assessments are also used, such as:

- Entrustable Professional Activity (EPA) completion by preceptors (pre-clerkship)
- In-training Evaluation Reports (ITERs) (clerkship)

Blueprint

A blueprint (or table of specifications) is required for each course and clerkship evaluation. It identifies the program objectives and/or clinical presentations tested and the tasks evaluated. Blueprints should be shared with students and teachers at the start of the course or clerkship.

Evaluation content may include any material previously covered in the curriculum, as long as it is reflected in the blueprint. Evaluation content and format should use non-prejudicial language and attitudes. Parallel-format exams are acceptable if they follow the same blueprint and provide equivalent sampling.

Other Evaluation Methods

Other methods of evaluation may be used in courses or clerkships, including:

- Measurements of student professionalism

- Participation
- Assignments
- Clinical reasoning questions
- Small group assessments
- Logbook completion for clerkship

Exams may be delivered using paper-pencil or online formats (often on the Cards platform).

Academic Accommodations

The University of Calgary provides academic accommodations to students with documented disabilities, as determined by Student Accessibility Services (SAS), provided they do not create undue hardship or lower performance standards.

For information on accommodations:

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

To be assessed for accommodations, contact SAS at (403) 220-8237. Details on required assessments and documentation can be found 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 SAS before their first summative exam in Year 1. SAS will send the accommodation letter to UME. Students awaiting accommodations through SAS are encouraged to defer summative exams until the accommodation letter is provided.

To request an exam deferral, email the supervisor for the appropriate year of training:

<https://www.ucalgary.ca/registrar/exams/deferred-final-exams>

Deferral Process for Pre-clerkship Examinations

Students needing to defer a pre-clerkship exam must email the program supervisor and/or Assistant Dean for pre-clerkship **before** the scheduled exam:

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

The criteria for deferral can be found here:

<https://www.ucalgary.ca/registrar/exams/deferred-final-examinations>

Examples include: illness or medical emergency, religious observance/conviction, domestic affliction, 3 exams in 24 hours, or attendance required elsewhere for civil or faculty-approved activities.

The Assistant Dean for pre-clerkship will decide whether to approve the request and communicate the decision to the student and program supervisor.

Students must submit the **Application for Deferred Final Examinations** form to the program supervisor, who will obtain the Assistant Dean's signature and file the signed form in the student's file:

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

All efforts will be made to reschedule deferred exams to a future date. If not possible, the weight of the exam will transfer to the final exam for that course. OSCEs, final MCQs, or exams that cannot be transferred will be rescheduled.

The Student File

The Undergraduate Medical Education Office maintains a file for each student, containing records of all assessments and other items of interest (e.g., awards, letters of praise).

Students can review their file during office hours. It is not accessible to anyone outside of the Undergraduate Admissions Office and the Student Academic Review Committee without written authorization (e.g., Faculty Advisor). Students may bring a representative when reviewing their file. No items can be removed or destroyed.

Formative evaluation results are included in the student file but are not used to calculate final course marks or included in the Medical Student Performance Record (MSPR).

To review your file, submit 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> at least 24 hours before reviewing. If you have received a "Notice to Appear" before SARC, you do not need to submit this form unless you want a representative to review your file.

Dean's Tests (DTs)

Dean's tests are mandatory online formative exams that test cumulative knowledge of objectives over time.

All students must complete these tests. Policies for deferral and misconduct are the same as for summative exams. Each DT has a one-month window for completion, outlined in the yearly timetable.

Student Conduct During Online Evaluations

Students must follow the UME Student Conduct Policy for all evaluations. Capturing or recording exam questions is strictly prohibited. Any suspicious materials should be reported immediately to the Associate Dean (UME). The Student Conduct Policy is included in each exam booklet.

Results of Dean's Tests

Students can view their DT scores immediately. These scores are included in the student file but are not used to calculate final course marks or reported in the MSPR.

The Medical Council of Canada (MCC) Examination

A graduating student may not practice medicine independently in any Canadian province without first achieving a “satisfactory” performance on the Medical Council of Canada (MCC) qualifying examination.

The MCC examination is an online, one-day exam offered at the end of medical school. It consists of two parts: the first half includes approximately 210 multiple-choice questions (MCQs), while the second half involves 38 clinical decision-making (CDM) cases.

Promotion and Graduation

On behalf of the Faculty Council, the Student Academic Review Committee (SARC) determines whether students are eligible for promotion to the next stage of the MD program and, ultimately, to receive the MD degree.

For more details about this committee, please refer to the SARC’s Terms of Reference.

The SARC receives promotion and graduation recommendations from the Competency Committee (CC). For more information about this process, please consult the CC’s Terms of Reference.

The Terms of Reference for both the Student Academic Review Committee and the Competency Committee are available on the MD Program website:

<https://cumming.ucalgary.ca/mdprogram/about/governance/reports>. Guidance about appearances before these committees is available from the Student Advocacy and Wellness Hub, Faculty Advisors, and the UME Office.

Other Information

Visitors

Persons not registered in the MD program are not permitted to attend any learning experiences or access 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 to provide feedback about the UME program at various intervals. This feedback may take the form of session-by-session ratings, end-of-block surveys, and year-end questionnaires. The feedback is 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; however, rude or unprofessional comments may be deleted.

Funding for Presentation of Papers at Conferences Outside the University of Calgary

Students are encouraged to present their research at conferences outside the University of Calgary whenever possible. Funding for travel to these conferences (if not available through research grants) may be available through the Office of Undergraduate Medical Education and the Students' Union. Applications for funding should be submitted well in advance of the conference—ideally, at least one month prior. Before confirming plans or booking flights, please submit an absence request in the learning management system and wait for approval. If the absence will affect an evaluation, please discuss this with the Supervisor or Assistant Dean for Pre-clerkship.

Conflicts of Interest

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

Use of Social Media

Refer to the *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 include:

A. The 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	Understands foundational basic science concepts for each clinical presentation within pre-clerkship courses (A1, A2, A8, A10, A11)	Applies clinically relevant basic science concepts in solving problems (A5, A7, A8, B1, B3, B4, B5, B6)
	Describes and begins to apply foundational clinical concepts for each clinical presentation within pre-clerkship courses (A1, A2, A8, A10, A11)	Consistently applies clinical diagnostic knowledge to solving clinical problems (A5, A6, A7, A8, B1, B2, B3, B4, B5)
	Is able to demonstrate an appropriate approach to common laboratory/radiological tests (A1, A2, B2, A8)	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)

B. The 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	Conducts a patient-centered history that illuminates the health issues, social context and illness experience for each patient (A3, A4, A9, A11)	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)
	Consistently performs the necessary steps for a normal physical examination of each system. Is sometimes able to	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

	recognize abnormal findings. (A1, A3, A11)	able to identify abnormal findings. (A5, A6, A7, B4, B5, B6)
	Is able to recognize patients' central clinical problem and develops limited differential diagnoses (A1, A2, A8, A11)	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)
	Can provide an organizational approach or scheme to most clinical presentations (B2, B3)	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)

C. The 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	Given typical scenarios, is able to provide investigation and management options (A1, A2, A8)	Consistently applies an appropriate investigation and management plan, recognizing limited health care resources (A5, A6, A7, A8, B1, B3, B4, B5, B6)
	Provides safe patient care under direct supervision (A12)	Conducts aspects of patient care without direct supervision. Asks for help when encounters uncertainty or limits to competency (B3, B4, B5, B6)
	Describes indications for basic procedures (from procedural skills course) and can perform them on mannequins (A1, A8)	Can perform, with supervision, basic investigative procedures (A6, A7, B5)

Communicator Role: Graduating medical students will demonstrate excellent communication skills that are attentive to patient and family needs and are consistently respectful. The subcomponents of this competency are as follows:

A. The 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	<p>Gathers and synthesizes essential and accurate information to define each patient's clinical problems as per expectations outlined above in section 1b (A4)</p> <p>Can describe the elements required for effective patient-care documentation (within the patient record) (A4, A9)</p>	<p>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 additional information from documents (A5, A6, A7, B3, B4, B5, B6)</p> <p>Demonstrates the ability to provide organized, comprehensive, accurate and reflective patient-care documentation. This includes patient records capturing multi-disciplinary care (A7, B4)</p>

B. The 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	<p>Is aware of the need to ask patients to declare their opinions or preferences regarding current medical problem/plan (A1, A4, A9)</p> <p>Can discuss the importance of engaging patient/family in decision making (A1, A4, A9)</p>	<p>Consistently seeks to understand patient opinions or preferences regarding current medical problem/plan (B3, B4)</p> <p>Engages patient/family in decision-making for simple problems, with assistance for complex/ambiguous situations (B3, B4)</p>

C. The 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 members of health care teams. The subcomponents of this competency are as follows:

A. The 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)
5,7	<p>Is able to identify the roles of other team members (A13)</p> <p>Identifies the potential reasons for consulting other health providers for different patient scenarios (A12)</p>	<p>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)</p> <p>Makes clear and effective requests for consultations to other health providers (A7)</p>

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)
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5, 7	<p>Can describe and discuss the principles involved in respectful interactions with other health care professionals (A13)</p> <p>Employs verbal, non-verbal, and written communication strategies that facilitate collaborative care (A4, A13)</p>	<p>Consistently respectful in interactions with other health care professionals</p> <p>Actively engages in collaborative communication with all members of the team (A7, course 8 teaching, B4)</p>
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Manager Role: Graduating medical students will be able to effectively manage patient care, contribute to the health of the populations they serve, and maintain their own personal wellness. This competency includes the following subcomponents:

A. The 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)

B. The 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)

C. The 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	<p>Can identify the major stakeholders in the health care system (A1)</p> <p>Can describe and evaluate the need for cost-awareness in a system with limited resources (teaching during course small groups)</p>	<p>Can apply knowledge of the major stakeholders in the health care system (A1, B1, B4)</p> <p>Can at times apply cost-awareness to decisions related to investigation and therapy (B1, B5)</p>

Health Advocate: Graduating medical students will be able to advocate both for the specific needs of individual patients and for broader systemic changes that improve population health. This competency includes the following subcomponents:

A. The 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)

B. The 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)
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4	<p>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)</p> <p>Describes the principles of the determinants of health as they relate to patient care and potential healthcare gaps and barriers (A1). Aware of potential need to advocate for patients when barriers to care exist.</p>	<p>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)</p> <p>Given specific patients facing barriers to care, be able to describe advocacy options to resolve these barriers (B4)</p>
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Scholar: Graduating medical students will be able to identify gaps in their knowledge and skills and create effective self-directed learning plans to address them, supporting lifelong learning. This competency includes the following subcomponents:

A. The 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)

B. The ability to 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)

C. The ability to demonstrate 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 medical students will demonstrate ethical, responsible, and professional behavior in all aspects of their work. This competency includes the following subcomponents:

A. The 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)
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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)
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B. The 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)

C. The 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.

<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/framework>

The Internal Medicine Milestone Project, from ACGME/ABIM collaboration